

**Opening Statement of the Honorable Tim Murphy
Subcommittee on Oversight and Investigations
Hearing on “Where Have All the Patients Gone?
Examining the Psychiatric Bed Shortage”
March 26, 2014**

(As Prepared for Delivery)

Right after the December 14, 2012 elementary school shootings in Newtown, Connecticut, the Subcommittee on Oversight and Investigations began a review of federal programs and resources devoted to mental health and serious mental illness.

Recent events have shown the continuing importance of this inquiry, including the September 2013 Navy Yard shooting just a couple of miles from where we sit this morning, in Washington, D.C.

Other tragic cases, like Seung-Hui Cho, James Holmes, Jared Loughner, and Adam Lanza, all exhibited a record of untreated severe mental illness prior to their crimes. It is a reflection of the total dysfunction of our current mental health system that despite clear warning signs, these individuals failed to receive inpatient or outpatient treatment for their illnesses that might have averted these tragedies.

They all leave us wondering what would have happened if...

What would have happened if Aaron Alexis was not just given sleeping pills at the VA? Or if there was an available hospital bed or outpatient treatment available for others who later became violent, involved in a crime, unable to pay bills, or tossed out on the street?

Part of the problem is that our laws on involuntary commitment are in dire need of modernization – it is simply unreasonable, if not a danger to public safety, that our current system often waits until an individual is on the brink of harming himself or others, or has already done so, before any action can be taken. The scarcity of effective inpatient or outpatient treatment options in the community, as illustrated by the premature release of Gus Deeds, son of Virginia senator Creigh Deeds, from emergency custody because of the lack of psychiatric beds, is also to blame. A sad ending that in our heart we cannot begin to imagine a parent's grief when told there is no place for your son to get help.

Nationwide, we face an alarming shortage in inpatient psychiatric beds that, if not addressed, will result in more tragic outcomes. This is part of the long-term legacy of deinstitutionalization, the emptying out of state psychiatric hospitals resulting from the financial burden for community-based care being shifted from the state to the federal government. With deinstitutionalization, the number of available inpatient psychiatric beds has fallen considerably. On the whole, the number of beds has decreased from 559,000 in the 1950s to just 43,000 today. We needed to close those old hospitals that had become asylums, lock-ups, and dumping grounds.

But where did all the patients go? They were supposed to be in community treatment — on the road to recovery — but for many that did not happen.

The result is that individuals with serious mental illness who are unable to obtain treatment through ordinary means are now homeless or entangled in the criminal justice system, including being locked up in jails and prisons.

Right now, the country's three largest jail systems – in Cook County, Illinois; Los Angeles County; and New York City – have more than 11,000 prisoners receiving treatment on any given day and are, in fact, the largest mental health treatment facilities in the country. These jails are many times larger than the largest state psychiatric hospitals.

Not surprisingly, neither living on the streets nor being confined to a high-security cellblock are known to improve the chances that an individual's serious mental illness will stabilize, let alone prepare them, where possible, for eventual reentry into the community, to find housing, jobs, and confidence for their future.

It is an unplanned, albeit entirely unacceptable consequence of deinstitutionalization that the state psychiatric asylums, dismantled out of concern for the humane treatment and care of individuals with serious mental illness, have now effectively been replaced by confinement in prisons and homeless shelters.

What can we do earlier in people's lives to get them evidence-based treatment, community support, and on the road to recovery not recidivism?

Where is the humanity in saying there are no beds to treat a person suffering from schizophrenia, delusions, and aggression so we will sedate you and restrain you to an ER bed for days?

This morning, to provide some perspective on the far-reaching implications of the current psychiatric bed shortage and to hear some creative approaches to address it, we'll be receiving testimony from individuals with a wealth of experience across the full range of public services consumed by the seriously mentally ill. These include:

- Lisa Ashley, the mother of a son with serious mental illness who has been boarded multiple times at the emergency department;
- Dr. Jeffrey Geller, a psychiatrist and co-author of a report on the trends and consequences of closing public psychiatric hospitals;
- Dr. Jon Mark Hirshon, an ER physician and Task Force Chair on a recent study of emergency care compiled by the American College of Emergency Physicians;
- Chief Mike Biasotti, Immediate Past President of the New York State Association of Chiefs of Police and parent of a daughter with serious mental illness;
- Sheriff Tom Dart, of the Cook County, IL Sheriff's Office, who oversees one of the largest single site county pre-detention facilities in the U.S.;
- The Honorable Steve Leifman, Associate Administrative Judge, Miami-Dade County Court, 11th Judicial Circuit of Florida;
- Gunther Stern, Executive Director of Georgetown Ministry Center, a shelter and clubhouse caring for Washington D.C.'s homeless;
- Hakeem Rahim, a mental health educator and advocate;

- LaMarr Edgeron, a clinical mental health counselor and Director at Large of the American Mental Health Counselors Association; and
- Dr. Arthur Evans, Jr., Commissioner of Philadelphia's Department of Behavioral Health and Intellectual Disability Services.

I thank them all for joining us this morning.

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