

Testimony to the Trust Authority Board,

May 10, 2012

Mr. Chair, Committee members,

My name is Faith Myers. I volunteer as a psychiatric patient advocate. I want to bring up two issues.

We are asking the Trust Authority when they provide any money to psychiatric hospitals or units or psychiatric clinics or psychiatric programs that the Trust require providers, as a condition of receiving that money, must improve quality of patient rights and care.

In 2003, I spent 4 months in state-run Alaska Psychiatric Institute. I explained to the therapist, the doctors, management, the nurses and PNA's that as a young lady I was raped. And that I also had additional physical abuse trauma in my childhood.

I requested that male staff not enter my bedroom, bathroom or shower for routine safety checks because it traumatized me. But men continued to do invasive routine safety checks for 4 straight months. On close watch, a man would enter my room every 15 minutes. At night I would be lucky if a man did not shine their flashlight in my eyes. This is how I was terrorized for 4 months.

I left API more mentally ill and traumatized than when I entered. I left with what could be considered Post Traumatic Stress Disorder.

As an advocate, I helped pass Chapter 59, Session law '08---"gender choice of staff for intimate care for psychiatric patients." The Department of Health and Social Services, Behavioral Health and API management all publicly fought against gender choice in law and in practice.

The current gender choice law clearly states that routine safety checks into bedrooms, bathrooms and showers must be performed by staff of the same gender as the patient. API policy does not state that. Fairbanks and Juneau hospitals do civil commitments but DHSS will not require those hospitals to adopt a gender choice policy without pressure from organizations like the Trust.

The last issue---A South Carolina study by Karen J. Cusack and others stated that up to 47% of the psychiatric patients as a result of being in an acute care psychiatric facility will experience trauma that may cause or exacerbate PTSD. (It is one of the most costly illnesses in America.) Some of the trauma is unnecessary.

Psychiatric hospitals and units must be required to write policies that call for the recognition and treatment of institutional trauma while the patient is still in the institution. Examples of institutional trauma are: physically restraining a patient, placing a patient in isolation, strapping a patient to a gurney or other device as a means of restraint, using force to medicate a patient and physical takedowns

The Trust Authority holds the purse strings for a number of psychiatric programs and psychiatric hospitals and units and could request better care and rights for psychiatric patients as a condition for receiving Trust Authority money. We are requesting the Trust Authority to do that.

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