

DRAFT: LOCAL HUMAN RIGHTS COMMITTEE MEETING

	<p>flashlights in their practices because they found, as a result of participating in the study, their use to be clinically beneficial.</p>	
<p>Reports</p>	<p>Regional Advocate’s Report: Chuck Collins Mr. Collins discussed recently enacted Mental Health Statues and his experience at Special Justices Training provided by the Virginia State Bar. Bruce Cohn presented to a group of special justices and other interested professionals. One of the primary changes to the statues is a lowering of the standard for commitment from “imminent danger” to “substantial likelihood” of harm to self or others. This may result in an increase in hospitalizations, but there is no evidence to date. Western State Hospital (WSH) census remains at 260. Ms Horner confirmed the census at UVAHS has remained stable.</p> <p>Mr. Collins reported on Dr. Robert Gardello’s publication <i>Mental Health Reform, 2008</i>: 1. A Community Services Board member is required to attend involuntary commitment hearings. Ms Horner added that a caseworker will be on each UVAHS unit daily to attend hearings and to also help with obtaining services for discharged patients. 2. People hospitalized on either voluntary or involtunary TDOs will be included in the registry to prevent purchase of handguns. Those wishing to be removed from the registry can appeal.</p> <p>The difference between imminent and substantial likelihood is considered by some special justices to be 48 hours, tied to behavior.</p> <p>The Virginia State Bar will continue to provide education to professionals. Subjects of the law, however, also need to understand the statute. When clients ask Mr. Collins what to expect at a hearing, he tells them that the special justice will make a determination on three issues and that an attorney, representing the client, will be present. Clients should make an effort to speak with their attorney prior to the hearing. Information from private practitioners and family allowed at hearings.</p> <p>Private practitioners and other local professionals may not be aware of the changes in the law.</p> <p>Mr. Moore reminded the Committee that this is a soft science. These are difficult issues because they involve human behavior.</p> <p>Mr. Collins described an article that appeared in the July 11 <i>News Virginian</i> and his involvement in the case brought before the WSH LHRC. WSH patient CC has been</p>	<p>Mr. Collins continue the new statue discussion at the October meeting.</p>

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	<p>housed in a containment suite for 15 years. Administrative action was requested of the WSH LHRC. After three days of hearings, five of the eight alleged violations were affirmed by the Committee; the other 3 were denied. Both sides are appealing the decision to the Commonwealth’s Human Rights Committee. A decision will be rendered on August 1 at the Region 10 offices in Charlottesville. The case could be brought to Federal court.</p> <p>Manager’s Reports Complaints and Restraint Log: Mr. Mason reported on restraints and episodes of seclusion used during the second quarter of 2008 on the Rucker 3 and 5 East. Mr. Mason provided information about informal patient complaints on those units and other patient issues. Mr. Mason reported that CPI instruction will be provided to sitters. Committee members recommended that de-escalation and diagnosis training may also be appropriate and suggested that unit staff be used as sitters rather than pool.</p>	
<p>Comments from LHRC Members</p>	<p>Restraint Chair Dr. Bruns reported on a call from a consumer activist regarding restraint chairs. The activist said that restraint chairs have a negative image because of their use in prisons and Guantanamo Bay. There is a complaint at WSH involving restraint chairs. In addition, the activist reported a patient death was caused by the device. Ms Oliver reported discussing restraints with a consumer who wondered if staff were knowledgeable about how consumers feel about restraints. Ms Oliver will ask the consumer if she would like to address staff on the subject of restraints. Ms Oliver noted 3 items about restraints: 1. If you have something, you are going to use it; 2. The milieu could be used more effectively to help patients; 3. Consumers do not like restraints. Mr. Moore is disturbed by the disempowering effect of restraint chairs. Mr. Collins agreed with Dr. Bruns, Ms Oliver and Mr. Moore and added that he observed the restraint chair (ERS) at WSH. Mr. Collins reported on ERS use at WSH to DMHMRSAS, who were unaware of it. Ms Horner stated that the device has never been used on 5 East or Rucker 3, and that it will not be used.</p>	<p>Restraint chairs will not be used on 5 East or Rucker 3.</p>

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	The members of the Local Human Rights Committee called for a vote on recommending the of restraint chairs at UVAHS: 3 members were opposed to recommending its use; 0 members were in favor.	
Meeting Adjournment	Dr. Bruns adjourned the meeting at 2:30 pm.	
Next Meeting	Next meeting will be held on October 17 at 12:00.	