

Trends in Total Psychiatric Inpatient and Other 24-Hour Mental Health Residential Treatment Capacity, 1970 to 2014

NASMHPD Commissioners Meeting

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Psychiatric bed shortages are frequently in the news and a focus of courts, advocates, providers, and states

Recent News Headlines

“Mental health problems strain ERs”

Rutland Herald (VT), July 15, 2017

“Amid shortage of psychiatric beds, mentally ill face long waits for treatment”

PBS News Hour, August 2, 2016

“Nation’s psychiatric bed count falls to record low”

Washington Post, July 1, 2016

“Psychiatric beds disappear despite growing demand”

USA Today, May 12, 2014

“A dearth of psychiatric hospital beds for California patients in crisis”

NPR, April 14, 2016

Recent International Headlines

Ireland: “Shortage of beds in child mental health service, Seanad told”

Irish Times, July 6, 2017

Great Britain: “Patients sent 500 miles to Scotland due to hospital bed shortage”

Wiltshire Times, June 29, 2017

Canada: “London bed crisis: A shortage of beds for people needing mental health care defies easy answers ”

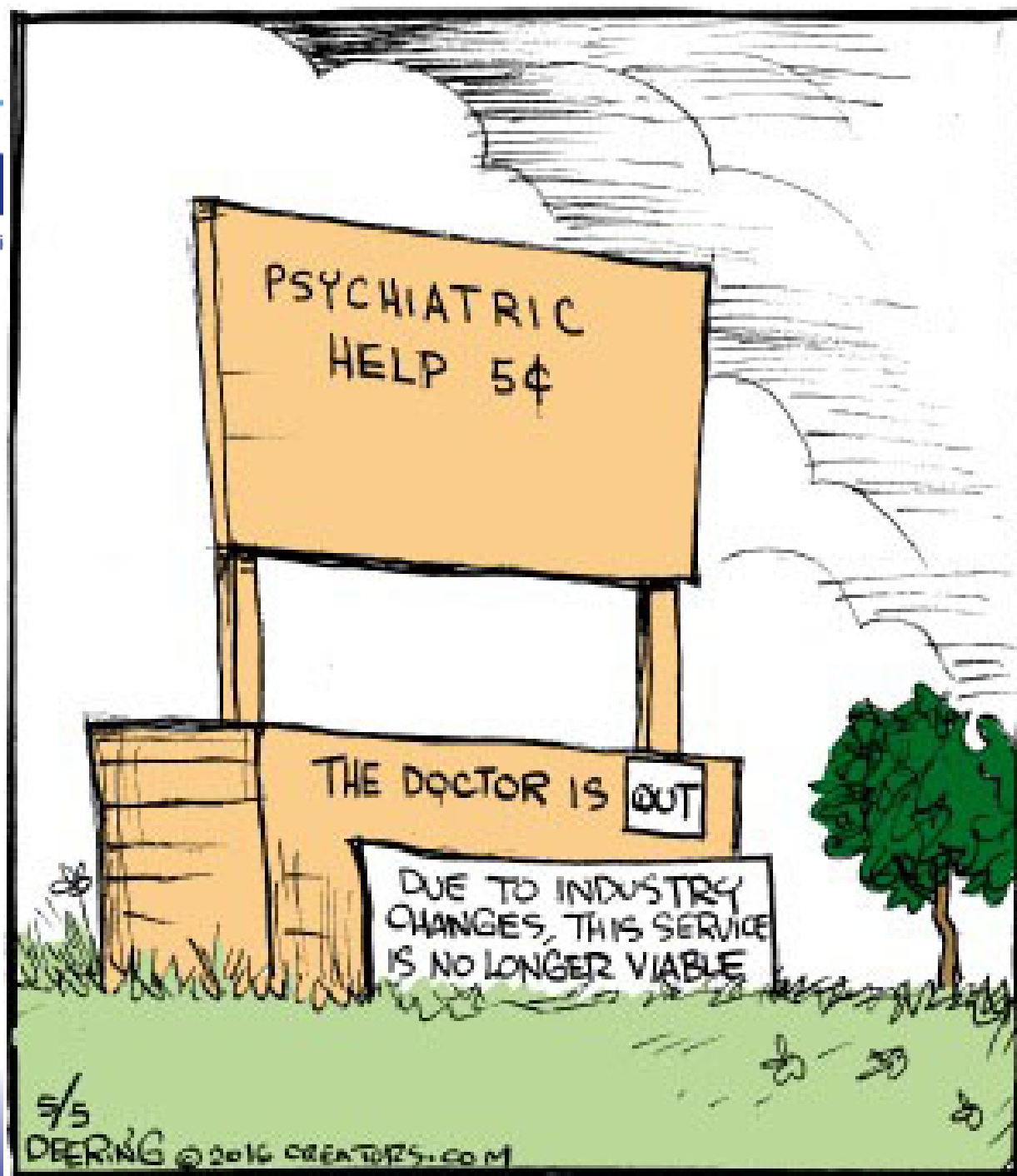
London Free Press, March 31, 2017

Australia: “Bed shortage across South Australia sees 15 mentally ill patients locked out of hospital and cared for in jail”

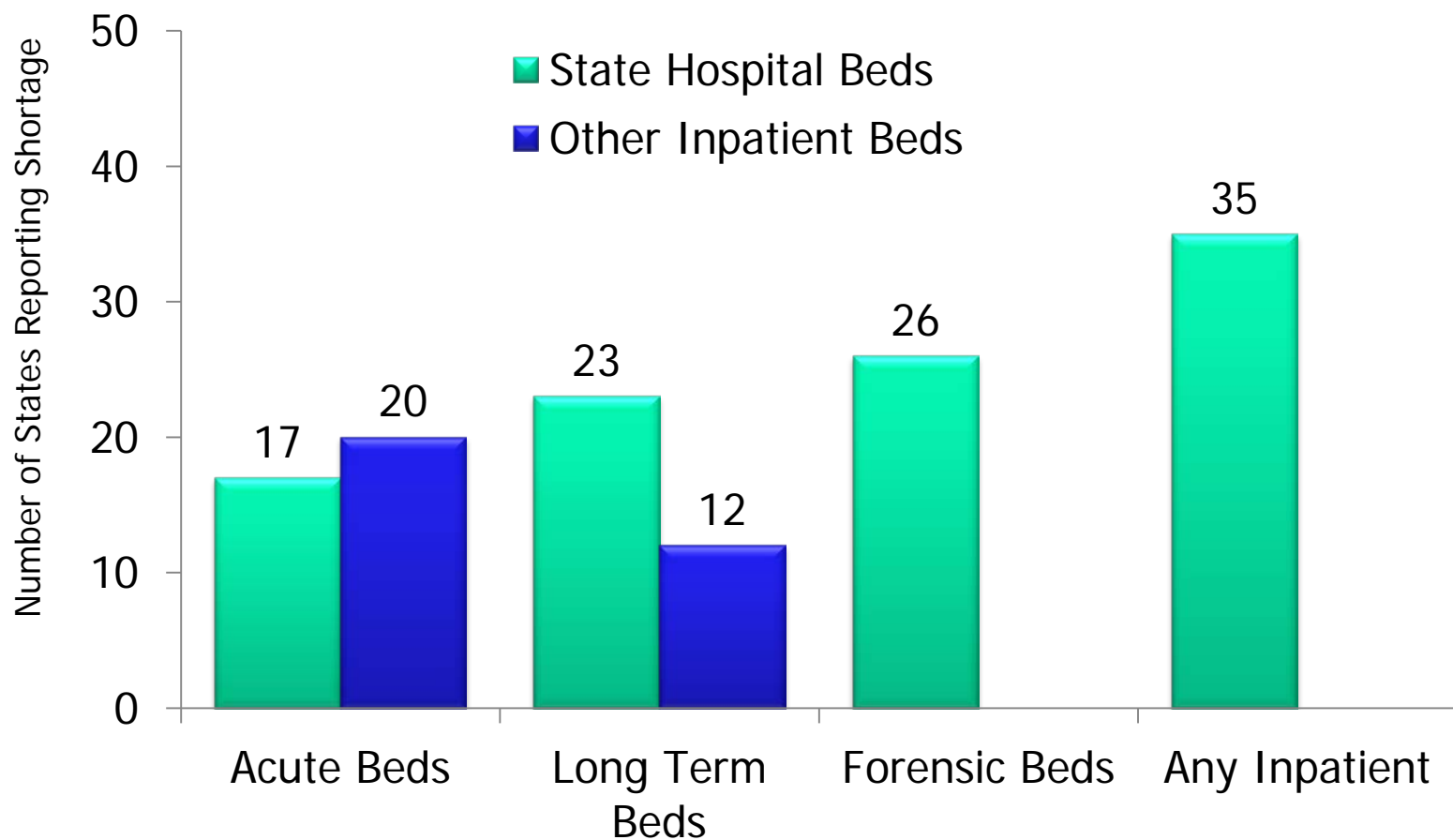
The Advertiser (Adelaide), July 11, 2016

The Decrease of Psychiatric Inpatient Capacity is Frequently Blamed for:

- Increased Homelessness
 - Increased individuals with MI in Jails and Prisons
 - Boarding and Increased use of Emergency Departments
 - Increases in Violent Crimes
 - Increased Suicide
- Note—these are not just recent claims—
- Thirty-three years ago--in 1984 the NY Times listed the closure of state hospitals as a cause of homelessness and incarnation of individuals with MI

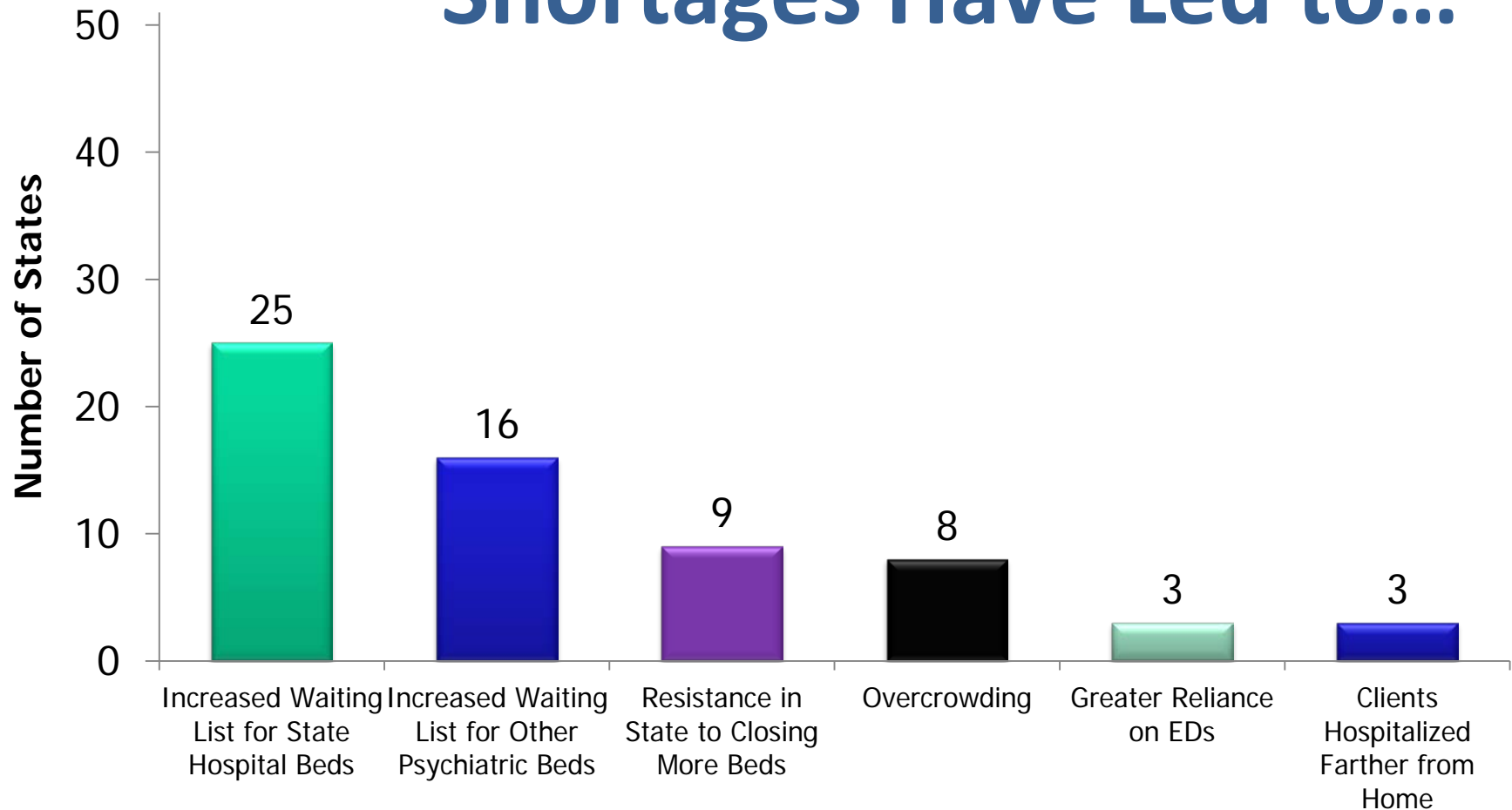


In 2015, NRI asked SMHA if they were Experiencing Bed Shortages in State Psychiatric Hospitals



Source: NRI 2015 State MH Profiles

In 2015 States Reported that Psychiatric Bed Shortages Have Led to...



Source: NRI 2015 State MH Profiles

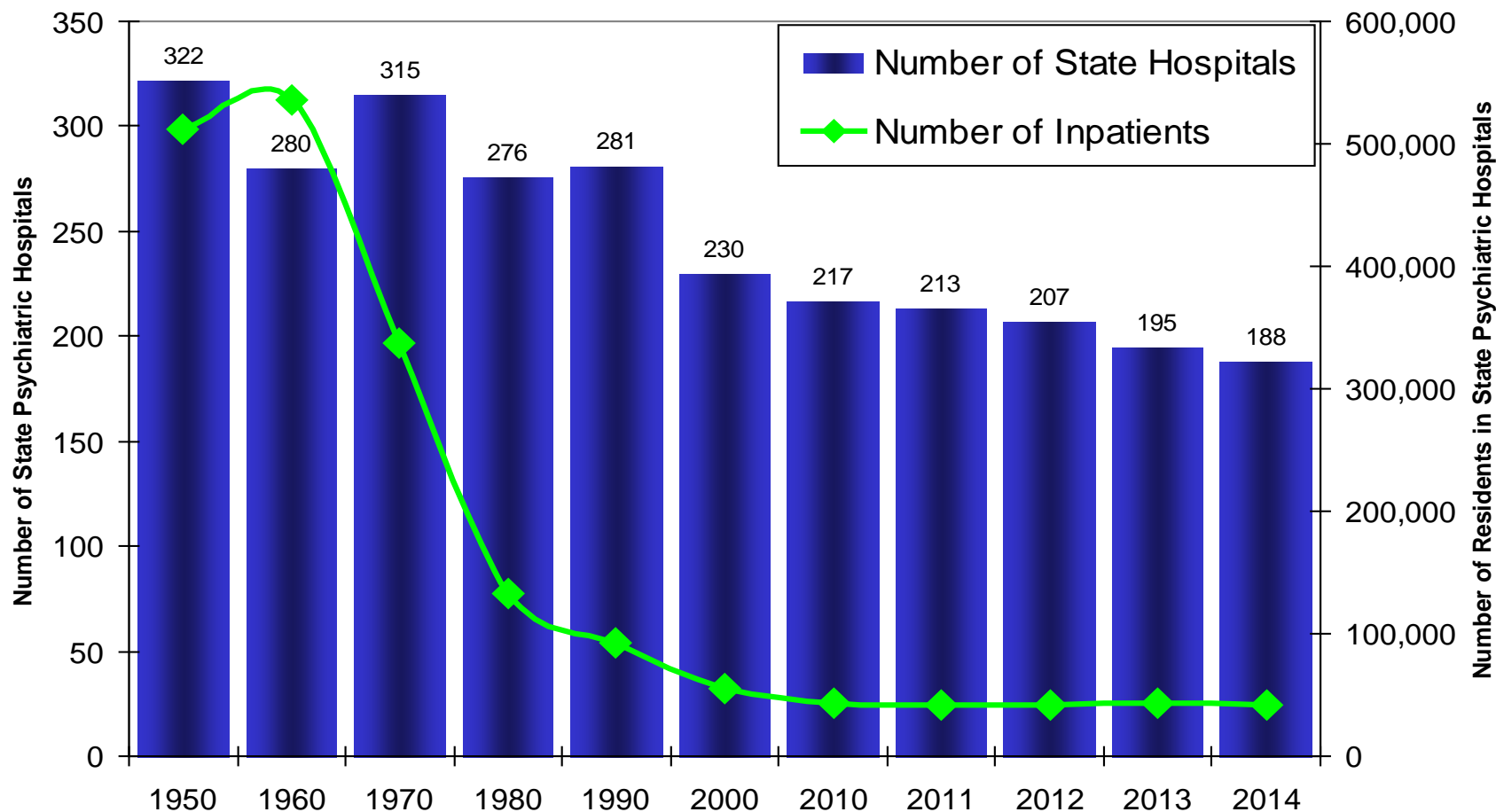
State Policies to Address Shortages are not Reopening State Hospital Beds

States reported on a variety of policies to address shortages including:

- Expand and promote the use of crisis centers to divert individuals away from inpatient psychiatric beds
- Work with local hospitals (private psychiatric and general hospitals) to open mental health beds
- Increased use of Assertive Community Treatment and other community supports to avoid hospitalization
- Focus on transition from hospitals to the community to reduce re-hospitalization and permit more rapid discharge of clients ready for community integration
- Only 3 states reported plans to open new SH Beds

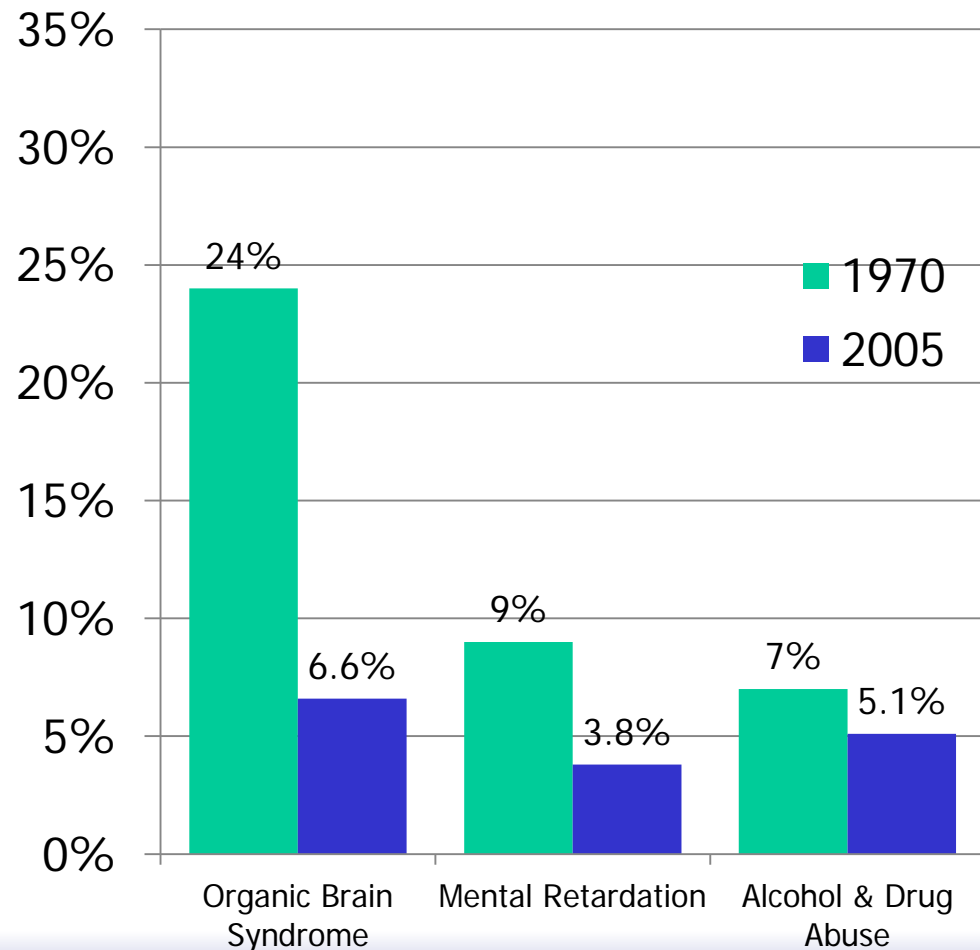
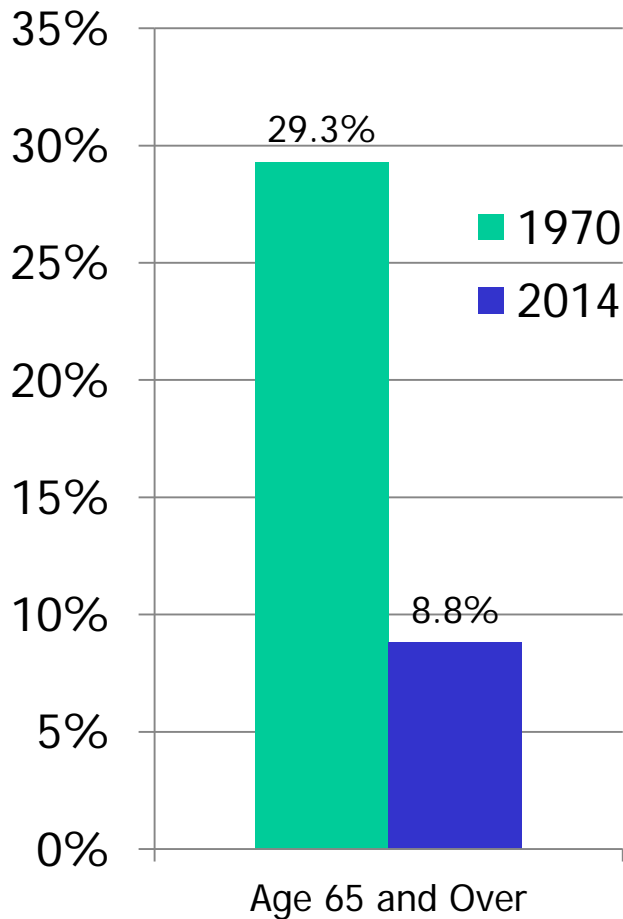
Source: NRI 2015 State MH Profiles

Number of State Psychiatric Hospitals & Resident Patients at the End of Year: 1950 to 2014



Sources: CMHS Additions and Resident Patients at End of Year, State and County Mental Hospitals, by Age and Diagnosis, by State, United States, 2002, and 2015 State MH Agency Profiles System

State Psychiatric Hospitals Treat Different Caseloads than 40 Years Ago



Psychiatric Bed Capacity in 2014

Discussion of psychiatric bed capacity frequently focuses only on state psychiatric hospitals.

- The reduction of state psychiatric hospitals from over 550,000 patients in the 1950s to 40,000 patients today.
- Discussion of current inpatient capacity rarely addresses:
 - all beds available from different types of organizations
 - or the changed roles of state psychiatric hospitals

The paper developed for NASMHPD's TA Coalition Project (funded by SAMHSA) estimates of total current capacity and discusses some of the changes from historical bed usage.

Number and Rate per 100,000 Psychiatric Inpatients and Other 24-Hour Residential Treatment Patients On April 30, 2014

Year/Setting	Patients in Inpatients Beds (last Day of Year)	Inpatients Per 100,000 Population	Patients in Other 24-Hours Residential Treatment Beds	Other 24 Hour Residents Per 100,000 Population	Total Inpatient & Other 24 Hour Patients	Total Rate per 100,000 Population
State & County Psych Hospitals	37,209	11.7	2,698	0.8	39,907	12.6
Private Psychiatric Hospitals	24,804	7.8	3,657	1.0	28,461	9.0
General Hospital with Separate Psych Units	30,864	9.7	589	0.2	31,453	9.9
VA Medical Centers	3,124	1.0	3,886	1.2	7,010	2.2
RTCs	1,851	0.6	41,079	12.9	42,930	13.5
Other MH Providers	3,499	1.1	16,940	5.3	20,439	6.4
Total	101,351	31.9	68,849	21.7	170,200	53.6

Source: SAMHSA N-MHSS, 2014, Tables 2.3 and 2.5

24-Hour Treatment Capacity in Non MH Specialty Organizational Settings

In addition to the SAMHSA surveyed settings, we worked to develop estimates of MH Inpatient and Other 24-Hour Treatment Capacity in Other non-MH Specialty Settings in 2014

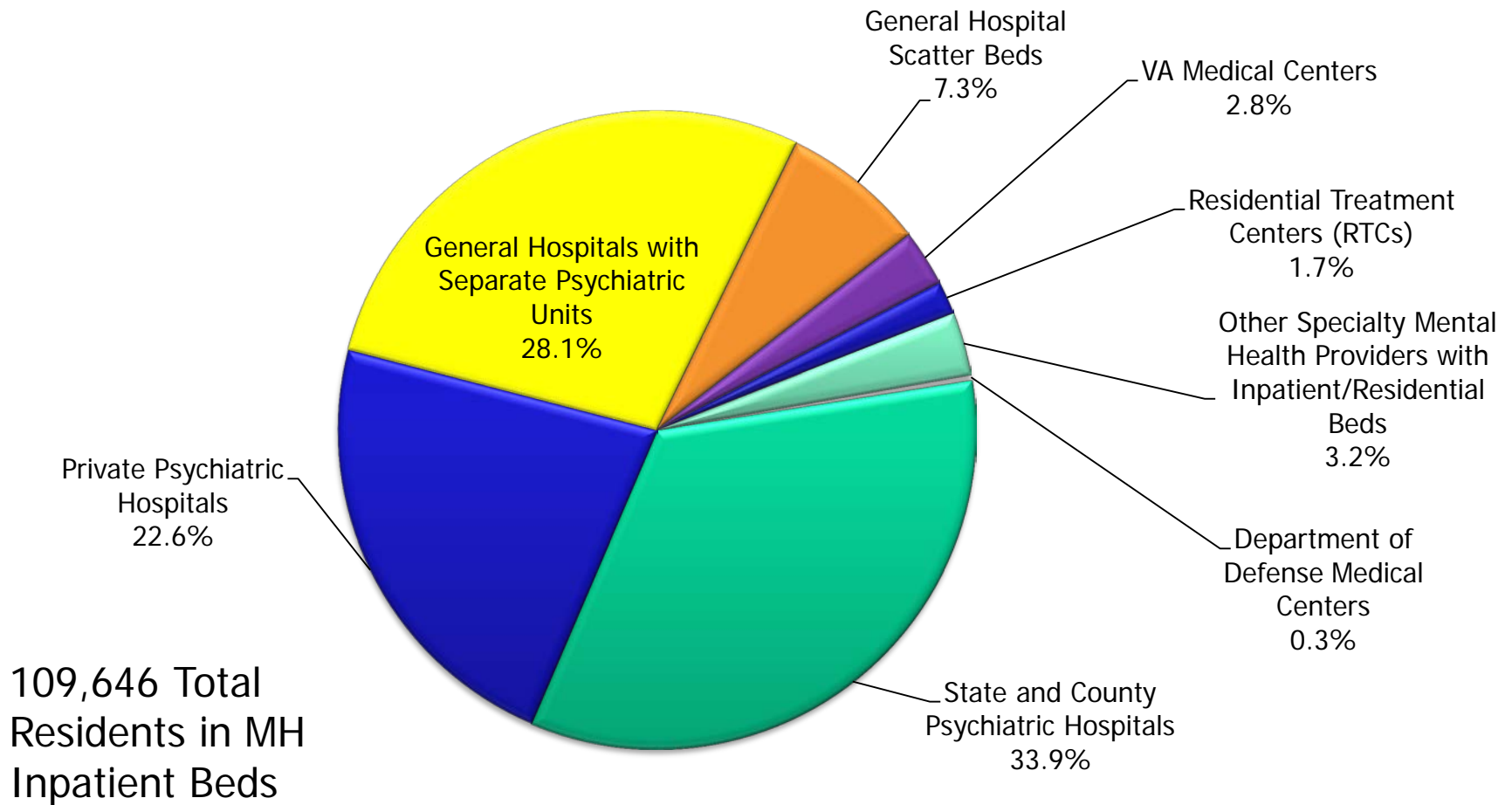
Residents in Inpatients	Psychiatric Inpatients (last Day of Year)	Inpatients Per 100,000 Population
General Hospital Scatter Beds	8,006	2.52
Department of Defense Hospitals	289	0.09
Psychiatric Units in Jails/Prisons	Not Available	
	Other 24 Hours Residential Clients	Other 24 Hour Residents Per 100,000 Population
Nursing Homes-Patients with DX of Schizophrenia or Bipolar disorders	183,534	57.78

Total Number and Rate per 100,000 Psychiatric Inpatients and Other 24-Hour Residential Treatment Patients in 2014

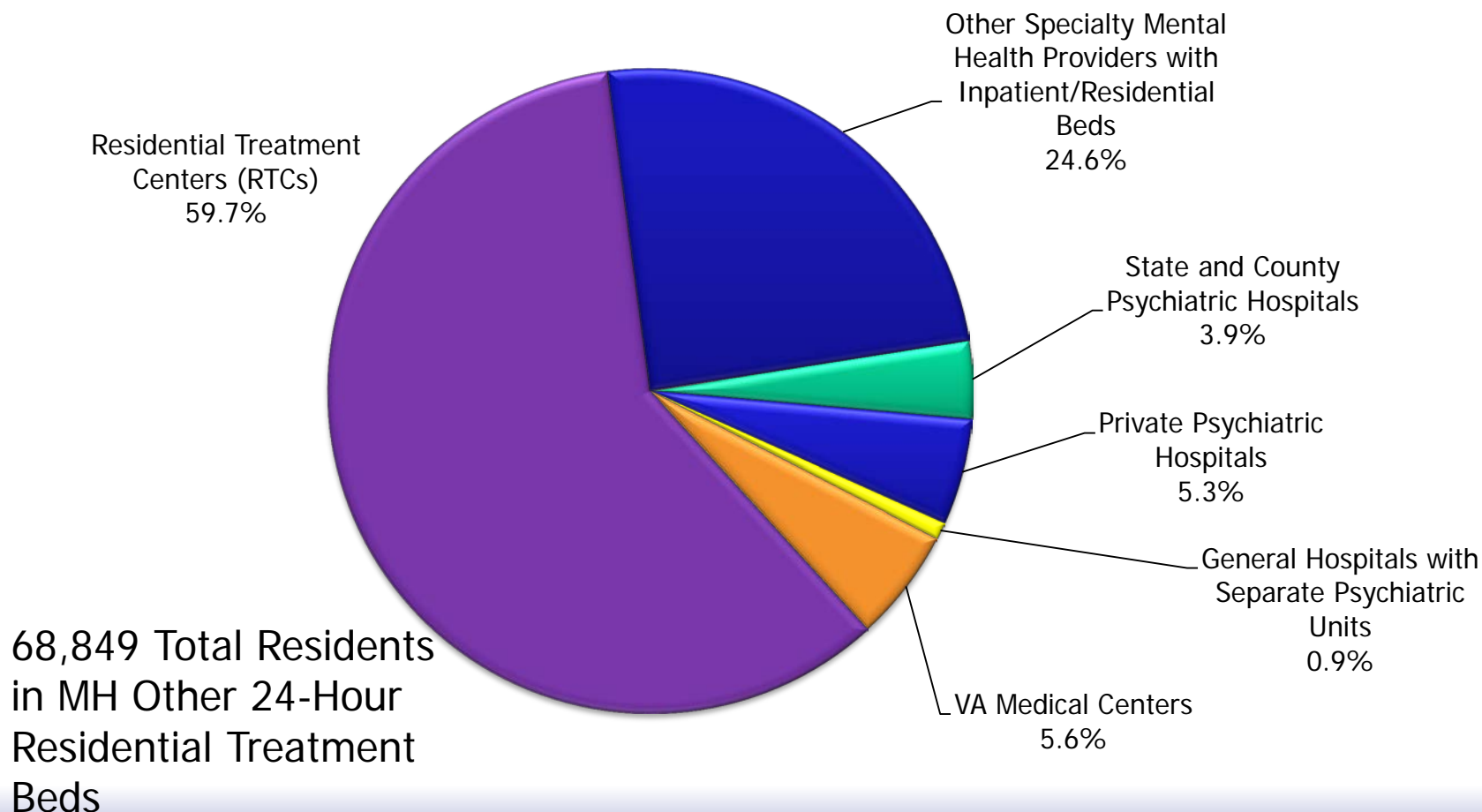
Year/Setting	Psychiatric Inpatients (last Day of Year)	Inpatients Per 100,000 Population	Other 24 Hours Residential Clients	Other 24 Hour Residents Per 100,000 Population	Total Inpatient & Other 24 Hour Patients	Total Rate per 100,000 Population
State & County Psych Hospitals	37,209	11.7	2,698	0.8	39,907	12.6
Other MH Organizations	64,142	20.2	66,151	20.8	130,293	41.0
Total in MH Orgs	101,351	31.9	68,849	21.7	170,200	53.6
Beds in Non-Specialty Units	8,295	2.6			8,295	2.6
Nursing Home*			183,534	57.8	183,534	57.8
Total MH Org & Non-MH Orgs	109,646	34.5	252,383	79.5	362,029	114.0

* Nursing home data for residents with a diagnosis of Schizophrenia and Bipolar diagnoses

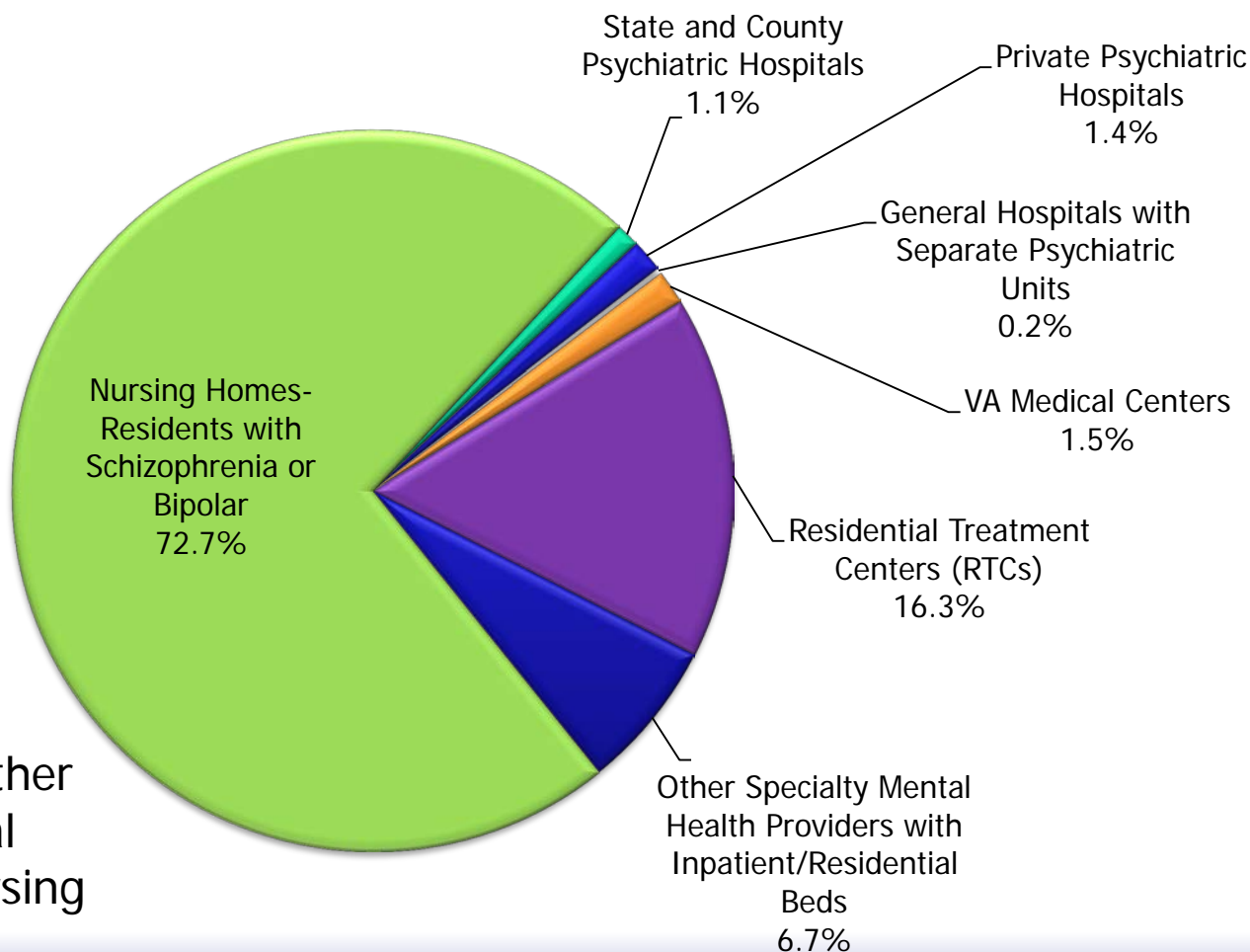
Organizational Location of Mental Health **Inpatients**, 2014



Organizational Location of Mental Health Residents in **Other 24-Hour Residential Treatment**, 2014



Organizational Location of Mental Health Residents in **Other 24-Hour Residential Treatment, 2014—With Nursing Homes**



252,383 Total
 Residents in MH Other
 24-Hour Residential
 Treatment and Nursing
 Home Beds

Legal Status of Mental Health Inpatients, 2014

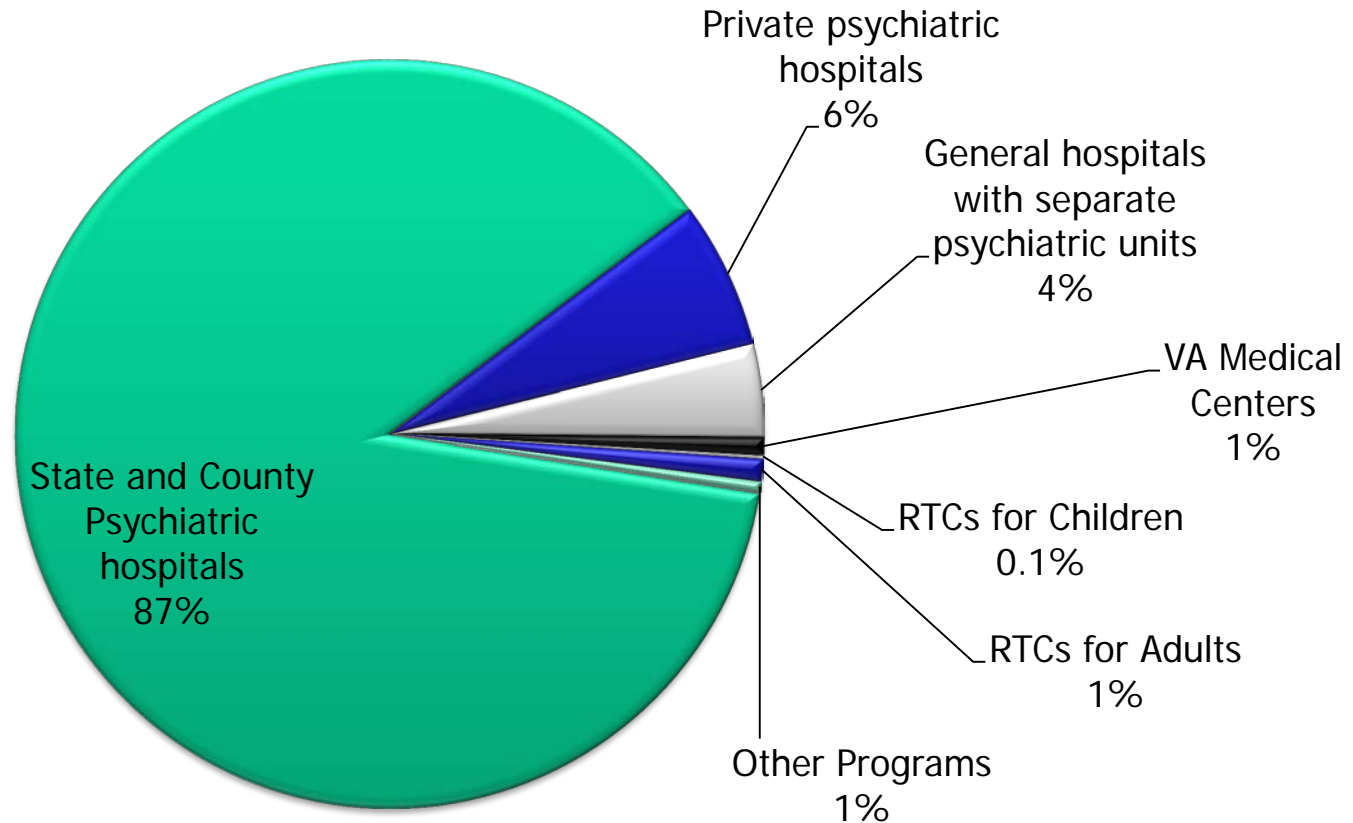
	Voluntary Clients		Involuntary-non Forensic		Involuntary Forensic	
	Number	Percent	Number	Percent	Number	Percent
State and County Psychiatric hospitals	6,523	18%	13,640	37%	17,046	46%
Private psychiatric hospitals	15,691	63%	7,876	32%	1,237	5%
General hospitals with separate psychiatric units	18,801	61%	11,278	37%	785	3%
VA Medical Centers	2,501	80%	476	15%	147	5%
RTC's for Children	370	81%	60	13%	28	6%
RTC's for Adults	578	55%	289	27%	189	18%
Other Programs	2,545	66%	1,197	31%	94	2%
Total	47,009	46%	34,816	34%	19,526	19%

Source: SAMHSA N-MHSS, 2014

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Percent of Involuntary- Forensic Inpatients, by Type of Organization, 2014

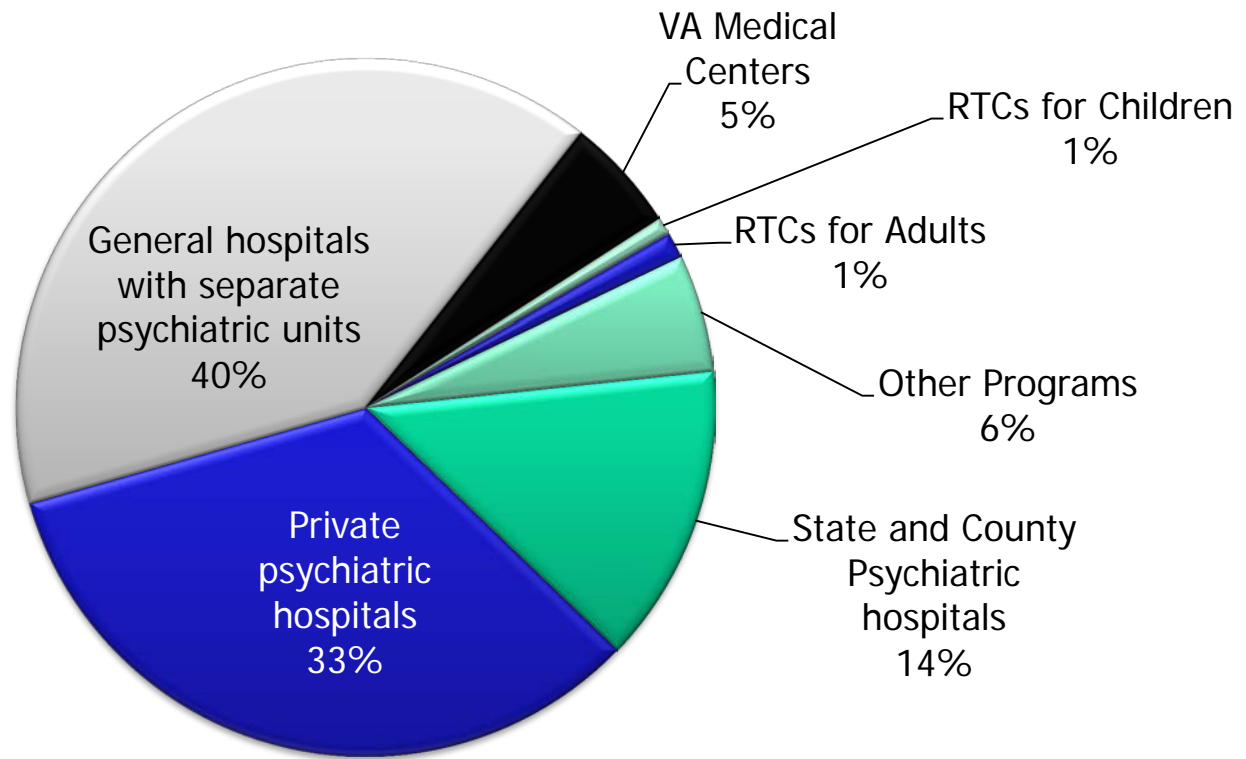


Source: SAMHSA N-MHSS, 2014

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Percent of Voluntary Inpatients, by Type of Organization, 2014

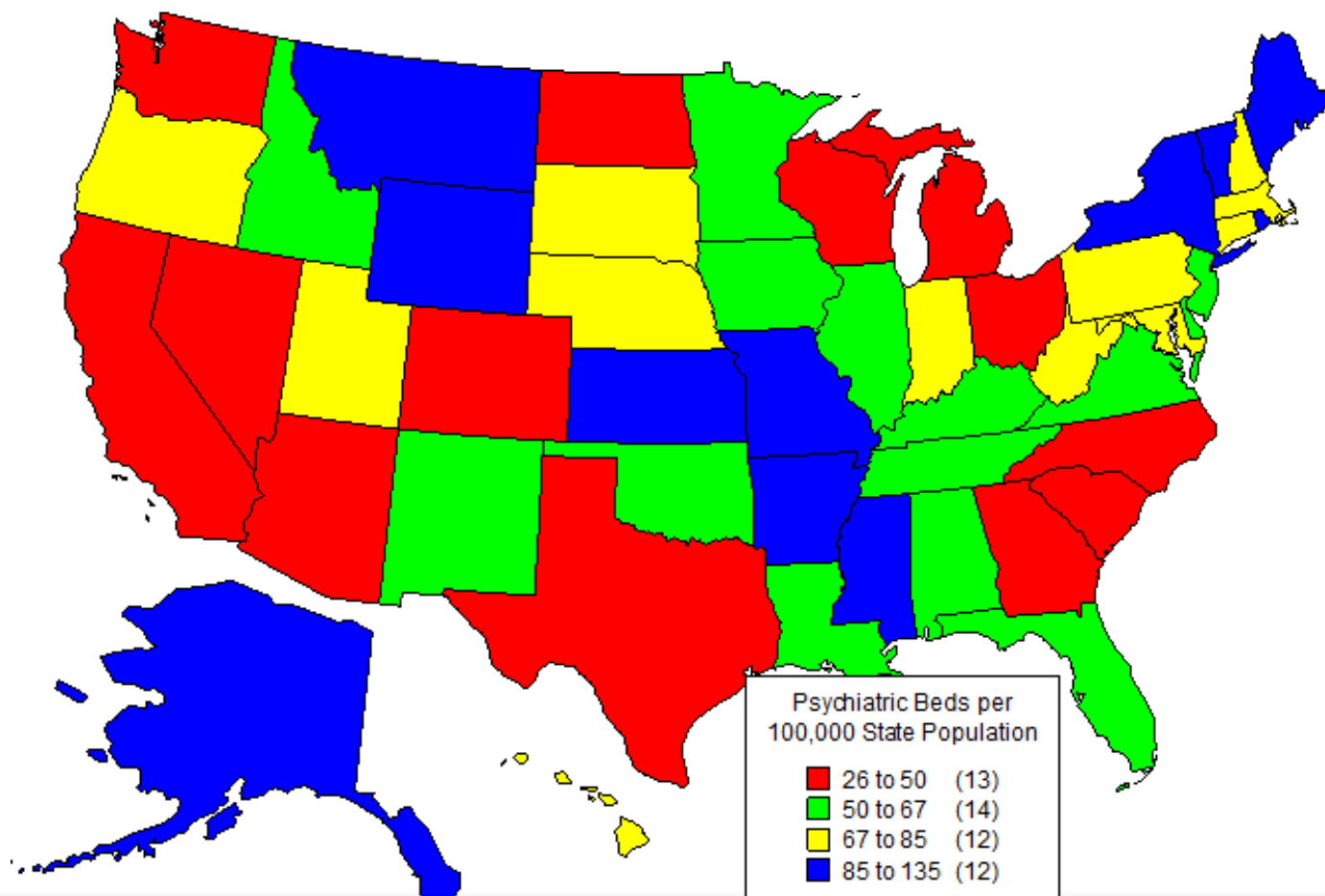


Source: SAMHSA N-MHSS, 2014

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Total MH Inpatient and Other 24-Hour Residential Treatment Beds per 100,000 Population, By State, 2014

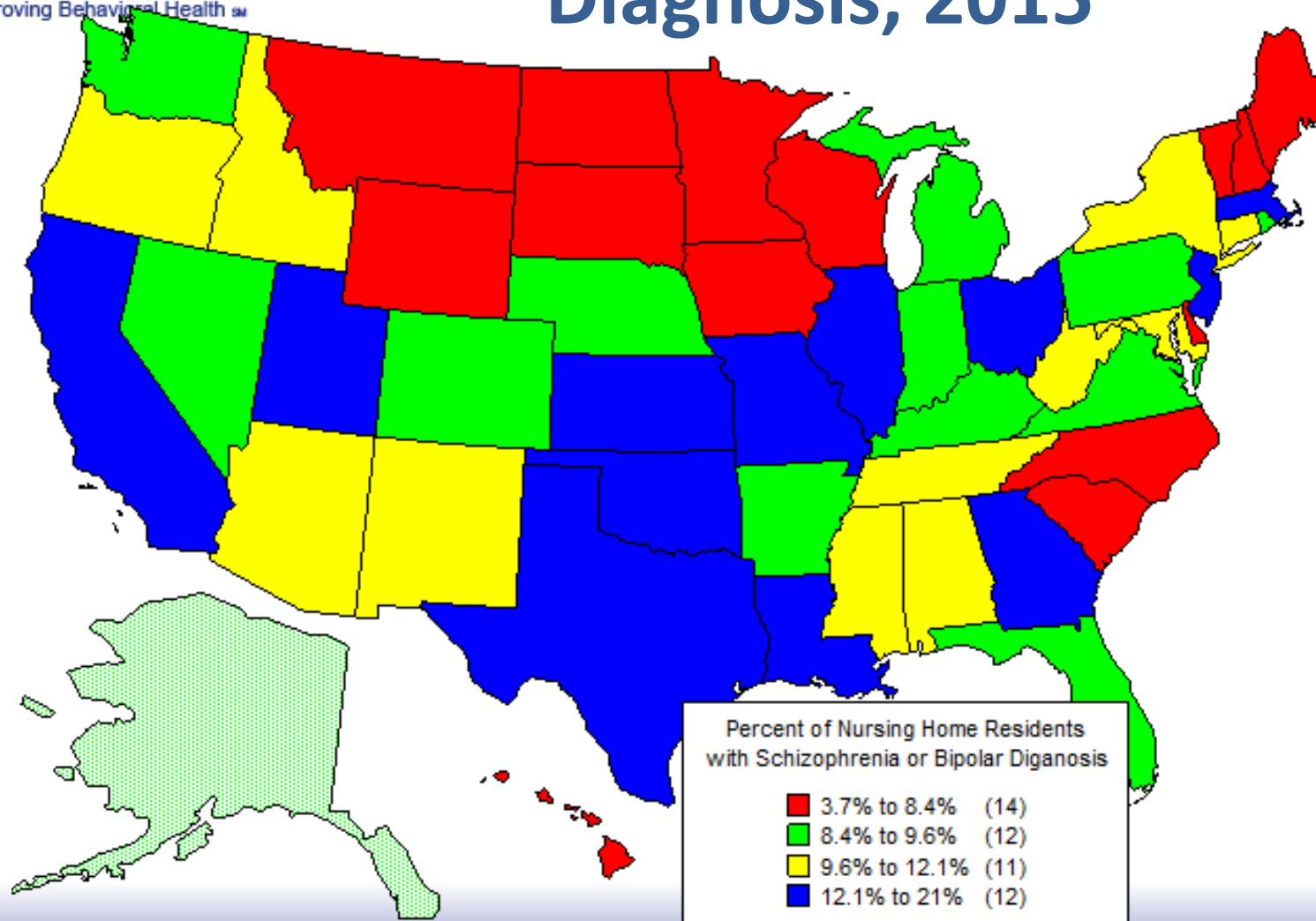


Source: SAMHSA N-MHSS, 2014

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Percent of Nursing Home Residents with a Schizophrenia or Bipolar Diagnosis, 2015

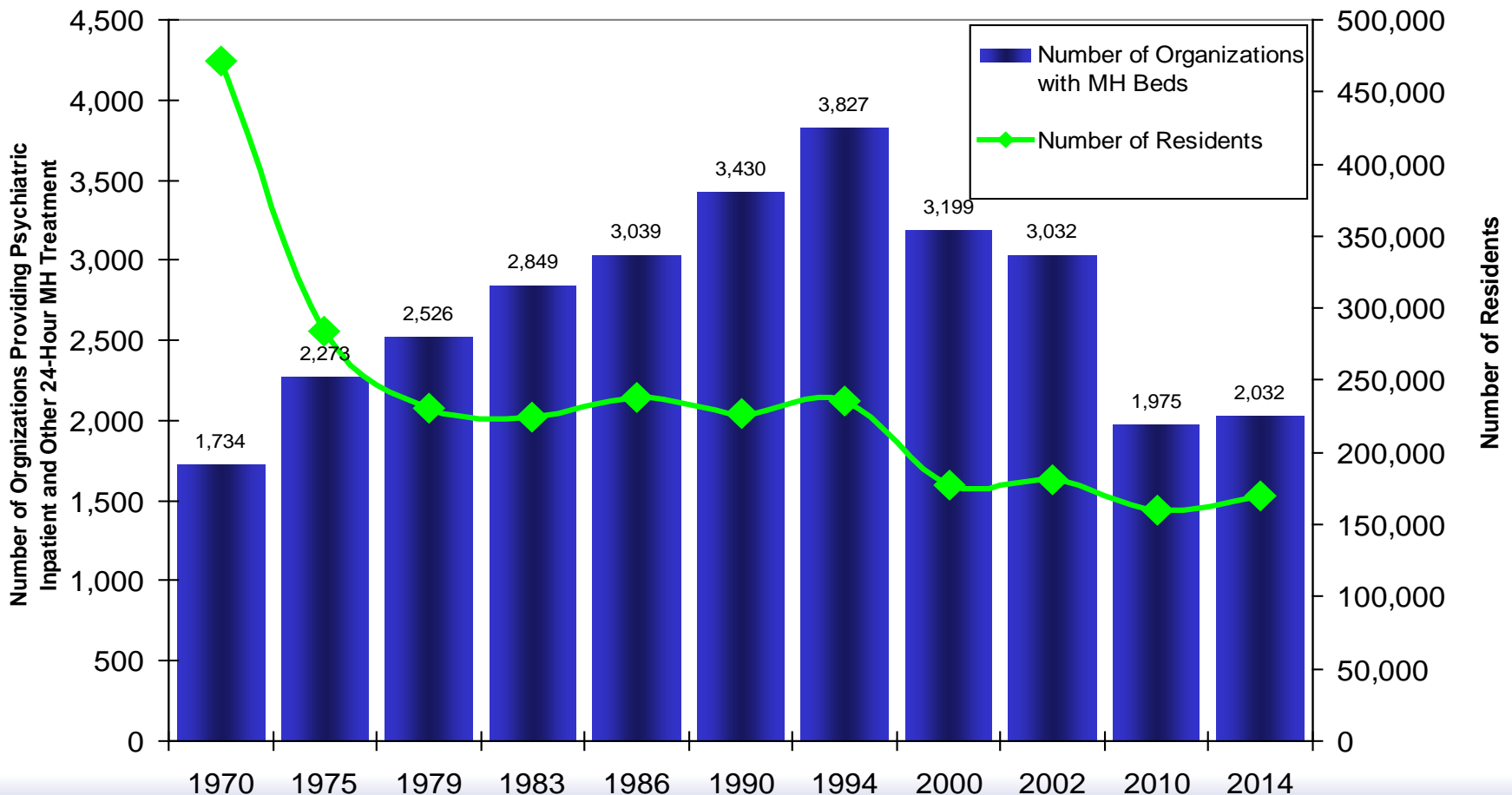


Source: CMS Nursing Home MDS 2015 data set

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Number of Organizations Providing Inpatient and Other 24-hour Residential Treatment and Patients at the End of Year: 1970 to 2014

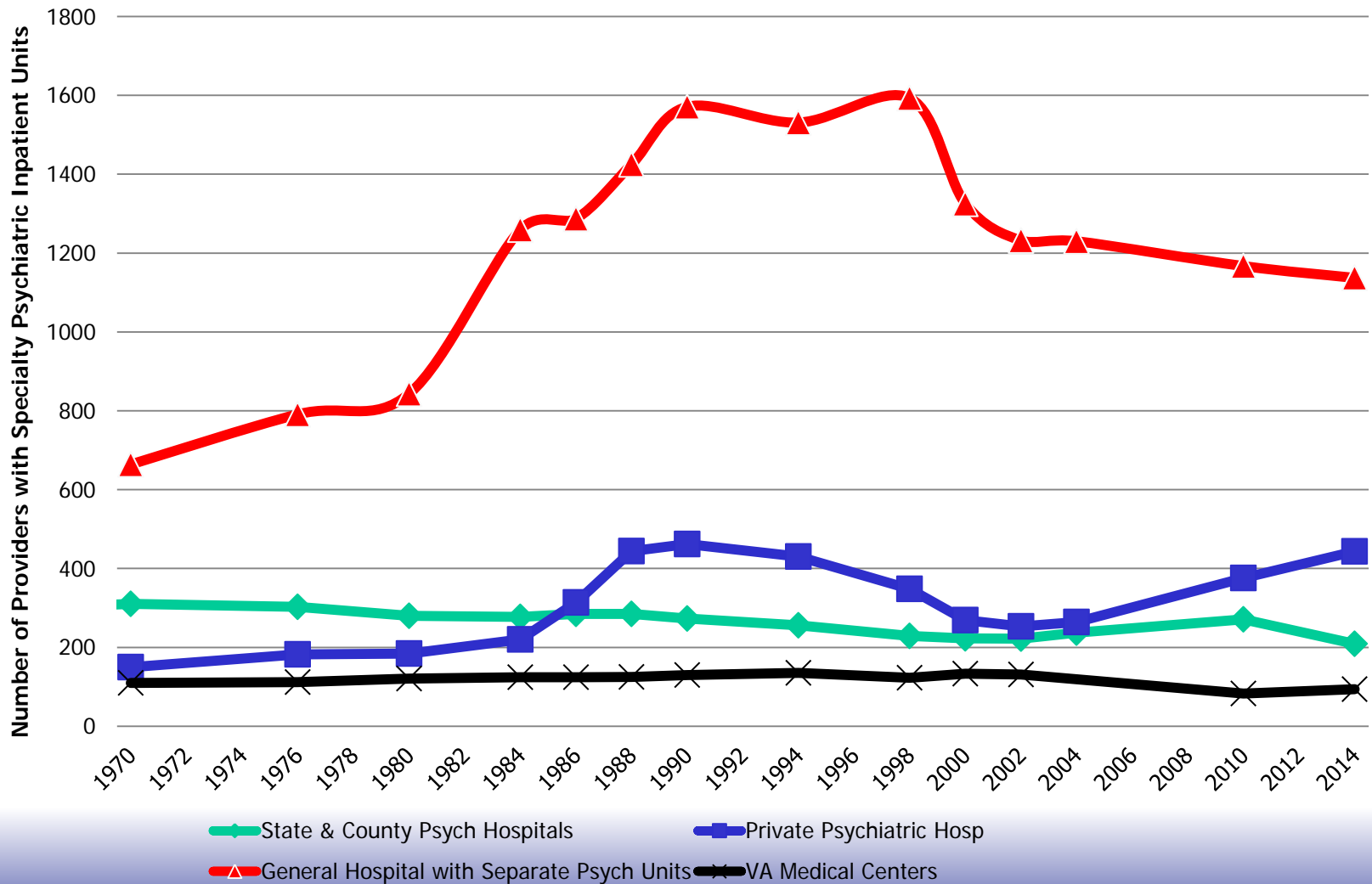


Sources: NIMH, SAMHSA IMHO, 2010 and 2014 NMHSS

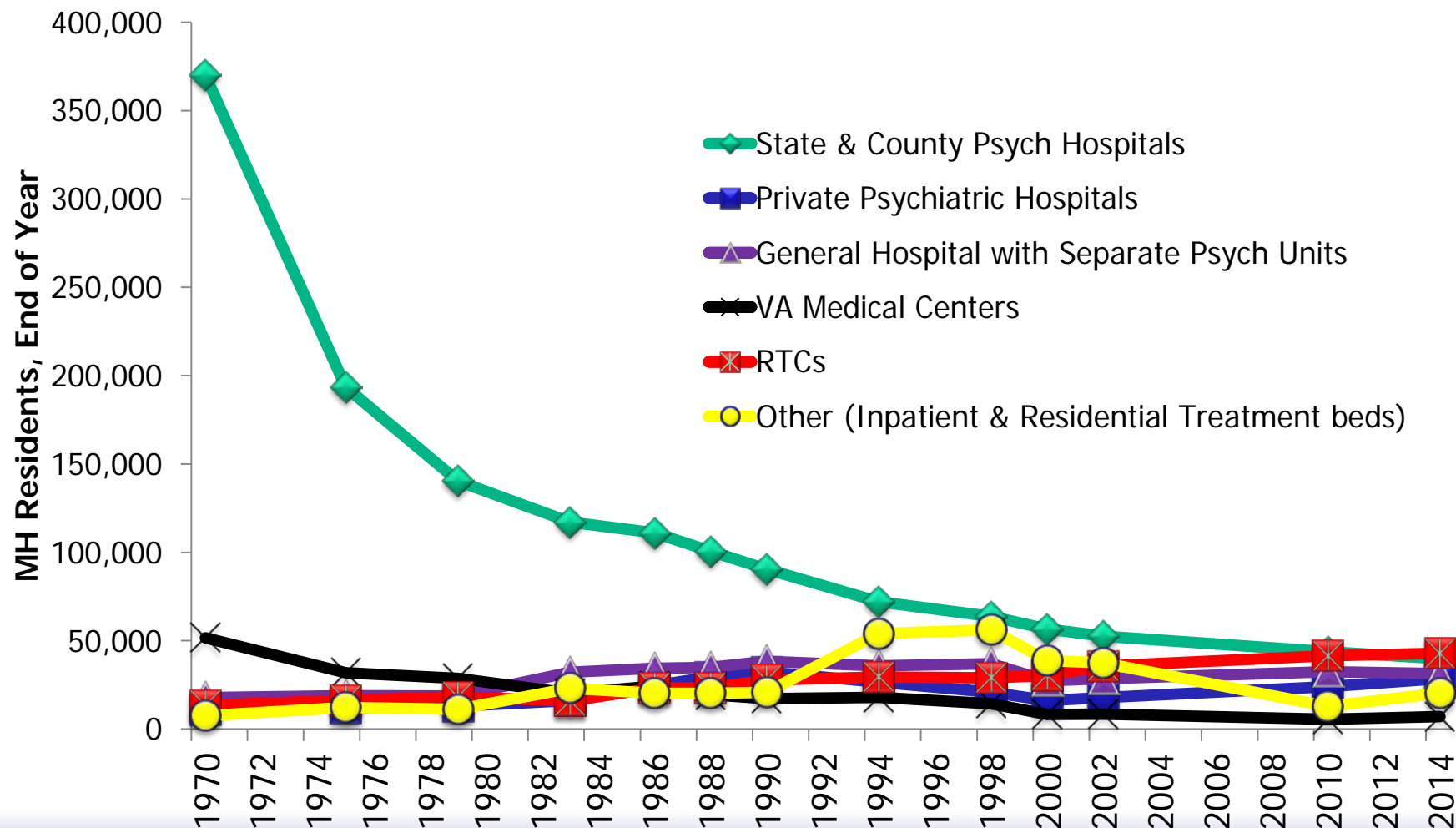
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Number of Specialty MH Organizations Providing Psychiatric Inpatient Services: 1970 to 2014



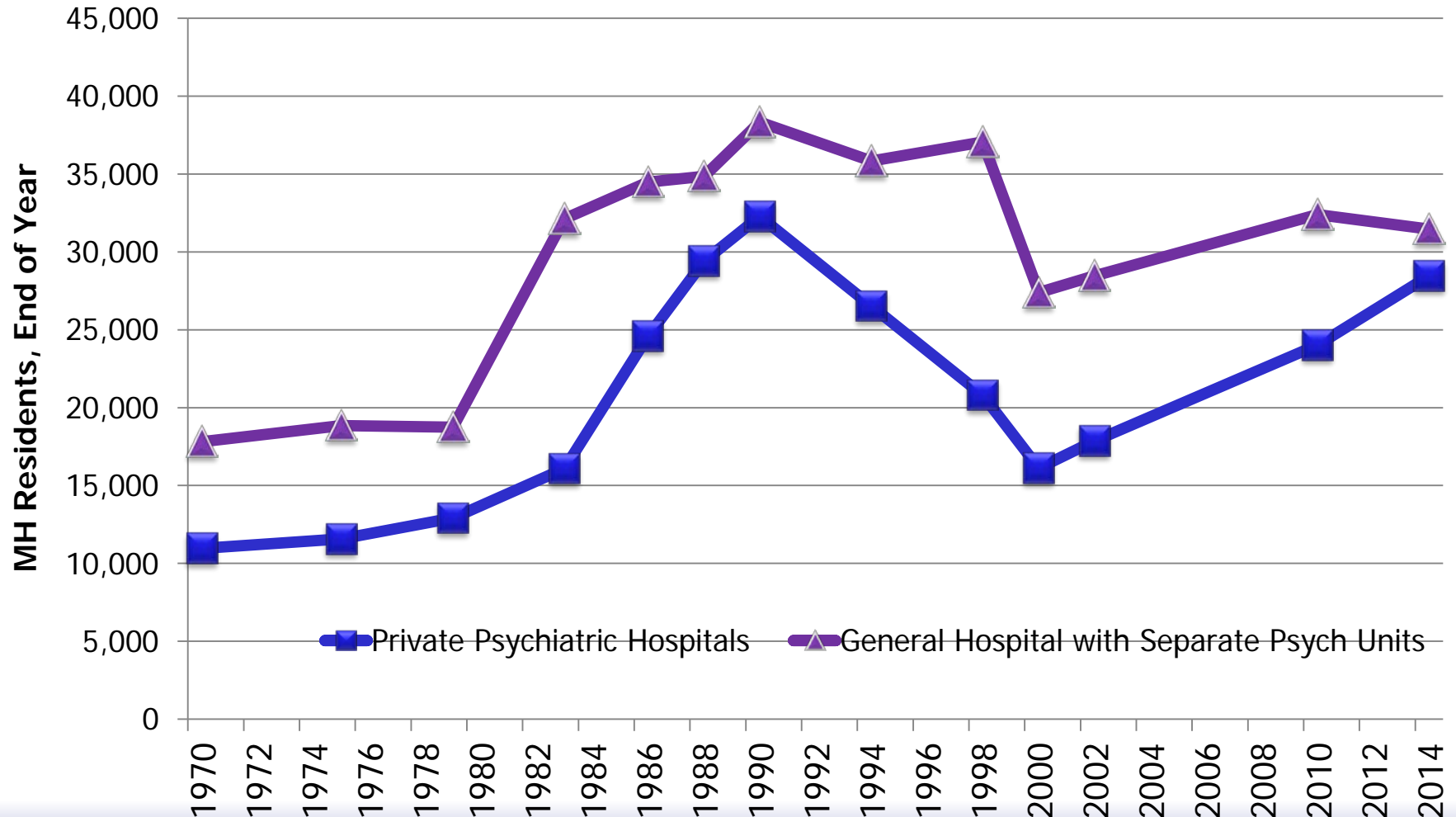
Inpatient and Other 24-Hour Treatment Residents at End of Year, 1970 to 2014, by Major Psychiatric Setting



Patients in Inpatient and Other 24 Hour Residential Units at End of Year, 1970 to 2014

Removing State Hospitals, VA Medical Center, and Other MH Providers

Analytics Improving Behavioral Health



MENTAL HEALTH SYSTEM USA



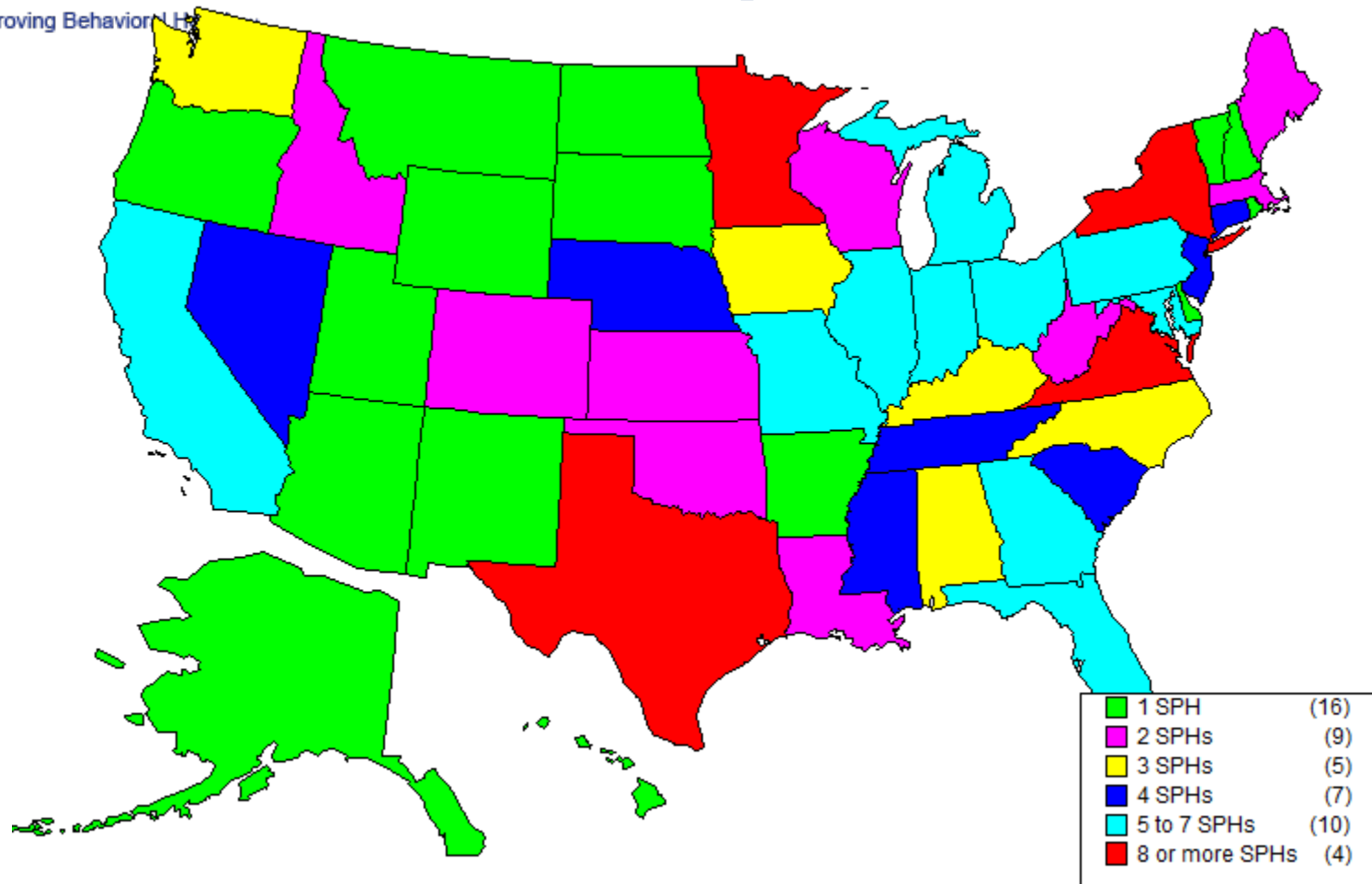
"THERE'S REALLY ONLY ONE QUESTION—DO YOU HAVE MONEY?"

State Psychiatric Hospital Trends in Services and Spending

- NRI maintains details available to SMHAs specific to the use and clients of state psychiatric hospitals:
 - 35 years of Expenditures (including share of overall state spending)
 - 20+ years of residents, admissions, limited Length of Stay information
 - State Policies on Use of SHs.
 - Accreditation Status
 - Patient Characteristics

Number of State Psychiatric Hospitals, 2015

Analytics Improving Behavior

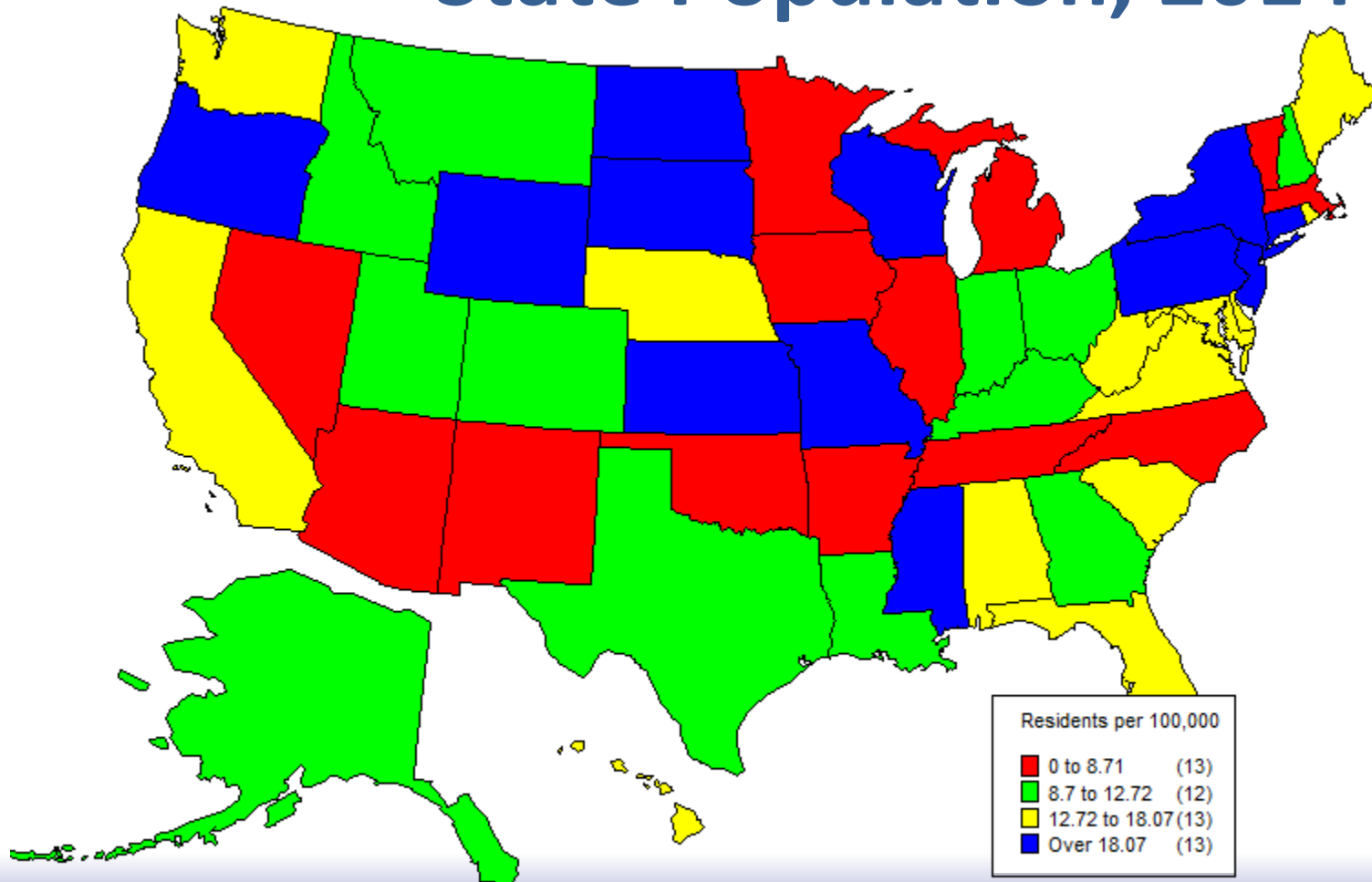


Source: NRI 2015 State Mental Health Agency Profiling System

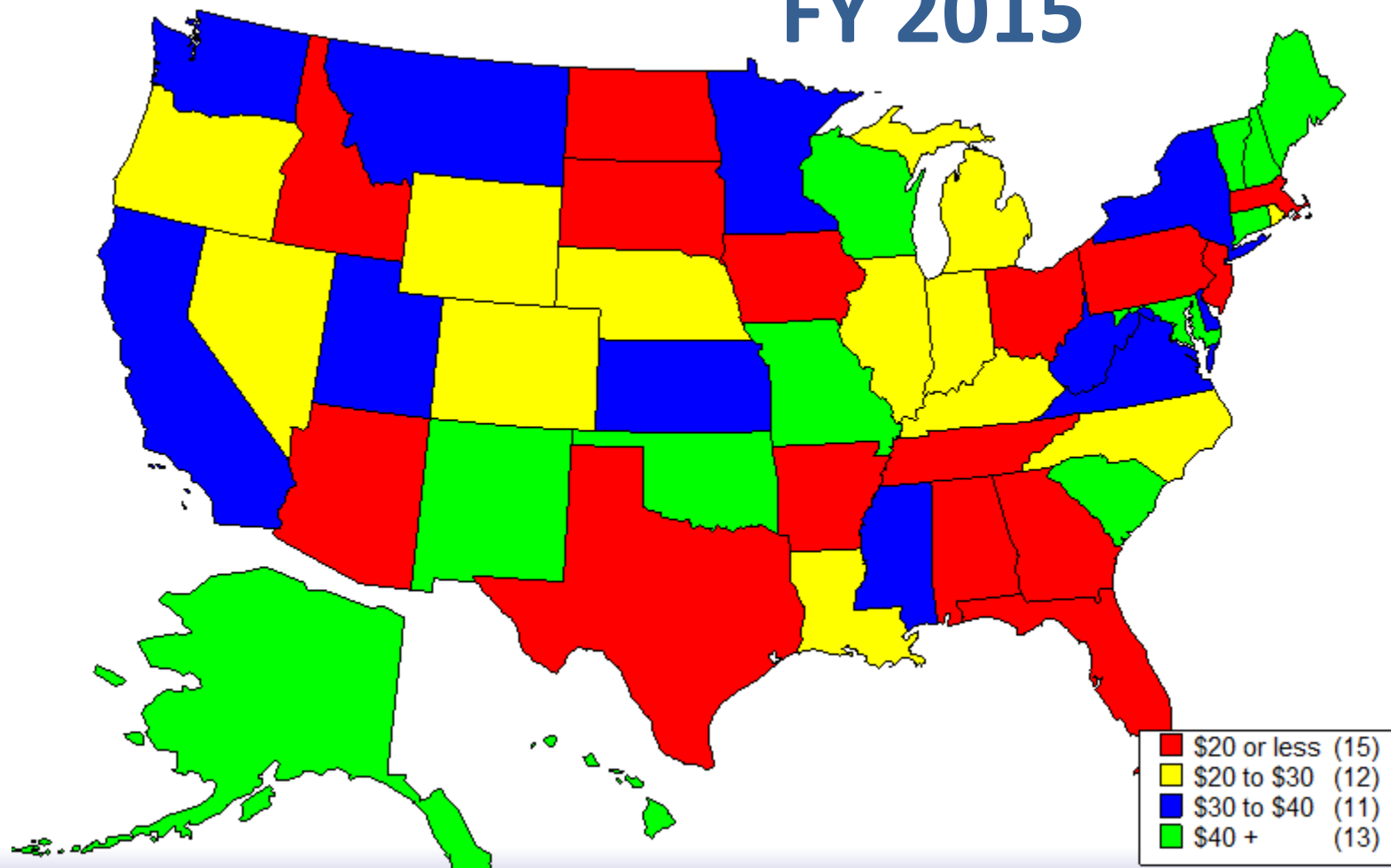
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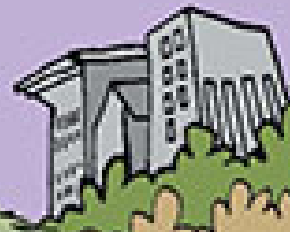
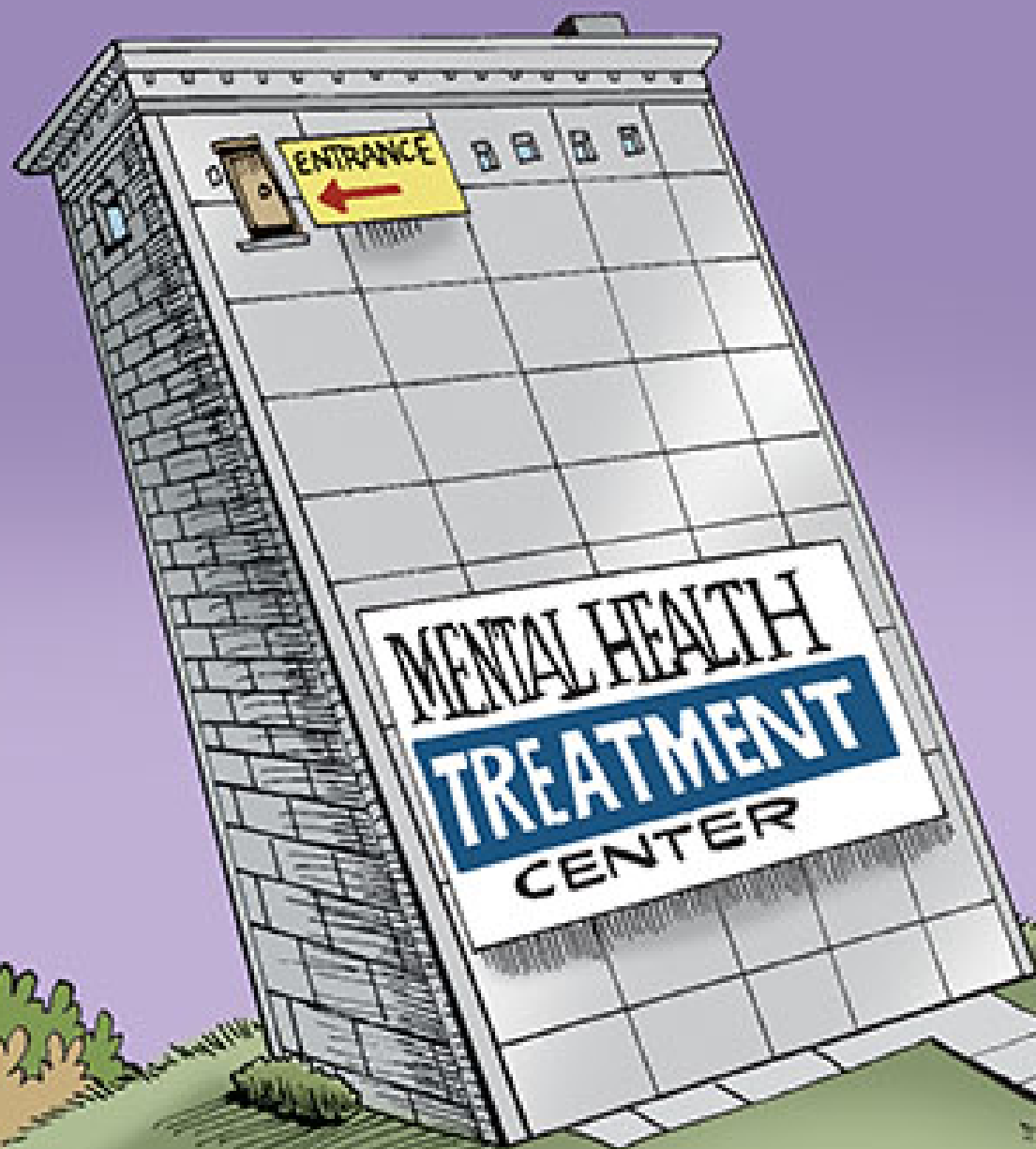
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State Psychiatric Hospital Inpatients Per 100,000 State Population, 2014



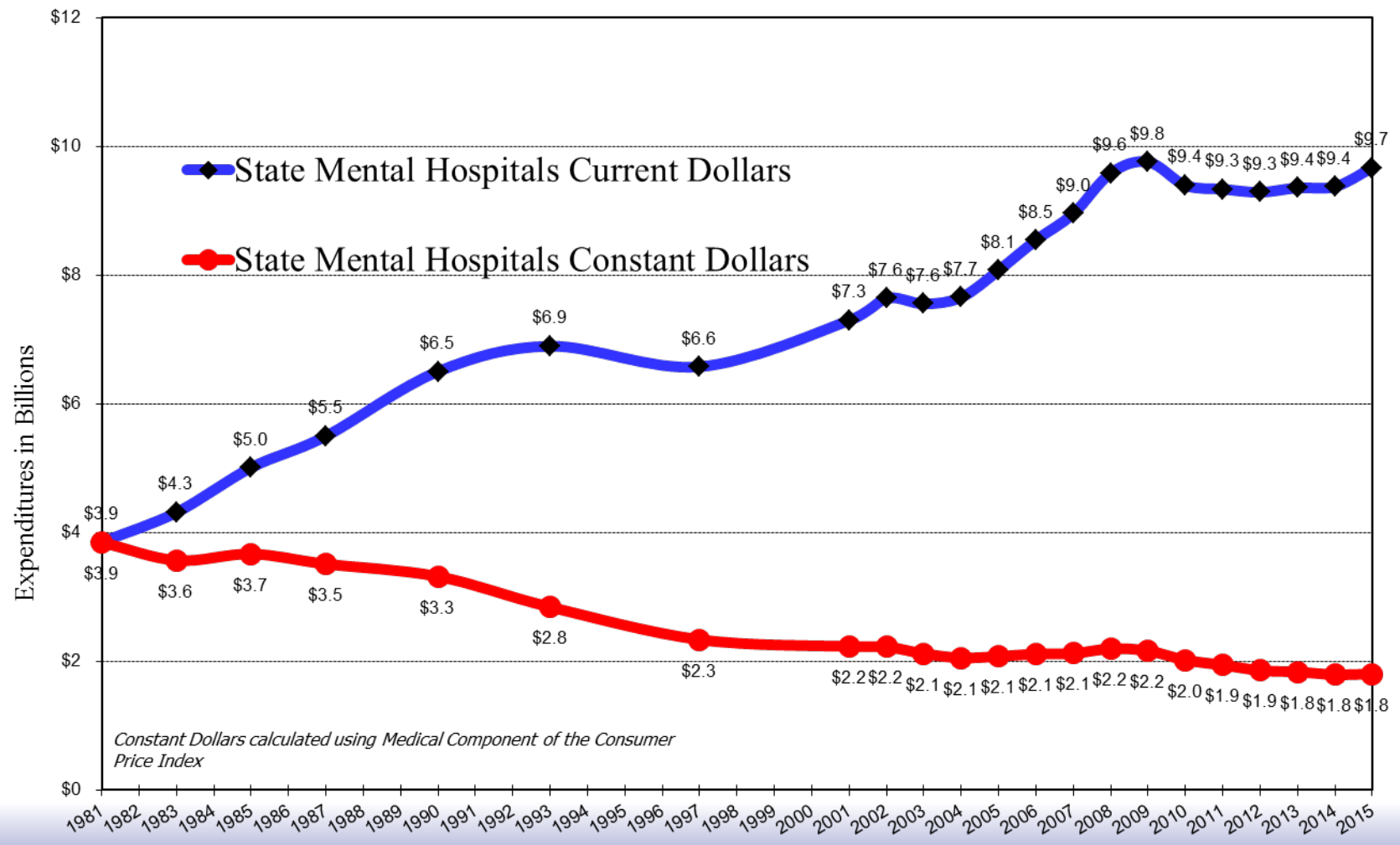
Per Capita Expenditures for State Psychiatric Hospitals: FY 2015



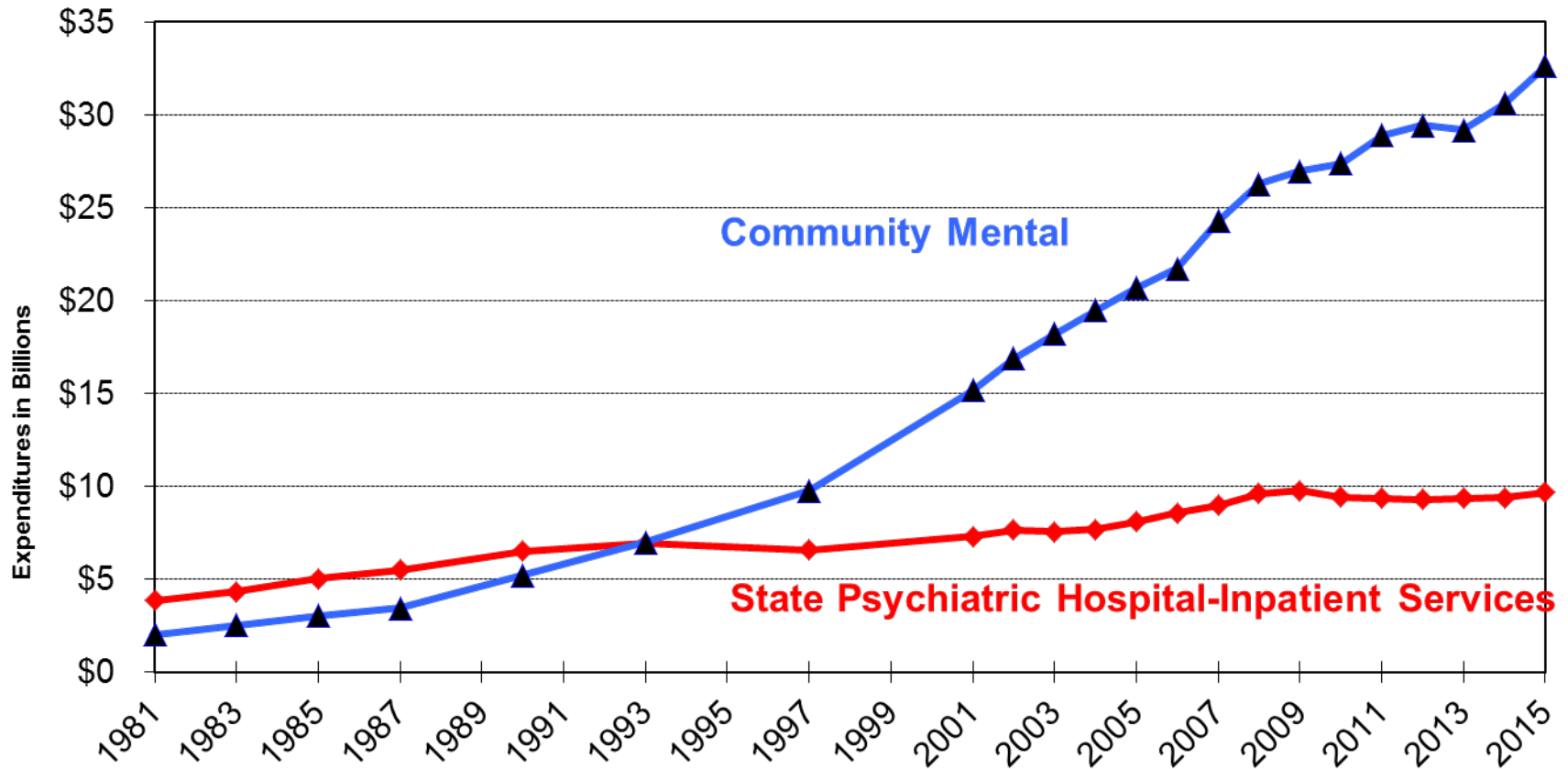


SMHA Controlled Expenditures for State Psychiatric Hospital Inpatient Services, FY 81 - FY 15 in Current and Constant "1981" Dollars

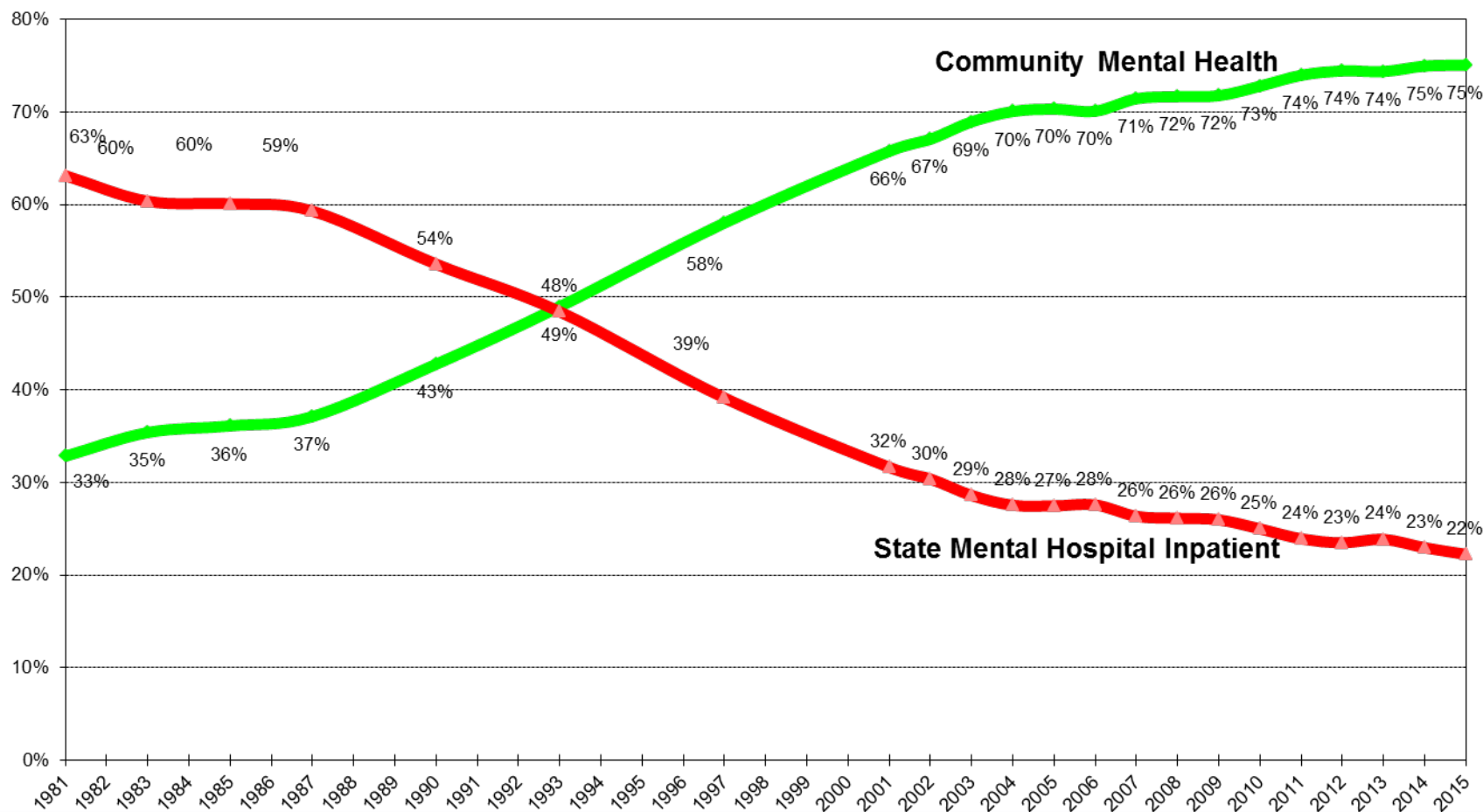
Analytics Improving Behavioral Health



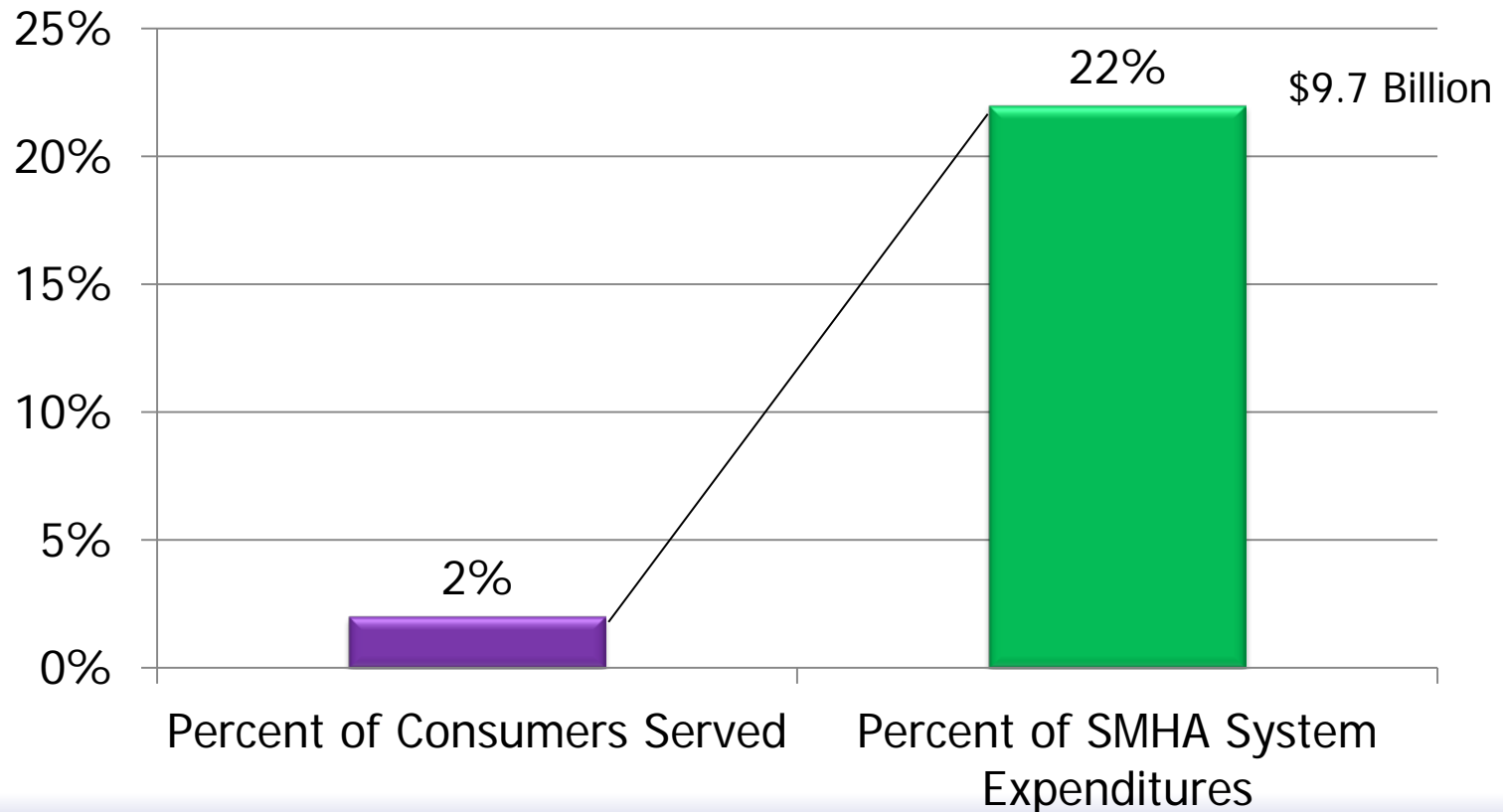
SMHA Controlled Expenditures for Inpatient Mental Health Services in State Hospitals and Community-Based Mental Health Services, FY 81 - FY'15



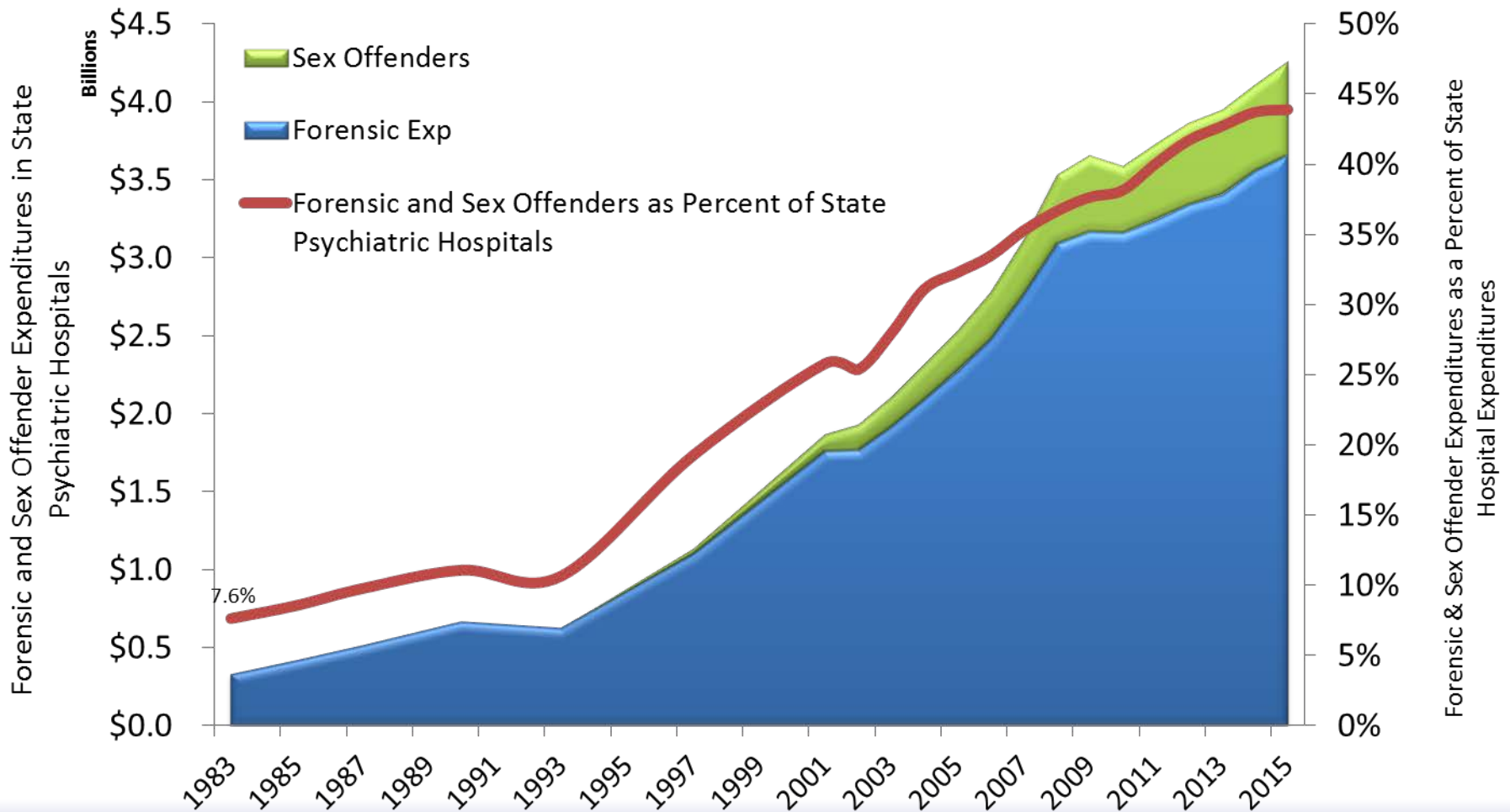
State Mental Health Agency Controlled Expenditures for State Psychiatric Hospital Inpatient and Community-Based Services as a Percent of Total Expenditures: FY'81 to FY'15



Patients in State Psychiatric Hospitals Share of SMHA Systems: FY 2015



State Psychiatric Hospital Expenditures for Forensic and Sex Offender Services and Percent of State Hospital Expenditures for Forensic and Sex Offender Services, FY 1983 To FY 2015





“What did you take away from the meeting?”