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To Whom it may Concern:

I write in support of LD 1239 “An Act to Require Data Collection on and Reporting of Psychiatric Hospital Resources and Transparency in Denials of Emergency Involuntary Admissions to Psychiatric Hospitals” set to be discussed at your upcoming Joint Standing Committee Meeting on Health and Human Services on April 9th. I am unable to provide testimony in person as I am scheduled to see clients at that time, but I would like my perspective considered.

As a psychologist in private practice for over 30 years, I have had multiple occasions where I need to either voluntarily or involuntarily hospitalize one of my clients due to the risk of harm to themselves or others. Overwhelmingly, people treated in outpatient settings that need inpatient temporary care are voluntary admissions, and benefit from what we term a psychiatric “hold”. Research shows that within three days, most suicidal patients self-harm risk decreases and they can generally be managed in an outpatient setting. (<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2810865>) These psychiatric holds, again usually done on a voluntary basis, require an available bed. As a clinician, I have often looked to the Maine Hospital Association webpage for census information on available beds for a voluntary admission <https://www.themha.org/mhbeds/Inpatient-Psychiatric-Bed-Census> . This used to be updated daily with a “last available update” listed on the site. Currently, it is unclear if the numbers are accurate and up-to-date. If I am unable to find a facility with the capacity to process an intake of one of my clients who again, is voluntarily willing to be in an inpatient facility, I have no other recourse but to send them to the local emergency room. This is both inefficient and arduous for the client who is already in distress. They will need to be reevaluated upon admission to the emergency room, and in many cases, will be sent home because their risk is determined to be not high enough to hold in an emergency room awaiting a psychiatric bed in an appropriate mental health facility.

Requiring psychiatric hospitals to report and update DAILY inpatient bed capacity, occupancy and locations to the Department of Health and Human Services and to have that information publicly accessible on a website would significantly improve the voluntary psychiatric admission process. I know that most of your testimony and discussion today will be about involuntary admissions, but I wanted to provide additional support for the need of daily census information about available beds for the voluntary admission process as well.

Thank you for your consideration.

Sincerely,

Dr. Linda L. Morrison
PS 951 (Maine)