Crisis of MA Psychiatric Beds

Only 1% of Long-Term Psychiatric Beds in Massachusetts are Available to treat non-criminal Severe Mental Illness (SMI) Patients

Nearly every bed at the state's five long-term psychiatric hospitals —specifically Worcester Recovery Center Hospital (WRCH), Tewksbury Hospital, and Shattuck Hospital — are occupied by forensic patients (those admitted under court orders).

Massachusetts is experiencing near complete occupancy of long-term psychiatric beds by individuals with involved with the criminal justice system, leaving patients with serious mental illness, who are not criminally involved, to be shut out of the intensive long-term psychiatric care that promotes recovery, reduces relapses and deterioration.

Only 1% of long-term psychiatric beds statewide remain available for non-criminally involved Severe Mental Illness patients (SMI) in the general public. This leaves 100's of non-forensic patients without access to critical long-term treatment.

Why This Is Happening

Forensic patients are receiving priority placement in DMH long-term psychiatric hospitals from court clinicians and judges. (Citing language from Massachusetts General Law Chapter 123, Sections 15–18). Additionally, these beds are used as a step-down from Bridgewater State. Due to the rising number of criminally involved forensic cases, they now fill **99% of all beds**, leaving almost no capacity for others.

The Data (MA Government 114 Reports) [5]

Year	Forensic Admissions court ordered	General Admissions (SMI) from Acute Care	Discharge Ready not released
2024	1,019	6	1,003
2023	1,015	9	851
2022	1,059	42	770

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- In 2024, only **six** non-forensic patients statewide were admitted from acute care to long-term care — fewer than one patient per month. (MA gov 114 report)
- The waitlist for long-term psychiatric care is now over three years. Many short term psychiatric hospitals (Acute Care) have stated they no longer bother to refer patients to Long-term care because of the backlog and admissions are unattainable. Families are left without options and patients are stuck in Acute Care or discharged without having appropriate treatment.

Why It Matters

Short-term Acute Care psychiatric hospitals are designed to treat the acute phase of a psychiatric illness, not designed for months-long recovery. Patients held in acute settings:

- Patients often remain hospitalized for months, some for years without access to long-term rehabilitation therapies. (avg cost $ 28,600 per month[1])
- Patients frequently relapse and cycle back into the ER and Acute system, often running out of insurance coverage and are released into the community.

This situation overwhelms acute hospitals, leaves patients stuck in beds for months, strains the mental health system, and leaves hundreds of patients underserved.

Originally Planned vs. Current Use

Hospital	**Total Beds**	**Current Use (Forensic)**	**Current Use (General Public SMI)**
WRCH	299	99%	1%
Shattuck	97	99%	1% (beds slated to close in 2026)
Tewksbury	168	99%	1%
Other DMH Long-term beds **144**		**99%**	**1%**
Total System	**708**		

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Cost of Care (Monthly)

Type of Care	#beds	Avg. Monthly Cost.	Average Stay / longest stay
Acute short-term hospital	2,700	$28,600 [1]	1 month / 2 years = $300,000
Long-term DMH hospital bed	700	$50,200 [2]	3-6 months / 1.5 years
Community-based recovery		$ 939 [3]	on going continuous community care
County jail		$7,300 [4]	to sentence completion
Court-ordered Step-down Treatment		$2,250 [4]	6 months , can be extended

Community treatment programs are significantly less costly than hospital or correctional care, yet remain underutilized.

Possible Solutions

1. **Increase the transparency about beds designated away from SMI patients**
    - Publish the number of the patients on waitlist and length of admission wait.
    - Track the unmet needs of non-forensic patients from acute care. (relapses)
2. **Expand Public Access**
    - Convert some short-term beds into medium- or long-term treatments.
    - Discharge stabilized forensic patients to community-based care.
3. **Legislative Action**
    - ***Continuum of Care House Bill 1801 and Senate Bill 1115***, would fund hospital-to-community "step-down" programs at a fraction of current costs.
4. **Reevaluate Forensic Prioritization**
    - Utilize other DMH licensed facilities for the 20 to 40 day evaluations
    - Utilize short-term hospitalization alternatives for lower-risk forensic patients.

- Create usage limits around use of scarce long-term beds for forensic cases.

Key Questions That Need Answers

- How many non-forensic patients are currently waiting for long-term care?
- Why are nearly all beds occupied by criminal justice patients?
- What is the average wait time for a long-term bed?
- What are relapse and re-hospitalization rates for patients denied admission?
- Who controls and manages the waitlist?
- What is the financial cost to taxpayers of using acute beds for long-term needs?

Bottom Line

Massachusetts' long-term psychiatric system is overwhelmed and imbalanced. Without reform, non-forensic patients with severe mental illness will continue to be excluded from care, while hospitals, families, and taxpayers bear the cost of an unsustainable system.

Forensic patients deserve treatment, but the system has left almost no room for equally vulnerable individuals with severe mental illness who have **not** committed a crime.

Unless reforms are made — including rebalancing bed use and investing in community-based recovery — severely ill patients will remain without access to the treatment they desperately need, relapsing, increasing costs to families, hospitals, and the state.

Respectfully requesting support for MA patients needing long-term psychiatric care,

Lynda Michaud Cutrell, Advocate and Former Pres NAMI MA. 617-592-5625

Karen Gromis, Advocate and Former Deputy Director NAMI MA

Dr. Laura Holland, MD NAMI Family Support Facilitator

NAMI Greater North Shore Affiliate

Crisis of MA Psychiatric Beds

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3. *Health Human Services - March 2024 Outcome Evaluation Report - Treatment Grant Program for Individuals with Serious Mental Illness: – page 54 https://aspe.hhs.gov/sites/default/files/documents/098651399f829e0c4cd561157ec82e23/aot-grant-program-smi-outcome-report.pdf*

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