

**Concord Monitor – April 21, 2017**

**Length of stay at state psychiatric hospital can be days – or years**

**By ELLA NILSEN**

At New Hampshire Hospital, there are two units that CEO Bob MacLeod refers to as the “over 90 day units,” for patients who require long term stays. One is for geriatric patients suffering with severe dementia and other issues, while another is for people involved with the criminal justice system; those found not guilty by reason of insanity or deemed incompetent to stand trial. Together, those two units account for 62 beds that move very slowly; patients can be at the state hospital for years.

“That cohort will be here a long period of time,” said MacLeod.

Out of the 144 beds at the state psychiatric hospital, there are about 33 beds that could potentially be in play for new admissions on any given day, MacLeod said. There are many reasons it can take a long time for beds to turn over; patients that are in the middle of their emergency admission hearings or probate process to determine length of stay, or those who need to be committed longer than 90 days. Those open beds are sorely needed; mental health advocates say the state has a lack of beds for patients in psychiatric crisis, evidenced by long stays at emergency rooms waiting for a spot to open up. Republican state senators recently introduced a new bill that would add over 60 new beds at private hospitals and community mental health centers around the state to help alleviate the wait times. MacLeod said inside the walls of New Hampshire Hospital, they are already at capacity. The hospital added a 10 bed unit last year. “There’s no more room at our facility to add any more beds,” he said.

Nearly all patients at New Hampshire Hospital are involuntarily committed, meaning doctors deemed them a danger to themselves or others. Once that evaluation has been made, a patient can’t be released, however there is a process where patients have a hearing in three days to determine if there’s enough probable cause for them to be committed. If a judge determines the person is at risk for harming themselves or others, they stay at the hospital for 10 days, during which they take medication, do therapy, and work to get set up with a community mental health care provider. “Many patients end up getting discharged during that period,” said Dr. Alex de Nesnera, the hospital’s interim chief medical officer.

One of the challenges de Nesnera and his staff deal with is making sure patients continue taking their medication. “In some respects, individuals with mental illness are like anyone else, they don’t like to take their medication,” said de Nesnera. However, “sometimes they don’t understand and appreciate that they are ill and they have a mental illness.” If the patient is still not well enough by the end of 10 days, a petition must be filed to probate court to ask for a longer commitment time.

State law allows for up to a five year commitment, but MacLeod said the typical period is about 30 days. “There’s outliers, obviously, where people can spend a lot more time here,” he said. “It’s really complicated. When you think you know everything, there’s something else that happens, looking at the demographics here.”

#### Mental health and criminal justice

New Hampshire Hospital’s H and J units, those with geriatric patients and people involved with the criminal justice system, have the slowest turnover. Eight people who have been found not guilty by reason of insanity are currently being treated at New Hampshire Hospital. These are people who have stood trial for crimes including murder or attempted murder. In addition, there are more patients who have been found incompetent to stand trial because of a mental illness. “It’s likely we’ll have 10 at any given day on the fringes of being tagged incompetent to stand trial,” MacLeod said.

MacLeod estimates that one or two of the patients found not guilty by reason of insanity have been committed to the hospital for 10 years. All patients who are found not guilty by reason of insanity start at the Secure Psychiatric Unit at the New Hampshire State Prison and can be gradually stepped down to New Hampshire Hospital. Some of the people who have been committed to a state mental facility include Richard landolo, a man who repeatedly stabbed a fellow patient at the state hospital in 2010, and Wendy Miller-Wright, a Seabrook mother who fed her two children bleach during an alleged suicide attempt.

Both Miller-Wright and landolo are housed at the Secure Psychiatric Unit, although landolo was previously being treated at the state hospital, according to past media reports. Wendell Noyes, the stepfather of Stewartstown girl Celina Cass who was accused of her murder, was recently transferred from New Hampshire Hospital to the Secure Psychiatric Unit after he was found incompetent to stand trial in February. Not all of the patients who are deemed incompetent to stand trial have committed such severe crimes. There are two types of people who fall into the ‘incompetent to stand trial’ category – those who are restorable and those who are not.

The general rule is for those people to be treated for a year in the state hospital to see if they can be restored. If the patient is showing significant progress at the end of the year, they may be slowly transitioned back into the community. If not, they are given more time and continue to be evaluated.

Treatment providers are obligated to try to stabilize all mentally ill patients, with the ultimate goal of transitioning them back into the community, or in the case of those found incompetent to stand trial, to get them back into a courtroom once they have been rehabilitated, according to Helen Hanks, assistant commissioner of the New Hampshire Department of Corrections. That is true no matter the crime, whether it is a person accused of assaulting someone or a person

charged with murder. However, the most mentally ill patients can be committed for years if they don't show signs of progress.

On the other hand, at any period of time of a commitment, attorneys can ask a judge to re-examine the case and see if a patient who is improving can be stepped down. Hanks estimates that between 12 to 13 patients get transferred from the state hospital to the secure psychiatric unit every year. About the same amount get discharged from the secure psychiatric unit and stepped down to the hospital, she added. Hanks said the bed shortages at the state hospital have not been as much of a challenge recently and said the hospital is generally responsive to getting an SPU patient stepped down and into a bed. "They're only at the SPU as long as necessary, based on the standard that caused their mitigation," Hanks said.

### **Lawrence Eagle Tribune – April 21, 2017**

#### **Governor calls for more beds at state psychiatric hospital**

**By HOLLY RAMER Associated Press**

CONCORD, N.H. (AP) — Republican Gov. Chris Sununu on Friday called for additional beds at the state psychiatric hospital as part of a larger effort to re-engineer New Hampshire's mental health system.

Sununu spoke to reporters after touring the emergency department at Concord Hospital, which is frequently full of patients waiting to be admitted to New Hampshire Hospital for inpatient psychiatric care. On the busiest day, in February, 22 psychiatric patients were waiting for beds in a space designed for six.

"When you have this kind of logjam, when you let it get to this kind of crisis, it's one of those things where if you don't pay for it in the beginning, you're going to pay five times as much down the road," he said. "We did not deal with this. We let this become a crisis, so unfortunately that puts the onus on us to have to pay two, three, four, five times as much, not just financially, but in terms of effort, in terms of facilities, in terms of finding workforce. The problem has really compounded upon itself."

The state had been working to improve its mental health services since settling a federal lawsuit over inadequate care in late 2013. In July, a new 10-bed crisis unit opened at New Hampshire after almost a year of delays, but emergency rooms around the state still are often left caring for patients waiting for those beds. Concord Hospital President and CEO Robert Steigmeyer said he and others are eager to work with Sununu's administration to rebuild a system that was one of the nation's best two decades ago.

"Twenty years later, I think the system has been dismantled gradually. Funding is a piece of it, and we've lost beds ... and then when you overlay the substance abuse crisis on top of it, it

accelerates,” the problem, Steigmeyer said. Sununu said he’s been working with lawmakers on a proposal that will be released next week to increase capacity at New Hampshire Hospital, though he did not specify how many new beds or what that would cost. Longer term, he said he wants to improve community-based services so fewer inpatient beds are needed.

The Senate Health and Human Services committee will consider an amendment Tuesday that would allow for an additional 20 “designated receiving facility beds” for up to two years. Under current law, hospitals, community mental health programs, nursing homes and other facilities can apply for such a designation to care for those subject to involuntary admission. The sponsor of the bill, Republican Sen. Jeb Bradley, also proposes up to 40 transitional and community residential beds for patients transitioning from the state psychiatric hospital or other designated receiving facilities.

Other changes under consideration include increasing the number of mobile crisis units and expanding their role to include working with smaller rural hospitals and building an urgent care receiving facility at New Hampshire Hospital so patients would start there instead of in emergency departments, Sununu said. “We have to get aggressive about how we’re going to deal with the backlog and then create the long-term solution,” he said.