Mental Health Advocacy Day January 31, 2018

- . Mental Health specific education for psychiatric nurses, LNAs, and other mental health specialists working on inpatient psychiatric units. My understanding is that psychiatric nurses have no further training in psychiatric nursing than all nurses receive when undergoing their undergraduate clinical training.
- . A requirement that all people working directly with patients in the psychiatry field--especially in desperate situations--refer to medications in ways that are comprehensible to everyone and not by the technical Latin abbreviations (i.e. "po" meds), as patients have the right to know what they are being asked to do.
- . More regular visits to inpatient psychiatric units by the Division of Licensing and Protection and other DMH personnel for accountability purposes
- . An alternate solution to placing individuals in need of inpatient psychiatric care in hospital emergency departments for days and weeks until beds are available; my suggestion would be to create separate sections of E.D.s with staff trained in psychiatry, as I believe some hospitals have done and potentially allocating funds to construct an interim facility where patients can be cared for safely until hospital beds open. Having patients who could potentially become aggressive and need to be attended to by numerous E.D. staff creates a liability for the hospitals because people with serious medical needs might not be getting adequate care at such times.
- . Additional allocation of funding for both inpatient and outpatient care-early intervention at the outpatient level of care is extremely important, and a greater number of case managers is needed, as they are overworked and the retention rate among these people is inadequate, but level of severity of some patients is such that the need for quality inpatient care is still in need

Thank you for your interest in and consideration of some areas of priority in the field of mental health!

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