

BH Testimony Notes

For AG Western Ny meeting

The ongoing and escalating mental health crisis continues to have very specific and dire consequences for front line health care workers and their ability to provide safe, quality care to all patients.

At the same time, levels of violence in our facility – and most others – continue to increase. Nurses and other frontline staff are getting hurt, sometimes seriously and in life-changing ways. Nurses are leaving the profession in droves or leaving key critical care positions. Quality care for all patients becomes much more difficult to provide and sustain in the context of the extreme lack of resources for patients in need of behavioral health intervention. And then there are the mental health needs of our frontline caregivers themselves. Violence, staffing shortages, delays in care, insufficient resources for community members in crisis – working in these conditions has short and long term impacts on our physical and mental wellbeing as well.

New and much more aggressive measures are needed to address this problem, both within our hospitals and outside in the community.

Within our hospitals we need more staffing, with programs in place to boost recruitment and retention. Financial resources have to be made available to make this happen. CMS, the state, the county – all have a role to play in bringing more financial resources to bear.

We also need more in-hospital resources specific to the behavioral health needs of all patients. This of course means beds and ED capacity, but that is not enough. We need more support in the form of social workers, advanced practice nurses with mental health specialties, behavioral health aides and of course psychiatric providers. These are needed in our designated behavioral health EDs and floor units, but also on our other units. Mental health needs and issues do not restrict themselves to just certain patients or areas; many patients with medical issues also struggle with either sudden or long-standing mental health comorbidities.

At the same time these same resources need to be boosted at the community level. We need more clinics, more programs, more mental health providers in our medical clinics, more integration of mental and physical health treatment. Just one case in point – if patients have difficulty getting timely appointments in our clinic system the cost savings on that end will end up costing us in the ED or on the floors of the hospital – because more people will end up here if they don't receive timely care in outpatient settings and in the community. And many of them will return again and again.

We also need to address the challenges of disparate care, which now has a long history, around mental health services. Many interventions are needed, many out of our scope, but one example is the shortage of mental health practitioners who are themselves people of color. They are needed here in the hospital, in the clinics and community programs. What steps are being taken to address this problem?

And you can't talk about mental health without a look at the desperate rise in substance use disorders in this country. Again, more resources are needed now to put programs and effective treatment in place in our hospital and throughout the region and state. Overdose deaths have reached the highest levels ever, and that is just the tip of the iceberg in terms of the impact on community mental health and then on our ability to provide quality care to all patients at ECMC.

While these other areas are being addressed we need to accept the fact that meanwhile healthcare workers are subjected to increasing levels of violence from patients and families on a daily basis. We need much more robust controls in our hospitals to deal with this challenge, and to reduce the risk of harm in general and of serious injuries specifically. Doing so will take financial and other support in the short run, but will result in tremendous savings in the long run.

This is an escalating crisis. It is contributing to the crisis around attracting and retaining frontline nurses and other healthcare care. The state and the county have a role to play. Just reinstating the BH beds lost during the pandemic is far from what is needed. We were already drowning before COVID. Bring more and better resources to this challenge and we will be able to provide better and more consistent care for all.

