What is the meaning of blue in paper?

I am a physician assistant, trained to evaluate and treat somatic as well as mental health conditions.

I was a counselor in a residential group home, a supervisor to residential counselors, and served on a Massachusetts State human rights board overseeing a large residential program for individuals w mental retardation. I chose to peruse my medical degree.

In Maine, when a person has a mental health crisis- they have several options: there is a mental health crisis line, there may be a mental health team in place in the community to assist, there are also, community crisis stabilization units, and a person can also seek help at the local emergency room (ER). If a person is in such a crisis that puts them in danger to self or others a "blue paper " order may be initiated to involuntarily commit the patient to an evaluation in a psychiatric hospital.

The blue paper is the legal form that identifies the person, that this person has a mental illness, not a medical one, and that this illness puts them at significant risk to ones self or others that, they are in need of psychiatric evaluation and hospitalization. A placement must be found before a judge signs the order. At this point, the ER, or health care facility, looks for psychiatric bed availability all over the state to psychiatric hospitals, or a unit within a hospital.

If some is arrested because they are having a psychiatric episode, or during such an episode, and are at risk to self or others, or are arrested and decompensate while in jail, and deemed blue paper-able- suddenly the placement options are very narrow. No longer are they eligible for the available beds from around the state. The detainee is ONLY eligible for beds at the forensic unit of the Riverview Psychiatric Center, or the 2 other units associated through RPC- IMHU, or Dorathea Dix. This markedly limits the patient's options, and due to the lag time to find an eligible placement, I'd argue, limits their rights to adequate and timely treatment.

I have witnessed several people who were in jail, some decompensating because they stopped their medications, and others who were in a psychotic episode. Their poor outcomes, including death, were directly tied to the wait time from identifying the need, notifying the forensics service, and transfer to bed.

When some one is sick and needs a higher level of care, the patient is sent to the hospital. They are triaged at that time, and services are made available depending on the need. In fact hospitals are rated on their triage times, or "wait times". If a patient is having a heart attack, they arrive to the ER, usually by ambulance, and the hospital staff go into a well orchestrated response. The patient doesn't have to wait for services until a bed is available. The higher level of care is deemed needed and care is given- equally, whether you are a community patient or an inmate- no distinction in care.

True, not all ER's can be equipped with the highest trauma equipment; its wasteful and inefficient. So hospitals are designated as level 1 trauma centers- equipped to handle any emergency as it arises. Since jailed patients are restricted to access across the state, then Riverview is be that level 1 for blue papered individuals, and must be ready to respond in a timely manner- hours to days, not weeks to months.

When a person is found unconscious, there is a concept in the medical field of 'implied consent"- that any reasonable person, if conscious would want medical care to save their life. To my knowledge this does not exist in the mental health arena. If some one is acutely mentally ill, and unable to participate in their care, it takes an evaluation by psychiatry, or a medical provider, to

determine that the crisis is such that a person needs hospitalization involuntarily, and then a judge must agree and sign a blue paper to suspend a person's individual right and commit the person to involuntary care.

There is an unintended consequence of overly long wait times- from identifying a mental health crisis and deeming the need for hospitalization and finding a bed to blue paper. The incarcerated patient may have to wait weeks, to months, remaining in their episode, before a bed can be found. Life threatening physical changes can occur quickly- over days if someone stops drinking. There are also consequences to one's mental health, as they remain in their episode, untreated. The patient in crisis does not return to their baseline functioning. The longer they remain in crisis, and the recurring frequency of these episodes, the farther from their baseline mental health they go. Medications also loose efficacy. So the unintended consequence, especially for the incarcerated, blue paper-able individual waiting in a jail cell, is further mental health harm.

The goal is timely access to care. Incarcerated individuals have limited options- and when the jail staff determine the patient needs a higher level of care, needs a blue paper,- then the jail facility is no longer adequate. Waiting in a jail cell in a psychiatric state- not sleeping, disrobing, yelling, smearing feces, not eating or drinking- is physically deteriorating, and psychologically degrading. Waiting takes a toll. In medicine if someone is having a stroke, we say, "time is brain". In psychiatry, if someone is in crisis- time takes a toll, perhaps hard to measure, " time is soul" . Riverview Psychiatric Center needs a rapid access admission system for these patients, or Maine needs a forensic hospital for all of these patients.

Perhaps we need to date on the blue paper when the INITIAL evaluation is made, and then the date when the Judge signs, as the bed is available. It is my understanding the only date on the blue paper is the signing, when the bed becomes available. This will easily track the "wait time" for each case. Thus building a database of objective measures.