

disABILITY LAW CENTER OF VIRGINIA



Protection & Advocacy for Virginians with Disabilities

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August 25, 2015

Debra Ferguson, Commissioner
Department of Behavioral Health and Developmental Services
P.O. Box 1797
Richmond, VA 23218-1797

RE: Treatment Failures at Eastern State Hospital

Dear Dr. Ferguson,

The disAbility Law Center of Virginia has monitored the use of seclusion and restraint at Eastern State Hospital (ESH), as well as ESH's progress towards providing trauma-informed care. We write to share the results of our monitoring to date. DBHDS Departmental Instruction 214 establishes a clear vision for a system in which consumers are free from seclusion and restraint. We share that same vision. The Department's own Director of Clinical Quality and Risk Management similarly echoed the importance of seclusion and restraint prevention during a State Human Rights Committee meeting on June 5, 2015.

Despite the Department's public and internal commitments to trauma-informed care, Eastern State Hospital, Virginia's largest state operated mental health facility, routinely subjects its residents to dangerous physical, mechanical, and pharmacological restraints and seclusion. These interventions are unsafe and often traumatizing for both consumers and staff and are widely regarded as **treatment failures**.

The high rate of seclusion and restraint at Eastern State continues to increase despite facility-specific policies to the contrary. These facility policies, which speak of recovery and wellness, set forth the goal of seclusion and restraint reduction. Despite these admirable goals, staff frequently disregard these policies at all levels of patient care. The failure of direct care staff and, perhaps more importantly, the failure of facility leadership to comply with internal and external expectations has nourished a culture wherein the nearly 300 people committed to ESH are at risk of serious harm. A sampling of dLcV's observations and encounters at ESH over the past year follows:

dLcV investigated an incident in which documentation and surveillance footage revealed that ESH staff pharmacologically and physically restrained and secluded an individual even though the individual did not meet seclusion and restraint initiation criteria.

"This unit is a war zone." - staff

A consumer reported to dLCV that direct care staff told her she should kill herself because it would be better for everyone.

"I was raped here. I was told I was dreaming." - consumer

Staff failed to assess whether a consumer in seclusion remained a risk to self or others; the consumer was only released from seclusion after dLCV intervened.

"I was raped here. No one ever believed me. I stopped talking about it. Every time I did, they changed my medication and I got in trouble [privileges were restricted]. I just need to get out of here." – consumer, one day prior to discharge

dLCV witnessed staff threatening a person with seclusion for simply standing in an entry hallway.

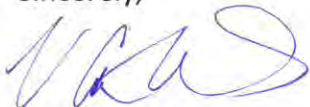
"It feels like prison, torture. I can't breathe." - consumer recalling the experience of being secluded

Only after dLCV intervention did ESH discontinue their practice of regularly secluding a consumer whose childhood trauma included, among other things, being locked in closets.

To its credit, Eastern State does have a group of internal champions (comprised of both consumers and staff) who are committed to trauma-informed care. Also to its credit, the facility has formally adopted policies, such as the evidenced-based and SAMHSA-endorsed *Six Core Strategies for Reducing Seclusion and Restraint Use* ©, as a framework from which to work. Unfortunately, the voices of these internal champions are often marginalized and quieted within the established facility culture. Eastern State's lack of fidelity to the *Six Core Strategies* has hampered facility-wide improvements.

Please see the enclosed report, *Treatment Failure: The State of Services at Eastern State Hospital*, for more detailed information regarding ESH's strengths and shortcomings. In the spirit of the *Six Core Strategies*, which call for openness, transparency, and accountability, dLCV intends to make this report available to the public after September 9, 2015. We would be pleased to include a response from you in our publication. We ask for your prompt consideration, thoughtful leadership, and appropriate follow-up with respect to this very important matter.

Sincerely,



V. Colleen Miller
Executive Director

CC: Frank Gallagher, Facility Director, ESH