

## **Alex N. Sabo, M.D.: Q1 passage would be bad for mental health care – Berkshire Eagle, October 20, 2018**

**By Alex N. Sabo, M.D.**

PITTSFIELD — For 35 years, I have worked as a physician and psychiatrist in Massachusetts, largely focusing my efforts on the care of patients with mental illness and substance use disorders. We are currently living in the most dangerous time that I have experienced in my entire career, with rising rates of suicide and high rates of poisoning deaths from drugs and alcohol nationally, in the Commonwealth and here in Berkshire County.

Our fellow residents are suffering a great deal. Resources for treating mental health and substance use disorders are already strained, and we all share a responsibility to make sure those resources are spent wisely to care for our family members, neighbors and fellow citizens who struggle with these disorders.

If passed on Election Day, Ballot Question 1, will severely damage the ability of the regional system of health care providers to deliver essential care. If it becomes law, Ballot Question 1 will raise the costs of health care annually in Massachusetts by a billion dollars per year without improving quality or safety above the extraordinary levels now available.

### **ESPECIALLY DANGEROUS**

From my perspective in mental health, I am convinced that Ballot Question 1 is an especially dangerous initiative. Both major organizations that advocate for behavioral health in the Commonwealth and represent hospital-based and community-based mental health and substance use disorder treatment systems (the Massachusetts Association of Behavioral Health Systems [MABHS] and the Association of Behavioral Health Organizations [ABHO]) have come out squarely against Ballot Question 1, urging a "No" vote.

The reason for their opposition and mine lies in the damage that Ballot Question 1 would inflict to the existing and fragile mental health care system. If passed into law, Ballot Question 1 would require a redesign of how mental health services are delivered throughout the Commonwealth to make them far more dependent upon registered nurses working primarily in acute settings, and sufficient nurses well trained and experienced in behavioral health to meet the proposed mandates simply do not exist.

There is no question that registered nurses have always provided important elements of care to our patients with mental illnesses and substance use disorders. I have deep respect for and trust in the many outstanding RNs who practice in behavioral health locally and across the Commonwealth. Yet, the quality and safety of all health care, and particularly behavioral health care, always ride on the skills and composition of the multidisciplinary team. It never rests on one discipline alone.

In behavioral health, RNs, LPNs, social workers, psychologists, advanced practice nurses, physician's assistants, clinical therapists, CADAC's, occupational therapists, psychiatric aides and psychiatrists all make essential contributions. Imposing a government mandate to redirect scarce financial resources for only one of those essential disciplines in acute settings will not improve the care of our patients, and it will lead to the loss of services that we are currently able to provide and will need to provide in the future.

## **REVEALING REPORTS**

That is why I emphatically join the MABHS and ABH, two of the most important advocates for behavioral health care in Massachusetts, as well as the Massachusetts Psychiatric Society, the Massachusetts Medical Society, and the Massachusetts College of Emergency Physicians in urging a "No" vote on Question 1.

I encourage you to read the reports issued by MABHS (August, 2018), ABH (Sept., 2018) and the Massachusetts Health Policy Commission (HPC), Oct. 3, 2018. Each document is available online and highlights the adverse effect a "Yes" vote on Question 1 will have on behavioral health care in Massachusetts. Up to 1,000 of the 2,700 acute beds are likely to close, community hospitals are unlikely to be able to pay for the 33-44 percent increased levels of RNs mandated to be assigned to behavioral health units that are currently running efficiently with the correct balance among the multidisciplinary teams that staff them. Emergency departments are likely to have to limit their access, and, as the HPC report warns, access to acute behavioral health services, diversion to other Emergency Departments and boarding times (waiting in an ED for longer than 8 hours to get a behavioral health bed) are likely to get worse if Question 1 passes.

I urge my fellow Berkshire County residents to please vote "No" on Ballot Question 1 on Nov. 6.

*Alex N. Sabo, M.D., is chair and program director, Department of Psychiatry & Behavioral Sciences, Berkshire Medical Center.*