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## Advertiser Editorial: Protect patients

The Alabama Department of Mental Health's plan to close all but two of its psychiatric hospitals in the state is a move in the right direction. But (isn't there almost always a "but" when it comes to state government?) state officials need to ensure that in their rush to save money in a tight fiscal year, they make certain that there is still adequate funding for services for the mentally ill in their communities.

The department announced plans recently to lay off 948 employees and to close all of its psychiatric hospitals by next spring except one to treat patients involved in criminal cases and one for geriatric patients.

Among the three facilities slated for closure is Greil Memorial Psychiatric Hospital in Montgomery.

Other than geriatric patients and those involved with criminal cases, patients would be treated in either group homes or private hospitals or clinics.

The department has been moving toward such community-based treatment for some time now as part of a well-established national trend. The belief is that community-based programs are better for the patients, especially those who eventually transition out of treatment.

So the closing of the state hospitals is a good thing.

But the problem is that it comes at a time when the state's budgets are under tremendous pressure. Mental health advocacy groups need to be vigilant to protect against budget-cutting pressures taking precedence over good mental health treatment practices.

Mental health agency officials say that the shift to community-based treatment will allow the department to access more federal funds to help cover the costs of care. We hope that holds true over the long term, because Gov. Robert Bentley's proposed General Fund for the fiscal year that starts Oct. 1 calls for a 10 percent reduction in funding for the Mental Health Department. It's possible the Legislature would slash funding by an even greater percentage.

It's true that it is less expensive -- and apparently for many patients, more effective -- to treat patients in community

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settings versus traditional mental health facilities. And it will help tremendously if more federal funds can be attracted for such treatment.

But there are legitimate concerns over whether the infrastructure can be put in place so quickly for community treatment, and over whether enough will be budgeted next year and in future years to adequately cover community services.

The worst possible scenario is for the state to close the hospitals, return patients to their communities, and then not provide enough resources for treatment to ensure that they can cope.

A few communities already are resistant to group homes in neighborhoods, despite the fact that the overwhelming majority are highly successful. Not providing adequate resources for community care is not only unfair to patients, but it raises the risk of a backlash in some communities.

State government needs to save money, but not so much that it robs vulnerable citizens of care they deserve.

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