

Subject:

Quality Council Meeting 1-13, 2009

From: "Scott, Bill "CO" (DMH)" <William.Scott2@MassMail.State.MA.US> ()

Date: Mon, Jan 12, 2009 5:32 am

To:

Dear Colleague -

Thank you for the opportunity to have the Seclusion and Restraint Reduction Office lead a continuing discussion at tomorrow's Quality Council meeting. I know you will be attentive and responsive to the ongoing, outstanding issues that will be presented.

I will not be present at the presentation for reasons you can see later in this note, however, I wanted to offer this impassioned plea. I believe that in order for the MA-DMH to reach its full potential, we need to do two key things:

1. Significantly include our peer (client) community of "people with lived experiences of mental health conditions and extreme states" * into every discussion and every decision we make. We need to work as equal partners, without power imbalances, which includes fair and thoughtful compensation for this participation, and
2. Engage in dialogues with our peers; be prepared to listen deeply and speak thoughtfully; hear the sincere appreciation from our customers as they share their satisfaction with the products they have received from the DMH but also hear the wounds that our system of care has inflicted on our most vulnerable citizens; engage in a healing process together which includes being prepared to discuss our peer's perspective about their history with DMH services and hospitalizations, without defensiveness, and be willing to offer a heartfelt apology; we must be prepared to offer restitution in the form of honest, sincere future collaborations and meaningful commitment of future resources.

We cannot be afraid of being labeled as villains but must be honest and compassionate with ourselves

and with our peers. Our customers have apologized to us, long enough. I believe it is time for us to be humble and to yearn for this new chapter of collaborations, true "Recovery and Resiliency Through Partnership".

Since October 2004, when the DMH received the three years State Infrastructure Grant from the federal government to seek alternatives to the use of seclusion and restraint, we have reduced the:

- * Number of restraint episodes per 1000 patient days by 78.2%
- * Number of hours that people are held in restraints per 1000 patient days by 88.6%
- * Number of individuals who are being restrained per 1000 patient days by 53%

Who would have imagined that a system as large as the DMH and a system as complex as the DMH could have achieved such amazing reductions? While I hope we all agree that even one restraint is too many, I believe that if we are diligent in our efforts in seclusion and restraint prevention that one day, maybe not so many days away, we can finally be free of restraints. Our facilities, our inpatient community of clients and staff, our clinicians, administrators and support staff have been vigilant and determined to press on and find new inroads towards a stronger, more generous and collaborative future.

I regret to have to say that this future effort will not include me. As you know, the Commonwealth of Massachusetts is experiencing a severe revenue shortfall. We have all felt the effects of these economic challenges, some more personally than others. I support the DMH decision to eliminate my position and do not believe that this move, in any way, diminishes the DMH desire to continue to reduce and ultimately eliminate the use of seclusion and restraint. However, I am counting on you to stay firmly at the helm and help steer this huge and often unwieldy ship into safe waters. I firmly believe that one day "people with lived experiences of mental health conditions and extreme states" * and service providers will stand, as equal partners, in a fully integrated system of care.

I will treasure my 21 years of service to our clients here at the MA-DMH. I'm embarrassed to confess that I have learned more than I was able to contribute over those many years. I hope I can be a good steward of these lessons I have learned.

Respectfully,

Bill Scott

Director of Restraint Elimination

Division of Clinical and Professional Services

DMH Central Office M029

25 Staniford Street

Boston, Massachusetts 02114

* Thanks to M-Power for this beautiful new description and term that they "have chosen to be as inclusive as possible of those labeled with a mental illness".