

Time to make funding for public mental health services a priority

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The treatment of mentally ill patients has undergone radical changes in the past 150 years, and not always for the better. Unfortunately, public health treatment remains grossly underfunded and consequently care is fragmented and places a huge social burden on American communities.

People with mental illnesses range from perfectly functional individuals to those with severe disabilities who are unable to care for themselves. The role of government is to serve as a safety-net and to help dysfunctional, impaired people who may do harm to themselves or others.

Institutionalizing the mentally ill became popular in the mid-19th century and the federal government funded psychiatric hospitals or “asylums.” Community and home-based treatment began in the 1950s and was placed into federal law in 1963 with the Community Mental Health Centers Construction Act.

Federal action caused psychiatric hospitals to rapidly close. From 1955 to 1980, the number of institutionalized patients dropped 75 percent. From 1955 to 2000, state psychiatric beds per 100,000 people plummeted from 339 to 22. There is now a shortage of available psychiatric beds both nationally and in Washington state.

Community-based treatment over the past 60 years has included regional mental health centers, supervised residential homes, psychiatric teams and improved medications. Research shows that both institutionalization and community treatment can be effective, depending on the patient’s specific needs. Both approaches have supporters among mental health professionals.

The tragedy is that both treatment methods are underfunded by federal, state and county government. Just like basic services such as police, fire and emergency, the fundamental role of government here is the treatment and protection of the mentally incompetent. Unlike other areas of health care where patients can make rational choices and direct their own care, providing quality mental treatments for those with no other option is a public health issue and should be a government priority.

The Washington state government currently is placing a huge financial burden on regular hospitals, county and city jails, and state prisons by not allocating sufficient resources to the mentally ill.

Estimates show that 20 to 30 percent of the Washington state prison population today has significant mental illnesses. This compares to just six percent in 1980. County jails in Washington are experiencing an alarming increase in prisoners with psychiatric problems. Some are drug-related, but for most of these people, drug abuse is often just one part of a larger mental illness. Studies confirm that 40 percent of patients with severe psychiatric problems have been incarcerated at some point in their lives.

A federal judge recently ruled that prisoners in Washington state must have a competency evaluation within seven days of incarceration. Many patients had been waiting weeks, or even months, in jail before receiving a professional mental examination, let alone caring and constructive treatment for their condition.

There has been a tragic and growing trend in the use of regular hospital emergency rooms for “psychiatric boarding” or “warehousing.”

This is not only costly, but more importantly, can exacerbate the patient's mental problem.

Last year, the Washington Supreme Court ruled that emergency room "boarding" is illegal. Because of the psychiatric bed shortage in the state, many mentally ill people wind up back on the streets, living homeless and abandoned.

In a \$38 billion 2015-2017 state budget, with an extra \$3 billion in revenue compared to the last biennium, Washington officials must prioritize mental illness and fund it appropriately, a goal that is within reach given the resources available. This would not only be good public policy, it would immediately make our communities safer and benefit the state prison system, hospitals, and most importantly, people living with mental illness.