

StarTribune Editorial

Our perspective

Psych beds

They needn't all be in hospitals

Imagine hobbling into the hospital with a compound fracture and seeing the ER doc shrug. "Gee," he might say. "That doesn't really look so bad. Why don't you come back when it's gangrenous?" It's an absurd scenario, but apt nonetheless. It's pretty much what happens to people suffering mental-health crises all the time. Seeking hospital help for serious illness, they're brushed off until their troubles become life-threatening.

Why does this happen? As findings from the Minnesota Hospital and Healthcare Partnership reveal, demand for psychiatric beds in the state far outstrips supply. The same goes for psychiatrists. People with major-league mental-health trouble thus often wait months for an intake appointment. People in the throes of psychiatric upheaval can't get hospital help unless they can prove they're suicidal. Even then they must often endure long waiting-room delays: As reporter Josephine Marcotty noted in the Star Tribune last week, some are even shuttled to beds across the state.

There's a lot wrong with a health-care system that only assures service to people in crisis. But this is just how Minnesota's "system" — if anything so haphazard deserves that name — usually works. Part of the problem lies in Minnesota's overeager leap toward deinstitutionalization, which over four decades has reduced psychiatric-hospital capacity by about 90 percent. A recent upsurge in psychiatric admissions has heightened the supply problem. And even when hospitals have empty beds, they're hesitant to fill them: Hospitalized psychiatric patients cost more than twice as much to treat as insurers will pay.

It's an unhealthy situation, all right — the sort that can lead a strapped hospital to overlook a truly threatening crisis. Thus every now and then, a troubled person denied admission or a patient released too soon ends up on the newspaper's front page: Untreated delusion or depression leads to injury or death, and a dismayed society wonders why more isn't done to keep such horrors from happening.

More must be done, but hiking the number of hospital beds, raising re-

Mental health

Seeking a system

imbursement levels and lowering the bar for psychiatric admissions aren't the only answers. Just as most broken legs don't require a hospital stay — though some certainly do — many mental-health crises can be handled without an admission. The problem is that Minnesota has yet to develop a thoughtful way of otherwise handling psychiatric emergencies. The "next step

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down" from hospital care barely exists — forcing many profoundly depressed or delusional people who don't qualify for hospitalization to stew in desperation. They shouldn't have to stew. They need some sort of

short-term residential option that assures care and human company while they weather the worst of the psychiatric storm. But as things stand, the only metro-area model is St. Paul's Hewitt House — a small program run by the nonprofit People, Incorporated. Hewitt welcomes people in crisis for short stints — often while they adjust to medication changes — and holds on to them until they're stable enough to head safely home.

This sort of community-based facility ought to be replicated and embraced as a fixture in the "continuum of care" lawmakers have promised to create. It can work wonders to nip a psychiatric crisis in the bud. Psychiatric illness can feel a great deal like heartbreak, and a supportive homelike setting is what many people need to heal. Similar programs to help patients make the often-daunting transition from hospital to home are needed as well. Such programs often can handle mental-health trouble as well or better than hospitals — and they're far cheaper.

"It's hard to believe," a friend suffering a serious depressive episode said the other day, "but it seems to be true. My only options are driving to the hospital — which won't take me anyway — or sitting curled up in my closet. Why are those my only choices?" The friend wasn't being funny, and her question wasn't rhetorical. How will Minnesota's policymakers answer her?