

Western State Hospital
Staunton, Virginia
Local Human Rights Committee Meeting Minutes
Jeffrey's Building, Rom 95 at 12:30
March 26, 2012

- Present:** Donna Gum, Committee Chair, Hal Meyers, Rob Wade, Heidi Campbell, Mahlon Webb, Kathy Belcher, Mark Schorsch, Committee Members; Chuck Collins, WSH/Regional Advocate; Mark Seymour, WSH Advocate; Erin Haw, VOPA; Ellen Harrison Liaison to WSH Director
- Guests:** Mr. John Beghtol, WSH Director of Community Services; Mr. S., Patient; Ms. K., Patient, Sherry Wasserman, Tiffany Hewitt and Bruce Nedrow

Ms. Gum, Committee Chair, called the meeting of the Local Human Rights Committee to order on March 26, 2012. A quorum of members was present. With a motion from Mr. Meyers and a second by Ms. Campbell, the minutes from the February meeting were approved with changes. Changes to the agenda were approved to allow Mr. John Beghtol to speak at the beginning of the meeting.

Mr. John Beghtol, Western State Hospital Director of Community Services, was invited to speak to the committee in regards to filming done at Western State Hospital in February 2012. There were two patient complaints on the February Complaint List that raised concerns about the filming and the committee is, therefore, interested in learning more about the process and the purpose of the film. Mr. Beghtol presented a brief history of how the French television network, M6, contacted Dr. Barber regarding making a documentary. M6 had researched psychiatric hospitals and were highly interested in the recovery based approach used at WSH. Their goal is to make an educational television program, to be aired in December 2012 in France, in an attempt to influence French politicians towards reform of the French mental health system. They were very impressed with what we are doing here in regards to the psycho-social rehabilitation program; specifically that we have 99 PSR classes and patients are encouraged to attend those classes immediately following admission. The system in France offers patients only a few classes at the time of discharge. Mr. Beghtol provided the committee with a handout that included an article written by Maria Longley, of the Staunton Leader, about the French film crew and why they chose Western State for the bulk of their project. The remainder of the packet is correspondence between Mr. Beghtol and the film crew regarding the confidentiality and privacy issues related to filming at Western State. Mr. Beghtol, in his years of experience dealing with the press from a mental hospital perspective has found that the best approach is to be open with the press about the work we do while protecting patient confidentiality. A rough draft of the film will be presented for review in July to the WSH Ethics Committee along with key clinical staff from A5, B2 and Stribling, the units most involved in the filming. The Ethics Committee is charged with identifying any part of the film that might violate confidentiality. If these sections cannot be altered to protect confidentiality of the patient, they will be removed from the source film and destroyed.

Mr. Myers raised a concern regarding the two complaints on the February Complaint List, and that he is very disturbed at how they were resolved. He feels that patients who did not want to be filmed should have been allowed to leave the area during filming instead of having their faces "blacked out" and their voices altered. He further expressed concern that there will be parts of the film where body images will be visible, even if faces are "blacked out", of patients who did not give consent and that this is an egregious violation of their personhood, and that a patient's image should not be used by a "profit making company" against their wishes. Mr. Beghtol noted that he was familiar with the complaints and that he worked with the doctors and followed up with the patients to resolve both complaints. Mr. Beghtol explained that if the film crew went into a class, WRAP for example, and one patient refused to be filmed,

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they left that class without filming. Mr. Beghtol stated that all hospital policies were followed throughout the filming process.

Ms. Haw raised the question of how the raw film material will be maintained or destroyed after the film has been made and whether the network will exercise discretion with regards to the film or material that has not had faces blacked out or voices altered. Mr. Beghtol again noted the confidentiality agreements signed by the film crew which prohibits them from using any of the material for any purpose other than that for which it was originally intended. He offered to make copies of the agreements available to the committee for review.

The committee noted that the patient advocates were not made aware that the filming would be taking place in advance of the film crew arriving at WSH. Mr. Beghtol indicated he had advised executive staff by email but was not aware of whether they had advised others.

Mr. R commented that he would not like to be in the film but believes he may be in the background of a shot when he was walking from one area into another. He felt uncomfortable while the film crew was here because he did not know when he was going to be filmed. Ms. Campbell noted that the camera did not require any type of lighting so it was difficult to be certain when they were filming and not filming.

This committee would like to meet with the Ethics Committee along with key clinical staff from A5, B2 and Stribling to discuss their concerns, to clarify certain details about the obligations of the network and film crew making the documentary, to review the confidentiality form signed by the film crew, to determine whether the confidentiality form is valid to a foreign entity, to clarify which patients' faces were "blacked out" of the film – if they did not consent to be filmed, if or why they were filmed at all, and to address why the patient advocates were not asked to work with the film crew when they were asking the patients for consent. The question was also raised as to whether everyone who gave their consent was competent to provide consent and how this was addressed.

Ward Rule Review – A5: Dr. Jason Stout attended on behalf of the ward. The major change that was made to the ward rules in the past year was to the privilege level system. The previous system was confusing and did not match the system used by the IFPC, the FRP or the other wards in the hospital. They have now adopted a system that is more consistent with hospital policies overall. Under the Food and Drink Policy, they have added that residents are able to make purchases through delivery services if they have their own funds. However, the times for deliveries have been restricted to before 9:00PM, to be consistent with the visitation policy. Under Wake Up Calls, Bed Checks and Roll Calls, it was added that residents who remain in bed after 8:15AM, when the wards are supposed to be locked, and remain uncooperative, may be subject to lose their privilege level. This change is a result of residents remaining in bed for a long time after everyone should have cleared out of the ward. There is no staff on the ward during the day to monitor those remaining, so security must be called in the event someone stays behind. Under Cabinet Times, a statement was added regarding State-issued snacks because there was some miscommunication regarding who could receive state-issued snacks. Under Personal Hygiene, Laundry facility times are now clearly stated. Mr. Wade made a motion to accept the ward rules. Mr. Myers seconded the motion. The motion passed by majority vote.

The committee opened the meeting to anyone wishing to remark during the public comment period.

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Ms. K had asked at the February meeting to address the committee with several concerns; NGRI System, Cell Phone Policy and the Smoking Policy. She had been previously asked by the LHRC to have petitions signed by fellow patients for each of these topics, which she did, and be prepared to make a presentation at this meeting. She presented 27 signatures for the NGRI petition, 36 signatures on the Cell Phone Policy (including a couple of staff), and 32 signatures on the Smoking Policy. Regarding the Smoking Policy, people who are in New Hope Detox are allowed to smoke outside the building, while all other patients on Western State property are not allowed to smoke. Cigarette smoking is a highly addictive habit. Most people are not here voluntarily, yet they are forced to stop smoking while they are here, while they can see people close by who are allowed to smoke. The black market for cigarettes continues to thrive despite the efforts of the security staff to prevent it. This creates a hostile environment, not a healing environment. There is sufficient space to provide a smoking area on campus that the smoke could be kept away from non-smokers. Allowing a supervised tobacco use program would virtually eliminate the black market for cigarettes, would reduce the amount of time security services invests in searching for cigarette/smoking contraband, and most importantly, would provide a better environment for Western State patients who are addicted to nicotine.

Ms. Gum shared with Ms. K that New Hope Detox has a waiver from the state policy prohibiting smoking on state property, but that WSH could not get the same waiver. When WSH moves to the new facility in 2013, New Hope Detox will not be moving to the new location.

The second issue Ms. K addressed is the Cell Phone Usage Policy. Pay phones are available to patients during lunch and breaks, which does not allow sufficient time for self-advocacy and to contact family. Cell phones are intellectual property and should not be handed over to anyone. Ms. Gum reminded Ms. K that there are also phones at the nurse's desk that can be used by patients. Ms. K feels that she has too much going on in regards to her advocacy to be able to accomplish everything in the timeframes available using phones that have to be shared with other patients. Ms. Wasserman noted that pay phones are extremely expensive to use and that many patients cannot afford to use them. For example, the connection fee alone for most calls deducts 300 minutes from the pre-purchased calling cards.

Ms. K's final item to discuss is the NGRI Process. She feels that it is completely broken. Patients are being manipulated on the timeframes that they are being held by the NGRI process. In her case, notes have been added to her chart indicating that she is agitated while she feels that she is only frustrated because of how she is being manipulated by the system. She has written letters to attempt to have her case heard and to have her situation exposed, but this is seen by her doctors as paranoid. She sees her behavior as perfectly fine and that she does not have a mental illness and yet hospital staff have manipulated the system to keep her here to maintain the hospital census level. She is asking the committee to expose the failure and manipulation of this system and ask the federal government to investigate what is being done to NGRI patients in Virginia. She has contacted VOPA and through Zach Devore is being assigned an Independent Evaluator to review her case.

Tiffany Hewitt and Bruce Nedrow visited the committee to share information about Open Leisure at Stribling and Community Recreation Programs. The Open Leisure Program is operated for patients to have activities in the evening and on weekends and holidays. There are special events on Wednesday evenings beginning at 5:30PM such as a pool tournament, movies with popcorn and drinks, dances for Halloween, Valentine's Day and a Spring Formal. On weekends the building is opened at 1:00PM with the game room and the library available to patients. The building is open at 5:15PM Monday through

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Friday and because more staff is available, there are more activities for patients. On Sunday, the building is open for church services at 12:30PM in the gym.

The WSH Community Recreation Center is a new program that Tiffany and Bruce have started. They have groups on Monday, Tuesday, Thursday and Friday from 5:45PM until 7:00PM. This program was designed for residents who have a personality disorder or behavioral issues to help them understand what a recreation center or YMCA-type program would be like once they have been discharged. It also offers a more structured evening activity than the Open Leisure Program. It is, however, open to all residents and even staff are encouraged to attend. Staff are also encouraged to help run the groups, for example, Cynthia Long helped run a group on Religions of the World. Some of the other groups offered include: walking, basketball skills, book club, art in nature drawing and a journalism club. They post flyers on the two bulletin boards outside the library with sign-up sheets and permission slips for the patient's HOTT to sign. The Journalism Club is in the process of starting a newspaper for patients that will contain information about what is going to be happening at the recreation center, in the local community and throughout the hospital. They do incentive outings at the end of the term as a reward for participants who attend a set number of activities.

In the Advocate's Report, Mr. Collins reported that during the month of March 2012 he has received 18 requests for assistance from patients, and 12 of those were regarding discharge planning.

VOPA – The Annual Public Input Survey has been posted on their website. This is done every year so they can hear from the public about what they feel like VOPA is doing well, how to improve, propose future goals. They are also working to get prepaid postage envelopes so Ms. Haw can distribute the surveys and people can return them by mail. To update everyone on HB1230, the bill has not received the Governor's signature. However, if it does VOPA will transition from an independent state agency to a private non-profit entity. The director of VOPA will need to have a transition plan developed by December 2012 and completed by December 31, 2013. This would not affect the work VOPA does with Western State, and more specifically, Ms. Haw's work with WSH patients.

Regarding the Complaint Report, on Case #38, the patient is Spanish speaking. What accommodations are provided in regards to interpreters? Interpreters are provided for all healthcare decisions as well as the interpreters who work at the PSR malls. We also have access to the Language Line 24/7. Any time that an individual requests an interpreter, regardless of the language they speak, we can call the Language Line for immediate access to an interpreter. Some of our staff are also bi-lingual and may interpret if needed. The committee would like to have complaints translated into English in the future.

Extraordinary Barriers to Discharge Report: Regarding Case #500416 in the Rappahannock Area, the patient is refusing assistance in discharge planning. This case was discussed in the February meeting. Staff continue to encourage patient to accept assistance and support him in his decisions. Case #326941, also in Rappahannock Area, was picked up on a warrant after leaving clubhouse. This is considered an elopement. The treatment team does not believe patient is ready for independent living.

IFPC Minutes: No comments.

Community Connections: Ms. Gum is waiting for General Assembly to finish up before presenting a legislative review. She hopes to have this in the May meeting. MHAA is having a pizza

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fundraiser Thursday night at Cici's from 5:00 until 8:00. May is Mental Health Month, please see the attached list of events. Ms. Campbell will be appointed to the MHAA Board in April.

Mr. Collins voiced his appreciation for Mr. Wade, Ms. Campbell and Mr. Myers attending the State Human Rights Committee meeting on March 9th to represent this committee. There was also one member, Mr. Jim Strock, from Commonwealth Center for Children and Adolescence who attended.

Mr. Collins brought to the attention of the committee the recent death of a Western State Hospital patient. An article was published in the Staunton News Leader on March 24th regarding the incident. There will be a full investigation regarding the circumstances of the patient's death, and Mr. Collins would like to have the results of this investigation shared with the committee when they become available. Ms. Harrison indicated that investigations are underway, by both in-house investigators and Virginia State Police, and that when those are concluded, we will share any information that is allowable.

The next meeting will be held April 23, 2012, at 12:30 p.m.

With no further business to discuss, the meeting was adjourned.

APPROVED:

Donna Gum, Chair

Glenda D. Sheffer, LHRC Secretary