  No Stigma Nevada

A dozen mental health-related bills will come before the 2019 Nevada legislature when it convenes in February.  How they are received will speak volumes about how seriously Nevada takes mental health.

One of the most impactful is Assembly Bill 66, which would fund mental crisis stabilization centers — urgent care centers for the mind — in Clark and Washoe Counties. Their purpose: to de-escalate a behavioral crisis and to avoid unnecessary admissions to an inpatient hospital. The bill requires the centers to have no more than eight beds each, for patient stays of no more than 14 days.

 A far cry from traditional mental hospitals, these small clinics~~,~~ are becoming popular nationwide, as different levels of government struggle with increasing numbers of individuals in crisis who need temporary treatment but not the intensive, far more costly inpatient hospital stays triggered by such life-threatening mental health issues as suicide attempts and drug overdoses.

Some clinics have traditional rooms with beds; others operate under the “living room model,” whereby patients can also interact with each other in living room settings. The point of this model is to encourage patients to support each other and to make the centers feel more welcoming and compassionate. This is important. Often people experiencing mental crisis will stay away from emergency rooms or mental hospitals because of previous unpleasant experiences.

On its website, The National Alliance on Mental Illness actually warns persons in crisis to avoid emergency rooms because of medical personnel with bad attitudes, too many bright lights, long waits, and lack of mental health expertise~~.~~The Nevada bill requires that the more intimate crisis clinics promote hope, personal empowerment, respect, social connections, self-responsibility and self-determination.

I know firsthand how important these clinics can be. For most of my life, I’ve avoided mental hospitals, though as someone who lives with bipolar disorder, there have been times when I’ve needed one.  I will never forget the time my doctor’s prescriptions weren’t working, and I was experiencing mania - a situation when thoughts in the brain are racing. My head was spinning, I couldn’t think, let alone function. I literally kept tripping over my own feet, (comma) and my speech sounded like gibberish.

Desperate and despondent, I packed a bag, ready to visit the closest mental hospital, which, according to my insurance plan, should have been free. At the last minute I called the hospital to verify the coverage and was promptly advised to stay home. Apparently it’s common for insurance companies to only cover hospitalization costs for suicidal and homicidal patients. I wasn’t either. That night, I didn’t get the help I so desperately needed.

Another time, unable to wait six weeks for my next psychiatrist meeting, I called the prestigious Bipolar Disorders Clinic at Stanford University for an appointment. A nice lady who answered the phone told me they were booking three months out. I didn’t have three months. Nobody with a mental health crisis has three months. To a depressed person, even 24 hours can seem like eternity. A visit to a stabilization clinic could have solved all these issues.

There are other good reasons to fund these emergency mental clinics. They save hospitals money and provide a place where police can take individuals who are suicidal or homicidal and require involuntary 72-hour holds for observation. Currently most of these people are taken to emergency rooms, taking up beds needed for real emergencies — shooting victims, car accidents and the likes.

Sheriffs in rural Nevada tell me they often keep suicidal individuals in jail because emergency rooms in Washoe and Clark Counties are too crowded. The jail experience, for someone with a mental health issue who’s committed no crime, is often traumatizing.

These emergency treatment centers can work. One already exists at the Mallory Behavioral Health Crisis Center in Carson City, where short-term (24-hour) treatment is offered.  The center, which draws patients from Carson City as well as the rurals, charges the same as an outpatient office visit and takes all insurance plans.About half the patients ultimately are admitted to a hospital, and the others go to outpatient care in the community. During their brief stay, social workers help patients find such resources as food banks, grief support groups and help with tracking down relatives.

Ultimately, Nevada needs to establish these emergency mental health centers in rural parts of the state — places like Elko and Winnemucca where services also are desperately needed. Perhaps with the passage of AB 66 these additional stabilization centers will come next. It’s time for the Nevada Legislature to move in this direction, because in all corners of the state, Nevadans are in crisis.

No Stigma Nevada is a mental health column that is published throughout Nevada. Join the conversation on its Facebook page. The author can be reached at [palchikoff@gmail.com](mailto:palchikoff@gmail.com).