

# Harming or Healing?

## The Black Box of Inpatient Psychiatry & The Hope for Reform

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# Personal Background

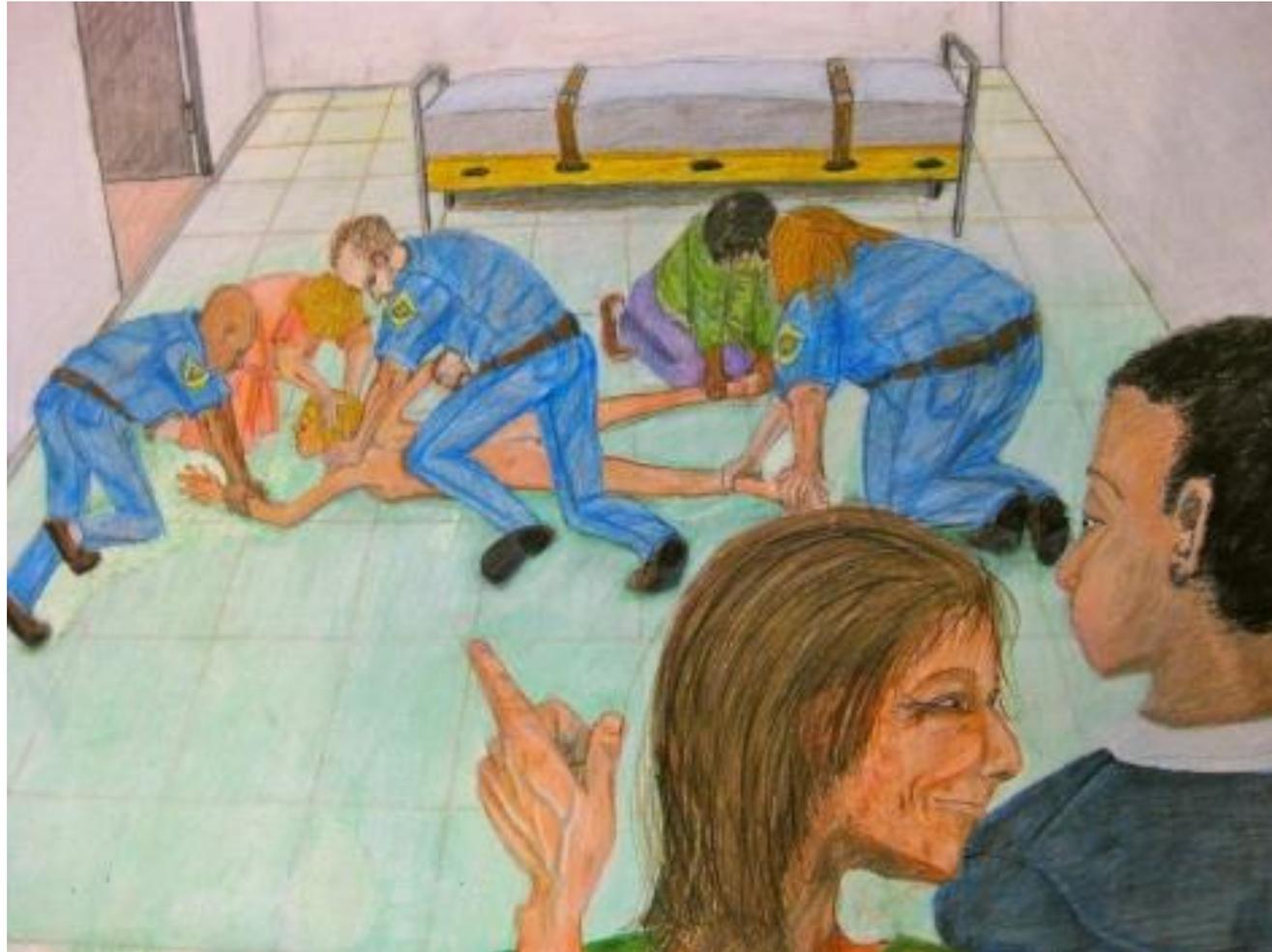


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[www.phoebesparrowwagner.com](http://www.phoebesparrowwagner.com)

# Original Leading Questions

- How does care quality vary across facilities?
- Why does care quality vary?
- How do we systematically improve care quality?

# Background

- Limited/no evidence to demonstrate benefits
- Within 7 and 30 days after discharge, suicide rate is about **258** and **180** times the general rate, respectively
- About **50%** have a 30-day follow-up visit after discharge
- Some evidence for iatrogenic harm (e.g., PTSD, death)

# Background

Dehumanizing experiences might explain some of these adverse outcomes



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*“I will never go back to a mental health facility ever again, even if it means I end up killing myself instead. There is zero trust there and it felt like I was in prison.”*



Shields, M.C. & Davis, K. (2024). *Journal of Patient Experience*

*“I watched ‘techs’ bash patients’ heads into the ground, they literally ignored the one woman who repeatedly kept talking about how police were coming to come kill her because her brother was the Messiah/past child sexual abuse and for me, I wasn’t allowed to have underwear/ clothing for 3 days.”*



Shields, M.C. & Davis, K. (2024). *Journal of Patient Experience*

# Background

## Complaints in Massachusetts 2008-2018

Total Hospital Observations (N = 707)		
	Counts	Percent
<b>Total Patient Days</b>	10,284,303	100.0
<b>Complaints</b>	17,962	100.0
<b>Substantiated Complaints<sup>c</sup></b>	1,483	8.3
<b>Individual Types of Complaints<sup>b</sup></b>		
Treatment Issue	3,230	18.0
Other	2,522	14.1
Behavioral Issue	2,422	13.5
Human Rights Violation	2,073	11.6
Physical Abuse	2,047	11.4
Verbal Abuse	1,126	6.3
Negligence	1,127	6.3
Sexual Abuse	945	5.2
Medication issue	922	5.1
Missing/Damaged Property	613	3.4
Environmental Issue	594	3.3
Medicolegal Death	576	3.1
Policy Issue	542	3.0
Restraint and Seclusion	529	2.9
Staffing Issues	509	2.8
Theft	406	2.3
Privacy HIPAA	193	1.1
Attempted Suicide	155	0.9
AWA from the Unit <sup>d</sup>	113	0.6
Felony Committed	30	0.2
Total distinct Types <sup>b</sup>	20,674	100.0
Safety-Related Types <sup>b</sup>	10,112	48.9
Abuse-Related Types <sup>b</sup>	4,118	19.9
<b>R-S Interventions</b>	<b>92,670</b>	<b>100.0</b>
<b>Restraints</b>	<b>73,927</b>	<b>79.8</b>
<b>Seclusions</b>	<b>18,737</b>	<b>20.2</b>

Shields & Hollander, 2023.  
*Journal of Patient Experience*

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# A Context of Extreme Power Imbalance

Some of the systemic factors that give rise to power imbalance & vulnerability:

Total institution, dehumanization

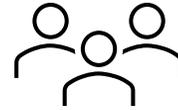
Involuntary admission, or threat of

Severe constraints on shopping, market failures

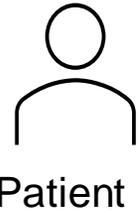
Family cannot be at the bedside, advocate, observe

Patients cannot easily self-advocate due to lack of credibility, their condition, fear of punishment

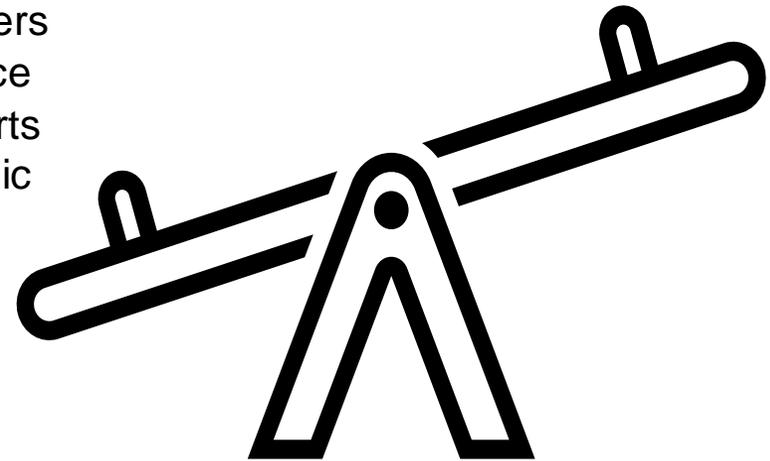
Lack of public interest/pressure for accountability



Providers  
Payers  
Police  
Courts  
Public



Patient



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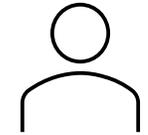
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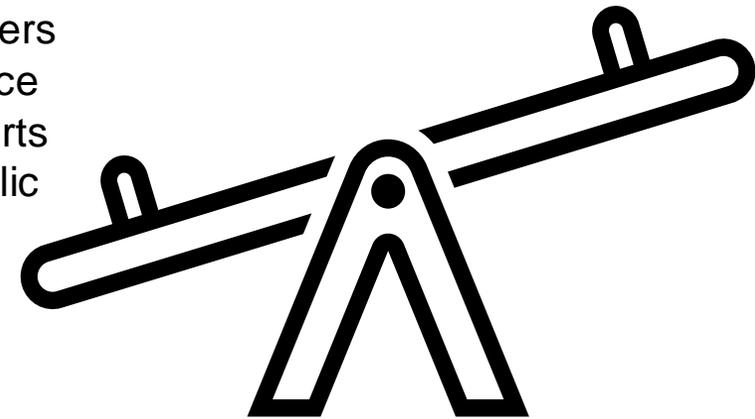
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Patient



- Shields, M. C., Stewart, M. T., & Delaney, K. R. (2018). Patient Safety in Inpatient Psychiatry: A Remaining Frontier for Health Policy. *Health Affairs*
- Shields, M.C. & Beidas, R. S. (2022). The Need to Prioritize Patient-Centered Care in Inpatient Psychiatry as a Matter of Social Justice. *JAMA Health Forum*

# Weak Accountability

- Limited regulations and learning/enforcement mechanisms related to PCC features
- Exclusion of inpatient psych from key national datasets (e.g., HCAHPS, freestanding facilities from HCUP)
- Exclusion of psych hospitals from CMS's EHR incentive program
- Lack of dedicated data systems and regulatory clearinghouses re: safety and complaints (unlike nursing homes)

Exhibit 2 Differences in regulatory language regarding inpatient psychiatry across a sample of six states

Regulatory language refers to:

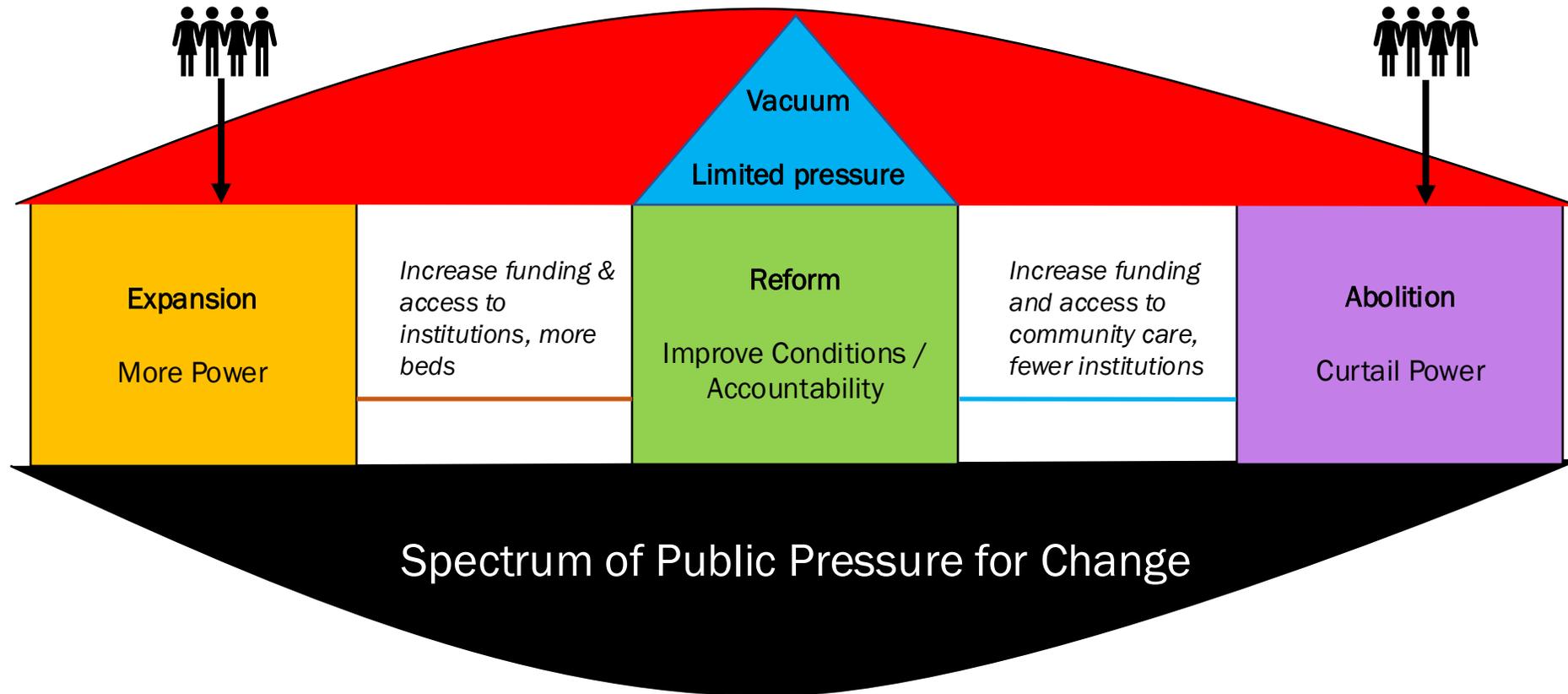
State	Staff-patient ratios	Trauma-informed care	Internal trending of adverse events	Involvement of peers	Access to outdoors
CA	Yes	No	No	No	Yes
CO	No	No	No	No	No
FL	No	No	Yes	No	No
MA	Yes <sup>a</sup>	Yes	No	Yes	Yes
MS	No	No	No	No	No
NV	No	No	No	No	No

SOURCE Authors' analysis of information from public documents related to state licensing requirements for inpatient psychiatric facilities.

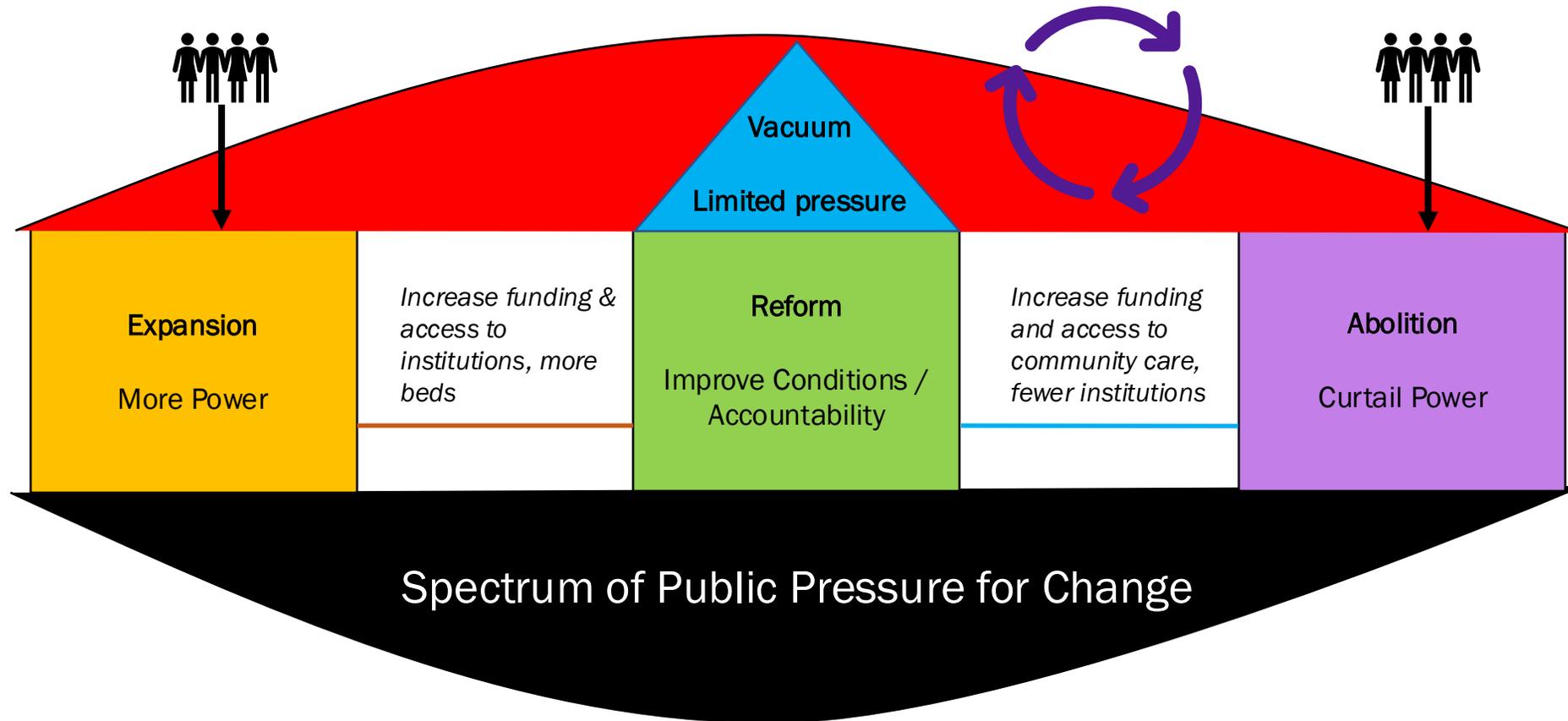
<sup>a</sup> Currently there are no explicit staff-patient ratios in Massachusetts, but the regulations state that facilities must apply appropriate staff-patient ratios; the definition of *appropriate* is not provided in the regulations.

Shields et. al. (2018 & 2020). *Health Affairs*

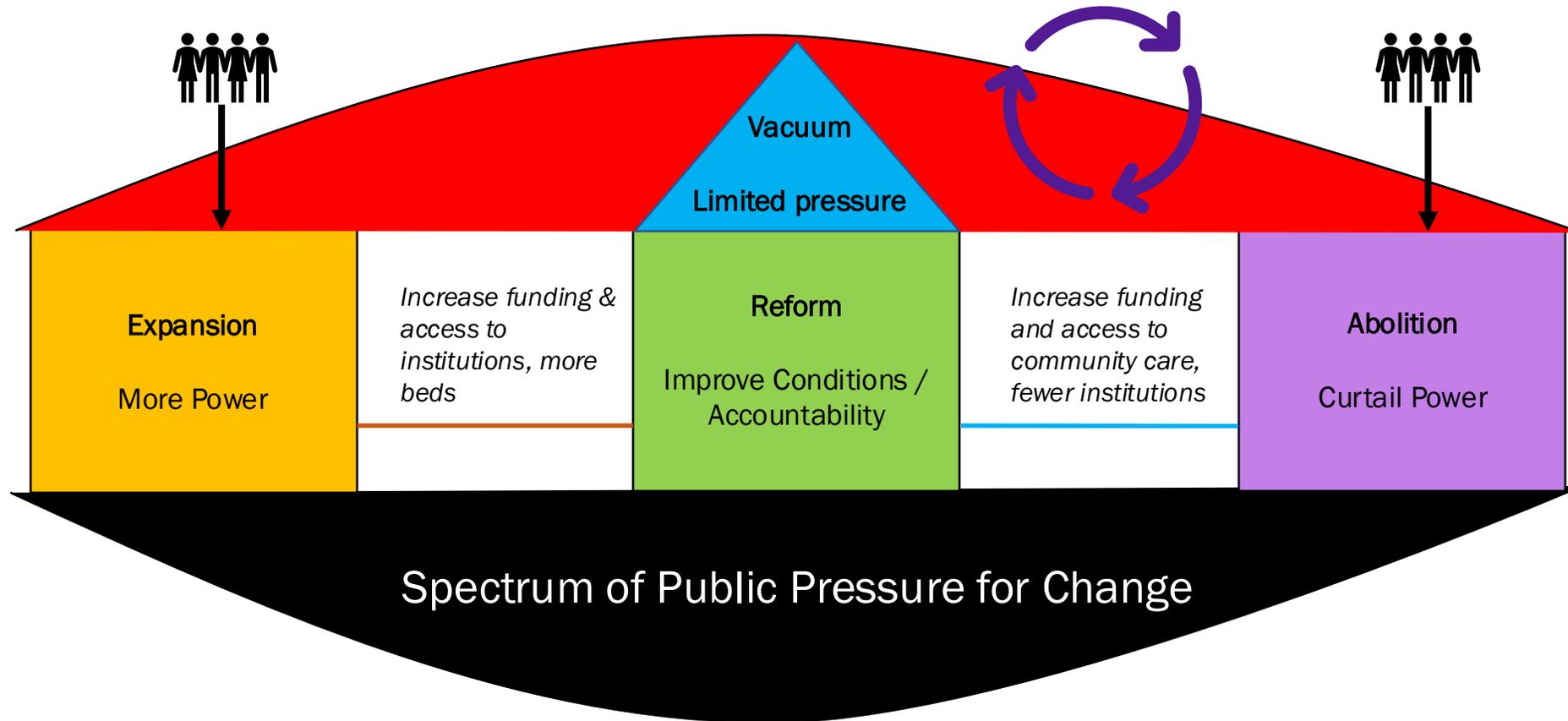
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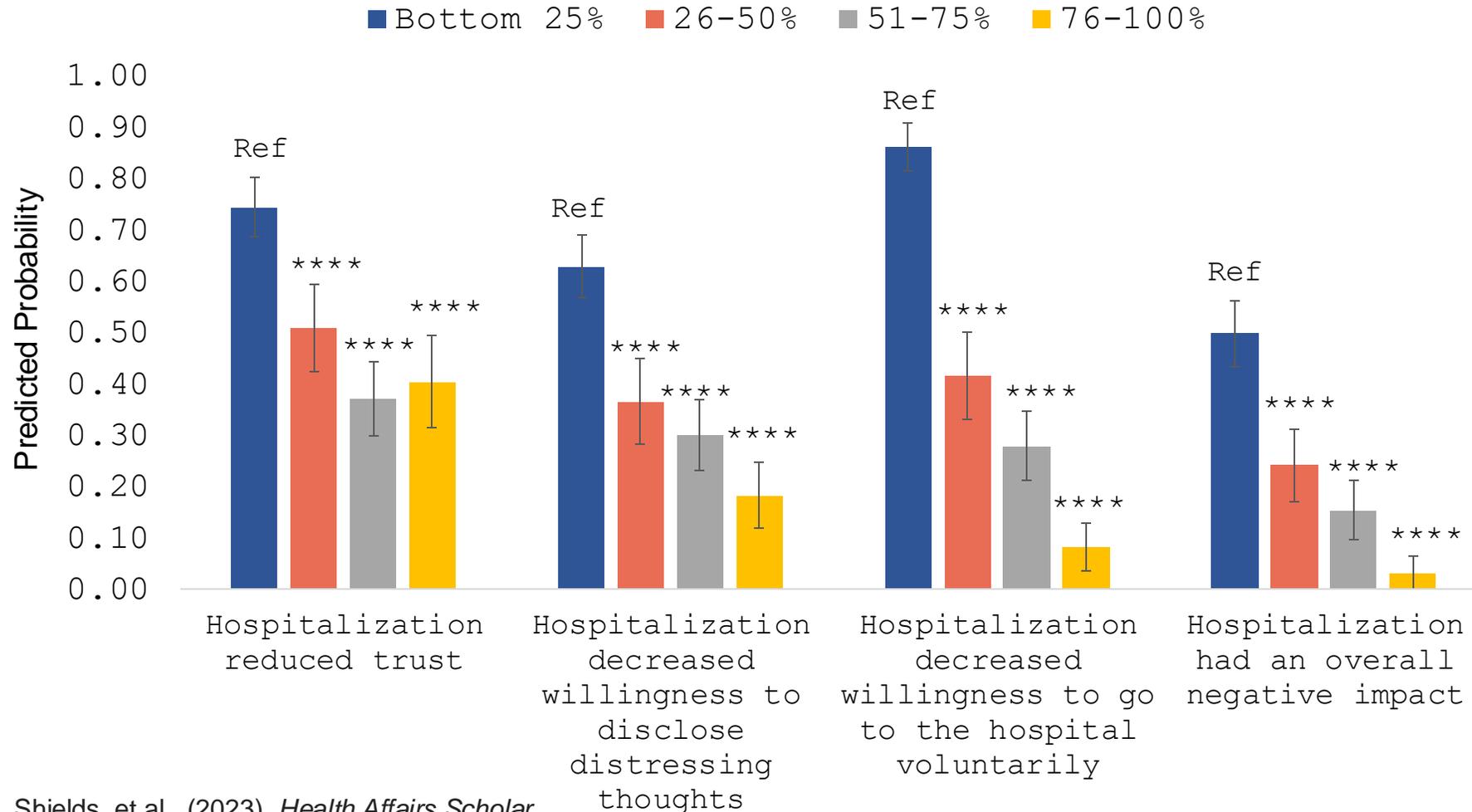
# Weak Accountability



Meaningfully invest in identifying ways to scale up alternatives to the hospital while figuring out how to increase accountability of hospitals

# Patient-Centered Care

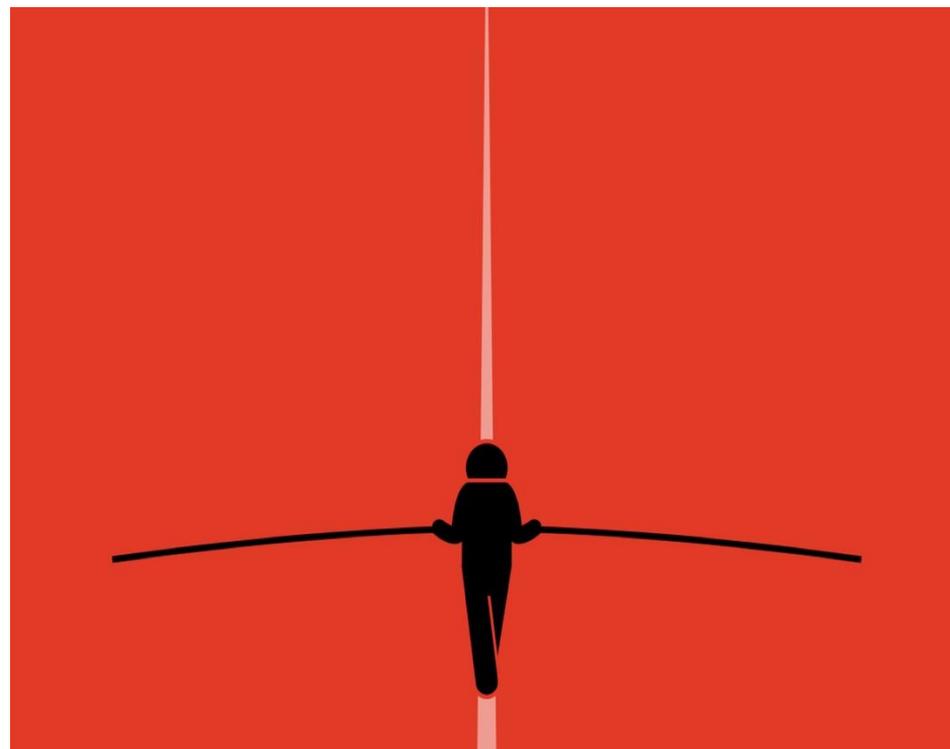
Predicted probabilities from adjusted regression models of PCC on negative patient-reported outcomes



# Path Forward

## Questions that keep me up at night

- Is reform of the hospital possible?
  - Logistically, politically
- Is it more “just” to focus on the implementation of alternatives?
- Is the abolition of inpatient psychiatric care the only “right” orientation to the problem?
- Is the abolition, or “near” abolition, of inpatient psychiatric care, possible?
  - See Trieste as an example



# Path Forward

## Trieste: “Freedom is Therapeutic”

