



Southern Maine
Health Care
MaineHealth

**Testimony of Dr. Andy Powell
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In Support of LD 1856**

Mental health patients deserve high quality, timely care. Patients with mental health conditions are waiting hours, if not days, in emergency departments across the nation. Maine is no exception. We need better funding and support for inpatient treatment. The number of patients with acute mental health conditions requiring admission increases year over year, yet the inpatient beds remain underfunded.

My name is Dr. Andrew Powell and I am a practicing Emergency Physician of 14 years and Physician leader at Southern Maine Health Care, part of MaineHealth. Nearly every day we have multiple mental health patients waiting in our two EDs while the mental health crisis team works tirelessly trying to find an inpatient bed for them. These patients range in age from young children to older adults. The acuity and severity of illness ranges from the patient seeking self-help to an out of control patient who is combative and injuring himself and other people. All of these patients need and deserve our help. We provide adequate funding for patients with chest pain, pneumonia, congestive heart failure, diabetes, etc. Why are patients with mental health conditions different? They are equally, if not more ill.

Over my career, I have seen the acuity and length of stay for patients with mental illness increase. More patients are waiting longer in the ED, which is an environment not conducive to long-term care and recovery. In fact, the average wait time for an adult waiting for a psychiatric bed is 24 hours – and because we have a mental health unit, our ED has lower wait times than many of our other MaineHealth hospitals.

The accumulation of patients presents demands on both physical space and staffing. A number of times this past year we have seen over 50% of the ED beds occupied by mental health patients waiting for inpatient beds. This means not only are the mental health patients waiting, but patients presenting with other medical conditions are waiting longer to be seen by a provider.

Long ED stays for patients with mental illness impact patients and staff in other ways. Unfortunately, the impact can be tragic. I have a number of examples where long ED stays put other patients, providers and staff at risk. At one extreme, we had a patient with psychosis and aggressive behavior held in the mental health overflow area of the ED (meaning there were at least 6 other mental health patients in the ED at the time). The patient had been waiting for over 24 hours for an inpatient bed, an inappropriate

environment that exacerbated his symptoms. He suddenly became aggressive. Security tried to de-escalate the patient and he violently attacked the security officer. She sustained a severe concussion and was unable to return to her same job. On the other end of the spectrum, a young child being seen for her asthma has to listen to a patient with acute mental illness who has waited too long for an appropriate level of care scream profanities at anyone in close proximity.

The solution is multifaceted and includes better funding for inpatient beds, increased number of inpatient beds, and improved access to outpatient services, and continued support for substance abuse programs. Maine Behavioral Healthcare and Southern Maine Health Care have committed significant financial and human resources, including the development of inpatient beds, for individuals with behavioral health needs. I am asking the State of Maine to support these efforts and do what is in the best interest of all of its citizens, including those with mental health conditions by providing a rate reflects the cost of these inpatient beds.

Thank you for your time and attention, and I would be happy to answer questions.