

Submitted written testimony of Rachel Wale, RN to the Behavioral Health Policy Division, 1/27/21

My name is Rachel Wale and I have worked in inpatient mental health in the Twin Cities for over six years and at four different hospitals. I am currently casual at St. Joe's on Station 4500 Acute Mental Health unit, where up until a year ago I worked a .8. There were four inpatient mental health units at St. Joe's with a total of over 100 beds before these closures started. My primary job now is a .8 position in the Behavioral Health Float Pool at M Health Fairview Riverside hospital, which has 13 inpatient Behavioral Health units.

There is a large shortage of Behavioral Health (BH) beds in the Twin Cities. St. Joe's is in downtown Saint Paul and very close to multiple homeless shelters. We know statistically that an overwhelming percentage of the homeless have untreated or inadequately managed Mental Health disorders.

At St. Joe's, it was far too frequent that I received report from a Nurse that the patient I'm going to be receiving from them for admission has been in their Emergency Department for 4 days, sometimes more. It was not uncommon to see a BH patient being admitted to our psych unit from a medical unit. Sometimes this is because they needed medical interventions before being admitted, but most of the time it is because the doctor needed a little more time to assess and decide if the patient is "medically stable", which is an admission requirement in MH. They are often deemed medically stable soon after but must wait days until there is a mental health bed available. It is the same right now at Fairview Riverside.

This is both shocking and unacceptable because the reason there are acute care mental health units is that these people have become a danger to themselves and/or others. They are often psychotic and do not have insight into their situation; they do not think they need to be hospitalized. In this frequent situation, the provider puts in a legal order for the patient to be hospitalized involuntarily for 72 hours to give providers time to assess the patient for safety.

You can imagine how much can go wrong on units that do not have locked doors to prevent patients from escaping, in rooms that have immediately accessible built-in medical equipment that can be used by the patient for self-harm and/or harm to others, and where the medically skilled core staff do not have hours and hours of specialized training in de-escalation and safe management of behavioral emergencies such as physically holds, seclusion, or restraints. There are more Behavioral Emergencies in the Emergency department than on psych units, due to the lack of that secure environment and specialized care.

Even with being outfitted with the specialized staff and environment, there are still problems on Behavioral Health units themselves. Currently on Fairview Riverside units, it is rare for there to not be multiple blocked beds due to Provider orders for "Private Room" or "No Roommate". These orders, again, are placed to keep the patient, peers, and staff safe. A large number of patients have to stay an unacceptable amount of time just to find an appropriate facility for them to live after discharge. Again, this is often due to long waitlists for specialized housing, or state hospital beds such as at Anoka and St. Peters.

Fairview Riverside Mental Health RNs are incredibly concerned about over 100 mental health beds at St. Joe's being eliminated. I hear them on every unit talking about it almost daily. They ask me what I think

since I work there. We see that our facility is already overwhelmed. We already cannot admit all the patients at Emergency Departments as far the Greater Twin Cities areas that are seeking appropriate placement in mental health units. We are worried about where all the patients currently being cared for by St. Joe's RN are going to go.

Emergency Rooms across the Twin Cities will be even more overwhelmed by Mental Health patients waiting for a bed. Medical patients in addition to mental health patients will have to be diverted to Emergency Departments farther and farther away from the Twin Cities for acute and/or critical care. This will result in the worsening of their medical and/or mental health status'. It will increase the number of deaths due to delay in care, unnecessary deaths. It sounds extreme but it will be true.

As you can see, the lack of available mental health beds perpetuates an endless cycle in so many people's lives. Closing the over one hundred mental health beds at St. Joe's is the opposite of what the Twin Cities needs. We need more acute mental health and more state hospital beds.