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Cruser: The crisis in Virginia mental health

Bruce Cruser
Jul 3, 2021



Bruce Cruser
Courtesy of Bruce Cruser

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Our state mental hospitals are full and the pandemic has brought an already stressed system to a crisis point.

The impact of overcrowding at Virginia's nine state psychiatric hospitals has renewed calls for the state to build more hospitals. The lack of an inpatient bed means some adults and children in crisis are waiting indefinitely in emergency departments for an available psychiatric placement. If subject to an involuntary commitment order, they may be waiting in handcuffs with a law enforcement officer required to be present.

This is not the way we should treat someone living with a serious illness. There is an immediate need for solutions, but Virginia already has one of the highest numbers of state psychiatric beds per capita.

No two individual crisis events are the same, and placement in one of the state's hospitals is only one of several ways to treat someone in a mental health crisis. State hospitals are the most expensive option, with the most restrictive conditions for mental health care. Instead of adding more state hospital beds, we should make better use of the ones we have, while expanding the tools available for appropriate care and support in local communities.

Admissions: State hospitals are full today partly because private hospitals are admitting a lower percentage of involuntary patients. Local private hospitals are the preferred place for short term stays, but they don't have to accept anyone, and when no private hospital will accept an involuntary patient, state hospitals are required to admit them. Private hospitals report an increase in voluntary admissions, staff shortages that require taking available beds off line, and other challenges intensified by the pandemic.

Discharges: On any given day the Virginia state hospital "Extraordinary Barriers List" includes around 200 patients who have been clinically cleared for discharge, but remain in the hospital because there is no place for them to go.

Housing with supportive programming that matches an individual's specific needs has proven successful, and frees up state hospital space. The state recently increased funding for more supportive housing, but Virginia needs thousands of additional spaces.

Workforce: Hospital beds don't help if there's no one to staff them. Staffing shortages, made worse by COVID, have reduced private bed capacity statewide. This adds more pressure on state hospitals, which struggle with their own critical lack of personnel. Mental Health America ranks Virginia 41st nationally in access to a trained mental health workforce. We should maintain expanded telehealth services, offer signing bonuses in the highest need locations, and triple the state's new loan repayment incentive program for behavioral health professionals.

Community Crisis Care: A permanent solution to the current bed crisis requires a robust system of community care. Fortunately, the state is immersed in planning solutions, including a "988" call center for behavioral health emergencies and a network of mobile crisis teams. Plans include more local facilities where individuals receive immediate support and stabilization, such as crisis receiving centers, 23-hour observation sites and peer respite programs that reduce hospital admissions. Arizona successfully diverted over 40% of behavioral health crisis calls from hospital emergency rooms to a strong network of community options.

Strategic Investing to reduce the need for hospital admissions: Better Medicaid payment rates and state incentive funding would generate more private, specialized community facilities for both youth and adults. Legislators should increase support for children and school based services. Continue to expand resources for local public behavioral health agencies, and access to services in underserved communities.

Hope Now: A receding pandemic and the multiple efforts to improve our crisis response will begin relieving pressure on bed capacity in coming months. But more people than ever are experiencing serious mental health problems right now. Policy makers should support the emergency efforts to cut red tape, open treatment slots in private facilities, and begin mental health treatment in the emergency room. Every day there are thousands of individuals making heroic efforts to get better, to stay alive, or to help someone else get through a traumatic crisis. These include Community Services Board staff, law enforcement officers, hospital care teams, family members, friends, state employees and many more. They deserve a better system. Our mental hospitals create opportunities for people who are best served in a long term facility. Let's use this most costly resource appropriately and efficiently. If we address institutional care in concert with the entire range of private and public mental health services, we can solve the crisis in our mental health system.

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