

Theresa Utton-Jerman

Subject: The creation of a new locked 16 bed psychiatric facility

I am writing to comment on the plans for the new 16 bed psychiatric facility to replace the 7 bed Middlesex Therapeutic Community Residence.

It concerns me that we are transitioning the current Middlesex facility from a locked space that does not include restraint, seclusion or forced drugging to a space that will include the practices of forced drugging, seclusion, restraint as well as segregation in the form of the Adult Low Stimulation Area (ALSA). With the plan to include an ALSA space this facility will exceed what is currently present at the Vermont Psychiatric Care Hospital. We should accept that we are building a 16 bed psychiatric hospital that is compliant with the IMD requirements and not a therapeutic residence. Sadly, this will likely, quietly, transition to the forensic hospital that some have been requesting.

This project has a significant amount of momentum. Yet we still should be questioning the addition of the “tools” that have such an opportunity to cause lasting trauma to the person who need a therapeutic space. The inclusion of the ALSA space should cause the committees to ask more questions. The ALSA is an invention of the Brattleboro Retreat. This is a space where a person can be segregated from the other patients on the floor. Legally it is not seclusion, as a staff member is present with the person while they are in the space. There is no requirement to report it’s use to the Department of Mental Health. Though for some people this can be a good space for others it is not. People are being segregated in ALSA rooms for weeks at a time. I have heard stories from people who have been in an ALSA room. The staff person who is with them is there to observe and is not tasked to provide a therapeutic social relationship. For some being place in a ALSA room feels like they are being punished for their behavior.

I would like to see the new facility move away from the tools that support a use of force. I would like to see the conversation move towards what can be done at the facility that is consistent with being trauma informed and really supports recovery within our community.

Respectfully,

Ward Nial

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