

# *The Vital Role of State Psychiatric Hospitals*

*Joint Conference of the Southern States  
Psychiatric Hospital Association (SSPHA)  
and the NASMHPD Forensic Division*

*September 22 - 24, 2014  
Atlanta, Georgia*

Robert W. Glover, Ph.D.  
Executive Director  
National Association of State Mental  
Health Program Directors



A light blue map of the United States is visible in the background, showing state boundaries. In the top left corner, there is a dark blue rounded rectangle with a white border containing the text 'NASMHPD'.

## **NASMHPD**

**Represents the \$37.6 Billion Public Mental Health System serving 7.1 million people annually in all 50 states, 4 territories, and the District of Columbia.**

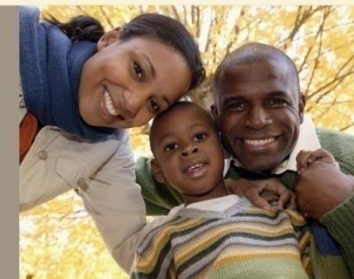
**An affiliation with the approximately 207 State Psychiatric Hospitals: Serve 151,000 people per year and 40,600 people served at any point in time.**



# Forensic Mental Health Services in the United States

W. Lawrence Fitch, J.D.  
University of Maryland Law School  
and Medical School

SAMHSA/ NASMHPD Webinar  
September 12, 2014



# Examples of National Leadership of NASMHPD Forensic Division

Through promoting and sharing promising practices on a national level:

- Many states now have **Conditional Release** (CR)
  - Now approximately **84%** of states have CR
- Many states conduct **evaluations in the community** rather than through hospital admission
  - Preventing hospitalization
  - Shortening LOS
- Forensic Review Boards
  - Track service recipients committed through the courts
  - Report to the courts on the readiness for release

# Presentation Outline

- The Vital Role of State Psychiatric Hospitals  
Technical Report
  - Background and Method of Medical Directors Council Technical Reports
  - Why This Report
  - Roll Out Process
  - Key Messages
  - What is the impact of this report
    - On Service Recipients?
    - Your staff and institution?
    - Your central office and state?
    - On where should we go in the future?



Eighteenth  
in a Series of  
Technical  
Reports



# **The Vital Role of State Psychiatric Hospitals**

Editors:  
Joe Parks, M.D.  
Alan Q. Radke, M.D., M.P.H.

Technical Writer:  
Meighan B. Haupt, M.S.

**July 2014**



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# CHANGE

WHEN THE WINDS OF CHANGE BLOW HARD ENOUGH,  
THE MOST TRIVIAL OF THINGS CAN TURN INTO DEADLY PROJECTILES.

# NASMHPD Medical Directors Council

## Technical Reports

- Series began 1997 – This is the 18<sup>th</sup>
- Goals
  - Assure that policy decisions are informed by the best and most current clinical evidence
  - Clearly explain complex clinical issues for non-clinician policy makers
  - Provide concrete actionable recommendations for Commissioners, NASMHPD, Federal agencies Behavioral Health Care providers, and Consumers
  - Provide a policy implementation resource document and toolkit



# Examples in Series of NASMHPD Medical Directors Technical Reports

- Reducing the Use of Seclusion and Restraint PART I: Findings, Strategies, and Recommendations (1999 - second)
- Smoking Policy and Treatment in State Operated Psychiatric Facilities (2006 - twelfth)
- Morbidity and Mortality in People with Serious Mental Illness (2006 - thirteenth)
- The Vital Role of State Psychiatric Hospitals (2014 - eighteenth)

# NASMHPD Medical Directors Council

## Technical Reports - Method

- Form a diverse Expert Panel
- Identify Editors and expert writer
- Planning call to clarify scope and structure of the report
- High level literature review
- Day and a half Expert consensus meeting
- Initial draft report repeatedly revised first by editors then by panel

# The Vital Role of State Psychiatric Hospitals Participant List

- State Mental Health Commissioners
  - Cory Nelson, M.P.A. (AZ)
  - Michael Maples, L.P.C., L.M.F.T. (TX)
- Regional Directors of State Hospital Associations
  - Western Psychiatric State Hospital Association (WPSHA)
    - Dallas Earnshaw, A.P.R.N., C.N.S., B.C. (UT)
  - Midwestern Association for State Mental Health Organizations (MASMHO)
    - William “Bill” Gibson (NE)

# The Vital Role of State Psychiatric Hospitals

## Participant List (cont.)

### — Southern States Psychiatric Hospital Association (SSPHA)

- James E. Smith, L.C.S.W., D.C.S.W. (TX)

### — Northeast Regional State Psychiatric Hospital Association

- Patrick Canavan, Psy.D. (DC)

### — WPSHA Members

- Tracey Sessions (ID)
- Greg Roberts (OR)
- Ron Adler (WA)
- Troy Jones (NM)
- Katherine Warburton, D.O. (CA)

# The Vital Role of State Psychiatric Hospitals Participant List (cont.)

- NASMHPD Medical Directors Council
  - Joe Parks, M.D. (MO) – Chief Editor
  - Alan Radke, M.D. (MN)
- Offices of Consumer Affairs
  - John Allen (NY)
- Housing Expert and Former State Mental Health Commissioner
  - Kevin Martone, L.S.W. (Technical Assistance Collaborative)



# The Vital Role of State Psychiatric Hospitals Participant List (cont.)

- NASMHPD Research Institute, Inc. (NRI) Staff
  - Vera Hollen, M.A.
  - Ted Lutterman
- NASMHPD Staff
  - Robert W. Glover, Ph.D.
  - Meighan Haupt, M.S. (author)
  - David Miller, M.P.Aff.
  - Brian Sims, M.D.

**NASMHPD**

**National Association of  
State Mental Health  
Program Directors**

**Annual 2014 Commissioners  
Meeting**

**July 27-29, 2014**

**PROGRAM AGENDA**

**Renaissance Washington DC, Dupont Circle Hotel  
1143 New Hampshire Avenue NW  
Washington, DC 20037  
(202) 775-0800**



# Roll Out at the NASMHPD Annual 2014 Commissioners Meeting – July 28th

**The Guy with the  
Yellow Bow  
Tie...We Can't  
Get Rid of Him!**





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## In This Issue...

In an era of integrated, community-based care, the role of state psychiatric hospitals in the context of a larger system of care is examined in a new report released by the National Association of State Mental Health Program Directors (NASMHPD). The report calls for state psychiatric hospitals to be integrated with a continuum of a robust set of community services so that people with serious mental illness can be better served in the community.  
... See top story, this page

Awards program to boost novel approaches to community care  
... See page 4

### From the Field

Providers can assist traumatized families ... See page 5



SAMHSA seeks public comment on FY 2015-2018 strategic plan  
... See page 8

HHS awards ACA funding to expand behavioral health services  
... See page 8



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## State psychiatric hospitals, community linkages critical to recovery efforts

As the country's public mental health system experiences new challenges in a rapidly changing environment, the role of state psychiatric hospitals is evolving to become a more integral part of the community in helping consumers with serious mental illness meet their recovery goals.

A new technical report released by the National Association of State Mental Health Program Directors (NASMHPD) suggests that facilities not only be recovery-oriented and

trauma-informed, but that they also should be constantly seeking, developing and implementing promising treatment approaches for people with complex psychiatric conditions.

The technical report, "The Vital Role of State Psychiatric Hospitals," released July 28 during the NASMHPD Annual 2014 Commissioners Meeting in Washington, D.C., notes that state psychiatric hospital staff, in partnership with the service recipient, should work directly with community providers on a discharge plan that includes what community services would be most helpful.

According to the report, in the 1950s, state psychiatric hospitals were the major source of public mental health services, and on any day over 500,000 persons were resi-

See **NASMHPD** page 2

## New research shows promise in treating MDD in bipolar patients

New research involving the use of low field magnetic stimulation (LFMS) has been found to substantially improve mood in individuals with depression or bipolar disorder, according to researchers in the August issue of *Biological Psychiatry*.

The study, "Rapid Mood-Elevating Effects of Low Field Magnetic Stimulation in Depression," notes that antidepressant drugs are effective in relieving depression in many patients but have limited efficacy overall. Fewer than 40 percent of patients with major depressive disorder (MDD) in controlled clinical trials have complete remissions, researchers stated.

Even in depressed patients who

### Bottom Line...

*The potential for effective depression treatment is very good, say researchers who plan further study to look at the duration and interaction involved in this treatment.*

do experience remissions, relapse rates are very high (37 percent to 70 percent within the first year). Many depressed patients are considered treatment-resistant, with 33 percent failing to remit after three or more treatment trials. Patients with bipolar disorder often have treatment-resistant depression and risk the induction of mania with treatment, said

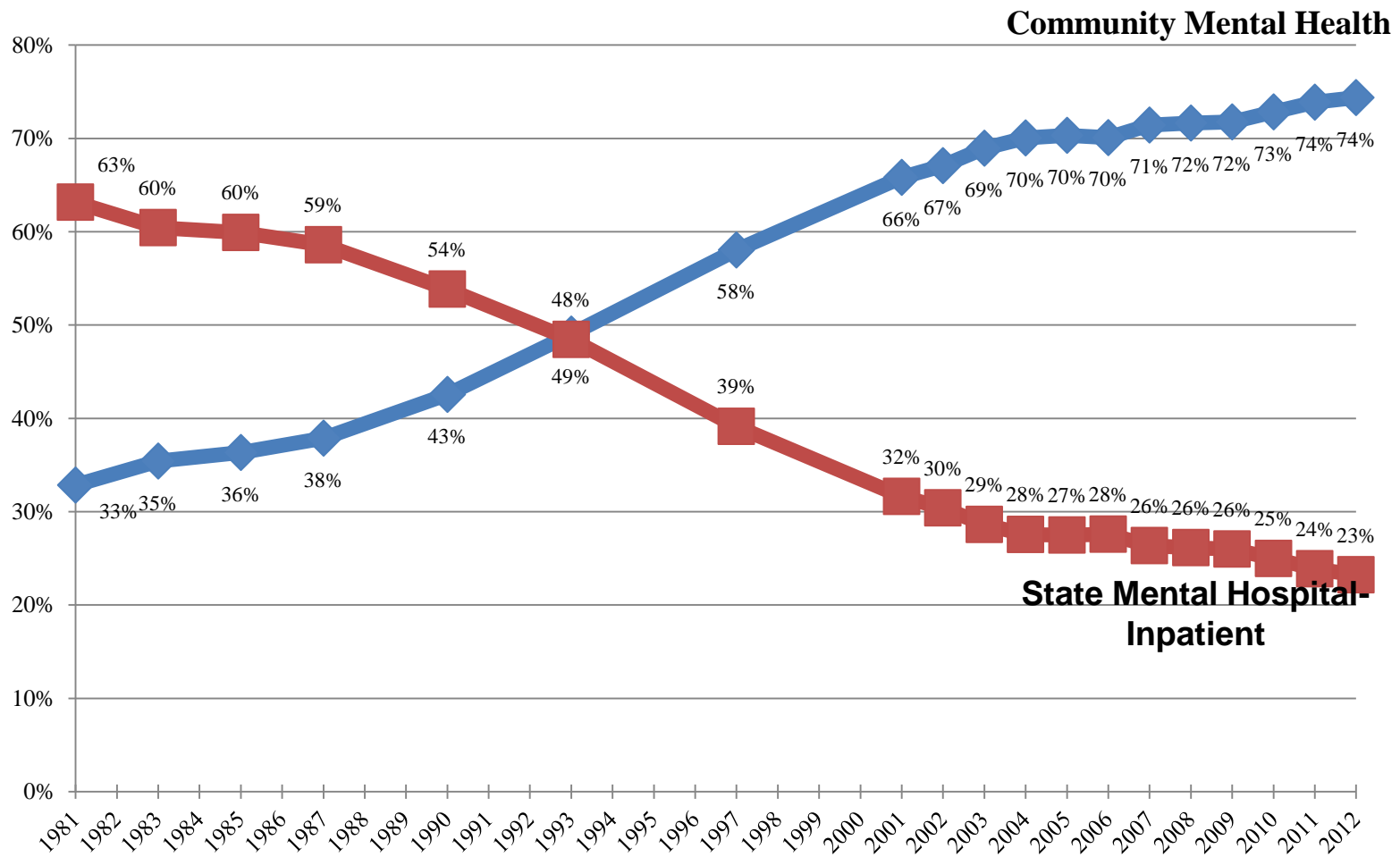
See **MDD** page 6

- *Mental Health Weekly*
- August 11, 2014

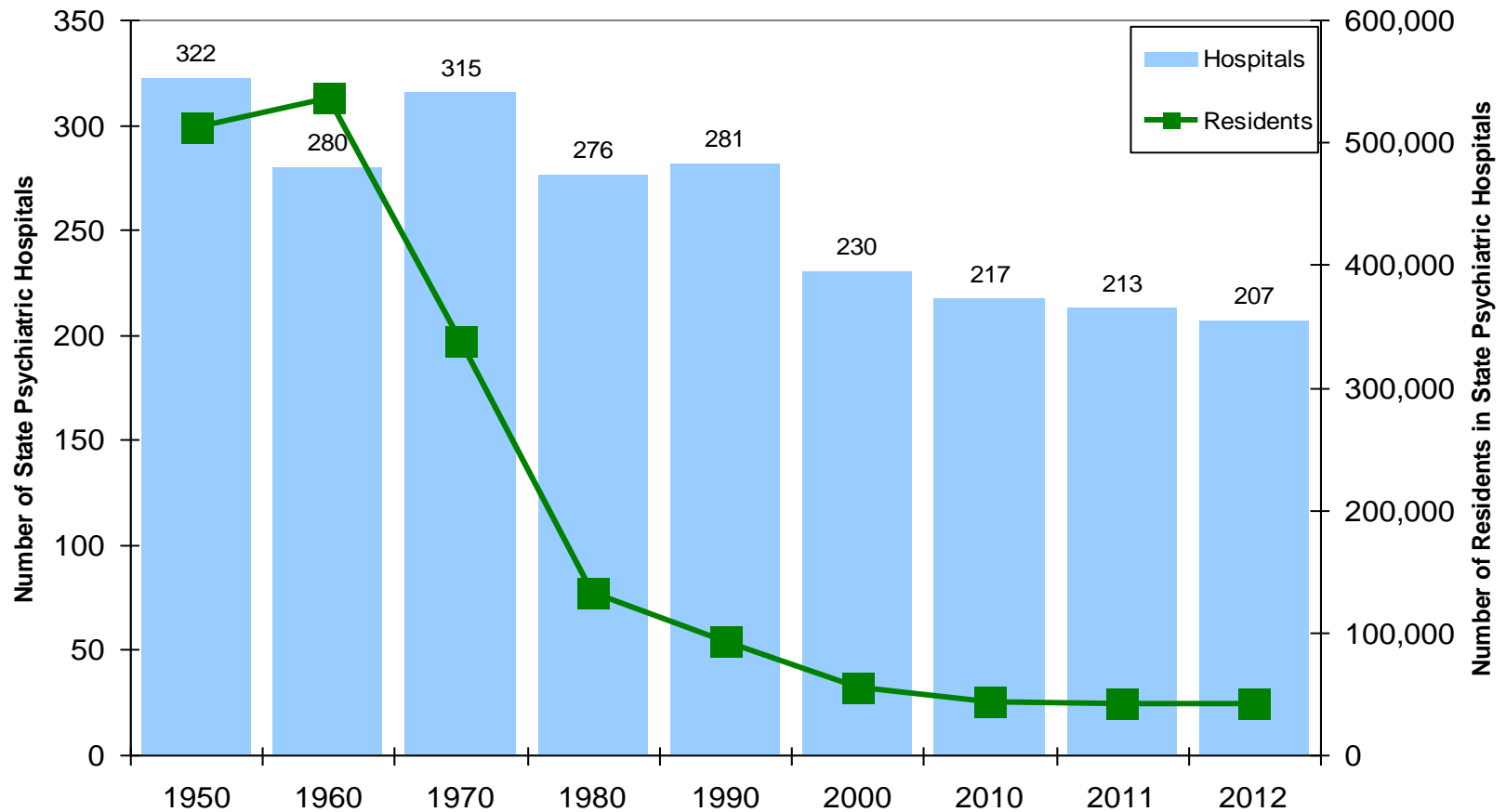


# Trends in State Psychiatric Hospitals

# State Mental Health Agency Controlled Expenditures for State Psychiatric Hospital Inpatient and Community-Based Services as a Percent of Total Expenditures: FY'81 to FY'12

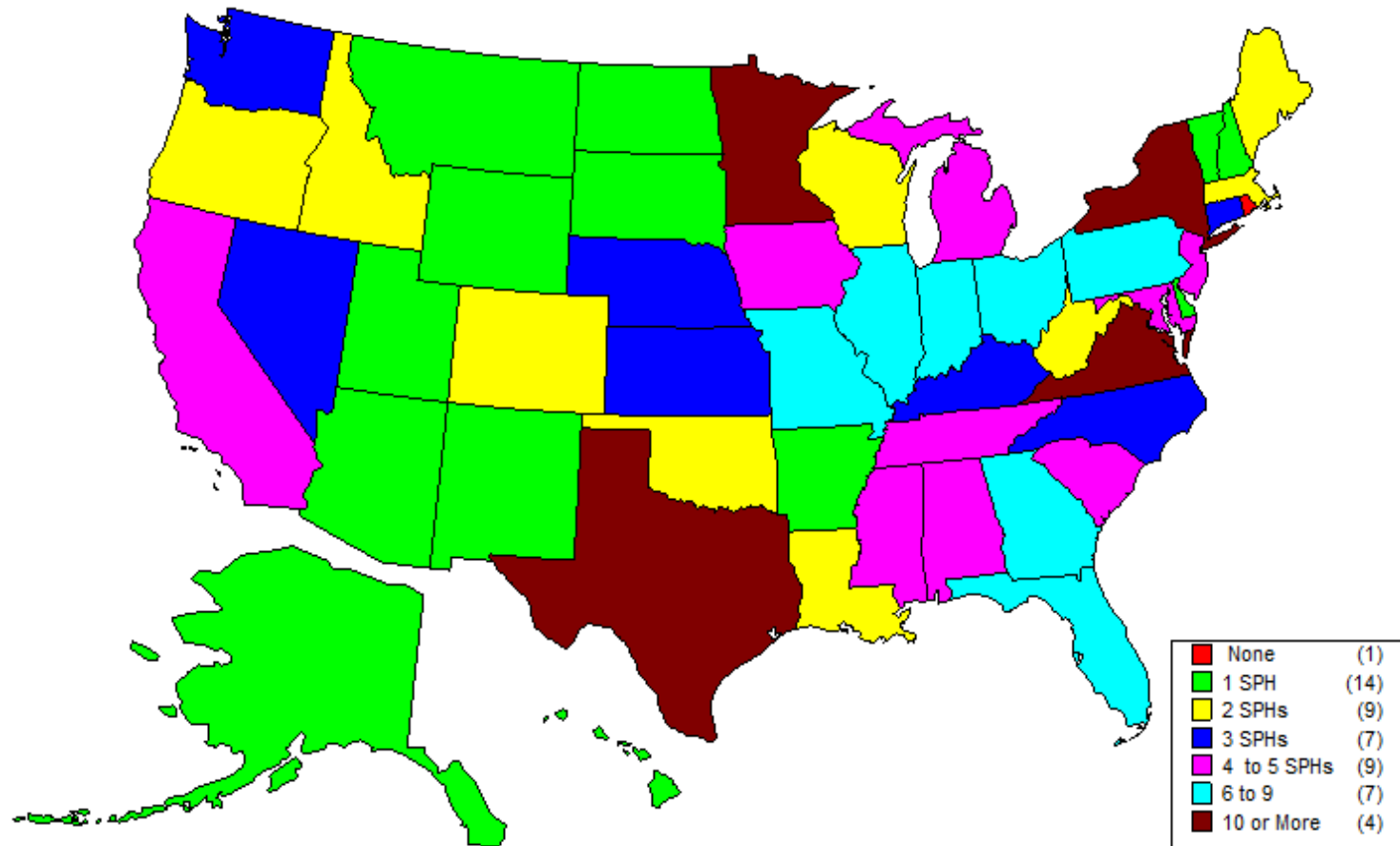


# Number of State Psychiatric Hospitals and Resident Patients at End of Year: 1950 to 2012

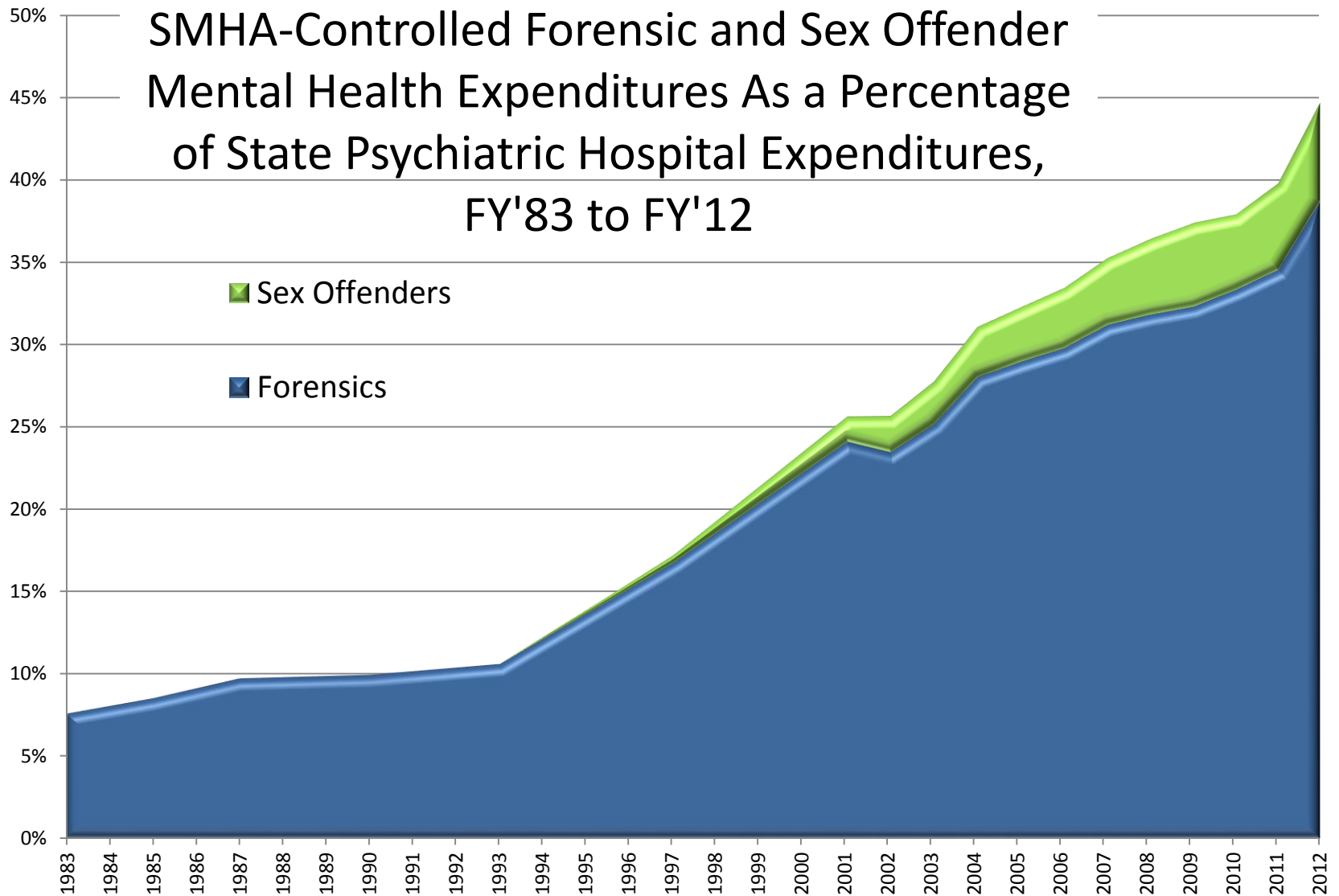


Sources: CMHS Additions and Resident Patients at End of Year, State and County Mental Hospitals, by Age and Diagnosis, by State, United States, 2002, and NRI 2013 State MH Agency Profiles System

# Number of State Psychiatric Hospitals



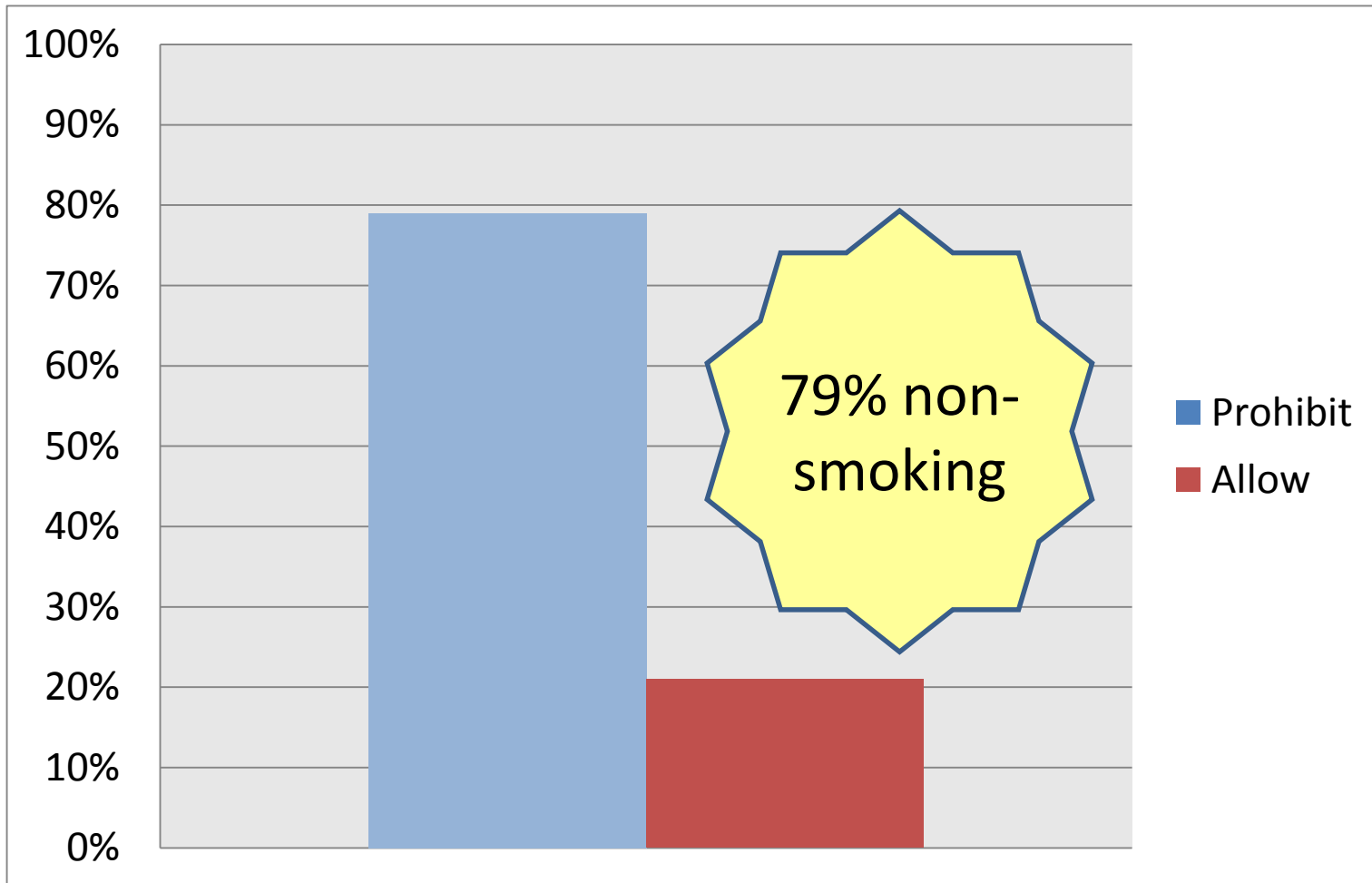
Source: NRI 2013 State Mental Health Agency  
Profiling System



Source: NRI 2012 State MH Agency Revenues and Expenditures Study



## Percent of State Hospitals by Smoking Policy: 2011



NRI Smoking Study: 2011

# State Psychiatric Hospitals at the Cross Roads

- The public mental health system is experiencing new challenges in a rapidly changing environment.
  - health care reform
  - economic restraint
  - reduction in state workforce
  - complex civil commitment laws, and
  - the need to ensure civil rights
- Today, most people with mental illness are served successfully in community settings.
- At times, those with the most serious mental illness need inpatient care provided at state psychiatric hospitals.
- Controversies
  - No one should be in hospital vs not enough hospital beds
  - Recovery vs public safety

# Process of Developing Report and Key Messages

Meighan B. Haupt, M.S.  
Technical Writer

NASMHPD Associate to the Executive Director  
(or as Bob says, “She Who Must Be Obeyed”)

# Key Messages

- State psychiatric hospitals are a **vital part of the continuum of care** and should be recovery-oriented and integrated with a robust set of community services.
- **All people** served in state psychiatric hospitals should be considered to be in the process of **recovery**.
- Changing the culture and environment of state psychiatric hospitals are keys to providing effective care. **Cultures should be recovery-oriented; trauma-informed; culturally and linguistically competent; and address health and wellness.**
- **Peer support services are an integral part** of assisting with people's recovery process and should be made available to all service recipients in state psychiatric hospitals. Peer support specialists should be made an equal member of the treatment team.

# Key Messages (cont.)

- Service recipients should be served in the **most integrated and least restrictive** environment possible.
- A state psychiatric hospital is **not a person's home**. State psychiatric hospitals should be focused on service recipients **returning to the community quickly** when they no longer meet inpatient criteria.
- State psychiatric hospital staff, in partnership with the service recipient, should **work directly with community providers on a discharge plan** that includes what community services would be most helpful for the service recipient.



# Key Messages (cont.)

- For forensic service recipients, sex offenders, and in many states involuntarily committed service recipients, decisions for admission and discharge are **made by courts** and not by the state psychiatric hospital.
- State psychiatric hospitals include people with mental illness, people with criminal behavior driven by mental illness, and people with criminal and predatory behavior with no mental illness. These populations should be served in **discrete** locations.
- It is the duty of the state psychiatric hospital to make reasonable efforts to create environments in which service recipients and staff are as **safe as possible**. Addressing safety needs should be **trauma-informed**.
- **Leadership** and a well-trained, professional and paraprofessional **workforce** are paramount in ensuring quality care.

**What is the impact of the report on  
service recipients?**

**What is the impact of the report  
on your institution and your  
staff?**

**What is the impact of the report  
on your central office and your  
state?**

What is the impact of the report  
nationally?

Based on this report, where  
should we go in the **future**?





# LEGACY

IT TOOK MILLIONS OF YEARS TO CREATE SOMETHING THIS EXTRAORDINARY.  
YOU HAVE ABOUT SEVENTY-FOUR.

***Thank you!***