

Dec 29th, 08

PLEASE GIVE / SEND

TO: Jenny Love, M.D.
Medical Director - API,

As patient advocates and former patients, we work to reduce unnecessary trauma to psychiatric patients.

It is counter-productive to place a person who is having a psychotic break in an institution and then create more trauma.

The institution may stabilize the patient, but then the patient is left to deal with additional trauma, PTSD, etc.

Sometimes it is necessary to physically restrain patients, etc.

I spent 4 months in API, also I spent some time in Seattle West Psychiatric and in a Nevada psychiatric institution.

FROM: MENTAL HEALTH ADVOCATES, Faith Myers /
Dorrance Collins, 3240 Perland Pkwy, Sp. 35, Anchorage, AK. 99508 (con.)

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Some trauma is not avoidable, but, in my opinion, over 40% is avoidable by talking events over with patients and employing de-escalation methods.

In API, the key word is stabilization — when a patient is traumatized by being thrown to the floor, physically restrained, strapped to a gurney, placed in isolation, etc., the institution forgets this incident, — they move on as if it is run-of-the-mill, but it is not to the patient.

As soon as possible after such a traumatic event, the therapists, and treatment team should talk over the event with the patient, de-briefing them in such a way to handle any possible trauma. Now, however, the incidents are not addressed in the institution and the patient is expected to find psychiatric help for his trauma after he/she has left the institution, which

may not happen for months, if at all. Such traumatic incidents should be dealt with as soon as possible, within the institution, where it happened.

Last issue, patients have a right by law to gender choice of staff for intimate care. We are asking API to produce policies that will provide patients the best opportunity to receive gender choice for intimate care.

We want API to develop a policy that states men and women staff will be assigned by gender to units, mainly to have the ability to provide gender choice of staff when necessary (and also as a safety issue).

We want it in a policy that API staff will go to the next unit to find the appropriate gender (requested) staff when they are not available on the unit.

And in the same policy, we want it stated that staff can work overtime to supply gender choice.

This is a copy of a state of Maine psychiatric hospital policy. Also, when we called Fairbanks Memorial, they are scheduling staff by gender (they also do civil commitments.)

We would certainly be willing to talk to you at any time. We have the insight and perspective of advocates and former patients, and we believe that would be helpful in any conversation of patient care improvements.

Thank you,

Cc: Mr. Ronald Adler
Open Letter

Faith Myers/
Donance Collins
929-0532