1.25.2021
Inpatient Psychiatric Care in MN
Attn: House Behavioral Health Policy Division

Hello Representative Nels and the House Behavioral Health Committee:

I understand from NAMI Southeast Minnesota that you are taking testimony with regards to the current availability of beds, wait times in ER's, being turned away, and the ambulance rides to places outside of where you live. While I could share so many stories with you, I will stick with my story which I believe is quite relevant to this topic.

First, I would like to note that I learned that there is a possibility of closing St. Josephs inpatient psychiatric unit with 110 beds and the impact that this will have on anyone living with mental health issues is devastating. This would be yet another group of people who would need to go elsewhere in the state or even out of state for their treatment. Our mental health system needs to be built up and not create less places for care and treatment.

My name is Colleen Lamon and I live in Rochester, MN (home to the Mayo Clinic and Generose which was built to assist with our mental health patients). I am 48 years old and have needed mental health care on a weekly basis since 2008 where I was admitted to Austin, MN because there was no beds in Rochester. While I'm doing well at this time and have not needed inpatient care since 2019 it is a fear of mine that when needed it just won't be there.

I have had 10 hospital stays in the last 11 years and 2 rounds of ECT (electroconvulsive therapy). Of these stays I was able to get into Generose here in Rochester 4 times and had one round of ECT here. My main testimony for this purpose is to share the story of my 2019 and getting the help I needed.

On 9/27/2019 I was taken to St. Marys ER by a neighbor because I knew I was suicidal and had hit a rock bottom. Upon arriving we waited only just a short amount of time because they took me to a room in a pod part of the unit. Then begins the wait. Lets just say around early morning on 9/28 someone came in and told me I was going to be checked into an observation unit until they could find me a room "somewhere". I spent 3 nights in the observation area which did not help my mental health because I literally was in a hospital room, with others with various needs. The only people I saw were nurses. I tried to stay calm as my anxiety and fear heightened.

On 10/1/2019 I was told that I was going to be transported by ambulance to Hutchinson, MN which is 2 hours and 40 minutes from Rochester. I was headed west without my healthcare team, family, and honestly was completely ticked off. The ambulance personal told me this happens all the time and there was probably someone in Hutchinson going to Rochester. I spent from 10/1/2019-10/16/2019 in Hutchinson Healthcare which was completely a false reality situation. I did not feel the outside air this entire stay. They then decided that I may need a third round of ECT treatments, and they did not do this in Hutchinson and I'm thinking I'm going back to Rochester. NOPE; It was off by ambulance to United Healthcare in St. Paul, MN. They offered ECT treatments at this hospital. I was there from 10/16/2019-10/26/2019 and the Dr. was not comfortable administrating them due to a complication with my last one at Generose. I sure wished I was at Generose. They discharged my because they felt they had done all they could and it was decided that I needed some long term inpatient stay or an IRTS. Did I mention I still didn't want to live at this point...

My family monitored me while waiting for a crisis bed to open at IRTS and I was admitted to a crisis bed on 10/30/2019. This was a short term bed until a spot in the program opened up. I had to check out on 11/8/2019 because there is a one week stay on crisis beds. I had to go back home and was not admitted into the program until 12/2/2019 and was released on 01/17/2020. To say during this time at home I felt like a prisoner in my home during that time would be accurate. My family (bless them) made sure I wasn't alone, kept checking in with me, stayed with me and were doing what they could but I needed a bed in the program. After working the program for about 3 weeks I decided with help from the staff that I did indeed want to live, was given 24 hour support and gave it my all. I am happy to report I have not had to go back, have become involved in NAMI has a Volunteer Peer Support Specialist and want others to know there can be hope.

Throughout my stays I have had to be in Austin, MN, Fairview Hospital in Edina twice, Hutchinson Health, and United Healthcare. I urge you to not close ANY mental health beds.

Hello,
My name is Karen Malka and based on a response I made on Facebook, you asked me to email you my experiences.

Back in January and February of 2020, we had two long stays in the Emergency room waiting for a psych inpatient bed. My daughter was 17 years old at the time. The first time in January, she was transported to Fairview Southdale Behavioral ER in Edina by ambulance after she became very dysregulated at home(I will no longer take her to the Fairview Riverside ER after having some traumatic experiences there even though this is the inpatient hospital that we use). We stayed in the ER for 74 hours before finally getting a bed at Fairview Riverside Adolescent unit. It was very difficult to wait so long and not have any treatment besides sedation and restraints (when she became dysregulated). The social workers worked as hard as they could but they were not able to get an admission for over three days. We were told that there were beds however there was not enough staff. They had just had a lot of doctors leave and because my daughter needed a one on one person they did not have enough staff. When we finally got to the hospital, there were about six rooms available.

The second stay was in February. She was transferred again by ambulance following a suicide attempt. This stay was shorter, but it was still 48 hours. This time it was a combination of lack of beds and full doctor caseloads.

We were asked if we wanted to look for beds further from the cities but we declined mainly because we were familiar with the program and unit at the U of M, they have treated my daughter there before, all of her records were there and her primary psychiatrist is also there.

The waiting time was really difficult and frustrating. That would never happen with a heart attack patient or other physical health. Also it has also been very frustrating to us that hospitals have child/adolescent psychiatric inpatient units, but do not have child/adolescent sections of their emergency rooms. Also when a child goes into the ER for a physical issue, right away there is a child life specialist who arrives to help the family and reduce anxiety for the child. I am not sure why children with mental health ER visits do not receive the same thing.

Karen Malka

Emily Brunner, MD
Sage Prairie
1440 Duckwood Drive
St Paul, MN 55122

Dear Committee:

I believe that the mental health beds at St. Joseph's are an important piece of the healthcare ecosystem, and closing them will be damaging to the health of the community. Patients have already faced harm and challenges due to the clinical services being cut from the system. Specifically, the clinical service I was most concerned to see recently eliminated was the addiction unit that had been in place for decades, known as "2700" at St Joseph Hospital, which was closed in March of 2020. I worked as an addiction medicine physician at that hospital from 2017 to 2020, and took call on the addiction unit. We cared for gravely ill patients from all around the state with nowhere else to turn. After our service closed, many of those patients became folded into the psychiatric admissions and continue to be treated at the hospital or nearby hospitals in that capacity. For these and other psychiatric patients, it is important that they have access to a range of medical specialists and not only psychiatrists, as the patients often have severe comorbidities requiring specialty care. For this reason I am also concerned that the plan to convert that hospital into a psychiatry-only hospital is the best way to care for those patients.

Already in addiction, we have seen the effects of these financial decisions made by powerful private CEOs playing out on our population. In Minnesota, the overdose rate from 2019 to the first half of 2020 increased 30%. There are multiple factors, but it doesn't take a specialist to identify that hospitals choosing to close their systems has contributed to these deaths. The most disappointing thing about being part of the Mhealth Fairview system was the way that decisions that affected clinical care were made by businesspeople, who did not include clinical experts in these decisions. When decisions about our addiction unit were being made, it was administrators and businessmen who made them. I believe the decisions they made were wrong and short-sighted, and harmed our community. It is for that reason that I left the system, and now work at a physician-owned practice.

Please help support the maintenance of the mental health beds so we don't see more harm arise to vulnerable patients in under-resourced communities. Let's place patients before profits. Ultimately, doing this may require re-envisioning the way health care is delivered in the state, as the coronavirus epidemic has laid bare the folly of expecting private corporations to be in charge of public health.

Sincerely

Emily Brunner, MD Distinguished Fellow of ASAM
Immediate Past President of the Minnesota Society of Addiction Medicine

Minnesota has experienced a shortage of inpatient psychiatric beds since state hospitals were closed and the number of state operated beds were downsized. Caring for acute as well as many committed psychiatric patients became the responsibility of the community hospitals. Patients are transported to emergency departments for evaluation. Patients are admitted if the facility has an inpatient unit and has an empty bed. If not, the patient may spend hours in the ED while a bed in another facility is secured and then the patient transported by ambulance wherever that may be. Meanwhile hospitals with inpatient units receive calls 24/7/365 from emergency departments from all 4 corners of the state looking for beds for their psychiatric patients. It is a shell game that goes on constantly. As an administrator of an acute inpatient unit in a community hospital I watched this play out every day. It is a problem for providers, hospitals, but mostly for patients. People sent away from family and familiarity when they are at their most vulnerable.

My own son who suffers from schizophrenia, was taken to Hennepin County Medical Center in a psychotic state. They did not have an available bed. Their plan was to discharge him unless a bed was found. I was able to find a bed for him at my local hospital in Willmar. I knew how to navigate the system. However, when he was committed,he was sent to Bemidji which was 3.5 hours away. When I contacted the staff to find out about visiting, they told me that most of their patients were from the Metro and didn;t get visitors. I went to see my son every other week. Every time I thought of all those other people who hadn't seen family in weeks. When it came time for him to move from the CBHH,the only IRT bed available was in St Paul. He was there from Feb until the end of May. Weekly trips to the cities became part of my life. Luckily I had the time and resources to be part of his recovery. Many families do not.

Covid -19 has only further complicated an already broken system. The complexity of hospitalizing positive patients for psychiatric care has further reduced the number of resources. So has outbreaks on units that have led to staff shortages and temporary or permanent closures of some programs. As you can see from my example the loss of beds at St Joseph's hospital in ST Paul will have an effect on people in need of care across the state not just in the Metro. The domino effect will be serious. At this point in time we need more resources and better coordination of care, not less resources that will lead to more fragmented de-personalized care.

January 25, 2021

Dear Representatives,

My name is Rochelle and I live in Duluth Minnesota. In the fall of 2016, at the age of 24, I found myself requiring hospitalization; an experience that is still traumatic to me to this day.

I experienced a crisis with suicidal ideation and was encouraged by a crisis line to go to the Emergency Room. I remember thinking that it was nice I got to be in my own room with a closed door in this emergency room. The staff was very nice and clearly wanted to help. However, the longer I stayed in the plain room with the empty walls, a bed, one chair, and a television that I was not allowed to keep the remote for (I was told it needed to be shared with the other rooms), the more I felt like I was being punished. I answered so many questions for so many staff and told my story multiple times but with no answers for hours. Eventually I was given a few options: intensive outpatient treatment, where I would stay at home but would be required to attend daily treatment sessions, or, what the staff recommended, inpatient treatment. I ultimately elected to let them try to find a bed. At the time, I didn't realize how limited the options for an inpatient hospital bed for psychiatric treatment would be. I thought that between Essentia and St. Luke's- there must be a bed available or one would open up by the next day or so. I knew people who ended up in the hospital all of the time- none of them had been transferred to another facility simply for lack of availability of beds. Another day went by: same four grayish white walls, same limited collection of juvenile fiction novels and Good Housekeeping magazines, staff member every few hours or so but besides that completely isolated. By the time I was told there was an opening three hours away in New Ulm, I was itching to go anywhere but that isolated emergency room locked ward. However, I still had doubts about leaving the area. I had moved back to this city in order to be closer to my support system of friends and family, and now I was being taken away from all of that right when I needed it the most. Thankfully, my parents had the availability and money to travel down to New Ulm that weekend to come visit me (in a snowstorm, no less- I had even more anxiety because they were traveling). I can only imagine what the experience would be for individuals whose supports do not have that sort of availability or money and/or have more severe anxiety.

Once I made the heartbreaking decision to leave Duluth to receive the care that I needed in order to get better, I was humiliated when I realized that I was to be traveling in what was basically a police car. Cage between the back and front seats, locked doors, and two male escorts. Once I got the New Ulm, I was escorted to the mental health ward and immediately wanted to go back to Duluth. My first impressions were: Orange scrubs, Non-descript gray sweatshirts, uneasy silence, empty, non-descript patient rooms, one television, and more gray walls. There was a welcome letter in the room that pleasantly informed me that there was a protocol for people in the unit who were on hold from jail. I had already felt like I was being punished but this was the final blow.

Did my inpatient hospital stay help me to become stabilized? I would say that it did, but at a great cost to my mental well-being and confidence.

Recently, I requested my medical records from my emergency room visit. There was a list of at least ten different hospitals- only two were in Duluth, the rest were at least an hour away. All of them listed the same: No beds available. How is it that the major hub of medical care for Northeastern Minnesota has so few psychiatric inpatient beds? Being diverted out of the area when there is room for other specialties between both hospital systems (which, according to an article from the Duluth News Tribune in February of this year, is "extremely rare") does not feel like mental health is really prioritized. That same article indicates that patients in the mental health unit are "diverted 'all over the place'." There seems to be a divide in attitude between mental health illness and other more physiological illness. Even though the two have different licensures in terms of inpatient beds, individuals requiring mental health inpatient treatment should be seen no differently than a patient in need of inpatient treatment for pneumonia. Separating the two is only perpetuating the stigma that mental illness is not a real physical ailment. Keeping a community healthy involves more than treating visible physical illness. Prioritizing mental health is long overdue. I hope that in telling my story, those who hear it will gain insight into the mind of someone going through the mental health care system being set up by people who have not experienced it themselves. Thank you for your consideration.

Sincerely,
Rochelle

January 25, 2021

Dear Representative Moller:

I am the caregiver to my 75-year-old husband who has Alzheimer's disease. Approximately, 60% of Alzheimer's sufferers and their caretakers will experience wandering and 41% will experience psychoses. Depression as an illness runs in my husband's family and he had a psychiatric nurse who helped him with anti-depressants. We felt connected to good mental health care.

However, aberrant behavior can start with little things and escalate quickly. My husband began behaving oddly at the beginning of August and by the end of August, he was trying to leave the house at all hours in varying stages of being dressed. On August 25th, I took him to Regions ER Department. My social worker friends, from my caregiver support group, had advised that I write out to the attending physician the range and seriousness of the problem. Because of COVID restrictions, I could not accompany him in the ER, but I wrote he must be admitted and why. Four hours later, they called me to pick him up; they were releasing him. No explanation, no recommendations. My social workers were shocked; my husband's psychiatric nurse also asked me why they did not admit him. I had no idea. His nurse tried a new medication, and during the following week; my husband remained clothed but was trying to reach out and touch people; not a good idea during COVID; and he kept wanting to leave the house at all hours. I emailed his psychiatric nurse: how bad does this have to get before I can get help? He suggested I try a different hospital.

On Labor Day at 2:00 a.m., I was awoken by a Ramsey County Sheriff officer as my husband had gotten out and was banging on my neighbor's windows! Again, I took him to Regions Hospital's ER Department. We were there for 10 hours waiting for a bed. If I hadn't been as young as I am (age 63) or as determined as I was; at any point had I listened to my husband who was sure he was fine; I am sure the attending physician would have been relieved if I had told him, "we're just going home, now".

After 10 hours, a bed opened up; not on a psychiatric ward but on the orthopedic ward. This meant a PCA had to be assigned to him at all times because he was an "elopement risk"; my husband wanted to leave and he was confined to one room. This went on for 8 days, as two social workers called to find either a geriatric psychiatric bed or a private facility that would take him. The first bed to open up in the entire state was at the Mille Lacs Health Center in Onamia, 150 miles away from the Metro.

As Minnesota's population ages and cases of Alzheimer's increases, we need a better system to address this. We need more beds for mental health crises cases. When I heard St. Joseph's hospital with its inpatient psychiatric unit of 110 beds was closing, I couldn't believe it. This is devastating and will only make things worse.

Respectfully submitted,

Mary Farquhar

Shoreview, MN

I am a retired registered nurse who worked in adult mental health for 27 years. I worked at Fairview Riverside and Abbott Northwestern hospitals in Minneapolis, Mn. Getting admissions was a routine part of work. The admission process takes a while as you are gathering all the information you need about the person's history and current status.

It is stressful to be admitted to the hospital for mental health. When a person is forced to wait for many hours (this could be 4-12 or sometimes more) the last thing they want is to go through another long process. The admission and orientation to the hospital is crucial. When a person just wants to rest quietly after an extended wait for admission it throws the entire process off. The hospitalization itself is then less efficient.

An inefficient ER process leads to an inefficient hospitalization process so resources are being wasted in both areas.

If we were able to spare the staff on the inpatient unit (which was not often) we would send a nurse to begin the admission process in the ER.

This also leads to being slammed with admissions. As soon as you were done there was another ready for admission. The patients who were on the unit were neglected because of the need to process the new admissions.

Diane Bernthal

I am an Eden Prairie resident and have been for almost 25 years. I want to share my experience with mental health.

It happened on January 12th, 2018, in the evening. My loved one, who was 23 at the time, took the remaining pills of two different kinds of prescription medications. Believing that he was in danger of dying, I called 911 and exited highway 94 to go to the Douglas County hospital in Alexandria, MN. We had been driving back to Eden Prairie from UND in Fargo. I also had my 14 yr. old daughter with me. I drove up to the ER entrance and we all went inside. Unfortunately, my loved one ran down one of the hospital hallways and was later found by the police outside in the cold, a fair distance from the hospital. He was brought back to the ER and seen by a doctor who asked questions and took vitals. After a bit, no more treatment was done and we then waited for the hospital staff to find a bed on a mental ward. I don't remember how long it took, but it was well after midnight before I finally went home by myself (my other daughter had come to pick up her younger sister to take her home while I waited). While waiting, I told them that we lived in Eden Prairie and that it would be quite a burden if he had to go to a hospital that was not near us. It turned out that they sent him to Prairie St. James in Fargo, ND. I believe that he was there about 11 days with severe psychotic issues. After being admitted to the standard mental health ward, he was transferred to the ICU mental health ward and given what they called a B-52 shot once or twice. You can imagine the stress that my family went through, having to drive to Fargo daily or staying overnight different times to visit our loved one. Some days, the staff told us that we could not visit, because we had already seen him enough. In addition, there were specific hours that we could come to visit. For some days, I was able to stay at my brother-in-law's home in Enderlin, ND, so that helped somewhat. But, with both my wife and I working, having two other children to take care of, and living in Eden Prairie, it was quite a burden for our family to deal with our loved one being hospitalized in Fargo.

Since that time, my loved one has been hospitalized at least 6 more times, but fortunately, there were beds at the University of MN and his psychotic episodes occurred closer to home. However, there was always the fear that he would be sent back to a hospital in ND or one far away from us.

This has been pure hell for myself and many members of my family, with repercussions among everyone that we know. Why does this have to happen? I begged the hospital personnel to find a bed closer to Eden Prairie, but it didn't happen that night. There were also suggestions of sending him to a hospital near the iron range and I didn't relish that idea either, not knowing the type of care that he would get. My loved one had severe psychiatric problems that needed specialized care and a rural hospital was not likely to provide that, in my mind.

Please consider my story when discussing the number of mental health beds that are needed in the twin cities. My experience with the University mental health system has been OK, but there are still many issues with it, too. In the end, it is clearly less of a burden for families who are dealing with mental illness to have their loved ones at reasonable distances from their homes.

Unfortunately, I have had much experience with the MN mental health care system. I know that we are better than many other states, but obviously, things can be improved. Thank you.

January 24, 2021

Hello,

My name is Angela Hasouris and I live in Blaine, Minnesota. I am a NAMI volunteer and a graduate social work student. My young adult son has had two mental health emergencies in the past year that required a visit to the Emergency Room.

The first visit occurred one evening in October, 2019, when my son was having a psychotic episode in his Minneapolis apartment. He was unresponsive to external stimuli and 911 was called. He was brought to Hennepin County Medical Center's Emergency Room by ambulance. He was given a shot of haldol and left in a hallway of the ER, shackled to a stretcher, overnight. The next morning he was brought to a room in the mental health emergency area around 6:00 am. He was released a few hours later after a brief visit with a psychiatric provider.

The second visit occurred in December 2020. My son was severely depressed and suicidal with a plan and the means. I brought him to the Emergency Room at North Memorial Hospital. We arrived about 7:00 pm. He was triaged in the ER quickly and was admitted on a 72 hour hold. We had to wait until midnight, however, until he was able to get a bed.

Closing St. Joseph's inpatient psychiatric unit is going to have a devastating effect on the already strained mental health system in Minnesota. The COVID-19 pandemic has triggered or exacerbated many mental health conditions. The isolation, loss of income and fear of the future have many facing increasing levels of substance use, insomnia, anxiety and suicidal ideation.

Please address the barriers we are facing to maintain and add more mental health beds in Minnesota. Mental illness, like the pandemic, does not discriminate and can have tragic consequences.

Respectfully,

Angela Hasouris

My son is an adult. He was diagnosed with schizophrenia when he was 20. About 4-5 years after his diagnosis, he had begun to accept his diagnosis and be a little proactive when he felt his mental health was about to do a nosedive. He had one prior experience with crisis beds and found they really helped get him back to a better place. A year or so after that first crisis bed experience, he knew he needed it again. He had been working with the Alexandria ACT team for a few years and requested through them to have a crisis bed and was told there were no openings anywhere. This was devastating. Partly because he didn't get this intervention he needed, but also because this was the first time he was looking after his own mental health in this way and it failed to materialize.

Nancy Helsper
Morris, MN

To whom it may concern,

This letter is to express my dire concern with the lack of mental health beds in the state of Minnesota.

I work as a crisis therapist in Carver County. The two hospital's that I help cover do not have psychiatrists on staff. This means that anyone coming to Ridgeview Medical Center in Waconia or Chaska will need to be sent to another hospital, if it is determined the patient needs inpatient mental health hospitalization.

Unfortunately, during the pandemic, I have witnessed several people who needed to be placed inpatient but when it was discovered they were Covid positive, they were released. There was no hospitals that were able to take them.

I also witness children and adults getting sent from Carver County to Fargo, ND, Duluth and all over the state. This can significantly burden families who would like to participate in treatment with their loved one. Not all families can afford to make such long distance travels to be there for their loved one. It can also hurt the patient who has to be transported so far away. There is also difficulty for the hospitals to then try to coordinate services where the patient actually lives. Also there is significant time that EMS drivers have to dedicate to bringing patients to a hospital 4 hours away. This pulls them from other patients who may need transportation.

It is my hope that that more funding is available to help hospitals get psychiatrist and beds for inpatient mental health patients.

Thank you for your time and attention to this matter.
Jen Withrow, LICSW

Of the two hospitalizations I've had in the past 10 years, one I was sent to Fargo and another I was sent to the Cities. I live on the Iron Range. In hindsight, although this was a burden on me and my family for visiting, the care I received in those facilities was better than what I'd receive at the one place on the Range that provides in patient psychiatric care. Thank you for taking input on this issue.

Tod Swenson

My name is Michelle Long and I have a child that needed psychiatric care two years ago, at the age of 9. We sat in the emergency room for approximately eight hours waiting for a bed. When we found a bed, it was in Rochester, MN, which is a minimum of five hours from our home. He was admitted to the hospital and stayed for one week. During this week, my husband and I stayed in hotels rooms-out of our own pocket and left our youngest in the care of family members. Please consider building up the mental health system in our state. We are desperately short on beds, especially beds for children, outstate. Thank you.

Michelle Long