The systemic effects of a state psychiatric hospital waitlist policy on mental health services use

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Abstract: In response to state psychiatric hospital bed shortages nationally, many states have implemented waitlist policies in an effort to control patient admissions and avoid operating overcrowded treatment units. While these policies allow hospitals to care for patients in a safe manner, they do nothing to address the unmet need for inpatient care. As a result, people in psychiatric crises can experience substantial delays before being admitted to a state hospital. Uncertainties remain as to whether waitlists are affecting the mental health system in ways that are not yet documented in the literature.

This dissertation used the experience of North Carolina to evaluate the systemic effects of waitlists on mental health services use. The first study used state hospital utilization data to determine possible internal effects of the policy on the number and case mix of admissions to state hospitals, as these hospitals were no longer able to operate over capacity and may have prioritized the sickest patients for admission from waitlists. The second and third studies used North Carolina Medicaid data to examine possible external effects of the policy on the frequency and length of stay of general hospital emergency department (ED) visits (statewide and regionally), as people who previously would have been admitted to state hospitals were forced to wait in communities until psychiatric beds became available.

Results from the studies indicated that waitlists were associated with fewer state hospital admissions (overall and by people with SMI), but were not associated with changes in the monthly percent of admissions by people with SMI. Waitlists were also generally associated with small increases in the frequency and length of stay of ED visits among Medicaid enrollees with severe mental illness (SMI). These findings provide preliminary evidence that the external and internal effects of North Carolina's waitlist policies were limited. However, additional research is needed to determine whether results related to ED use extend to people who are uninsured or diagnosed with other behavioral health diagnoses. Further research is also needed to confirm that people previously cared for in state hospitals are receiving timely access to acute inpatient psychiatric care.

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