



Why Are Criminal Court Mandates Taking 99% of Psychiatric Beds from America's State Hospitals?

Lessons from Massachusetts: Only 1% of Beds are Available to the Severely Mentally Ill

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Across the United States, the psychiatric care system is facing a severe "bed block" crisis, where long-term beds are increasingly occupied by forensic patients—individuals entering through the criminal justice system—leaving those with non-criminal severe mental illness (SMI) with nowhere to go.

The data from Massachusetts serves as a stark case study for this national trend:

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 involved with the criminal justice system, leaving patients with severe 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 Department of Mental Health (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 now being used as a step-down from Bridgewater State. Due to the rising number of criminally involved forensic cases, individuals are arrested and occupy 99% of all beds, leaving no

capacity for other mentally ill patients that have been waiting up to 2 years to get admitted to these high treatment beds.

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

- 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

The Massachusetts mental health continuum is currently stalled at the acute care level. While the state has 2,700 short-term beds, these facilities are intended for crisis stabilization, not long-term recovery. When the 99% forensic occupancy of state hospitals blocks the path to rehabilitation, patients are held in acute settings at an average monthly cost of \$28,600. These extended stays often lead to the exhaustion of insurance coverage, forcing hospitals to discharge unstable patients back into the community. This lack of appropriate step-down care ensures a cycle of deterioration, where patients frequently relapse and re-enter the emergency system, further straining acute resources.

This situation overwhelms acute hospitals, leaves patients stuck in beds for months, strains the mental health system, and leaves hundreds of patients underserved. Without structural reform, we are essentially paying for a revolving door that fails to provide the long-term stabilization necessary for true recovery.

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 Long-term beds	144	99%	1%
Total System	708		

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 intensive care hospital beds 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.

Strategic Recommendations: Reclaiming the Continuum of Care

To address the 1% bed availability crisis and end the de facto criminalization of mental illness, the following systemic reforms are proposed:

1. Restore Accountability through Transparency

The true scale of the "SMI Lockout" is currently hidden. We must:

- **Mandate Real-Time Reporting:** Require the Department of Mental Health (DMH) to publish live waitlist data, including average wait times for non-forensic admissions.
- **Track the "SMI Gap":** Systematically document non-forensic patients in acute care who are denied transfer to long-term care and track their subsequent rates of ER relapse and police contact.
- **Audit Bed Utilization:** Disclose the exact percentage of state-operated beds diverted away from civil (non-criminal) SMI patients to forensic cases.

2. Expand Access to Long-Term Stabilization

We must shift the focus from short-term "holding" to long-term recovery:

- **Reconfigure Bed Designation:** Convert a percentage of underutilized short-term acute beds into medium- or long-term treatment units focused on rehabilitation.
- **Accelerate Community Re-entry:** Prioritize the discharge of stabilized forensic patients into community-based settings to free up high-intensity hospital beds for those in crisis.

3. Support Legislative Reform

Legislative intervention is required to fund the "middle" of the care continuum:

- **Pass the "Step-Down" Legislation:** Fully fund House Bill 1801 and Senate Bill 1115. These bills establish hospital-to-community transition programs that provide a higher quality of life for patients at a fraction of the cost of inpatient hospitalization.

4. Reform Forensic Prioritization

The forensic system should not be a "fast-pass" that overrides clinical necessity:

- **Diversify Evaluation Sites:** Utilize alternative DMH-licensed facilities for 20-to-40-day court evaluations, reserving state hospital beds for intensive treatment rather than administrative observation.
- **Implement High-Acuity Triage:** Direct lower-risk forensic patients to short-term alternatives, ensuring that long-term beds are reserved for the most clinically complex cases.

- Establish Usage Caps: Create reasonable limits on the percentage of scarce long-term beds that can be occupied by forensic cases at any one time to ensure the general public is never entirely "shut out" of care.

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?

Final Analysis

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.

Conclusion: From Criminalization to Clinical Care

The "forensification" of our state hospitals is not merely a logistical bottleneck; it is a fundamental betrayal of the public health mission. Across the country, we are witnessing a quiet but devastating transformation: psychiatric hospitals are becoming extensions of the carceral system, making the justice system the primary—and often only—gateway to long-term care.

When 99% of long-term beds are reserved for those already in the hands of the courts, we send a clear and cruel message to families and individuals living with serious mental illness: In order to receive the intensive treatment required for recovery, you must first be arrested.

This national trend of "Treatment by Arraignment" is a failure of both policy and humanity. By denying early, intensive stabilization to those who are not yet criminally involved, we ensure their eventual deterioration. We are choosing to pay for the high cost of crisis—jails, emergency rooms, and acute-care boarding—rather than investing in the stabilization that prevents those crises from occurring.

The data is clear: Treatment saves, while neglect costs lives and billions in taxpayer dollars. Unless we rebalance bed use, prioritize clinical need over court mandates, and invest in a robust continuum of community-based recovery, the most vulnerable members of our society will remain marginalized—effectively waiting for a criminal arrest to finally receive the medical care that should be their birthright. We must act now to return the "hospital" to our psychiatric hospitals and ensure that a diagnosis of severe mental illness is a path to recovery, not a sentence to the cell.

Disclaimer:

Frontline Perspectives are authored by individual members of the National Shattering Silence Coalition and reflect their personal experiences and viewpoints. The opinions expressed do not necessarily represent the official positions, policies, or views of the National Shattering Silence Coalition.

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