

Mental Health Stopgaps (Virginia)

Frazzled mental health officials in Northern Virginia tell plenty of harrowing tales, among them nail-biting accounts of trying to find a hospital bed for an acutely sick patient.

(<http://www.washingtonpost.com/wp-dyn/articles/A36062-2004Dec4.html> (<http://www.washingtonpost.com/wp-dyn/articles/A36062-2004Dec4.html>) this editorial from the Washington Post, Sunday 5 Dec 2004 goes on to say...)

Hours of phone-dialing and long-distance pleading are often required, during which a patient may sit handcuffed in a police cruiser. Things are likely to get worse. Four Northern Virginia psychiatric wards are closing down, eliminating 100 beds and leaving the region of 2.3 million people with just 330 hospital beds dedicated to the mentally ill. That's frighteningly inadequate, and it may portend a crisis composed of individual, unheralded tragedies. "You have to practically die before you're able to get any help," Dotti McKee told The Post's Eric M. Weiss. Her schizophrenic son wound up in jail and in homeless shelters after he was turned away from a hospital psychiatric ward.

The supply of beds for the mentally ill has been dwindling for a long time, driven by the staggering expense borne by private hospitals with psychiatric wards. While the hospitals cannot be blamed for trying to limit their losses, there should be no illusions about the social costs. Part of the burden will fall on police departments, jails and homeless shelters, all of them already serving as surrogate caregivers for some individuals who should, in any rational world, be hospitalized at least temporarily. Jails are already under particular strain. Of the 1,100 inmates in Fairfax County's Adult Detention Center, some 200 are mentally ill; many of them end up staying behind bars for two or three weeks for nuisance crimes such as disorderly conduct, instead of the norm of a day or two for offenders who are not mentally ill. Suicides, homicides and other violent crimes may also ensue. The mentally ill and their families will suffer more than anyone should.

There is a state-run public hospital for the region's mentally ill, Northern Virginia Mental Health Institute in Falls Church, but demand for its 127 beds is overwhelming; they are nearly always filled. Given Virginia's budgetary constraints, chances that the state will add capacity are virtually nil. At least, though, one can hope for some damage control - - specifically, beefing up community-based services for the neediest individuals. One sensible proposal is to provide state funding for additional teams of psychiatrists, psychologists, social workers and nurses - - known as Programs of Assertive Community Treatment - - who spend most of their time making house calls. Another, under review in Fairfax, is to divert mentally ill, nonviolent nuisance offenders from the county jail to a short-term facility that would assess and try to stabilize them before deciding whether they need to be incarcerated. To be sure, these are stopgaps, not solutions. But in the face of a spiraling shortage of hospital beds, local and state officials had better move fast to embrace small measures while they devise a longer-term strategy. ||