

Testimony given to AMHB October 9th, '06

Mr. Chair, Board Members

My Name is Faith Myers.

I'd like to bring up several short issues which will take 4 and a half minutes, the first two concerning API.

State statute says that psychiatric facilities shall have a formal grievance procedure. Federal regulations state that psychiatric hospitals must have a grievance procedure. API uses the word complaint instead of grievance to begin their process. And then in front of the word complaint, they use the word informal.

API is using legal maneuvering to remove rights from psychiatric patients. State statute and Federal regulation say nothing about patients being required to go through an informal complaint process before being allowed to file a formal grievance. In addition, patients do not have the same legal protection when filing an informal complaint as they do when filing a formal grievance.

We are asking AMHB to apply pressure and ask API to remove the word complaint and only use the word grievance and that API not use the word informal. Patients should be given the protection State statute and Federal regulation intended.

The second issue I want to bring to the Board's attention an addition that was made to API's grievance procedure March 7th, '06. It reads as follows:

"Complaints about unit program levels (for example—unit restrictions, etc.) These complaints should be addressed back to Treatment Team first before going to grievance." Management does not say how many times patients have to go back to Treatment Team. In effect, as a rule, patients will no longer be able to file a grievance about going outdoors, using the telephone, mail, going to religious services, receiving visitors, etc—they are all rights given by statute and in some way controlled by the API level system.

The new provision is blatantly against statute intent. We are asking AMHB to use its influence to have the new provision removed. Patients should have the right to file a grievance when they choose and not have to go back to Treatment Team beforehand.

That leads into the next issue and that is the State statute AS47.30.847 has to be changed. The present statute is vague and allows psychiatric hospitals to produce grievance procedures that favor the hospital's convenience and not patient rights, which is clearly not the statutes intent. Psychiatric facilities and hospitals can now change their grievance procedure when they want to and at their convenience which is unfair to patients.

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There are approximately 5 hospitals in this state that do civil commitments. Some psychiatric hospitals don't even allow patients or the general public to look at a written copy of their grievance procedure.

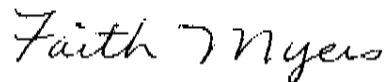
Both Psychiatric Rights and Disability Law Center have written letters supporting changing the Grievance Procedure statute and adding more detail. We're asking AMIIB to remain involved and work towards adding more detail to the statute.

The last issue---Psychiatric hospitals that do civil commitments, including API, need to up-date their unit manuals. A unit manual outlines a patient's rights and responsibilities while in the psychiatric hospital. A person civilly committed in a psychiatric facility, their rights are to remain intact to the greatest extent possible. Unit manuals are too often written by the hospital to convenience the hospital and not to protect and promote patient rights.

By protecting patient rights, we believe it will aid recovery and promote patient dignity. Too often mental health facilities are treating patient rights as privileges and listing them as such in the patient Unit manuals. We are asking AMHB to apply pressure to API to update their Unit manuals with the idea of promoting patient rights including those given by statute. We have produced a list of improvements that we would like to see considered.

Thank you,

Faith Myers
929-0532



Testimony to AMHB October 9th, '06

Mr. Chair, Board Members,

My name is Dorrance Collins,

As some of you may know, Faith Myers went to the State Supreme Court to argue for more patient rights and she prevailed.

In our society, as a rule, Supreme Court Justices are held up as someone who knows the law, and maybe just as important, can make decisions that are grounded in common sense.

The Court, in making their decision in Faith's case, made some comments that I believe are relevant today and worth looking at.

The Supreme Court in it's Opinion stated API's briefs almost exclusively referred to people in prison when talking about the rights that should be given to a citizen civilly committed in a mental health facility.--- In other words, API saw no difference between someone who was mentally ill and civilly committed and someone who went down and robbed a bank, breaking the law and going to jail, and API wanted to treat them the same.

The Alaska Supreme Court stated that API could not treat someone civilly committed with a mental illness the same as someone who committed a crime and went to jail. Courts have repeated that message in state after state.

Also, API in its brief stated their doctors should make the final decision of what is in the best interest of a psychiatric patient.

The Court answered by saying there is a clear, unavoidable tension between patient rights and hospital convenience / economics, and can manifest itself in patient abuse. The Court stated there must be someone outside of the institution to make the final decision.

Mental Health facilities reflect the society they are in. That is why some states have different patient rights. The psychiatric institutions will only do what you in this room or the Courts tell them to do.

I'm asking AMHB to help work to change the Grievance Procedure in statute and in API, to up-date statutes concerning patient rights, taking into account that there are now about 5 psychiatric hospitals doing civil commitments. And it has to be made clear that rights given to psychiatric patients by statute cannot be given or taken away by requiring a standard of behavior, for example, if the patient makes the bed then they get to use the telephone, etc.

Thank you,

Dorrance Collins

929-0532

