Waiting for Help:

Barriers to Timely Access for People with Mental Health Care Needs

Introduction

The objective of this report is to document access issues related to:

- people with behavioral health issues who need community-based services and,
- people with acute behavioral health needs, who are determined to be an involuntary emergency admission and must wait in a hospital emergency department for in-patient care.

In February 2013, the Foundation for Healthy Communities issued a report on the statewide crisis in access to in-patient acute mental health care services. This subsequent report identifies the importance of community-based services to complement in-patient services and provide the most timely and effective care.

Waiting for Discharge

This “point-in-time” survey included the 10 hospitals with in-patient behavioral health services in New Hampshire. It identified 59 patients with a behavioral health diagnosis who were ready for discharge from the hospital but unable to leave because of barriers to discharge. The majority of these patients (38 patients) were cared for in eight community hospitals that have in-patient behavioral health services. Eighteen of these patients were in a behavioral health unit, eight patients were in geriatric psychiatric unit and 12 patients, with behavioral diagnoses, were in a medical/surgical unit. There are two specialty behavioral health hospitals in New Hampshire and in this survey, New Hampshire Hospital reported 20 patients and Hampstead Hospital reported one patient ready for discharge but waiting.

Among the 38 patients in the community hospital BHUs, the average number of avoidable days patients were waiting since clinically approved for discharge was 12 days. This ranged from one day to 180 days. The average number of days for the patients in the gero-psychiatric units was 17 days with a range of three days to 94 days. The average number of days for patients with psychiatric diagnosis on a medical surgical unit was seven days with a range of one day to 14 days.

The 21 patients in the specialty hospitals who were clinically ready for discharge but waiting was 277 days with a range of five days to 1,311 days.
The average number of days the patient had been ready for discharge but waiting for the barrier(s) to be removed varied by age group. Among the three children or adolescents in the survey it was an average of eight days. The average number of days for the 29 adults, ages 18-64 years old, in this report who were ready for discharge but waiting was 196 days and for adults age 65 years or older this waiting time was an average of 21 days.

**Barriers to Discharge**

The most frequently cited barrier to discharge was a place to live or stay. This affected 42 people or 71% of the patients in the survey. The next barrier cited most often was the need for a guardian to be appointed before the patient could be discharged. There were eight patients or 14% who needed the appointment of a guardian. Other barriers that were reported include: waiting for follow-up appointment with mental health counselor/therapist or prescriber; legal proceedings; dual-diagnoses issues; access to medication after discharge and waiting for benefits to be approved.

**Waiting for an Appointment**

This component of the report includes data from all the community mental health centers in New Hampshire. Information was submitted from 18 different locations in the survey because CMHC regions include many towns and cities and the CMHCs have multiple locations in their region. Not all 18 locations offer all services in the survey. Results are grouped according to age of patient (adults age 18 years or older and children under age 18 years).

**New Patients**

The average waiting time for new adult patient to have an appointment with a mental health counselor/therapist was 26 days. The range was between one day and 91 days among the different locations). The average waiting time for a new child or adolescent patient was 42 days. The range was between three days and 372 days.

The average waiting time for new adult patient to have an appointment with a prescriber (e.g., psychiatrist or psychiatric nurse practitioner) was 49 days. The range was between one day and 158 days. The average waiting time for a new child or adolescent patient with a prescriber was 51 days. The range was between 18 and 122 days.

**Established Patients**

Patients already receiving care from the community mental health center can usually meet with their mental health counselor/therapist in a timely manner. However, established patients’ ability to meet with a prescriber is not as accessible. The average wait time for an established adult patient to have an appointment with a prescriber was 23 days and the range was three days to 83 days. The
average wait time for an established child or adolescent to have an appointment with a prescriber was 51 days and the range was between two days and 356 days.

**Waiting for an Involuntary Emergency Admission (IEA)**

People who go to hospital emergency department seeking help for acute mental illness and are assessed and determined to need an involuntary emergency admission often wait because of a shortage of in-patient care. This problem became a statewide concern in 2012, and in 2013, an interim tool was created in the form of an-line sequential waiting list. Emergency departments could then see where anyone they had waiting might be positioned on the overall statewide list of IEA patients awaiting a bed in the state hospital. This helped to plan for staff coverage for patients living in emergency departments while waiting for psychiatric treatment. A review of the wait list data for weekdays in the period November 1, 2013 through February 28, 2014 found that **an average of 21 adults and 5 children were waiting each day during this four month period.** This ranged from a high of 35 adults on one day to a low of seven adults on one day. The range among children was a high of 14 children and a low of no children waiting. There are usually higher numbers of patients waiting for admission on Mondays and Tuesdays than other week days.

**Discussion**

This report identifies three indicators to assess access to care for people with behavioral health needs in New Hampshire. Improving access to quality and timely behavioral health services requires a systems approach, since there are many points in the care continuum where a lack of services creates a cascading effect. A patient who completes their in-patient treatment and is ready for discharge -- but is unable to leave the hospital because of inadequate post-acute care -- blocks the availability of that in-patient bed. Adding the total number of days that patients are unable to be discharged and considering the ALOS for in-patient treatment provided an indicator of how many people waiting in EDs might be admitted for the in-patient care they need. Using costly in-patient resources more effectively in concert with adequate community services may increase the timely access to quality care and the efficiency of those more costly in-patient services.

For example, using the average of 12 days of waiting for discharge following in-patient treatment for the 38 patients in this sample and an ALOS of 7.2 days * for in-patient treatment, indicates that 25 patients could have received in-patient treatment without an expansion of in-patient beds, if more community-based services were available.

In addition, a place to live or stay was the single most frequently cited barrier for patients who completed their in-patient treatment. The average operating cost for a day of in-patient care in an acute care community hospital is $2,912. The average operating cost for a day of supportive housing is $297 per day ($245/day supportive care from CMHC care + $52/day housing room & board. In the
sample of 38 patients, this equates to $1.3 million for in-patient care compared with $135,432, assuming all the people unable to be discharged from an acute care community hospital BHU when they were ready could use this form of supportive housing, and that it was available. These examples of financial “costs” are conservative estimates of a systemic failure in mental care in New Hampshire. They do not include the ‘social’ costs (e.g., loss of work days or productivity, family disruption, diminished quality of life, etc.) of people waiting for the appropriate level of treatment and support.

This study indicates an average of 26 people waiting in a hospital emergency departments for in-patient care. Emergency department costs are not factored on a daily rate, since the ED is designed for patient assessment and then referral for treatment or home.

The problem of people waiting for an appointment with a mental health counselor/therapist or prescriber identifies the lack of funding for these staff in community mental health centers. In addition, a shortage of psychiatrists, particularly for children and adolescents, is a significant challenge. Establishing a continuum of care in New Hampshire communities for people with mental health care needs can decrease the waiting times at each point of service and ensure that people with behavioral health needs have access to quality care in a timely manner.

**Methodology**

There are three components to collecting information related to access to care problems described in this report. All ten hospitals in New Hampshire that that offer in-patient behavioral health care were asked to select one weekday and document any person with a behavioral health diagnosis who was ready for discharge but unable to leave the hospital because of barriers in the community to their discharge. All ten community mental health centers were asked to identify the waiting time for a new patient to have an appointment with clinical provider for therapy and medication. This information was collected between November 2013 and January 2014. The final component is data from the waiting list of people who have been assessed and determined to be an involuntary emergency admission for in-patient psychiatric care at New Hampshire Hospital. The waiting list data is provided to describe the access problem among people with acute behavioral health care needs. This wait list data is reported for November 2013 through February 2014.

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