VERMONT
FEDERATION OF NURSES & HEALTH PROFESSIONALS

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Testimony: S. 287, An act relating to involuntary treatment and medication
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Senate Health and Welfare Committee
Senator Claire Ayer, Chair

Dear Senators:

Thank you for the opportunity to share my professional perspective on this very important issue. I am a registered nurse, a member of Vermont Federation of Nurses and Health Professionals, and currently work in the inpatient psychiatry unit at Fletcher Allen Health Care.

I have worked as a nurse in the mental health field for 29 years, the last 25 at Fletcher Allen. I continue to want to work in the area of mental health because I'm grateful to know that we help many people through challenging times while they are in the hospital. The patients with whom my colleagues and I work are people that often have very challenging lives and illnesses. Many suffer unimaginable misfortunes. I treat all people with the respect I would want and expect when I receive health care.

It may be difficult to imagine what a day in the acute care inpatient psychiatry unit might be like, but I will try to portray it for you. Like most inpatient units in the hospital, the acuity – or the intensity of care required – of our unit is very high. Since we've had an influx of patients that would have gone to the Vermont State Hospital we've often had to limit number of admissions to our unit from, for e.g. 15 patients to 8, because of the extremely volatile environment. One or two patients in crisis that are not accepting voluntary medication can dramatically disturb the entire unit. Every patient suffers, and because the milieu is part of their therapy, their treatment suffers.

People admitted to our unit are often agitated, disorganized, not taking care of their physical needs (walking barefoot in winter, not taking diabetic or anti-hypertensive medications, not sleeping for days) and may be a danger to themselves or others.

Difficulty regulating their behavior and emotions secondary to intrusive thoughts, hallucinations, and delusions are routine for many patients in acute psychiatric crisis, making meaningful participation in therapeutic groups such as Garden Group, Pet Therapy, Coffee Talk, Writing Group, or Art or Cognitive Therapy Group an impossibility.

Behavioral Management is what inpatient staff spend most of their shift attending to. We spend time keeping patients from blocking the unit entrance so that patient care services such as linen, nutrition and housekeeping can enter the unit safely to meet the patients' needs. We encourage patients to wash and get dressed in clean clothing, clothing that

provides privacy. We encourage them to allow blood sugar checks, vital signs and lab work to be done so that we can assess their physical needs. We assist them in making phone calls because they are often forgetful, can't focus, or can't perform a simple task.

I know that patients appreciate our care. Often, if my patients are readmitted, they are happy to see my familiar face – I believe that is because it is comforting for them to recognize someone who has cared for them in the past when they were in a vulnerable state. My colleagues and I often assist in reorienting patients to reality, such as when a patient has incorporated me into her delusions as someone trying to steal her boyfriend or harm her in some other way.

When I have to witness people suffer for months because the judicial process is so lengthy, it is heartbreaking and exhausting. One person who is clinically in need of medication to treat their illness can suffer and make many other people suffer by their disruptive and threatening behavior.

At times, we do administer one-time emergency medication when people are in imminent danger to themselves or others, and all therapeutic measures of de-escalation have been unsuccessful. Patients can be very dangerous. My colleague is still out on disability after having 2 shoulder surgeries as a result of these situations.

When the court does order a patient to be medicated, they usually take their medication by mouth and no restraints or injections are required. In addition, often, after they've begun their court-ordered medication, they come and ask for it voluntarily at or before their scheduled times.

My colleagues and I have received many thanks from patients who were given court ordered medication, because it helped them re-focus and re-integrate. Recently we cared for a patient for whom English was not their native language. They were from a war torn country and exposed to much trauma. When we would try to enter their room for safety observation, the patient would slam the door that they had barricaded with a chair. The patient appeared very frightened and paranoid, and the language interpreter stated that they were making many illogical statements. During the rare family visits it appeared the family was uneasy or afraid. After taking court-ordered medication for a period of time, the family visited more often and the staff witnessed more smiling and other positive gestures between the family and the patient. When the patient left the hospital, the patient was smiling and thanked us. They were able to speak some English in addition to their native language, and seemed to be feeling well. This is why I am a psychiatric nurse, and have been for so long.

Jean McCarthy-Sioss, BSN, RN