

Testimony on Behalf of My Fellow Mental Health Consumers and Professionals for the Vermont State Leaders on Wednesday, January 31st for Increased Funding in for Mental Health Crisis Services to Address the ED

Boarding Crisis

Good morning. Chair Ayer, Vice Chair Lyons, Members of the Senate Committee on Health & Welfare, and concerned citizens of the State of Vermont.

My name is Caitlin Rose League. I have worked in the mental health field for over ten years. I have worked at the Brattleboro Retreat for the last five years performing crisis intakes and triage as an Admissions Coordinator. I hold a Bachelor's Degree in Social Work from Michigan State University and am currently working towards my Master's Degree in Social Work. I serve as the Co-Facilitator for the Consumer Advisory Council at the Brattleboro Retreat and am a member of the PAIMI council at the Disability Rights Center in NH and am an In Your Own Voice Speaker through NAMI in both New Hampshire and Vermont. I volunteer with the Team Two Initiative in Vermont and for Postpartum Support International.

Although I have worked in the mental health field for over a decade, I have been a patient and consumer for more than twenty years. I am deeply familiar with the painful thoughts of wanting to end my own life, that I would be better off dead, or that I deserved to die. I was fully convinced of my own worthlessness. Suicidality

runs in my family. I lost my grandfather when I was seven years old to self-induced carbon monoxide poisoning. According to research conducted by the Psychiatric Times, people with a family history of completed suicide are twice as likely to commit suicide.

Twice

as

likely...think about that for just a moment.

I have received inpatient treatment several times in both New Hampshire and Vermont for suicidal ideation and three near fatal suicide attempts. I was eventually diagnosed with Bipolar II and was fortunate enough to find healing through partial hospitalization programs, inpatient treatment, and medication, intensive therapy, and holistic healthcare. I am happy to say I have been in remission for several years. Does anyone remember the old Hair Club for Men commercials? You know the ones where Sy Sperling, the head of the company came on the screen and said, "I'm not only the Hair Club president, I'm also a client." Well, this applies to me with respect to the mental health system. I am a professional but I am also a consumer. That is the reason I am so passionate about mental health advocacy.

I am here to speak with you today about a matter that weighs heavily on the hearts of so many Vermonters. In our beautiful state, we currently have a mental health

emergency on our hands. Across Vermont there is an Emergency Department boarding crisis for those waiting for available beds in psychiatric care facilities.

For those of you who might have a difficult time understanding the urgency of this situation, please imagine the following...

Someone close to you whom you love dearly, like your spouse or your parent, had a stroke. They are rushed to the local Emergency Department where they are evaluated and stabilized, but only temporarily. The doctors determined they require treatment on a neurology unit. Unfortunately, there are no beds available in any of the neurology units in the state. You are informed your loved one is on a waiting list behind sixty-seven other patients, all of whom require the same level of care. They will be forced to wait in the Emergency Department until a bed becomes available. This could take several weeks.

Please continue to imagine that, as you watch your loved one struggle, their health slowly deteriorates. They are made to wait in a loud, busy, chaotic Emergency Department in a small, cell-like room with only a bed and a chair, complete with a Security Guard waiting outside their door as though they have committed a crime. If they are lucky enough to get a room. Otherwise your family member is placed on a bed or stretcher in the hallway while they wait for placement. Imagine spending twenty-four hours a day with nurses and doctors constantly running by, drowned out

only by the sounds of people sobbing and screaming in the back ground. You see patients with other illnesses being admitted to the hospital immediately while your loved one continues to wait, day after day after day. Finally, after waiting for two weeks, a bed becomes available and your family member is transferred to a neurology unit in another hospital. They are much sicker now than they would have been if they had been immediately transferred after their initial evaluation in the Emergency Department; and will need to be hospitalized much longer because they decompensated while waiting an available bed on a neurology unit.

Currently this is EXACTLY what happens to psychiatric patients in Vermont. If someone presented to the Emergency Department with a stroke they would never sit for days on end waiting for a bed. No other type of patient would ever be treated like this. We have created a class system in health care where psychiatric patients are indeed second class patients. They are not afforded the same level of respect and dignity that medical patients receive. This practice is stigmatizing, discriminatory, and incredibly costly but most importantly it is ethically and morally WRONG. Our mental health system in Vermont is in crisis, especially concerning the lack of available psychiatric beds and the warehousing of adult and child psychiatric patients, in Emergency Departments while they are waiting for a bed.

Currently the state of Vermont has approximately 188 inpatient psychiatric beds.

Health professionals suggest states should have at least 40 to 50 psychiatric beds per

100,000 people according to the Treatment Advocacy Center. The US Census Bureau website puts Vermont's current population at approximately 624,594 people which means the State SHOULD have close to 250 - 312 beds. Because of the lack of beds, both adults AND children are having to wait, sometimes weeks on end, in local emergency rooms before beds become available.

We have been told there just isn't enough money in the budget to pay for increased mental health services. However, if we look closely we would find we are already paying for it through extended emergency department care, the criminal justice system, longer hospitalizations due to increased wait times in ED's, and lives lost to suicide. There are many people who avoided seeking treatment because of these wait times. There are people in this state who have committed suicide due to the lack of treatment options. These people deserved better and we, as a state, failed them.

As someone who received life-saving help when I needed it, I implore you to increase funding for mental health crisis services. And I do not mean just more psychiatric inpatient beds, but also for Telepsychiatry services in Emergency Departments to treat patients while they wait for a bed, as well as more supportive housing options, state-wide mobile crisis teams, hospital diversion programs, and peer staffed respite beds.

Senator Bernie Sanders of Vermont once said. “The problems we face, did not come down from the heavens. They are made, there are made by bad human decisions, and good human decisions can change them.”

So today I challenge you, members of the Senate, to make good human decisions, decisions that truly can save the lives of Vermonters in mental health crisis.

Thank you for your time.