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VT Zero Suicide Testimony EM physician
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Dear elected representatives,

Thank you for the opportunity to testify today. I testify before you not as a patient advocate, not as a psychiatrist or psychologist – in fact I have virtually no training in how to care for patients with mental illness. I testify before you today as an emergency medicine physician. I take pride in my specialty, and I take pride in my ability to help and heal those who come through the doors of my emergency department, regardless of whether it is a heart attack, a stroke, or a broken leg.

I want you – for a moment – to imagine you are one of my patients. This morning, you slipped on some ice, fell, and broke your leg. You arrive in the ED and I evaluate you. You tell me your story of how you broke your leg, I examine you and take some x-rays. I confirm that your leg is broken. In fact, I determine that you need to be seen by a specialist, and that you will likely need to be admitted to the hospital for surgery. And then I leave you in the room in the ED. No windows, no fresh air – if you're lucky, the TV is working. The orthopedic surgeon can take you to the operating room in about 3 days. Maybe 5. The nurse tells you that somebody with your type of injury once stayed in the ED for a month.

As you sit in your room, you don't receive pain medication. You simply don't receive any treatment for your broken leg. And that is because as an ED physician, I have determined that you don't have a life-threatening emergency and thereby reached the end of my therapeutic capacity for you. I have no training, no staff, and no equipment to offer anything more.

You are rightfully upset with the care you received. We simply left you in a room to suffer and did not help you. Fortunately, after your hospital stay is finally over, your leg is better. It still hurts, but you can get by.

Now imagine a few months later, you take another slip and fall. You catch your fall with your wrist, hear a crack and feel immediate, searing pain. You think it is broken. But knowing what you know from your last ED stay – would you go back to the hospital for treatment? Sit another 5 days in a room with nothing to do, in agony, waiting for your turn to get admitted to the hospital? Probably not, but what choice do you have, your wrist is broken. There is no other place to get help.

I have heard all kinds of justification in my career as to why it is ok to treat mental health patients this way.

- "Their life is not in danger, they can wait" – yes, this time it is not, but if they fail to seek care during their next exacerbation of their mental illness, their life very much is in danger from acts of suicide or unintended injury during a manic episode.
- "They are just depressed, but not in pain" – but they are in pain. Remember that feeling of butterflies in your stomach when you fall in love? Your mind can produce physical

symptoms, but they don't always feel good. Anxiety can cause chest pain, depression can cause debilitating physical discomfort

- "We can't cure mental illness anyway" – We can't cure most diseases, but we can improve the quality of life of an individual. And we took an oath to do so.

So you may ask yourself, why the long stay in the ED for mental health patients. The short answer is both upstream and downstream:

- Many patients would not have ended up in the ED if appropriate resources were available in the field. Mental health workers, case workers, psychiatrist and therapists, housing, and respite opportunities
- For those whose mental illness has become unmanageable at home, there are not enough psychiatric hospital beds available.

Both sound like problems that can be fixed with money, but we know that money is tight. Thus, let me run you through a brief math problem:

According to the CMS 2005 report "Psychiatric Inpatient Routine Cost Analysis", the average cost per day as an inpatient in a psychiatric hospital runs about $600, just about half for overhead costs and the other half for direct patient care. The cost of running an ED bed is much higher – about $120/h. Thus, a 5-hour stay in the ED costs as much as one day as an inpatient. A patient who waits for a psychiatric bed for 5 days (and this is not unusual) and then is admitted to the psychiatric floor for 2-3 weeks spends more money waiting for the bed than the cost of the entire hospitalization.

Thus, solving the crisis of mental health patients boarding in the ED is not only humane, but financially smart. We need to do better, and we can do better.

Again, thank you for allowing me to testify today, and I would be happy to answer any questions in the remaining time.