

January 17, 2023

Dear: Attorney General James

My name is Irving Campbell. I have been a registered professional nurse for over 20 years, working on an inpatient behavioral unit and as a Psychiatric Mental Health Nurse Practitioner, practicing in the community serving those diagnosed with Serious Mental Illness (SMI). In addition, I am a proud New York State Nurses Association (NYSNA) member and Mental health advocate. Thank you and your office for once again allowing me the opportunity to share my experience and speak on such an important topic as you previously afforded me the same at the public hearing held in New York City this past June. While this forum's focus emphasizes Western New York, the challenges we face are the same.

I am unfortunately too well aware of the dangers that come when our communities do not have adequate access to mental health care, namely inpatient psychiatric beds. Before the pandemic, I worked for eight years in the inpatient psychiatric unit at New York-Presbyterian Brooklyn Methodist Hospital (NYPBMH) before many institutions, including NYPBMH repurposed their psychiatric units to take in Covid-19 patients. I did understand the need at the time, but years later, many of these beds have not been fully reinstated despite vaccines, other advancements, and decreased hospitalization rates related to Covid-19. Most evidently, these beds remain inaccessible because they are primarily used by those whom Medicaid insures, and the reimbursement rates for these individuals are extremely low. The loss of inpatient beds includes the 26 beds at New York-Presbyterian Brooklyn Methodist Hospital, which had availabilities for 52 patients before the pandemic. We saw in September when we finally began accepting patients again to one of the two units, that we lost two beds and now currently have a max capacity of 24 beds. The other unit remains inaccessible, and hospital administration remains non-committal on its future. We also saw beds go offline at NYP Allen and Northwell Syosset, to name a few. This has created a mental health void for the community and surrounding communities, which include many communities of color and those classified as having lower socioeconomic status.

The pandemic helped expose the need for these inpatient beds. The National Institute of Mental Health states that 18.5% of adults experience mental illness annually, 1 in 5 youth aged 13-18 (21.4%) experiences a severe mental health condition at some point during their life; for children aged 8-15 that estimate is 13%, 20% of state prisoners and 21% of local jail prisoners have a recent history of a mental health condition, 70% of youth in the juvenile justice systems have at least one mental health condition. A staggering 60% of all adults and almost 50% of all youth ages 8-15 with a mental illness received no mental health services in the previous year, while African Americans and Hispanic Americans used mental health services at about half the rate of Caucasian Americans in the past year. You may be wondering how this equates to real dollars; well, mental illness costs America \$193.2 billion in lost earnings per year. Mood disorders, including major depression, and bipolar disorder, are the third most common cause of hospitalization in the U.S. for both youth and adults aged 18-44. Suicide is the 10th leading cause of death in the U.S., the 3rd leading cause of death for people aged 10-24, and the 2nd leading cause of death for people aged 15-24; more than 90% of children die by suicide have a mental health condition. Two million people with mental illness are booked into jails yearly; while incarcerated, at least 83% of inmates with a mental illness do not have access to needed treatment. As a result, their conditions worsen. Many are released with no continued access to mental health care.

All statistics show the need for a greater emphasis on caring for those with mental health needs, including housing opportunities and wrap-around services, as well as reopening inpatient psychiatric beds as we have seen an increase in anxiety and depressive disorders, substance use disorders, and suicidality. In addition, we have seen children affected, and the suicide rates for those under 18 increased tremendously during the pandemic. Children experienced grief, loss, and isolation due to our city being on lockdown and, again, not having enough psychiatric beds when their conditions got so acute that they became a danger to themselves or others. I am a witness to the immediate need for these beds at my facility, where our inpatient behavioral health unit remains filled to capacity each day with patients who come to our emergency room with active suicidality and other mental health needs waiting for multiple days in an overcrowded emergency room for a bed only to be transferred sometimes far away to institutions like Westchester Medical Center when in fact we have the space to accept them.

The need is glaring; we continue to see New Yorkers experience mental health symptoms every day with very few places to go. As a provider, I have faced the same challenge, sometimes finding my patients admitted to facilities outside the borough where they reside, which creates a bigger burden on their support systems to be able to physically see them. The city has promoted NYC WELL; Governor Hochul recently touted a transformative mental health plan that will invest more than \$1 billion into mental health services, including reopening some of these inpatient beds. It is a great plan to ensure every bed is reinstated, so those who need them can access them. We need to hold institutions accountable as we have seen hospitals focus on not investing in mental health services and sometimes bypassing the certificate of need process or, as in the case of Brooklyn Methodist Hospital, cutting beds and lowering the maximum census. To be serious about helping these individuals, we must ensure that space is available for those needing them. One would think that we have learned our lesson after witnessing the increase in violence, suicide rates of children, and an undisputable need for inpatient beds, but we continue to penalize those with mental illness without providing help, and this, unfortunately, many times leads to one being incarcerated and not receiving the care they need or worse.

You may ask what can be done. The plan recently presented by the governor calls for reopening and putting many of the beds back online and penalties for facilities that purposely keep these beds away from those who need them the most. I believe this to be a good start, one that I hope will come with great oversight to ensure that they are indeed making access to mental health a reality for so many who have struggled to find it. Unfortunately, history has shown that we lose countless beds every year, never to come back online, but now is the time we must respond to the mental health crisis and end the loss of beds. Thank you again for this opportunity to contribute to this discussion, and I look forward to expanding our mental health system.

Sincerely,

Irving Campbell R.N., PMHNP-BC