

NAMI Maryland

POSITION PAPER: HOSPITALS

ISSUE: The purpose of this paper is to outline continuing reasons for providing hospital care for persons with mental illness who are unable to live successfully in their communities, emphasize what ought to be some basic goals of hospital care, and suggest remedies for evident deficiencies in existing hospital practices.

BACKGROUND: There is a continuing need for hospital care for some persons with serious mental illness (SMI): to stabilize acute psychiatric disorder; to provide close care for those persons with SMI needing such treatment; and to provide long term care for persons unable to live in their communities. Hospitals are one stage of a continuum of care for such persons. Hospital care for those who need it should not impair efforts to provide community based treatment for those able to utilize such treatment and live successfully in the community. The critical inadequacy of Maryland's psychiatric hospitals is the insufficiency of inpatient beds, resulting from the lack of funding for sufficient beds. The insufficiency of beds in Maryland hospitals for persons with SMI has been dramatized by the accounts (some of which have been well publicized) of psychiatric patients kept in emergency rooms beyond legal limitations or simply released without treatment. The number of persons sent to existing psychiatric hospitals pursuant to court order increases steadily year by year. Although the number of persons with SMI increases with the population, the number of State psychiatric hospitals has lessened over time, psychiatric units in some other hospitals have been eliminated, and the number of beds available for psychiatric patients needing hospital care has been reduced: between 1982 and 2005, from 4,390 to 1,235 beds in State psychiatric hospitals and from 830 to 519 beds in private licensed hospitals

NAMI MD supports the following positions and recommendations:

- More psychiatric hospital beds should be provided to meet requirements of persons with SMI who need hospital care as well as the increased requirements imposed on such hospitals by court order.
- The basic rights and interests of persons with psychiatric disorders should be protected by admitting hospitals.
 - Safe environments must be provided for all, including forensic patients and patients subject to restraints or seclusion.
 - Admission should be accompanied by a thorough physical and psychiatric examination, and an individual treatment plan (ITP) should be developed for each person admitted.
 - Hospital stays should be long enough to ensure stabilization and be consistent with a patient's ITP.
 - Hospitals should provide not only care and treatment, but a continuing therapeutic milieu and therapeutic activities.

- Since family members can be a valuable resource in the treatment of inpatient consumers, hospitals should encourage their participation in the creation and implementation of a patient's ITP – and service providers should also participate in these activities and other elements of treatment.
- Discharge should be carefully planned, with consumer participation, and caretaker participation when appropriate.
- A discharge plan should provide for adequate housing, continuation of the patient's ITP, placement in an integrated community support network, and continuation of individual case management - no one should ever be discharged to a homeless shelter, a crisis center, or the street.
- Grievance procedures should be provided for inpatient consumers and their families as well as measures to remedy or repair negative experiences in psychiatric hospitals, including, but not limited to, possible violations of patient rights and inadequacies of care and support.
- Psychiatric hospitals or facilities should provide systematic reporting of deaths and injuries of inpatient consumers, particularly if such events occur as a result of a suicide or attempted suicide, as well as systematic reporting of any restraints employed.
 - Hospitals should develop effective mechanisms to evaluate the institutional response to such events or practices and any measures taken to prevent their occurrence or ameliorate their effects.
 - Systematic reporting of outcomes of hospital treatment for all patients should be provided.
- The governing boards of psychiatric hospitals, public or private, should include some persons with SMI and some family members of persons with SMI.

Approved by the NAMI Maryland Board of Directors on March 8, 2008.

