

Faith Myers/Dorrance Collins
330 East 14th, Apt. E.
Anchorage, Ak. 99501
(907) 929-0532

This is a complaint against Alaska Psychiatric Institute,
(A.P.I.) 2900 Providence Drive, Anchorage, AK. 99508.

I, Faith Myers, have the right to complain because I spent
6 months in A.P.I. recently and experienced the abuse and the
effects of bad policy first hand.

Many of the patients at A.P.I. have broken no laws, they
have merely become sick; to allow the continuation of mistreatment
of A.P.I. patients and deny them a moderate amount of happiness
is criminal.

Unless A.P.I. management is forced to change the way they
look at and treat their patients by public opinion, they are not
likely to change, because today 2004, A.P.I. management is comfortable
with the way things are, even with policies 40 years out of date
and harmful to patients.

In March 2002, Dorrance Collins and I, Faith Myers, traveled
to Juneau and presented some of these same complaints to the Alaska
Mental Health Board. I traveled to Fairbanks, Feb 2002, and also
spoke to the Ak. Mental Health Board then.

I also presented some of the same complaints to the A.P.I. Governing body October 2001. For two years there has been no response. For the two Boards and management to say they will need more time to look into my complaints would be an insult.

We are asking for action to be taken at the April 29th API Governing body Board meeting and by Ron Adler, C.E.O. of A.P.I. And we would like to have a written response within 10 days after the meeting outlining what actions and changes will be made by the Board and management or clarification of present policy and why it can't be changed. If the Board Chairman or C.E.O., Ron Adler, has a different timetable, write to us and let us know. I will remind the Board Chairman that a copy of our complaint letter was sent to each Board member and management two months ago, (Jan, 2004).

1 We are asking that A.P.I institute a policy of requiring the the staff that work on a unit with patients to wear uniforms. Staff at other A.K. state institutions are required to wear uniforms. When A.P.I. hospital staff are working on a unit, interacting with patients, uniforms should be mandatory for staff members. As of now, psychiatrists, nurses, and psychiatric nurse assistants (P.N.A.'s) wear street clothes--pretty much what a person would wear to a mall. Staff usually wears a 2" by 3" name tag but that is not enough. Patients also wear street clothes; some of the patients have difficulty with perception/vision. Some patients believe they themselves are staff and it causes confusion. Hospital staff needs to be identifiable from a distance without question--- A secondary reason: when staff does not wear a hospital uniform, they are showing a basic disrespect for the patients. As of now, only the kitchen help and some M.D.'s wear a uniform at A.P.I.

We want changes in A.P.I.'s policies concerning women:

2. Give women patients (and male patients) at A.P.I. hospital the right to choose a male or female doctor. Other A.K. hospitals do it and every woman I know would expect no less than to be given a choice. As of now women are not given a choice.

Institute a new A.P.I. hospital policy concerning women:

3. For routine matters keep men A.P.I. staff out of the women's bedroom, bathroom and shower (Woman's private areas) including janitors. It is unnecessary and psychologically damaging to have men walk into your bedroom (when you are undressed), bathroom (when you are on the toilet) and shower (when you are naked) for routine matters. A.P.I. is the only state institution we've found that allows this degrading practice.--This is one of the complaints that was brought up over two years ago and nothing yet has been done.

Institute a new A.P.I. hospital policy concerning women:

4. When a woman patient is escorted from the grounds for a doctor's appointment, etc., A.P.I. should always provide at least one female security escort, because when a woman patient goes in a doctor's examining room, the security escort goes in too. In addition, women patients use the bathroom and should be escorted by women.

As of now, when a woman patient is escorted from the grounds, two male security escorts travel with the patient; as an example, A.P.I. might send two male security escorts where a woman patient might be asked to partially disrobe or disrobe for an examination. Having at least one woman escort is especially necessary for a doctor's visit or when public bathrooms may have to be used.

5. Medical care and pain management needs a lot of improvement at A.P.I. We are asking that changes be made in medical care and pain management at A.P.I. Institute a new way of delivering health care. A.P.I. patients need direct access to medical doctors and not have to go through 2 or 3 layers of bureaucracy, P.N.A.'s. etc.

6. We're asking for a change in A.P.I. policy concerning food and choices. Patients on unit restriction (when on unit restriction patients can't go to the cafeteria) should be given written menus (which they do at other AK hospitals). Patients would choose from the menu suiting their own religion and preference. A.P.I. menus are planned a year in advance--providing a xerox copy of a daily menu with boxes to check would not be difficult. As of now, all too often, patients on unit restriction have to eat whatever food is brought to them.

7. We're asking for a change in policy: That all Treatment Team reports and all reports that patients are expected to read (and/or sign) be typed.

8. We want a change in policy: Patients should have the right of selecting a male or female therapist. Also talk therapists should make their appointments 24 hours in advance, introduce themselves and give patients the option of helping to choose where therapy is to be conducted, an office or other appropriate settings.

9. We're asking that A.P.I. change their policy: Patients should be informed by A.P.I. staff 24 hours in advance of any appointments, written notice, (Doctors/ Psychiatrists/ Therapists).

Patients should always be included in the planning process of appointments and be well-informed; which ensures maximum participation. It is not happening at this time.

Family members should be given every opportunity to attend appointments (it is not happening at this time), which makes written notification 24 hours in advance all the more important.

10. We are asking for changes in the powers given to PNA's. According to A.P.I.'s manual (Susitna), for a patient to go to the next level (lunch room, outdoors, etc.) the patient must first obtain a signature from 3 PNA's--one from each shift. (too complicated and beyond the capacity of many mental patients). Beyond that, PNA's can say no to a patient's request and are not overruled. Mid-management with their educational background should be doing the job, but they have passed it on to PNA's. Maybe it was never intended, but by default PNA's at A.P.I. have a lot of power and make a lot of decisions. (not medical) To be a PNA you need a high-school diploma or equivalency. PNA's enforce punishment, and pass out rewards, soap, extra blanket, toothbrush, etc. PNA's can say who goes to the lunchroom, who goes outdoors, and will the unit as a whole get to go into the fenced-in yard. And who goes to class: arts and crafts, cooking, gardening, etc. (Very few patients get to go to classes. They are window dressing for visiting dignitaries.) The less rights and priveledges given to a patient, the less work a PNA has to do.-- Often the PNA's decisions are arbitrary; varying from person to person.

11. We want a change in policy concerning women. Stop putting women in what is perceived as a compromising position. (to them). A tremendous amount of women in API have been sexually abused as children/ adults. Sometimes, when a woman has a breakdown (myself included), goes into API, it all comes back in disturbing flashbacks of sexual abuse and trauma. What do the API psychiatrists do-- they traumatize people like that over and over. No other group of psychiatrists or mental hospitals in America do that. API lacks the understanding of women and their needs. Forty years ago, men ran API--they were the doctors, the security, the PNA's. etc.,etc., Is there even one female psychiatrist at API. Is there even one female M.D. at A.P.I. Is there any female in higher up management at A.P.I. Regardless of the number of women in management (you can't count nurses) there needs to be changes in policy and attitude towards women.--Enclosed is one small example. A woman with a history of sexual trauma was put in a small room with two men and they expected a good outcome. One page of medical records enclosed. Its my belief that a lot of women at A.P.I. are declining services, because they are put in a compromising position that they mentally can't handle.

12. We are asking for changes in the way social workers operate at A.P.I. A brief explanation of a professional clinical social worker with license. They have a professional obligation if they are aware of harm or abuse, mental or physical; they have a mandatory obligation to report it to state authoritys. They have a role as an advocate for disabled patients (most patients on Susitna ward are disabled). They have a role of advocating for medical care; glasses, services, etc. Part of the role of a licensed social worker is individual counseling on specific issues. They also have a role as case managers: helping the homeless get housing, disability income or those who can work, assemble resumes, help look for a job, etc.

The A.P.I. social workers are not meeting the needs of the patients. The main problem is that social workers at API work for the management and the doctors, not for the patient as they would in society. Social workers need to follow the dictates of their profession. **We're asking for more separation between management and social workers.** We're asking that the social workers have a one on one, sit-down meeting with each patient, get an understanding of the patient so that in the treatment team meeting they can actually advocate for the patient. I'm going to re-emphasize that the social workers need to put in more time and stop working for the hospital and start working for the patients

Enclosed is one page of medical records in which a social worker says it is not theirs or the hospitals responsibility to help supply glasses for a patient who qualifies for books for the blind (without glasses).

It can be argued that having the correct glasses is a medical need.

It can also be argued that having glasses so you can see without everything being blurry is a psychological need.

Until the A.P.I. staff takes the psychological and medical needs of the patients seriously, the patients will continue to suffer.

Are they really hospital patients? Why are the telephone calls limited to 10 minutes. Why are there few books on the unit and no access to a library? Why no computer access? Why can't a patient one time choose a different psychiatrist if they can't work with the one they are with? Why are there free newspapers in the front lobby from the DAILY NEWS but 20 patients have to fight over selected sections of a paper. Why can't the patients have daily access to the fenced-in yards.

As stated, most of the patients in A.P.I. hospital have broken no laws, they just got sick.

13. We're asking that A.P.I. maintain a reasonable library, giving patients access to it.---Did you know that Alaska state women's prison has a nice library, but not at A.P.I.
14. We are asking that more telephones be installed. As of now phone calls are limited to 10 minutes because there is only 1 phone in the Denali unit, 4 phones on Susitna for anywhere from 15 to 30 patients (All phones are not turned on sometimes.)
15. All patients on level 1 and above should have guaranteed access to therapy classes: cooking, gardening, arts and crafts including computer classes.
16. We're asking that patients have the right to choose a different psychiatrist (one time).
17. We're asking that patients have daily access to the fenced in yards, rain or shine. Every unit has the ability to let its patients go into a 15 ft high fenced-in yard. A.P.I. hospital was designed for patients to use the yards, but it is inconvenient for management/staff so it doesn't happen. Four times I was on the Denali unit. To go in the fenced-in yard is as simple as opening a door. Not once did I have access to the fenced-in yard and not once did I see any other patient have access to the fenced-in yard. Everything at A.P.I. hospital is at the convenience of management/staff and it is damaging the patients.

On that note--- Susitna unit is designed for 20 patients, but I have seen 30 patients on the unit. Its too many, its too crowded, which makes outside access all the more important.

18. We are asking for changes: For 4 1/2 months, starting Feb '03, A.P.I. management put me on restriction (which is punishment), in part to keep me from talking to a newspaper reporter and in part because I won a stay of medication in court. Management should never have that kind of discretionary power over patients. One page of medical records enclosed.

19. We are asking for a change. Make it manditory that A.P.I. be required to itemize their hospital billing. As of now patients receive 1 huge bill and have no way of disputing specific items.

Research Notes

Providence Hospital treats approx. 1000 mental patients per year in their psychiatric wards--(about 200 less than A.P.I.) Patients get to choose a male or female M.D. No men staff are allowed in the women's bedrooms, showers, toilets and no male janitors are allowed in the women's rooms because of sexual abuse issues.

The State's Womans Prison/city jail: No men are allowed in the woman's private areas, bedrooms, toilets, showers for routine matters. Women handle security and they have some of the roughest inmates anywhere.

Once again, most of the patients at A.P.I. have broken no laws. Thank you in advance for your help. We have listed 19 separate complaints. Please respond to this letter in writting within 10 days.

Faith Myers/Dorrance Collins
330 E. 14th, Apt E.
Anchorage, Ak. 99501

CC: A.P.I. Governing Body
Board members

Ron Adler C.E.O. of A.P.I.

William Hogan
Director MH & DD

Joel Gilbertson
Comissioner DHSS

Members AK Mental Health Board
Richard Rainery EX Dir AkMHB

Gov. Frank Murkowski

Joint Commission on Accreditation of
Healthcare Organizations

Faith Myers

Dorrance Collins

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Admission Date: 02/21/03 Patient # 01-51-62
 04/22/03 @ 13:53:55 Patient Response -
 Progress Note Discharge Planning SW

Dorrance
 ^

X
 D) T/c message from Doran, boyfriend who wanted to know the "exact release date" of the pt. A) T/c to Doran to advise that the case is in "Stay" and that at this point a new court date has not been set. Advise that he talk to Jim God. About this. He stated that Jim does not represent her except for the one hearing. SW admitted to not knowing the pt's legal status but recommended that he consider talking to her about representation since this has been move to AK Supreme Court. He then had "other concerns". SW advised that he would try to address other issues but probably will not be able to answer them. He stated that the pt requested several time to move up in levels and has not. SW stated that she is not taking meds and TX Team's position is that she would benefit from meds. Until then or the court releases her she will have to remain on the unit. He then requested that "talk therapy" be provided for the pt. He wants a "license therapist and not some secretary on her lunch hour". SW did not know the status of this but would check and discuss w/the pt. He also mentioned that the pt needs glasses and he is willing to escort the pt as in past admissions to an appointment. He d/o prescription sunglasses but she needs regular glasses. SW advised that he could get prescription have the glasses made and d/o t the pt and that as stated previously the pt will not be able to leave the unit. Doran stated that API was responsible to provide glasses for the pt. Advised that API was not responsible and that if a medical emergency existed then only the emergency would be taken care of. He requested to know again why the pt could not leave the hospital if she gives her word not to run and he is there as a "safety net". SW again reviewed the TX Team status. SW would have the medical personnel assess her dental concerns. He then stated that the pt needs a full dental check because it is more than one tooth which he reluctantly admitted started hurting after the pt arrive. SW again reminded the call that only medical emergencies would be addressed. SW needed to end the conversation after 15 minutes due to a meeting. Doran stated "great you are just going to hang up and forget about this". He also stated that the pt was having difficulty going to sleep a few nights ago because the staff were watching sports in the room by the bedroom and making noise. When asked what time it was he stated, "oh lets stay midnight". SW will check into this. (TV goes off at 2200.) 1:1 w/the pt in the sally port at her request to review the above conversation. SW stated by discussing the court status and the pt got up and banged on the door stating, "there is a molester in her I don't want to be in the same room as him." John, PNA witnessed this interaction and opened the door for the pt.

Electronically signed by:
 PJC_PAUL_J_CASCIO, LCSW

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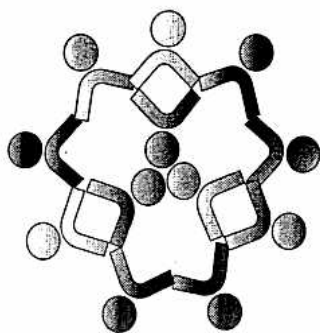
Admission Date: 02/21/03 Patient # 01-51-62
 04/22/03 @ 14:36:46 Patient Response -
 Physician Note PHY

X
 S/O - Patient was seen today with the treatment team. Patient's legal status currently is technically 90-day Commitment with Court-ordered Medication; however, there is currently a stay on the medication order - and medication cannot, therefore, be provided. When seen, patient seemed somewhat less hostile and adversarial than previously, although she continued to verbalize delusional concerns of a grandiose and paranoid nature. She denied SI and HI, and when asked about AH, she gave a convoluted and equivocal response.

Case was discussed with the Medical Director today. We are considering pursuing an Early Release Agreement that would require the patient to participate in pharmacotherapy on an outpatient basis. I attempted to discuss this with the patient today, but she was reporting chest pain at the time. Of course, I arranged for the Medical Officer to be notified and for 02 sats and

Released to the public May 1st 103

Alaska Mental Health Consumer's Web



1248 Gambell Street
Anchorage, AK 99501

907.222.2980
907.222.2981 fax

4/03/04

Faith Meyers and Dorrance Collins
330 E. 14th, Apt. E
Anchorage, Alaska 99501

Dear Faith and Dorrance,

Nami Anchorage Board
is also writing a letter of
support for changes for women.
— that will not be done for 2-3
days.

Thank you so much for your presentation to the Board of Alaska Mental Health Consumer's Web regarding the issues facing women who receive services through Alaska Psychiatric Institute. The Board wishes to assure you of their total and unanimous support for the changes you are requesting at API.

We were stupefied and appalled at the barbaric treatment of women (and possibly men) and the lack of respect for their needs. Allowing the policies you have noted to continue is egregiously disrespectful of the persons API is purported to serve.

We want you and the State of Alaska to understand that the urgent need for change in policies and procedures regarding the physical and emotional safety and care of women is paramount to their recovery, stability and health. This needs to be addressed immediately and with vigor by the governing board. We are also shocked that API would take on the liability of sending two men to supervise a woman. The lack of respect is extreme.

If you need further support please feel free to contact us.

Sincerely,

Marcia Barnes,
President Board of Directors

Lucky Aloes,
Secretary

Marjorie Shorthill,
Board Member

Carl Ipock,
Vice President Board of Directors

Carry Shorthill,
Board Member

Dear Board Members,

March 31, '04

What we want changed in A.P.I. policy:

1. Give women patients (and male patients) at A.P.I. the right to choose a male or female doctor.
2. Institute a new A.P.I. policy--For routine matters, keep men A.P.I. staff out of the women's bedroom, bathroom and shower (Women's private areas) including janitors. (It is unnecessary, and psychologically damaging to have men walk into your bedroom, bathroom and shower for routine matters. A.P.I. is the only state institution we've found that does that.)
3. Institute a policy-- when a woman patient is escorted from the grounds, for a doctor's appointment, etc., A.P.I. should always provide at least one female security escort. (Because when any patient goes in a doctors office, the security escort goes in too. In addition, there are bathroom breaks, etc.)

We're asking the Board to make a motion in support of the above changes in A.P.I.. If the motion passes, to then write a brief letter in support. We need to receive a copy of the letter before April 29th. (A.P.I. Governing Body meeting).

Thank you.

Faith Myers/Dorrance Collins
330 E. 14th, Apt.E
Anchorage, Ak. 99501
(907)929-0532

To testify or attend the A.P.I. Board meeting April 29th call
Barbara Russell (269-7106) Meeting at 10:00 A.M.

STATE OF ALASKA

DEPARTMENT OF HEALTH & SOCIAL SERVICES
DIVISION OF BEHAVIORAL HEALTH
ALASKA PSYCHIATRIC INSTITUTE

FRANK H. MURKOWSKI, GOVERNOR

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Facsimile: (907) 269-7251
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Toll Free: 1-888-825-5274

Ronald M. Adler, CEO

R. Duane Hopson, MD, Medical Director

March 17, 2004

Ms. Faith Myers
Mr. Dorrance Collins
330 East 14th, Apt. E
Anchorage, Alaska 99501

Dear Ms. Myers and Mr. Collins:

I am in receipt of your letter to the Alaska Mental Health Board and would like to take this opportunity to let you know that this matter will be dealt with by the API Governing Body at their next meeting on Thursday, April 29, 2004. As you may be aware, there is time provided at the beginning of the meeting for public comment to the Governing Body. You are always welcome to attend this public meeting.

Should you wish to be on the agenda under public comment, we are happy to accommodate you.

Sincerely,



Ronald M. Adler, CEO
Alaska Psychiatric Institute