

Alaska's disabled psychiatric patients need their voices heard

By FAITH MYERS
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Alaska must change in law how disabled psychiatric patients are protected in the complaint and appeal process. Up to 1970 many of Alaska's disabled were given (in a sense, sold) to Morning-side Psychiatric Hospital in Portland, Oregon, simply because the hospital gave the lowest bid to provide care. The Alaska government did not have a clue how many disabled patients were complaining and even more important, the nature of the complaints. The voices of the patients were never heard by the state. Not much has changed even today. And it has to change.

The Alaska Mental Health Trust Authority beneficiaries fall into four main categories: The mentally ill, individuals with cognitive impairments, persons with Alzheimer's and persons who have alcoholism. A common thread is individuals needing assistance from the state because of their disability.

The Department of Health and Social Services has an obligation by law to investigate complaints of Mental Health Trust Authority beneficiaries. DHSS also has the right through mutual agreement to delegate any and all of its responsibilities to private facilities and psychiatric units. DHSS should never have been given the authority by the Legislature to delegate DHSS's obligation of investigating disabled patient's complaints. But that is absolutely what is happening today. The fact there is no formal appeal process to the state for disabled patient complaints leaves patients from the state's point of view at the mercy of the institutions, and that is not good for patients.

You are asked to turn around and put your hands behind your back — the handcuffs click tight and you are placed in the back of a marked police car; you are being transported by the Anchorage police to Providence Hospital's Psychiatric Unit for a forced psychiatric evaluation. Besides the trauma and humiliation, on the journey you are never informed that you



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have a right to call an attorney, and when at Providence you are not verbally informed of your rights by a patient advocate. Patient rights are not posted in each treatment room.

At Providence (or any hospital that does forced psychiatric evaluations), you are met by hospital staff, including a security guard and over the next 72 hours one of three things will happen: The majority of the individuals brought in for forced psychiatric evaluation within a matter of hours will be released, and by law must be offered transportation back to the point of pickup. And others within 72 hours will either be given medication to stabilize or will be transported to state-run Alaska Psychiatric Institute. If you ask to speak to a patient advocate or ask to file a complaint concerning mistreatment, you will be given a phone number that usually goes to an answering machine.

If you arrive at Providence hospital voluntarily, claiming to be a danger to yourself or others, you will be assessed — if you don't fit the hospital's criteria for treatment, you will be released. As you are being escorted out the door, if you ask to speak to an in-facility psychiatric patient advocate or ask to file a complaint, 90 percent of the time you will be given a phone number to an answering machine. The disabled in Alaska must be given a voice that is heard by the state.

It is our contention that in 1956 the Alaska government willingly accepted a

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moral and legal obligation from the federal government to write grievance, appeal and due process rules in law that would protect the disabled living in Alaska. Going by the standards of the 1950s, the first thing the Alaska government did was delegate most of its responsibility of protecting the disabled in the grievance process to private hospitals in and out of state. The Alaska government needs to accept its responsibility by moving patient rights six decades to the present, including writing and enforcing new grievance laws and rules for all the disabled.

1) Give all psychiatric patients receiving treatment enhanced grievance rights and appeals in law, shorter time for grievance resolution and an urgent grievance for individuals in crisis.

2) Require that patients are informed of their rights in writing and verbally (a uniform procedure designed by the state and patient advocates).

3) Require the state to have one main office that is responsible for helping the disabled with their complaints, investigations, etc. (Give patients their number.)

4) Require changes in how the disabled are transported for mandatory treatment. The goal should be to reduce trauma.

5) Require hospitals and psychiatric units to recognize and treat institutional trauma — it will speed patient recovery and save money for the state.

6) Require the DHSS to keep statistics of the number and type of psychiatric patient complaints — and share the statistics with the general public.

Faith Myers and Dorrance Collins have volunteered as mental health advocates for 10 years in Alaska. They helped pass legislation providing patients with gender choice of staff for intimate care, which was signed into law in 2008.