AHPR

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Interview with Faith Myers and Dorrance Collins

Faith Myers and Dorrance Collins

Faith Myers and Dorrance Collins met about 12 or 13 years ago at a time when Ms. Myers was struggling with mental health issues and she was cycling in and out of the Providence Psychiatric Unit and API. Mr. Collins proved a trustworthy and steadfast ally to Ms. Myers both at that time and later, when with his encouragement, she began to speak out about the issues faced by mental health patients. Together, they now join their considerable forces and generously volunteer their time and financial resources to advocate for basic rights of mental health patients in Alaska. The interview was edited for length and clarity.

All of a sudden, you find yourself being taken away by the policemen in handcuffs

AHPR: Faith, let's start with you. Please tell the readers of **Alaska Health Policy Review** a little bit about yourself.

Myers: I have an associate's degree in Early Childhood Education. After moving here from Idaho, I worked as a lead preschool teacher in child care, and then I had my own child care group home.

I had been diagnosed with a mental illness in 1981, before I came to Alaska, but my mental illness was manageable and I was able to work and go to college. Then, in 1999, due to a great deal of stress -- my house was being vandalized and there were squatters taking over my house in Idaho, and just a lot of stress at that period of time -- I became disabled and was unable to work anymore.

I was in the institution in Washington because on my way back from a vacation, an airport official put me in the institution. People can put you in institutions at the drop of a hat, for whatever reason they think. It's a very sad situation that people can declare you *ex parte*, that is how you are put in there, somebody makes a complaint, the judge rubber stamps it and all of a sudden, you find yourself being taken away by the policemen in handcuffs to an institution and you have no rights.

During the period you are being evaluated you have no rights unless the institution decides you are not a danger to self and others and releases you -- but they are purely going on the say so of others. Even during the court commitment process, they don't really listen to the public defenders, they don't really listen to the patient's defender, they mostly listen to the psychiatrist and give that more credence than they do to the patient's explanations. So it is kind of a kangaroo court, if you ask me. It's really easy to put someone away and it shouldn't be that easy. But anyway, that's what happened to me.

I met Dorrance about the time I was going in and out of psychiatric institutions in Nevada, Seattle, and here in Alaska. While I was in API and Providence ER, Dorrance was usually with me helping me to fight the issues that we had, visiting me, and keeping my spirits up. I came out of the institutions with trauma. I was totally traumatized, totally post-traumatic stress disorder exacerbated during that time. I had to go to an EMDR therapist to get rid of the trauma after I came out of the institutions.

So I have a lot of knowledge about what goes on with the patient in a psychiatric institution. I know about the problems that psychiatric patients have and I have talked to a lot of psychiatric patients. I know I am not the only one who is having these problems with the psychiatric institutions.

Dorrance and I decided that it would be empowering because with my education and my intelligence -- I have a very high IQ -- I have the ability to speak for psychiatric patients who don't. Dorrance encouraged me to speak about some of these issues, and that is how Mental Health Advocates was born. In all of this, Dorrance and I have been partners in helping to get patient rights in lots of different areas. We are busy all the time. We volunteer, and our own funds fund our volunteer efforts. We don't accept funds from anybody else; we fund it ourselves.

Dorrance and I together tackled the issue of staff in mental institutions going into the patients' bedrooms, bathrooms, and showers and were successful in helping to pass the gender choice for intimate care bill [25th Legislature SB 8 Mental Health Patient Rights: Staff Gender], which solved two problems in mental institutions: routine safety checks in a patient's bedroom, bathroom, and shower [must be done by] a same-sex staff member, and patients can choose the gender of the staff that does intimate health care on their person. So we have one legislative bill already passed between Dorrance and me. That was Sen. Bettye Davis' bill that passed in 2008.

They got mad at me once because I called it a date rape drug

Collins: One interesting thing is that before the bill was passed, we approached state-run API and talked to them about gender choice, and what they said was that they would not assign staff by gender. They made it some kind of a union thing or something that since you can't hire by gender, you can't assign work by gender, but they were totally misreading the law. So that is why we had to pass [the bill]. Probably 90 percent of the women that go in there have sexual trauma in their background or some kind of trauma, so when a guy comes in and goes, "I am going to give you a bath," or walks into your shower ... Faith had a problem with men walking straight into her bedroom at nighttime.

Myers: Male staff.

Collins: In an institution they have "close watch," every 15 minutes they come in with a flashlight. If you have mental problems or any problems, they are going to come in with a flashlight and there you are -- startled. [At a minimum they have to do it] once an hour, someone is going to come into your room. If it is a woman with trauma in her background and a man is walking in ... You're going to be waiting, you know they're coming in an hour and so you are going to go back to sleep thinking this guy is going to be standing next to my bed an hour from now.

Myers: And they shine a flashlight on you to see if you are sleeping or if you are awake.

Collins: Women patients -- and men patients -- in API are given drugs at nighttime. You know, after supper everybody gets a little dish of medication. You have seen it in the movies. And this medication can literally put you out so you can't even open your eyes, you can't move, you can't do anything. They got mad at me once because I called it a date rape drug.

Myers: It pretty has much the same effect.

Collins: Yeah, so you are out cold. They do have a system where they are supposed to have one person watching another person but at nighttime, you know, "Yeah, you go do the rounds." That is the scary part. Men would be walking straight into the bedrooms; that is why we had it changed. The law says that it must be the same gender. But API has not written a policy to reflect the law, and we are asking them to do that. It's easier to pass a law than to get psychiatric institutions to follow it.

AHPR: Now that we have you talking, Dorrance, tell us a little bit about yourself.

Collins: I grew up in Maine, I went into the Army, and after that I bought a ticket to the farthest place you could go without a passport, and that was Alaska. I traveled around Alaska, out to the Aleutians, Adak, all through Southeast, the Brooks Range. We both went to Nome once.

AHPR: And you two met here in Alaska? In Anchorage?

Myers: Yes, we did -- about 12 or 13 years ago.

We are very glad that Rep. Higgins actually chose to pursue this issue

AHPR: Faith, I heard you talk at the Anchorage legislative delegation public meeting on the topic of HB 214. I have here a copy of Rep. Higgins' letter of support for the bill. The letter states that the bill provides for three critical rights: the right to file a grievance, to have an advocate, and to a timely response to that grievance. Do you agree with that assessment?

Myers: Yes, I do.

Collins: The bill is still a work in progress. This is what they are hoping for but the bill is a work in progress.

Myers: From about 2008 on, we have been pursuing this topic with some success but never getting a bill passed all the way through. There have been several versions of the bill but it has always been the same issue.

Collins: Probably, no less than six.

Myers: I would add that we are constituents of Rep. Geran Tarr and Geran Tarr has become a cosponsor of the bill. I think that is very important. She strongly supports us in our support of Rep Higgins' efforts. Rep. Tarr, is a Democrat, and Sen. Johnny Ellis is a Democrat. Sen. Ellis told us that it would be better to find a Republican to pursue a bill because -- I am sure he understands the nuances enough to know -- with the Democrats in the minority, it would be hard for a Democrat to get it through -- even though it was Sen. Ellis -- I think it was in 2011 -- that had come up with the legal work draft that we could shop around as a bill after Sen. Bettye Davis had tried to pass a different grievance bill four years before.

We are very glad that Rep. Higgins actually chose to pursue this issue.

AHPR: I was going to ask: How did that come about?

Myers: We do mailings to the legislature. We mail off all kinds of information about our issues, and we mail them to everybody in the legislature we think might be interested. We had mailed off mailing after mailing after mailing, trying to get interest. One of the mailings that we had done caught the attention of Rep. Higgins' chief of staff, Thomas Studler. Studler called us and asked for some more information. He said they were very interested in the issue.

They didn't promise it would be a bill like we had always pursued, and it totally is a different approach than we had ever considered but a wonderful one and a very easy one to understand. It looks like people are getting behind the idea of DHSS writing a standardized grievance procedure. The bill itself is largely the genius of Rep. Pete Higgins and his chief of staff, Thomas Studler. We really support it; we like what he wrote; we are in agreement with it, like I say, it is a patient-friendly bill, easy to understand. So I think he did a wonderful job of writing it.

I really admire Rep. Pete Higgins because he took a controversial issue that had a lot of opposition and ran with it. Sen. Bettye Davis just couldn't get it out of her Health & Social Services Committee because the opposition was always there. Rep. Higgins has managed to get it to the Judiciary Committee -- yesterday [03/14/14], it passed out of the House Health & Social Services Committee and into the Judiciary Committee.

Do you have anything to add, Dorrance?

Maine: Thirteen pages in the grievance procedures; Alaska: Just over 100 words

Collins: This is a booklet from the state of Maine [that details] the rights of a person in a mental health facility. That is 96 pages of rights, with 13 pages of rights in the grievance process. Our rights [the state of Alaska] are 118 words.

Myers: The current AS.47.30.847 is just over 100 words. It's vague, it lacks detail, and it allows for loopholes that the institutions take advantage of.

Collins: That is 13 pages as opposed to just over 100 words. The Disability Law Center produced a book of mental health rights in Alaska, but part of it is just about the advance directive, which means

nothing if you get civilly committed because then you belong to the state and the advance directive means nothing. As far as the grievance procedure, your rights in here are just about how to make a complaint. They just give you a phone number. But there is no due process because each facility has their own process. Your due process rights are established by your psychiatric facility. You have to ask them what your due process rights are.

Patients need a patient-friendly, easy to use grievance process with strong safeguards

AHPR: In your opinion, why is HB 214 an important bill?

Myers: We want a law that requires psychiatric institutions and units to answer a patient's complaint -- preferably in writing. A psychiatric patient gets confused when things are done verbally. They lose track of the due process times, and they can't track what they are supposed to do next. Currently, very few psychiatric institutions and units will give you written grievance procedure process. I have asked Providence; they refused to give me a written grievance procedure, and that was when I had a very serious complaint about my black eye given to me by their staff. I believe API gives you a summary but it is not the complete grievance procedure with all the attachments and everything. So very few people will do it; mostly, they try to get you to listen verbally and follow the instructions of the advocate.

The current law AS.47.30.847 does not require due process, an appeal process, or even an answer to a patient's complaint or grievance. It is not in the law that they have to answer. Psychiatric institutions and units tend to make the psychiatric patient feel powerless because staff controls all aspects of a patient's life and treatment in the institution. When a patient is mistreated, patients need a grievance process that is patient-friendly, easy to use, with strong safeguards of patient rights so the patient feels empowered to protect himself. It is this empowerment which aids recovery -- just like my advocacy empowered me to overcome the trauma that had been done to me.

Forty-seven percent of patients suffer institutional trauma in facilities, according to a study [Cusack, K.J., et al., Trauma within the Psychiatric Setting: A Preliminary Empirical Report] and that trauma can leave a patient feeling confused, powerless, and lacking concentration. It can cause recidivism back into the institution. So for a patient to really recover they need to be able to feel empowered, and the one place where they can feel empowered in an institution, where everything else is controlled, is to be able to have recourse to a grievance procedure that they feel is fair and will give them a response to their complaint in a swift amount of time. Most patients are out of the institution within 5 to 14 days. They usually don't stay in there a long period of time.

Collins: Their average time of answering a complaint is like 18 days. If you are just in for a psychiatric evaluation, like in Providence, you never get an answer. If you go into API, like Faith said, the average stay is less than 14 days; their average time to answer a complaint is 20 days.

Myers: If this bill passes, they have to give a standardized version of the available assistance, the grievance procedure, and patient rights -- they have to give that information to every patient -- and it has to be done in writing, it also has to be done in a manner that the patient can understand, and they have to respond to the patient's complaint in writing -- which is also important because if someone comes up to you and says, "Sorry, the answer to your going outside on the fenced-in grounds, the answer is no." And you say, "Why?" We need that in writing [for three reasons:] Number one, you need that in writing so you can appeal knowledgeably, and number two, you need that in writing so you know why, and number three, you need that in writing because your memory of that event might be gone in the next couple of days, so you would be asking the same question. "Just a minute, why don't I get to go out?" Your mind is constantly dealing with stresses and delusions and all kinds of stuff, so you need that in concrete writing so you can see the response.

You have over 5,000 patients, and only 25 grievances ... Something is not right

Collins: Providence Hospital handles over 4,000 psychiatric patients -- maybe a couple of thousand are *ex parte* brought into the emergency room. They claim only 10 patients wanted to file a grievance in a 12-month period. Then API testified at the same hearing that they handle about 1,400 patients a year. Over 97 percent are *ex parte*, many of them are brought in in handcuffs, and they claim only 15 patients wanted to file a grievance. They claim everybody else was happy.

Myers: There were 163 complaints but only 15 grievances.

Collins: The point I am making is that they claim that they satisfied those people totally. I don't agree with that. The idea that there are only 10 grievances, that is, out of 4,000 patients, and you add in another 1,400 patients and you have got less than 25

grievances. So you have over 5,000 patients, and only 25 grievances. Something is not right there.

Myers: And actually according to federal law, only grievances get a written response.

Collins: Yes, that is why they want categories, an informal complaint and a grievance. They want to stop you from filing a grievance. This is a copy of API's grievance procedure, and the one tricky thing that they put in there, they put in a dozen loopholes but the one good loophole is they put in two "level ones." There is no time period for the completion of the first level one.

So in other words, you file a complaint and they write it down and everything but there is no time frame for a response. Then you go into the other first level and they have seven days [to respond]. The other loophole that they have granted themselves is they can grant themselves a 30-day extension anytime they want. I don't know if it's a typo or what, but in one place they can grant themselves a 30-day extension and they have to inform the patient of it. But on another level, they can grant themselves a 30-day extension but they don't have to tell the patient that they have granted themselves a 30-day extension.

I see an agreement like this as kind of a contract between the institution and the patient, and it is all in favor of the institution because they wrote it. DHSS wrote it because they run API so they rubber stamped this thing. And that is why they don't want to change the law because if they change the law, they will have to actually write a grievance procedure that patients can feel good about and that protects them. And they don't want that. Over 5,000 patients, and only 25 grievances.

Myers: We have been making phone calls to Maine, Georgia, Maryland. We call everybody we can think of, we mail, e-mail, to everybody we can think of for information from their state.

Collins: Faith called and talked to the CEO of the hospital in Bangor, Maine. The reason the CEO took the call was because she had just come back from a visit from Alaska. She wanted to talk to somebody from Alaska. Hers is a 150-year old psychiatric hospital. One hundred and fifty years ago, psychiatric hospitals were big. They had lots of grounds and they would have a garden, and the patients had to work in the garden. They also put in those with cognitive or intellectual disabilities, and they would be out in the field too. They had lots of land and an institution.

We checked with NAMI, the National Alliance on Mental Illness, and Maine has one of the highest ratings for quality of patient care. That is because of the lawsuit *Bates v. Glover and Ives*. Most patient rights come from lawsuits and we are trying to make it so that ...

Myers: People don't have to die to get the law changed.

Hospitals, units, and clinics write their own grievance procedures

AHPR: Can you give me an example of how the existing grievance process and the proposed process would differ with passage of HB 214?

Myers: Actually, it would differ because DHSS would be in charge of writing the grievance procedures. Right now, according to the current law, hospitals, units, and clinics write their own grievance procedures. And they write them pretty much to protect the hospital. They are not written very much to protect the psychiatric patient; it is written with an eye toward economics and convenience.

Collins: They claim they have to follow JCAHO [Joint Commission on Accreditation of Healthcare Organizations, now known as The Joint Commission (TJC)]. But JCAHO is in Illinois and they only come every three years. We actually got clarification from the Department of Health & Social Services because, like we said, the law is a little bit unclear -- and they made it clear.

The hospital chooses the impartial body to hear a patient's complaint because a patient has the right to bring their complaint to an impartial body. But the hospital can choose the impartial body, and you may know that an impartial body can be just one single person. So it literally could be the person you are complaining about, like the chief of the medical staff or the CEO of the hospital. In other words, the person you are complaining about may actually be sitting on the impartial body. That is a problem.

I have a little bit of a problem with DHSS writing the rules, too, because the current psychiatric patient grievance procedure law, AS47.30.847, was written 22 years ago in 1992. DHSS has had 22 years to write the rules, and they haven't done it in 22 years, so why are they going to write rules now and going forward?

There are no real rights except the right to file a grievance ... everything else is implied

AHPR: Is there any part of the bill that compels DHSS to do that?

Myers: Yes, at the very beginning it states that. But I think it is going to be all right because DHSS is going to have very strong parameters if everything in this bill stays in this bill. They will have very strong parameters as to due process, appeal process, keeping statistics -- we think it is important to make those grievance and complaint statistics available to the public, we have never been able to have access to those statistics before. Advocates need those statistics to do their work, too.

It's going to be a standardized form, a standardized grievance procedure. Up until now, each hospital wrote their own grievance procedure -- 30 different grievance procedures all over the state, all of them different. Some of them you have to go to Arizona to contact their CEO or to contact their governing body -- just all over the map, most of them are not anywhere near giving patients psychiatric patient rights. Most of them are not near fair, some of them don't have appeal rights. Most of them don't have due process.

[The grievance procedure] needs to be standardized for the whole state. [If the bill passes as written,] it is going to be standardized with a standardized notice for the patients, given to the patients, which it never has been before. I think if you read in the HSS committee substitute that they get to appeal to the office of administrative hearings.

The current law is vague. There are no real rights except the right to file a grievance. Everything else is implied, never stated. So yes, there is going to be a tremendous amount of difference between the current law and [the new one, if it passes], which is probably why the institutions, the employees' unions, DHSS itself, and some of the other advocacy organizations are nit picking on the details because they have had opposition before to the law being passed. Now they are little bit more in agreement but they are still nit picking on the details so we have no idea what it is going to look like when it finally passes.

Collins: DHSS is supposed to write administrative codes to cover the law but they have never done that. [In fact,] they removed rights from patients. On one hand, clinics had to post a copy of the grievance procedure so patients could readily look at it but they removed that obligation. They also removed the obligation of DHSS collecting all of the grievance procedures. They used to do that. So in other words, they don't even collect the grievance procedures anymore.

AHPR: Do you know why they ... ?

Collins: I can only guess, and that is that DHSS Division of Behavioral Health wants to turn everything over to JCAHO and other certification organizations. They want to say, "You deal with it. You deal with patient complaints. You set the rules. We don't want to set any rules. We just want to wash our hands of psychiatric patients. You deal with it."

But we have talked to JCAHO, we have talked to Medicaid and Medicare, and what they said is they don't want to take the responsibility of setting the rules. They want each state to write the rules to protect psychiatric patients.

Faith Myers and Dorrance Collins protesting at API

Advocating for patient rights: We go everywhere we are invited

AHPR: What activities, personally or individually, have you engaged in to get your message across to legislators about HB 214 Mental Health Patient Rights & Grievances?

Myers: We write letters to the editor regularly.

Collins: We had one come out ...

Myers: A couple of days ago. We hit all of the Alaska newspapers.

We are constantly trying to get the *Anchorage Daily News* to cover hearings, meetings, and events

where we are talking about patient rights. Once in a while, I am on TV with Rhonda McBride and Jim Gottstein to talk about patient rights. We covered the governor's picnic and there was TV coverage about that. We are on YouTube protesting against API.

Collins: We have had 500 hits on it.
Myers: We testify everywhere. We go everywhere we are invited and everywhere we can go.

Collins: On YouTube, we were not invited.

Myers: No, we were not invited. We were asked to leave. Jim Gottstein was there filming that one.

We go to Alaska Mental Health Board (AMHB) meetings, Alaska Mental Health Trust Authority, the Alaska Mental Health Consumer Web. We contact NAMI. I am not anymore but I was for nine years a board member of Assets. I was a board member from 2004 until just recently. In December, I retired when I got my gold pan [Faith laughs]. When HB 214 was in work draft stage, I contacted probably 50 to 75 people that I knew to write support letters, and some did.

Collins: It helped out. A good [letter] was that one from a nurse that worked in a psychiatric hospital for years -- 15 years. She agreed that it needed to be fixed.

Myers: Yes, the nurse that worked for Dr. Aron Wolf. She wrote a support letter that was really, really good.

We spend a good four hours a day volunteering, simply testifying or writing. We spent an incredible amount of our own money doing this.

Collins: Well, incredible to us.

It is actually frightening to be put into a psychiatric institute

Myers: Also, we have published some publications. [Dorrance hands me The Alaska Advocate.] We mail these out to every single legislator, and we contact every legislator by e-mail and by mailings.

Collins: [Handing me Ann Jennings' story] This is a sad story. This is a story that was written by a mother about her daughter. In one column of this article, it describes what happened to the young girl in her household when she was sexually abused, and in the second column is what happened to her when she went into the institution. The article is talking about the correlation between the abuse [she experienced] as a child and then being re-abused in the institution.

Myers: How it feels to a patient -- some of the things they do routinely, actually come across as re-abuse.

AHPR: Is she here in Anchorage?

Myers: No, she is in Maine.

Collins: We actually got in contact with this woman. She helped us with SB 8. She wrote us like a five-page support letter for SB 8. Her child was sexually abused, and she didn't know it. Her child became severely mentally ill when she was about 13 or something like that and she spent something like 4,000 days in and out of psychiatric institutions, not counting the days that she rotated in and out of the psych ERs and the community mental health places, costing something like $2 million. That is a sad story.

AHPR: It sounds like it could be frightening.

Myers: It is actually frightening to be put into a psychiatric institute.

AHPR: How does anybody go through a process they experience as frightening and come out the other side and be able to trust again?

Myers: Many people don't. They come out damaged. It isn't a place for recovery. They call themselves recovery centers but all they are is a holding tank to keep people from committing suicide and keep people from hurting others, and they do that very well by controlling the patient.

Collins: Both of us are for API.

Myers: We think it is necessary. There are times when the only thing you can do is put a person in a place like API and Providence but the harm that some of their practices do to the patient, and the trauma that people come out with is just incredible and most people can't even express how they feel.

Collins: Another thing too, is that there is really a fear -- we have a friend who was just recently in API -- we asked her to come and testify and she said, "I would never do that." The fear is that if you go and testify about your experience -- and she is in and out -- and you say something about them, whether it's real or perceived ...

Myers: She is very scared to even say anything about what happens in there. She is afraid to reveal what happens in there in case they find out she said

something about them and she ends up back in there. [She fears] retaliation.

Collins: When you go in there, you walk in through several locked doors. Everything is locked, everybody is watching you, and if you are mentally ill when you go in there, it is heightened.

Another issue that we have is that the law says that you cannot take somebody with a psychiatric condition and put them in a jail or prison and mix in with the general population -- you have to segregate them -- but the reverse is not true. In other words, if I go into API as a patient, there may be forensic patients in with people who have never broken any laws. We have talked to them about that and said, "Stop dumping forensic patients in with people that are just in there with depression or something." But they won't. They still do it.

Myers: They get overcrowded and they ...

Collins: Dump forensic patients in with regular patients. We think that is against, if not the law, then the spirit of the law. I mean, you're in there with somebody who has cutting utensils and they want your Jell-O ... You say, "Yeah, sure."

Mental illness causes other people to distrust everything that they say

AHPR: Where does opposition to HB 214 come from? And to the best of your understanding, why do they oppose it? I know you have brought some of this up already but if you care to elaborate.

Myers: All of the advocacy organizations, from back in 2007 and up to 2010 -- the Disability Law Center, NAMI, the Alaska Mental Health Trust Authority, and AMHB, the Alaska Mental Health Board, all said the current law is inadequate, and that it needs to be revised. What they disagree on are the details of what should be in the bill, how a bill should state it. That is why we say that this current version of the bill, we have no idea what it is going to look like by the time everybody has their say on it. It looks like people are agreeing pretty much on things that we agree with but we don't know what the final bill will look like.

Collins: Well, the unions are involved -- like the nurses' union -- they are involved. They want nothing to do with improving grievance procedures for patients. Also the API employees' union -- they feel they need to protect their membership and they don't want any patients accusing their members of sexual assault or physical assault so they want nothing to do with this bill. Another thing is that the API union doesn't want patients to be able to file a regular grievance, a normal grievance concerning any kind of abuse. They want to go with extraordinary conditions or something and then it goes to management and management buries it, and then the patient does not really get an answer.

So what it comes down to is it is an obligation of the individual institution. If the law has been broken, they have an obligation to call the police but it never gets to be heard. Then the institution makes the decision about whether the person [initiating the grievance] is reliable.

Myers: One time, when I was in the lobby, this woman was in the booth next to me, and she happened to grab her doctor and say, "Stop. I want to talk to you." And he sat down to talk to her and she said to her psychiatrist, "A staff member accosted me and propositioned me in front of the laundry room, and when I said, 'no,' he assaulted me and threw me down to the ground." She added, "I want to make a complaint."

And he said, "I am not going to relay that complaint because this is part of your mental illness. This is delusional; this is part of your mental illness, and I am not going to do anything about it." We don't know if it was true or not because it never came to light. He never helped her file a grievance; he never backed her up in investigating. This is what happens to psychiatric patients. Their mental illness causes other people to distrust everything that they say.

Collins: Yeah, and let's say you are in API as a patient, you can't call the police. You call the police and they say, "Where are you calling from?" And you say, "I am calling from API," and they hang up on you and then they call your doctor and they tell your doctor, "You need to stop your patient from calling us," and then your phone privileges are caught off. So you can't call the police. You can talk to Disability Law Center, they come every Tuesday or whatever, and it will take them two or three weeks to look into it, and by then, you're gone. It is a pretty vicious situation.

Myers: It is no wonder that psychiatric patients need somebody to advocate for patients' rights for them. They are such a vulnerable population. Right now, in the 21st century, they are still such a vulnerable population.

AHPR: What do you think is the likelihood of HB 214 passing this session?

Collins: Well, we have heard good things about it moving forward so ...

AHPR: Optimistic?

Myers: I'm not sure it will pass through both the House and the Senate this year but very optimistic that it will pass at some time. It is getting very close to the end of session. We only have about one more month so whether it would make the miraculous leap through the House and Senate in time -- of course, that has happened. It happened with SB 8. The last day it went right through the House. We had two hours left and it passed. So it does happen. We think it will pass some time.

Policies matter; policies make the hospital

AHPR: Throughout the interview, we have focused on HB 214 and the grievance procedure for patients in mental health facilities. We have also touched on other areas of patient rights. Are you aware of any efforts on behalf of mental health patients with regard to other patient rights?

Collins: Well, actually, the new CEO of API claims they are going to go through the policies.

You know, it doesn't really matter, you can have a 150-year-old building in Maine and you can have very good treatment because of the policies, or you can have a brand-new building with bad policies, and the patients get terrible treatment. They keep saying how new and pretty and wonderful the new API building is and that means nothing. The policies are going to make the hospital

AHPR: Who is the new CEO?

Myers: Dr. Melissa Ring. We are very hopeful about her. She seems to be considering changing systems.

Collins: Yes, she talked about looking at all the policies and revising them. It could be a political promise. It could be legitimate.

They would be able to call the telephone call-in service and say, "I have a problem"

AHPR: Is there anything that you wish I had asked that I did not?

Myers: We really support HB 214. We really support the new committee substitute. We support the process. We think it is going to be a good thing for psychiatric patients. We hope that it gets through the House and the Senate without changing too much of the things that we find good about it.

Collins: Probably the last thing is that there is like 38,000 individuals in America that commit suicide each year. In the last few years, in one case at Providence, they denied a gentleman psychiatric treatment and he walked out the door, stole a taxi, and went to the waterfront and committed suicide. Where was the grievance procedure for that individual? He was not told he could file a complaint anywhere. He was just denied service and pushed out of the door.

Myers: That is where the telephone call service [in HB 214] would come in handy. They would be able to call the telephone call-in service and say, "I have a problem," and maybe get some help.

Collins: Yeah. "I need to file a grievance or a complaint about services." People have committed suicide when they couldn't get psychiatric treatment or were denied psychiatric treatment.

If they are offered hope, in other words, instead of just saying, "You are denied services. Get out the door," if they said, "Look here is another opportunity," at least they are walking out the door with another opportunity, and they have hope.

Myers: I understood it that anybody could use that telephone service in the bill to be operated by the department for people who want to file and review a grievance. We could clarify that may be a little more.

AHPR: How would someone from the general public know about that?

Collins: When they go into an institution or even when they go in for an evaluation, I believe, they are given a packet of information, and that number should be included. Maybe the psychiatric grievance telephone hot line could be included in with the suicide prevention hot line.

AHPR: How about somebody else? A family member or friend that has a concern?

Collins: There would have to be a campaign to post the number. Anchorage Community Mental Health Services handles severely mentally ill individuals, they actually handle a lot of the court-ordered individuals, and so they could inform people. We always think that posting the information is really good.

AHPR: That was very interesting and informative. Thank you both for participating in the interview.

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