

Lopez, Donna

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From: jacqueline riley [jgr08@myfairpoint.net]
Sent: Sunday, May 04, 2014 1:20 PM
To: Lopez, Donna
Cc: Alpert, Neal
Subject: Submitting comments for the record May 5 2014 meeting regarding closing of psychiatric emergency services at CHA
Attachments: PES letter2 (2).docx
Importance: High

Please submit this document for record at the May 5, 2014 meeting regarding the Cambridge Health Alliance Council order.

Sincerely,

Jacqueline Riley, RN

Regarding Cambridge Health Alliance Council Order

May 4, 2014

Dear Cambridge City Council,

I write to you pleading for your assistance regarding the closure of the Psychiatric Emergency Services (PES) at Cambridge Health Alliance. The Cambridge Health Alliance is closing the Psychiatric Emergency Services on June 4, 2014. The hospital identifies this as a "merger or moving of services" to the medical emergency department. When in fact the service will be closing and all psychologists, registered nurses, social workers, and mental health staff that specialize in psychiatry and addictions will be given a notification of termination of employment.

The Psychiatric Emergency Service provides prompt assessment, treatment, and stabilization to the most acute patients suffering from a mental health crisis and addictions issues in the Cambridge, Somerville, and Boston area. Often patients present to the PES from all areas of Massachusetts, New Hampshire, and Maine. In addition patients have traveled from as far as Louisiana to seek mental health treatment that is not available in their area or state. Once stabilized each patient is either referred to an appropriate facility for admission, appointments with outpatient providers, or other individual treatment centers and organizations to address their individual needs for stabilization and safety.

The PES works closely with the local police departments, schools, universities, courts, physicians, therapists, Emergency Services, Department of Mental Health, Group Homes, Crisis Teams, and other individual organizations in the community. Often these organizations rely on the PES for acute treatment and emergency intervention for their clients.

Most concerning is the number of individuals in the local community that depend on the services provided by the PES for intervention during personal crisis due to lack of supports and resources.

If the PES is eliminated it will force these patients and their families to seek treatment in the medical emergency department by providers and staff that are not proficiently trained or skilled in providing psychiatric care. Furthermore providers in the emergency department often have limited or no interests in providing care to patients with mental health or addictions issues.

The PES department was exclusively designed to meet the direct needs of this specific patient population. This includes secure treatment rooms, comfortable and calm environment, and visual and camera monitoring for the safety of patients and staff. This is essential given some patients wait for days for an inpatient psychiatric or addictions placement and are at risk of harming themselves or others. The medical emergency rooms are not designed to meet the specific needs of this patient population.

Today we are all more aware of the importance of mental health evaluation and timely intervention. There have been numerous tragic events recently in the media related to undiagnosed or untreated mental health and substance abuse issues. I implore your assistance in ceasing the closure of this essential service. Time is of the essence.

Respectfully submitted,

Jacqueline Riley, RN, BA, LNC