

## **Emergency Department Boarding Hit Zero for First Time in 8+ Years**

*March 31, 2020*

**For the first time in more than 8 years, last week emergency department boarding hit zero – with no one in a mental health crisis boarded in a New Hampshire emergency department while awaiting an inpatient psychiatric bed.**

Remarking on the occasion, NAMI New Hampshire Executive Director Ken Norton stated, *“After 8 long years of people in mental health crisis being boarded in emergency departments, we celebrate this important milestone – a return to humane practice with immediate access to timely and effective treatment. We are grateful for all who have worked so diligently to resolve these issues, and especially to the frontline staff at New Hampshire Hospital and other inpatient facilities, emergency departments, community mental health centers, the NH Department of Health and Human Services (DHHS), and law enforcement and first responders. Despite the COVID-19 crisis, they are working hard to provide care, help, and hope to individuals with mental illness.”*

It has been a long road to reduce the prevalence of emergency department (ED) boarding. In January 2013, NAMI New Hampshire, joined by 15 other organizations, held a press conference to draw attention to, and decry the practice of, emergency department boarding. **NAMI NH has consistently called out ED boarding as wrong medically, legally, ethically, morally, and economically.**

**Medically wrong** – because people don’t receive timely treatment to reduce their suffering and promote speedy recovery – delayed treatment means less optimal long-term outcomes. Treatment delayed is treatment denied. It is also medically wrong because ED boarding delays treatment for people with other medical conditions who need emergency treatment.

**Legally wrong** – for individuals who meet the criteria for emergency psychiatric admission, New Hampshire law states they “shall be immediately” transported to a designated receiving facility. ED boarding is also legally wrong because New Hampshire law establishes a due process hearing after 72 hours, along with other legal protections ignored during ED boarding.

**Ethically wrong** – ED boarding places medical providers in the untenable position of failing to uphold the standard of care to “do no harm.”

**Morally wrong** – treatment is not categorically denied to patients with heart disease, diabetes or any other medical condition.

**Economically wrong** – emergency departments are one of the costliest hospital services, and individuals could receive more effective and less costly treatment in other settings.

Although New Hampshire ranked top in the nation for community-based mental health services in the early 1990s, the mental health service delivery system deteriorated significantly after that, with the ED boarding crisis serving as the most visible symptom.

When NAMI NH publicly identified emergency department boarding as a crisis in January 2013, there were an average of 10 adults and 1-2 children boarded daily. Those numbers rose dramatically over the next several years, sometimes averaging more than 50 individuals, with waits for inpatient beds that could last 3-4 weeks. The highest year was 2017 – on May 25, 2017, there were 27 children boarded in emergency departments, and 71 adults were waiting for inpatient admission on August 21, 2017.

Looking back historically, the emergency department boarding crisis will represent another sad chapter in the treatment of mental illness. Individuals who experienced being boarded, along with their family members, and many emergency medicine providers, decried the practice as inhumane. Some people were held in windowless rooms, without access to street clothes, phones, or other personal devices. Others were held in gurneys in hallways, or separated from other patients only by a curtain. Some individuals who became aggressive or assaultive were sent to jails. At the peak of the emergency department boarding crisis, some individuals waited 3-4 weeks for an inpatient psychiatric bed admission.

Emergency department boarding was also very difficult for hospital staff who were neither trained nor equipped to provide ongoing care for people experiencing a psychiatric crisis. While it was a challenge to manage individuals in crisis who were sometimes aggressive, the chief of security of one hospital summed up the inhumanity of the situation by sharing, “The biggest challenge we faced from a security perspective is that when we allow people out of their room to go to the bathroom, they sometimes refused to go back into their rooms...”

The reasons behind the explosive growth of emergency department boarding are complex. It is a national problem, though few other areas of the United States saw the sometimes weeks-long delays experienced by people in New Hampshire. Longstanding discriminatory practices toward individuals with mental illness in access to care, in housing, in reimbursement rates to providers, and in research funding were all contributing factors, as were reductions in funding and community-based mental health services following the 2008 recession.

Commenting on recent progress, NAMI NH Executive Director Ken Norton remarked, “**We are hopeful the current COVID-19 crisis will not erase the gains New Hampshire has made in the past several years to rebuild our community-based system of mental health care.** The 10-Year Mental Health Plan released by the NH Department of Health and Human Services in 2019 is serving as an excellent blueprint for expanding mental health services across the lifespan, and returning our state to the forefront nationally in delivery of mental health services. NAMI NH is grateful for bipartisan support in the legislature and leadership from Governor Sununu, which laid the groundwork for eliminating ED boarding. We look forward to continued work with NH DHHS and community providers in operationalizing the 10-Year Mental Health Plan, especially the plans underway for a statewide system of mobile crisis response which will be very effective in diverting people from emergency departments and hospitalization.”

**While the situation around COVID-19 is changing rapidly, help will continue to remain available for individuals experiencing a mental health crisis.** NAMI NH encourages contacting your community mental health center, if safe to do so, before going to an emergency department. For contact information, visit [www.NAMINH.org](http://www.NAMINH.org) or call 211. The National Suicide Prevention Lifeline is available 24/7 at 1-800-273-8255.

*NAMI New Hampshire is a grassroots organization working to improve the lives of all people affected by mental illness and suicide through support, education and advocacy.*