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## **Testimony to: the Mental Health Trust Authority Board**

Mental Health Trust Authority beneficiaries that enter an acute care psychiatric facility or unit for a forced evaluation or treatment are mistreated. Not just some of the time, but all of the time. State law AS47.30.847 gives psychiatric patients a right to have access to a trained patient advocate that will provide assistance and a right to bring their grievance to an impartial body; not a single patient is told that they have those rights. And that is mistreatment.

For approximately 5 years, from 1999 to 2003, I was in and out of acute care psychiatric facilities or units and at times, homeless. On seven occasions I ended up in a psychiatric facility, four times in a psychiatric evaluation unit and six times I was escorted to those facilities by the police in handcuffs. I was in crisis treatment centers three times.

It was the indifference of my treatment and mistreatment that led me to become a mental health advocate. In December 2020 my book was released, "Going Crazy in Alaska: A History of Alaska's Treatment of Psychiatric Patients." The 84-page book was the next step in my advocacy and is a first-hand look at what I consider the mistreatment of patients in psychiatric facilities.

For me it was not as simple as just walking away from my treatment in locked psychiatric facilities. And for many people, there can be a difficult time of processing traumatic memories of being in a psychiatric facility. In my case, I needed treatment for my treatment.

The size of the Department of Health and Social Services with its 3,300 employees and the budget is almost unimaginable. There is no easy way for a psychiatric patient to tell an organization that big that their method of caring for and protecting acute care psychiatric patients needs a lot of improvements.

As a patient in the Alaska Psychiatric Institute in 2003, I was repeatedly traumatized when male staff would walk into my bedroom, bathroom or shower. I was sexually assaulted as a young woman and when men walked into my private areas, I was forced to relive traumatic events.

No amount of explaining my trauma to staff and management at API made any difference. API management had a policy of not assigning staff by gender and would make no changes. I observed other female patients in embarrassing situations that could cause trauma.

Senate Bill 8 in 2008 became state law 18.20.095. The law gives psychiatric patients the opportunity to be involved in choosing the gender of the staff that provided their intimate care. The law also required that routine safety checks into bedrooms, bathrooms and showers must be performed by the same gender staff as the patient. In 2021, gender choice of staff for intimate care and unnecessarily traumatizing patients during treatment are still issues I am concerned with.

The mission statement of the Alaska Psychiatric Institute in 1962 was only one sentence: “API exists to give institutional care of an acute treatment nature to patients who cannot be adequately cared for on a local level.” The mental health care system in the 60’s made a lot of mistakes, but not everything the hospitals did was wrong back then. Instead of Alaska taking what was positive and building on it, much of what was learned over a 50-year period by doctors and clinicians was discarded.

I spent a total of 7 months in API as a patient. Nothing of what I have read about the efforts of staff at API in the 1960’s to help patients made its way to me. Patients in 2003 were locked in, shut in and further traumatized, almost guaranteeing that patients would have later difficulties or return to the hospital after discharge.

Currently, hard to place, difficult psychiatric patients can be stabilized and pushed out the door of psychiatric hospitals or units in a matter of days, making it a high probability the individual will not rejoin society.

There are many things in the 1960’s concerning mental health care that should be thrown away, but not everything.

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