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Editorial: Stop 'boarding' mentally ill in emergency rooms

The dismal practice of "boarding" mentally ill patients for weeks with little or no psychiatric care demands attention in Olympia and Congress.

Seattle Times Editorial

IMAGINE a patient goes to an emergency room with a broken pelvis. Instead of being admitted to the hospital, diagnosed and treated, the patient is shunted into a side room and left for a week, the broken bone festering, because there's no place else to get treatment.

Inconceivable, right?

But substitute mental illness for broken bones, and that scenario is a daily occurrence across Washington state. Patients in the public mental-health system are routinely "boarded" in hospital-emergency rooms or on floors not certified to treat the mentally ill. Our state ranks last in the country for community-psychiatric beds.

Last week, Pierce County Superior Court Judge Kathryn Nelson ruled the practice was a violation of patients' civil rights. Once patients are involuntarily detained for psychiatric treatment, they cannot be parked in a nonpsychiatric hospital solely because there's no place else to put them.

The ruling, which is being appealed, applies only to Pierce County. For now.

Taken more broadly, it blows up the state's stopgap solution to a crisis-level problem. Boarding is so routine — 2,160 patients were boarded last year in King County alone — that it is written into state administrative code, under the benign-sounding "single-bed certification."

Nelson's ruling should set off alarms in the Legislature, which has allowed this dismal practice to fester for years. Child-welfare advocates used the courts to force funding and reforms several years ago. Education advocates did so recently in the McCleary case. Mental-health advocates now have a ripe issue.

The Legislature, relying on Medicaid funding from Obamacare, is poised to add about \$20 million to inpatient psychiatric care as part of budget negotiations. But that money only partially accounts for an expected rise in psychiatric admissions due to a recent changes in state law. It does nothing to address the existing, much larger, crisis.

This has been a slow-brewing problem. Community hospitals closed hundreds of money-losing psychiatric beds over the past decade. Congress has neglected to change antiquated rules that exclude Medicaid funding for short-term inpatient evaluation and treatment.

Both trends could be addressed with clear leadership from Gov. Jay Inslee, the Legislature, and U.S. Rep. Jim McDermott, D-Seattle, a psychiatrist and mental-health advocate. A state mental-health task force authorized in this legislative session should recommend a fix to next year's Legislature.

For moral urgency, consider the soul-crushing brief filed to Judge Nelson's court by MultiCare, which runs four local hospitals. It describes patients being trapped in rooms for weeks with limited psychiatric care and little exercise or social interaction, their symptoms worsening.

Washington is a better state than this.