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

NASMHPD Commissioners Meeting
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Robert Shaw, NRI
Psychiatric bed shortages are frequently in the news and a focus of courts, advocates, providers, and states.
“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.

The chart shows the number of states reporting shortages in different types of psychiatric beds. The abbreviations used are:

- Acute Beds
- Long Term Beds
- Forensic Beds
- Any Inpatient

The source of the data is the NRI 2015 State MH Profiles.

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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

- **Age 65 and Over**: 29.3% (1970) vs. 8.8% (2014)
- **Organic Brain Syndrome**: 24% (1970) vs. 6.6% (2005)
- **IDD Patients**: 9% (1970) vs. 3.8% (2005)
- **Alcohol & Drug Abuse**: 7% (1970) vs. 5.1% (2005)

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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:
  o all beds available from different types of organizations
  o 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.
<table>
<thead>
<tr>
<th>Year/Setting</th>
<th>Patients in Inpatients Beds (last Day of Year)</th>
<th>Inpatients Per 100,000 Population</th>
<th>Patients in Other 24-Hours Residential Treatment Beds</th>
<th>Other 24 Hour Residents Per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>State &amp; County Psych Hospitals</td>
<td>37,209</td>
<td>11.7</td>
<td>2,698</td>
<td>0.8</td>
</tr>
<tr>
<td>Private Psychiatric Hospitals</td>
<td>24,804</td>
<td>7.8</td>
<td>3,657</td>
<td>1.0</td>
</tr>
<tr>
<td>General Hospital with Separate Psych Units</td>
<td>30,864</td>
<td>9.7</td>
<td>589</td>
<td>0.2</td>
</tr>
<tr>
<td>VA Medical Centers</td>
<td>3,124</td>
<td>1.0</td>
<td>3,886</td>
<td>1.2</td>
</tr>
<tr>
<td>RTCs</td>
<td>1,851</td>
<td>0.6</td>
<td>41,079</td>
<td>12.9</td>
</tr>
<tr>
<td>Other MH Providers</td>
<td>3,499</td>
<td>1.1</td>
<td>16,940</td>
<td>5.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>101,351</strong></td>
<td><strong>31.9</strong></td>
<td><strong>68,849</strong></td>
<td><strong>21.7</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Inpatient &amp; Other 24 Hour Patients</th>
<th>Total Rate per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>39,907</td>
<td>12.6</td>
</tr>
<tr>
<td>28,461</td>
<td>9.0</td>
</tr>
<tr>
<td>31,453</td>
<td>9.9</td>
</tr>
<tr>
<td>7,010</td>
<td>2.2</td>
</tr>
<tr>
<td>42,930</td>
<td>13.5</td>
</tr>
<tr>
<td>20,439</td>
<td>6.4</td>
</tr>
<tr>
<td><strong>170,200</strong></td>
<td><strong>53.6</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Residents in Inpatients</th>
<th>Psychiatric Inpatients (last Day of Year)</th>
<th>Inpatients Per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Hospital Scatter Beds</td>
<td>8,006</td>
<td>2.52</td>
</tr>
<tr>
<td>Department of Defense Hospitals</td>
<td>289</td>
<td>0.09</td>
</tr>
<tr>
<td>Psychiatric Units in Jails/Prisons</td>
<td>Not Available</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Other 24 Hours Residential Clients</th>
<th>Other 24 Hour Residents Per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Homes-Patients with DX of Schizophrenia or Bipolar disorders</td>
<td>183,534</td>
<td>57.78</td>
</tr>
</tbody>
</table>
Organizational Location of Mental Health Inpatients, 2014

- General Hospitals with Separate Psychiatric Units: 28.1%
- Private Psychiatric Hospitals: 22.6%
- General Hospital Scatter Beds: 7.3%
- VA Medical Centers: 2.8%
- Residential Treatment Centers (RTCs): 1.7%
- Other Specialty Mental Health Providers with Inpatient/Residential Beds: 3.2%
- Department of Defense Medical Centers: 0.3%
- State and County Psychiatric Hospitals: 33.9%

109,646 Total Residents in MH Inpatient Beds
Organizational Location of Mental Health Residents in Other 24-Hour Residential Treatment, 2014

- Residential Treatment Centers (RTCs): 59.7%
- Other Specialty Mental Health Providers with Inpatient/Residential Beds: 24.6%
- VA Medical Centers: 5.6%
- General Hospitals with Separate Psychiatric Units: 0.9%
- Private Psychiatric Hospitals: 5.3%
- State and County Psychiatric Hospitals: 3.9%

68,849 Total Residents in MH Other 24-Hour Residential Treatment Beds
Organizational Location of Mental Health Residents in Other 24-Hour Residential Treatment, 2014—With Nursing Homes

- Nursing Homes-Residents with Schizophrenia or Bipolar 72.7%
- Residential Treatment Centers (RTCs) 16.3%
- Other Specialty Mental Health Providers with Inpatient/Residential Beds 6.7%
- VA Medical Centers 1.5%
- General Hospitals with Separate Psychiatric Units 0.2%
- Private Psychiatric Hospitals 1.4%
- State and County Psychiatric Hospitals 1.1%

252,383 Total Residents in MH Other 24-Hour Residential Treatment and Nursing Home Beds
## Legal Status of Mental Health Inpatients, 2014

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Voluntary Clients</th>
<th>Involuntary-non Forensic</th>
<th>Involuntary Forensic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>State and County Psychiatric hospitals</td>
<td>6,523</td>
<td>18%</td>
<td>13,640</td>
</tr>
<tr>
<td>Private psychiatric hospitals</td>
<td>15,691</td>
<td>63%</td>
<td>7,876</td>
</tr>
<tr>
<td>General hospitals with separate psychiatric units</td>
<td>18,801</td>
<td>61%</td>
<td>11,278</td>
</tr>
<tr>
<td>VA Medical Centers</td>
<td>2,501</td>
<td>80%</td>
<td>476</td>
</tr>
<tr>
<td>RTCs for Children</td>
<td>370</td>
<td>81%</td>
<td>60</td>
</tr>
<tr>
<td>RTCs for Adults</td>
<td>578</td>
<td>55%</td>
<td>289</td>
</tr>
<tr>
<td>Other Programs</td>
<td>2,545</td>
<td>66%</td>
<td>1,197</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>47,009</td>
<td>46%</td>
<td>34,816</td>
</tr>
</tbody>
</table>

Source: SAMHSA N-MHSS, 2014
Percent of Involuntary-Forensic Inpatients, by Type of Organization, 2014

- State and County Psychiatric hospitals: 87%
- Private psychiatric hospitals: 6%
- General hospitals with separate psychiatric units: 4%
- VA Medical Centers: 1%
- RTCs for Children: 0.1%
- RTCs for Adults: 1%
- Other Programs: 1%

Source: SAMHSA N-MHSS, 2014
Percent of Voluntary Inpatients, by Type of Organization, 2014

- General hospitals with separate psychiatric units: 40%
- Private psychiatric hospitals: 33%
- VA Medical Centers: 5%
- RTCs for Children: 1%
- RTCs for Adults: 1%
- State and County Psychiatric hospitals: 14%
- Other Programs: 6%

Source: SAMHSA N-MHSS, 2014
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

- State & County Psych Hospitals
- Private Psychiatric Hospitals
- General Hospital with Separate Psych Units
- VA Medical Centers
- RTCs
- Other (Inpatient & Residential Treatment beds)
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

MH Residents, End of Year

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"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
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

Constant Dollars calculated using Medical Component of the Consumer Price Index
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

- Percent of Consumers Served: 2%
- Percent of SMHA System Expenditures: 22%

$9.7 Billion
“What did you take away from the meeting?”