

Beyond Beds

The Vital Role of a Full Continuum of Psychiatric Care



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Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care

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NASMHPD.org/content/tac-assessment-papers
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EXECUTIVE SUMMARY

Nearly 10 million individuals in the United States are estimated to live with a diagnosable psychiatric condition sufficiently serious to impair their personal, social, and economic functioning. Hardly a day goes by without a study, headline, court case, or legislative action calling for reforming the mental health system to better serve this population. Often, these calls to action end in two words: “More beds.”

Largely missing from the outcry are answers to broader questions such as these:

- ◆ *What do we mean by “beds”? More precisely, what types of beds are needed: acute, transitional, rehabilitative, long-term or other?*
- ◆ *Are there differences in the needs of different age groups – youth, adults, older persons – and diagnoses that need to be reflected in the bed composition?*
- ◆ *What are the evidence-based outpatient practices that would reduce bed demand by reducing the likelihood that a crisis will develop or by diverting individuals in crisis to appropriate settings outside of hospitals?*

Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care addresses these questions and offers 10 public policy recommendations for reducing the human and economic costs associated with severe mental illness by building and invigorating a robust, interconnected, evidence-based system of care that goes beyond beds. Each recommendation is drawn from data and observation and is illustrated by the story of the fictional Taylor, a representative young adult whose journey toward mental health recovery illustrates both the failings and the potential of the current continuum of psychiatric care.

Beyond Beds also launches a year of National Association of State Mental Health Program Directors (NASMHPD) publications reporting on aspects of psychiatric care that together can enhance the capabilities of a robust continuum. These include a review of comprehensive U.S. inpatient capacity, forensic bed capacity and number of beds; health integration and co-occurring substance use disorders; populations with intellectual and developmental disorders and other special needs; crisis intervention; homelessness; trauma-informed care; peer services; and health disparities and cultural competence. Each assessment is grounded in the premise that people with serious mental illness need and deserve access to the same levels of care that individuals with other medical conditions already commonly experience and that obstacles to such treatment need to be removed.

To lay the foundation for the detailed stakeholder recommendations that conclude each of these papers, policymakers at every level should take the following steps:

Recommendations

Recommendation #1: The Vital Continuum

Prioritize and fund the development of a comprehensive continuum of mental health care that incorporates a full spectrum of integrated, complementary services known to improve outcomes for individuals of all ages with serious mental illness.

Recommendation #2: Terminology

Direct relevant agencies to conduct a national initiative to standardize terminology for all levels of clinical care for mental illness, including inpatient and outpatient treatment in acute, transitional, rehabilitative, and long-term settings operated by both the public and private sectors.

Recommendation #3: Criminal and Juvenile Justice Diversion

Fund and foster evidence-based programs to divert adults with serious mental illness and youth with serious mental illness or emotional disorders from justice settings to the treatment system. These programs should operate at all intercept points across the sequential intercept framework and be required to function in collaboration with correctional and other systems.

Recommendation #4: Emergency Treatment Practices

Monitor hospitals for adherence to the Emergency Medical Treatment and Labor Act in their emergency departments and levy sanctions for its violation, including the withholding of public funding. Hospitals with licensed psychiatric beds that refuse referred patients should similarly be sanctioned if monitoring shows they have a record of refusing referred patients without legitimate cause.

Recommendation #5: Psychiatric Beds

Identify those policies and practices that operate as disincentives to providing acute inpatient and other beds or that act as obstacles to psychiatric patients' accessing existing beds (e.g., the institutions of mental disease exclusion) and require hospitals benefiting from taxpayer dollar investments to directly provide or ensure timely access to inpatient psychiatric beds.

Recommendation #6: Data-Driven Solutions

Prioritize and fully fund the collection and timely publication of all relevant data on the role and intersystem impacts of severe mental illness and best practices.

Recommendation #7: Linkages

Recognize that the mental health, community, justice, and public service systems are interconnected, and adopt and refine policies to identify and close gaps between them. Practices should include providing "warm hand-offs" and other necessary supports to help individuals navigate between the systems in which they are engaged.

Recommendation #8: Technology

Create and expand programs that incentivize and reward the use of technology to advance care delivery, promote appropriate information sharing, and maximize continuity of care. Policymakers should require as a condition of such incentives that outcome data be utilized to help identify the most effective technologies, and they should actively incorporate proven technologies and computer modeling in public policy and practice.

Recommendation #9: Workforce

Initiate assessments to identify, establish, and implement public policies and public-private partnerships that will reduce structural obstacles to people's entering or staying in the mental health workforce, including peer support for adults and parent partners for youth and their families. These assessments should include but not be limited to educational and training opportunities, pay disparities, and workplace safety issues. The assessments should be conducted for the workforce across all positions.

Recommendation #10: Partnerships

Recognize the vital role families and non-traditional partners outside the mental health system can play in improving mental health outcomes and encourage and support the inclusion of a broader range of invited stakeholders around mental illness policy and practice.



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The Treatment Advocacy Center is a national nonprofit organization dedicated exclusively to eliminating barriers to the timely and effective treatment of severe mental illness. The organization promotes laws, policies and practices for the delivery of psychiatric care and supports the development of innovative treatments for and research into the causes of severe and persistent psychiatric illnesses, such as schizophrenia and bipolar disorder.



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The National Association of State Mental Health Program Directors (NASMHPD) represents the state executives responsible for the \$41 billion public mental health service delivery system serving 7.5 million people annually in all 50 states, 4 territories, and the District of Columbia.