

Full testimony of Glenda Schneider, RN to the Behavioral Health Policy Division,
1/27/21

Hi, my name is Glenda Schneider, and I'm a Registered Nurse.

When I started working on the psychiatric unit at St. Joe's in St. Paul 4 years ago, the mental health area had undergone a major expansion at the hospital. Inpatient beds were increased from 68 to 105 to accommodate what they felt was a significant need in the community. Here we are today, four years later and it appears our employer is looking to close the entire facility as soon as the end of this year.

What has changed? We need to keep our inpatient mental health beds open and available. All we have to do is look at the statistics, with an increased need due to the pandemic, job loss, long waits for treatment, psychiatric beds repurposed for COVID-19 patients.

We care for patients with a variety of mental health issues: schizophrenia, bipolar, psychosis, paranoia, personality disorders, depression, anxiety, suicidal thought/intent, drug and/or alcohol addiction withdrawal, eating disorders, cognitive delay. These individuals may also be considered vulnerable adults, require medical care for chronic disease, and may also be experiencing homelessness, financial issues, sexual exploitation. Patients may exhibit uncooperative, irrational, illogical, aggressive behaviors. More often than not these patients also need medical care while stabilizing their medications, during withdrawal from alcohol or drugs, or attending to chronic issues therefore, an inpatient hospital bed is conducive to their recovery. We need to address co-occurring conditions for successful treatment in an effective setting, inpatient beds.

Inpatient beds provide specialized, valuable services to this population. We work as teams to handle situations that require de-escalation of patients whose behaviors are not rational or logical through management of medications, multiple therapies, unit activities and socialization. We are privileged to witness the transformation of these individuals from being unable to function on a personal level, much less in the community, to successful performance of daily living and communicating in society.

If we continue to close facilities where will this population receive necessary care, what will happen to them? I personally have worked with patients that would have possibly followed through with their suicidal plans, homeless patients living on the street and in tents during frigid cold weather, young girls who may have been sexually exploited would not have found refuge.

We must provide a safe haven, a place to connect those in need with the necessary resources, organizations, or facilities for their health and success. Closing facilities is not the answer. We need our inpatient mental health beds, and more I imagine, in the future. Please consider the needs of the mentally ill. We must advocate for those without voices and the stigma that surrounds them. We cannot keep putting the care of mental health in the background and expect it to go away.