THIS IS A DRAFT

PLEASE COMMENT, MAKE ADDITIONS, RAISE QUESTIONS.

THERE IS A TON OF RESEARCH THAT NEEDS TO BE ADDED -

BUT I FIGURE BEFORE I WENT FURTHER I WANTED INPUT

WE THE PEOPLE

Presentation to Commissioner Hogan
December 15, 2008

Esmin Elizabeth Green

- Murdered-by-Neglect

- June 19, 2008

- Kings County Hospital Center Psychiatric Emergency Room

Internet Responses

gary s
Oneonta, NY
Reply »

#1
Jul 4, 2008

what do you expect?? these are psych patients.these people are NUTS.anyone who has worked with these nutbags can tell you storys of just how bad the nutcases can be.and as far as this civil liberty union goes,they wouldnt know how to pour piss out of a boot!!

Sunny Delite

#2
Jul 5, 2008

Even psych patients are human beings and need to be treated as such. There should not be discrimination between mental health illness and physical illness.

gary s

#3
Jul 6, 2008

lol they might be in a human form!! but their behavior is not human!!and you get these groups like this civil liberties union wackoes in there.they know even less then the psych patients!!until you work with these NUTS,you dont have a clue!!and that goes for the rest of the rights wacko groups out there!!

http://www.topix.com/city/brooklyn-ny/2008/07/some-psych-patients-wait-days-in-hospital-ers

Internet Responses

To This Dead Woman's Beloved Illegal Alien Daughters:

Just maybe if your fucking family had entered America legally and had some kind of health insurance and/or money to pay for medical services (LIKE FROM A JOB!) your momma wouldn't be ignored in a hospital that she frequent so many times without ever paying a fucking penny for the services rendered. When your momma and all these other illegals come to hospital E.R. rooms, many drunk or high on drugs, it is not uncommon for many of them to sleep it off on the waiting room floor. Especially in hospitals in shit area that hardly have enough staff to render services because so many of you fucks don't have insurance and the hospital ends up broke.

If your so unhappy with the hospital services in the USA, please feel free to leave this country you entered illegally and go the fuck back to your shack in Jamaica and feel free to utilized their fantastic medical services.

And now you want to sue the City of New York, the City that provides the free medical services at this welfare hospital. Well I hope the hospital sues you first for all the free medical services that your momma and your sisters and you got at this freebie hospital.

And maybe between all this litigation, the US Immigration Officers can track you and all your family down who are here illegally!
http://shavedlongcock.blogspot.com/2008_09_01_archive.html

Go! Go! Go!

- Law Project for Psychiatric Rights

- MindFreedom International

- The Opal Project

Historical Response

- In 1875, a New York Times article cites abuses of inmates at the Kings County Asylum, (now Kings County Hospital Center Psychiatric Emergency Room) spurred by Mr. Nelson Magee, a former inmate.

- Then-Commissioner Norris reacts to the investigation, "This sort of thing is very common among lunatics; they are always imagining themselves in great danger of being killed by their keepers."

- Retrieved July 9, 2008 from http://query.nytimes.com/mem/archive-free/pdf?res=9F00E6D8103CE63ABC4851DFBE66838E669FDE

Snapshot: Events Unfolding

Brooklyn Borough President offers to make a statement to call attention to "horrific experience" at a large Brooklyn event.

The sound permit is granted.

MindFreedom sends out a News & Alert about the vigil

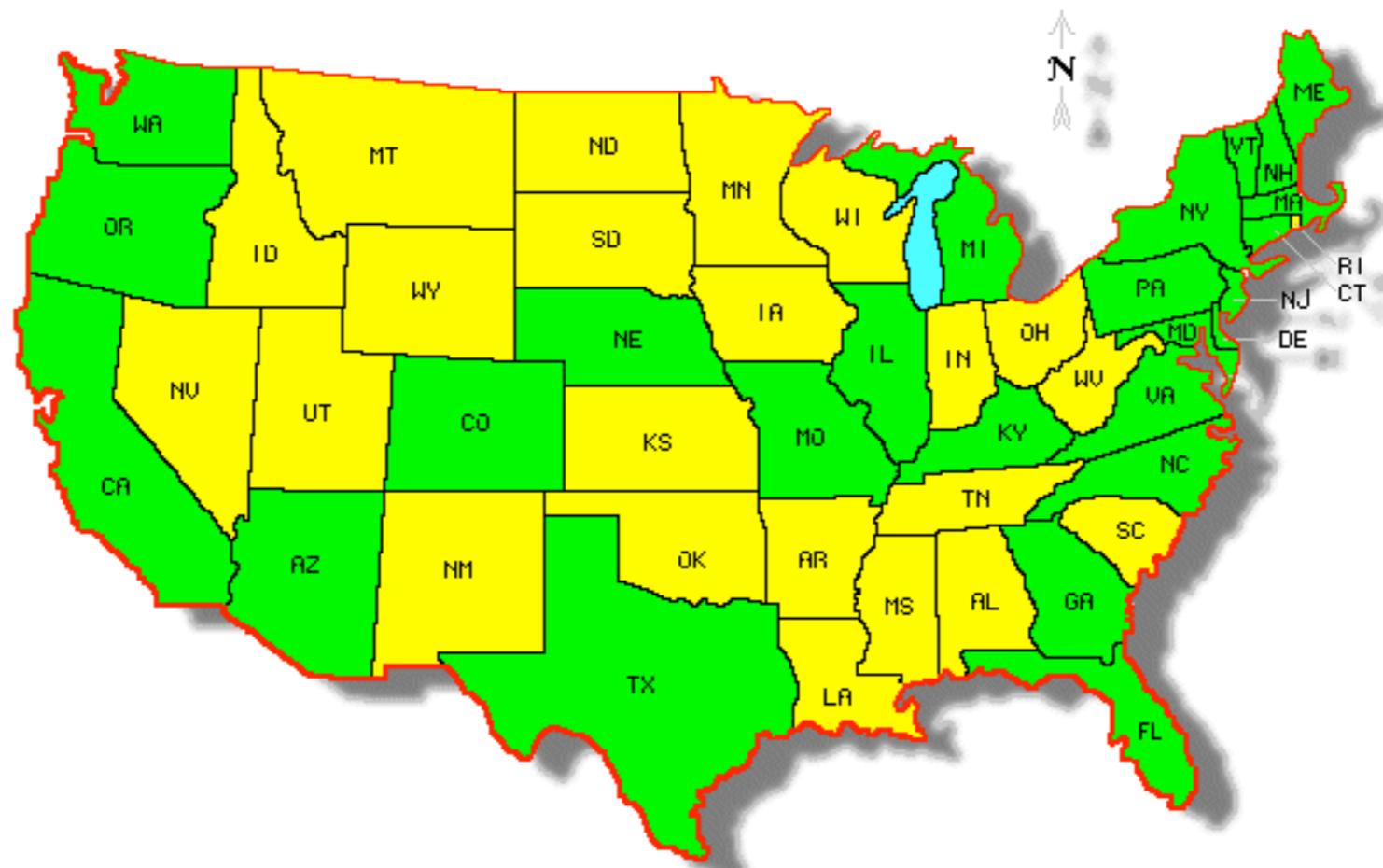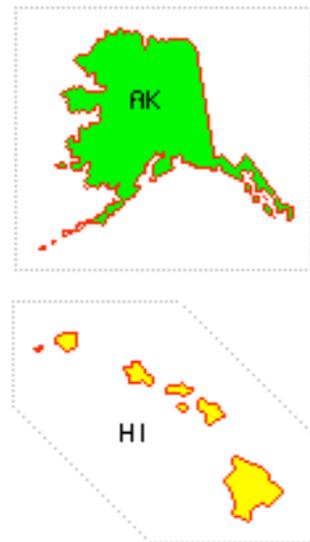Directions to the facility are organized into a document

July 11, 2008

Before we knew it:

Support for Vigil

● – Supporters

● – No communication

WA

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OR

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10-2-08

covering half of the country responded as endorsers & cosponsors.

International Solidarity was immediate.

- Scotland
- Australia
- Phillipines
- Canada
- New Zealand
- Ireland

- Kosova
- Australia
- Peru
- Africa
- United Kingdom
- Italy

Candlelight Vigil and Demonstration for Esmin Green
July 25, 2008 5:00 pm – 10:00 pm
8:30 pm – Candlelight Vigil

Speaker Schedule:

5:00 pm - Dan Hanzen & Dally Sanchez – Master of Ceremonies
/Mistress of Ceremonies
Opening Remarks - Demonstration
5:30 pm – 5:50 pm – Les Cook, Dreamweavers Peer Support
5:50 pm - 6:15 pm – Marian Merlino – Buffalo, New York
6:15 pm – 6:40 pm   - David Gonzalez, Senior Consultant, Recovery X-Change
6:45 pm – Peter Rivera Chair, Mental Health Committee for the State
Assembly, Albany, New York
George Ebert, Mental Patient Liberation Alliance, Utica, New York
Congresswoman Yvette Clarke – (Invited)
Brooklyn Borough President Marty Markowitz – (Invited)
Chanting and Singing

8:30 pm - Candlelight Vigil for Ms. Esmin Green

Assemblyman Nick Perry, 58th District, Brooklyn
June Rodriquez, NAMI Flatbush, Brooklyn
Paul Chipkin and others – Reading of Statements,
Experiences, Announcements

Speak Out

SCHEDULE

Candle Light Vigil

Speak Out & Vigil

July 26, 2008

A coordinated effort, more than 150 organizations and individuals signed on with their support.

Throughout, over one hundred people attended, some having flown or driven for hours to speak out.

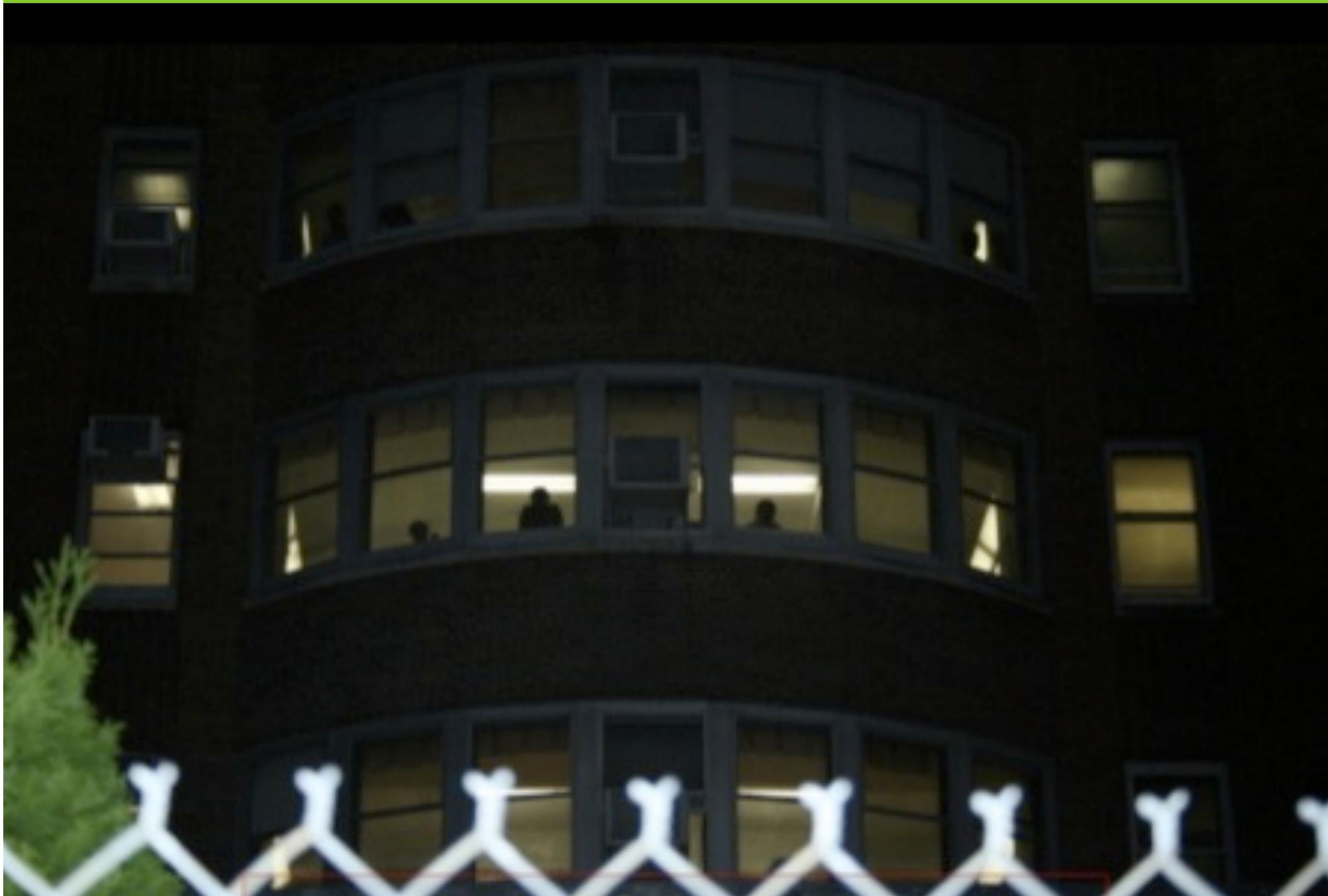# Simultaneous Vigils were held in:::

- Lane County, Oregon

- Syracuse, New York

- Toronto, Canada

- Seattle, Washington

- Boston, Massachusetts

- Nebraska

- Roxbury, Massachusetts

- Cork, Ireland

- Rochestown, Ireland

- Chicago, Illinois

Unable to Join In

Protesters were not allowed in the facility.

People in the facility were not allowed out.

WE THE PEOPLE

In remembrance of Esmin Green who was murdered-by-neglect at the Kings County Hospital Center Psychiatric Emergency Room, June 19, 2008.

Mission Statement

*We resolve to work from a
human rights platform
to end involuntary psychiatric treatment
and all other forms of abuse and torture
in psychiatric systems. mavareck*

We are

A group of individuals who identify as having experienced psychiatric atrocities, people who have psychiatric histories,

and our supporters.

Objectives

To address existing harmful structures and dynamics

of the public mental health system, including:

Situations in which people's socioeconomic struggles are mislabeled as "mental illnesses" and then are subjected to psychiatric diagnoses and treatments;

Objectives

To address existing harmful structures and dynamics

of the public mental health system, including:

*Failures to provide
non-psychiatric alternatives
to traditional mental health
and community services;*

Objectives

- *To address existing harmful structures and dynamics of the public mental health system, including:*

Violations of international human rights and civil rights; and

Objectives

To address existing harmful structures and dynamics

of the public mental health system, including:

*The lack of protection
of the lives and dignity
of people in emotional distress or crisis.*

Strategies

Actions will be collectively identified, researched, and considered through working groups and consensus.

Strategies

Group members will provide testimonies and demand accountability.

Strategies

Activism in the areas of advocacy, legislation, media, networking, human rights, and the abolition of forced psychiatric practices will be developed through group deliberation.

- WE THE PEOPLE hope this will be the first of a series of meetings where our vast concerns and proposed solutions can have an audience while working together to take actions.

- The following slides address areas in which WE THE PEOPLE would like to be in discussion with your office concerning CPEPs and other highly controlled environments.

CPEP Culture Change

- People should be able to leave Against Medical Advice.

- Independent Advocates must have a presence in CPEPs and facilities.

Regulations for CPEP

- Section 590.6 (i) states:

The hospital shall ensure the posting of notices of **recipients' rights** pursuant to section 527 .5 of this Title. Such notice shall also include the address and telephone number of local peer counseling/self help services.

The Peer Industry

- Peer run organizations need to be valued and supported.

- People working in the peer industry need whistle-blower-protections.

- No person working in the peer industry should fear losing her or his job or organizations' funding for doing their job as an advocate.

Independent Advocacy

- <u>Independent Advocates</u> should be available to **all** people in facilities and psychiatric emergency waiting rooms.

- According to the Patient Characteristics Survey (2008): 1.2% of people received <u>Advocacy Services</u> system-wide in 2007.

- <u>Advocacy</u> should be a **standard**, not a per chance incident.

Archival Evidence

Models of user and survivor organizations date back to the 1600s in England (Hornstein, 2005).

FROM SHACKELS TO SELF-DETERMINATION:::

THE HISTORY OF...   OUR SURVIVAL?

GLIMPSE INTO THE LONG HARD ROAD TO LIBERATION FOR THOSE INVOLVED WITH PSYCHIATRIC SYSTEMS.

DATE:

LOCATION:

CONTACT:

*Unapproved

Over 50 people were involved in the creation of this timeline,
along with academic & historical materials. Over 90 pages long, it dates to the 1600s.

Archival Evidence

- In a time before the Civil War the Asylum System was thought of as worse than slavery (Davis, 1855, 1860; Stone, E. in Geller & Harris, 20__) date back to the 1600s in England, the 1700s in France, and the 1800s in the United States.

- Models of partnerships between users and survivors (lunatics and insane), providers (alienists and psychiatrists), policy makers, members of the legislature, government, and law working together to promote liberty and an end of the asylum system date back at least to an Assembly & Senate 1891 Report of their Investigation into Asylums, which shut down the system, creating the State Hospital system, which was shut down, ad infinitum...

- Peer-reviewed articles offering examples of modern-day psychiatric slavery exist in the 20th and 21st Century (Szasz, 1977, 2004; Tenney, 2008).

Archival Evidence

Asylum Manager Logs. (1851-1860). Utica State Lunatic Asylum, Utica: New York. Holdings at the Oneida County Historical Society, Utica: New York.

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Jackson, V. (2001). In our own voice: African-American stories of oppression, survival, and recovery in mental health systems. It's About Time: Discovering, Recovering and Celebrating Mental health Consumer/Survivor History. August 2001. Retrieved November 5, 2008, from http://www.healingcircles.org/uploads/INOVweb.pdf.

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T*he Opal*. The Patients. (Eds.). (1851-1860). Selected Readings. Utica State Lunatic Asylum, Utica: New York. Holdings at the New York State Archives; Oneida County Public Library.

Wood, M. E. (1994). *The writing on the wall: Women's autobiography and the asylum*. Chicago, IL: University of Illinois Press.

20th Century Evidence
Cohen and Struening (1964)

- Cohen and Struening (1964) note that, "Until the Post-World War II period, mental hospitals were generally viewed as repositories for hopeless cases" (p. 291).

- "We subscribe to the view that the menial hospital is a necessary evil and that with some exceptions, patients tend to be dehumanized or at least depersonalized by large doses of the total institution . . . On humanitarian grounds, then, we believe that the best possible amount of hospitalization is the least possible amount" (p. 297).

- What their Opinions of Mental Illness Scale shows it that, "this type of atmosphere {authoritarian-restrictive} is associated with fewer days spent in the community in the year following admission" (p. 297).

20th Century Evidence
Kellam, et al (1967)

- "The idea that there may be an important relationship between the kind of social atmosphere on a psychiatric ward and results of the treatment of the patient is an old idea in psychiatry" (p. 145).

- Suggest and begin an investigation into the idea that better environments lead to better outcomes.

- "Not only was less aloneness on a ward associated with greater improvement of study patients, but greater improvement was strongly related to a larger number of people gathering together during social occasions" (p. 160).

- Results confirmed that there is an association of, "good treatment outcomes with wards with low disturbed behavior, low aggressive behavior, low aloneness, high cluster size and high staff/patient contact" (p. 161).

20th Century Evidence
Moos & Houts (1968)

- Cite,"Rausch, Farbman and Llewelyn (1960) studying hyperaggressive and control children in a ward environment and found that interactions between the child and setting are far more important in accounting for behavior than is either the child or setting alone (p. 595).

- Cite, "Ellsworth (1965) has studied patient and staff perceptions of different psychiatric treatment programs and has found that staff perceptions on effective wards are quite different from staff perceptions on ineffective wards" (p. 596).

- Suggest:

  Usually psychiatric wards have been compared in terms of readily observable indexes, such as number of patients, number of staff, open or locked doors, whether or not here are community meetings, etc. The present results indicate that there is a whole range of other dimensions which differentiates between wards and thus must be taken into account in ward descriptions. (p. 603).

20th Century Evidence
Ellsworth & Maroney (1972)

- "serious problems in measuring ward characteristics occur when patients experience and perceive the same ward differently" (p. 437)

- They also cautioned that "chronically hospitalized patients may perceive their ward more positively than recently admitted patients on another ward, not because they are being treated better, but because chronic patients may have come to expect less" (p. 441).

-

20th Century Evidence Moos (1973)

- Ward Atmosphere Scale (WAS) and it's utility in changing the psychiatric ward's actual atmosphere.

- His model consisted of four steps.

  - First, with the WAS he measured:

    - the relationship dimension (e.g. Involvement, Support and Spontaneity),

    - the Personal Development or Treatment Program dimensions (e.g. Autonomy, Practical Orientation, Person Problem Orientation),

    - the System Maintenance or Administrative Structure dimensions (e.g. Order and Organization, Program Clarity, Staff Control).

- Based on Heller's 'Group Feedback Analysis' (1969) the second step was to give individualized feedback to the staff with special attention paid to the disparities between staff and patient answers on the same topic. Afterwards there was concrete planning of specific methods of change that could be made on the ward. Finally, reassessment took place (p. 578).

- Moos found that the Ward Atmosphere Scale can indeed be utilized to facilitate planned change in social settings.

- This was the foundation for the 1973 study Moos, Shelton and Petty took on.

20th Century Evidence
Moos, Shelton and Petty(1973)

- "Wards that were most successful in keeping patients out of the hospital emphasized autonomy and independence, a practical orientation, order and organization, and a reasonable degree of staff control" (p. 297).

- In addition, they emphasized a "personal problem orientation and the free and open expression of anger" (p. 297).

- "all the studies agree that wards that specifically prepare their patients for release from the hospital and emphasize new and practical ways of doing things are the most successful in releasing patients" (p. 297).

- "It is particularly important that the present results corroborate these of previous studies in indicating that treatment environment may be at least as important as objective characteristics differentiating wards, such as size, staffing and patient background characteristics" (p. 297).

- "These findings are also relevant to planned change in ward's treatment environment. Whereas it is usually quite difficult to change ward characteristics such as size and staffing, it has been shown that systematic feedback to staff about the perceived characteristics of their treatment program may be helpful in facilitating beneficial changes in the treatment program" (p. 298)

Measures & Methods
Moos & Houts (1968)

- What Moos and Houts found through the development and use of the Ward Atmosphere Scale is that the tool:

- Provides investigators with important additional dimensions on which wards can be systematically assessed and compared;

- Could be used for an institutional or ward self-analysis to learn more about the treatment environment and ensure that it is doing what it is supposed to be doing; &

- Can show areas that there is high or low agreement between patients and staff (p.603).

Measures & Methods
Architecture - Research - Construction, INC. (1975)

- Conducts planned environmental change in Mental Hospitals in Ohio.

- Creates an alternate measure to the Ward Atmosphere Scale that uses behavior mapping and both focuses on the

  - physical environments real every day experiences in the institution occur in; &
  - real every day experiences of people.

- This research was participatory in nature, where architects and researchers worked with policy makers, the government, **and** the people who lived and worked in the space.

Measure & Method
Rivlin & Wolfe (1985)

- Locked Door Counts

- The Red Room

- One of the sites was Bronx Children's Psychiatric Center

Environmental Psychology's Evidence

a) social theory & environmental psychology of institutions

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b) architecture, design, planning & change

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Gross, R. Yehuda, S. Zarhy, M. Zohar, J. (1998). Healing environments in psychiatric hospital design. *General Hospital Psychiatry, 2*0*, 108-114.*

Ittleson, W. H., Proshansky, H. M., & Rivlin, L. G. (1970a). Bedroom size and social interaction of the psychiatric ward. *Environment and Behavior, 2,* 255-270.

Ittleson, W. H., Proshansky, H. M., & Rivlin, L. G. (1970c). A study of bedroom use of two psychiatric wards. *Hospital & Community Psychiatry, 21*(6), 177-180.

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Environmental Psychology's Evidence

c) ward atmosphere assessment

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Research under these themes in the table of contents

Why Psychiatry Hurts More than It Helps

Actual Alternatives

A. Individual Strategies with and without Professional Support

B. Organized Self-Help

C. Models of Professional Support

General and Specific Beneficiaries of Alternative Approaches

Realizing Alternatives and Humane Treatment

Why We Need Alternatives to Psychiatry

(pp. 431)

Solutions

- Independent Advocates in all aspects of the system . . . especially in Psychiatric Emergency Rooms.

- Campaign suggestion: Avoid First Hospitalization.

Solutions

- Crisis Alternatives - that people will **want** to use - need to be put in place.

- There are a variety of cost-effective peer-run alternative models ranging from mutual assistance phone lines to peer-run psychiatric services that people want more of.

- There are also a range of provider-run alternatives that work in partnership with people toward promoting choice and personal solutions.

Cost/Benefit Analysis

- Alternative services that operate on voluntary participation are more effective . . . and efficient.

- Concerns with parity for increased forced treatment - it will become a huge burden on the system.

  - Parity should only cover voluntary treatment engaged in with informed choice and informed consent.

THE AGENDA OF WE THE PEOPLE

Note: We know this is our work, not yours, but we are sharing information about what we are doing and perhaps there are ways you can assist.

Come on, Yes We Can!

Human Rights in the mental health industry.

Systemwide Independent Advocacy.

Hold OMH to the goals that were set per the 1999 HCFA (CMS) Regulations regarding the elimination of restraint and seclusion in New York State (PC 705).

Promote
Informed Consent...

End
Treatment Over Objection.

End Forced Psychiatric Drugging.

Repeal Kendra's Law:

End Involuntary Outpatient Commitment.

STOP the Use of Electroconvulsive Treatment (ECT), Shock on children.

In Essence,
End
Human Rights Violations.