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PSYCHIATRIC HOSPITAL BED AVAILABILITY
IN LOS ANGELES COUNTY: SURVEY II

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Psychiatric Hospital Bed
Availability in Los Angeles County:
Survey II

In a period of decreasing resources, the Los Angeles County Department of Mental Health has made its priority the creation of a balanced program to meet the needs of the chronically and severely ill. One of the many necessary resources is inpatient beds, a shortage of which was cited in a 1980 Departmental report.¹ That study showed that in a four week period 430 persons were denied or made to wait for needed services, primarily because of the unavailability of inpatient beds. It was concluded that there was an immediate need for the state to fund alternative community facilities in order to free up inpatient beds for the acutely ill.

Unfortunately, funding has remained extremely limited. There are, however, some indications that the bed problem may be improving somewhat. Since the 1980 bed availability survey, an additional seven small residential programs have become operational. In addition, there is an increasing awareness among staff who make hospitalization decisions that many currently available beds are occupied by those who no longer need hospitalization. A November 1980 one-day survey showed that for 66% of the Los Angeles County patients in Camarillo and Metropolitan State Hospitals, hospitalization was not the most appropriate treatment.² These data supported the finding from a 1976 study of both state and local psychiatric inpatient facilities

¹Lubeck, S. The unavailability of psychiatric hospital beds in Los Angeles County. E & R Papers, 1980, 8 (1), County of Los Angeles Department of Mental Health.

²Duval, V. and Fowler, G. Los Angeles County residents in Camarillo and Metropolitan State Hospitals: Summaries of the November 13, 1980, census data. E & R Notes, 1981, 7 (2), County of Los Angeles Department of Mental Health.

that 43% of the inpatients on any one day could be served as well or better outside a hospital setting.³ With increasing management control of bed usage, especially length of stay, the bed situation should begin to improve.

Although nonhospital residential programs are still woefully inadequate, it was thought that a new survey of bed availability should be conducted in order to monitor any changes resulting from new community residential programs and from increased attempts to tighten management controls over bed usage. During April of 1981, therefore, all county hospital emergency rooms as well as the Department's Crisis Evaluation Unit (CEU) at Metropolitan State Hospital and its Forensic Mental Health Unit in the County Jail were asked to document instances where persons in need of acute hospital treatment were not admitted or asked to wait for services because of the unavailability of hospital beds.

THE 1981 SURVEY

The facilities surveyed were asked to report incidents of bed unavailability for a four week period in April 1981. Table 1 shows the number of responses received and a comparison of instances reported in the 1980 and 1981 surveys. The facilities listed in the first five rows were represented in both surveys, and their reports are thus the proper measure of changes from 1980 to the current survey. As can be seen in Table 1, there was a decrease in reported incidents in each of these facilities, ranging from 22% at LAC/USC Medical Center, which provided the bulk of the data, to 100% at the Metropolitan CEU. Overall, for those facilities responding to both surveys, reported incidents of resource unavailability were down a total of 34%. Olive View Hospital, which is the one facility which participated in the 1981 survey but

³Fowler, G. A needs-assessment method for planning alternatives to hospitalization. Hospital and Community Psychiatry, 1980, 31, 41-44.

not in the 1980 survey, reported 79 instances this year, bringing the total instances reported in 1981 to 373.

Of the 373 instances, 21 were multiple reports of the same episode, bringing the total number of individuals enumerated to 352. Of these, 92% (325 persons) were reported to have needed hospitalization.⁴ What happened to these 325 people?

Table 2 shows the reported dispositions for those individuals in the current study who needed but did not immediately receive inpatient treatment. For many of the individuals, 46%, the report of the incident showed only that the individual had to wait; for these individuals and for another 8% for whom no disposition information was reported, final disposition is not known. For another 39% of those needing hospitalization, the report noted that a bed was eventually found, although there was a delay. Only 4% of the problem instances are reported to have resulted in the person's being sent home though needing hospitalization.

Of particular interest are the data from the Forensic Mental Health Unit (FMHU) at the County Jail. This unit reported only two cases in which the individual was released from the jail before a hospital bed could be found. But there were sometimes long delays in obtaining a bed for the 86% who were finally hospitalized. Delays reported ranged from 1 to 18 days.

Another topic of special interest is the potential dangerousness, to themselves or others, of individuals denied immediate treatment. The earlier survey did not include a specific question on dangerousness, although it was found that on 17% of the reports dangerousness to others was incidentally attributed to the individuals involved. In the current study, questions on dangerousness to self and to others

⁴This is the same percentage reported to need hospitalization as in the 1980 survey. The other 8% in both surveys were evaluated for hospitalization but were found to need instead a variety of other services.

were explicitly asked on the survey form. Thirty percent of the individuals were considered dangerous to self, and 33% dangerous to others (Table 3). Unfortunately, because so many of the final dispositions are unknown (Table 2), we cannot say whether those considered dangerous were or were not finally hospitalized.

SUMMARY AND CONCLUSIONS

The results of this survey document the continued existence of a shortage in services. They do, however, point to a definite improvement over the situation 16 months ago, when the first survey was conducted. While there were 373 instances reported in which services, primarily hospitalization, were not immediately available when needed, there were 34% fewer reports of problems this year in the facilities responding to both surveys. If community resources increase, and if inappropriately long lengths of hospital stay are increasingly brought under control, there is reason to believe that the improvement evident in the current data will continue. To the extent that needed residential alternatives are lacking, however, the potential effects of management controls are limited. For many of those who need treatment but not necessarily hospital treatment, inpatient facilities may have no choice but to release them to the streets to make room for those who require immediate hospitalization.

Table 1. Reported instances of unavailability of services, 1980 and 1981 surveys

Facility	Number of instances		% change
	1980	1981	
IAC/USC Medical Center	310	243	-22%
Forensic Mental Health Unit	57	38	-33%
Harbor - UCLA Medical Center	21	13	-38%
CEU at Metropolitan State Hospital	25	0	-100%
Others	34	**	**
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--- TOTAL for those participating in both surveys	447*	294	-34%
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Martin Luther King Hospital	(none) ⁺	(none) ⁺	-
Olive View Hospital	(none) ⁺	79	-
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--- Total, all instances, all facilities	447*	373	-16.6%

*Differs slightly from the total presented in the published report because of late reporting by some facilities.

**The current system would have had these persons reported by one of the above facilities.

Did not report by the end of the survey period.

Table 2. Dispositions reported for those needing hospitalization, 1981 survey.

Disposition	Facility					Total N %
	IAC/USC MC N %	FMHU N %	Olive View N %	Harbor - UCIA N %		
Hospitalized	54 26%	32 86%	40 61%	1 9%	127 39%	
Asked to wait*	119 56%	1 3%	25 38%	3 27%	148 46%	
Sent home/ released	9 4%	2 5%	1 2%	1 9%	13 4%	
Other	6 3%	0 -	0 -	4 36%	10 3%	
Unknown	23 11%	2 5%	0 -	2 20%	27 8%	
Total	211 100%	37 99%	66 101%	11 101%	325 100%	

*Either in the hospital's admitting area, in another hospital, in the community, or in jail.
Final disposition unknown.

Table 3. Dangerousness reported for individuals denied immediate service, 1981.

Facility	Danger to Others?				Danger to Self?			
	Yes N %	No N %	Blank N %	Total N	Yes N %	No N %	Blank N %	Total N
IAC/USC MC	78 33%	121 51%	36 15%	235	70 30%	127 54%	38 16%	235
FMHU	21 55%	11 29%	6 16%	38	14 37%	15 39%	9 24%	38
Harbor - UCIA	5 42%	7 58%	0 -	12	5 42%	7 58%	0 -	12
Olive View	11 16%	18 27%	38 57%	67	16 24%	12 18%	39 58%	67
Total	115 33%	157 45%	80 23%	352	105 30%	161 46%	86 24%	352