



# New Jersey Protection and Advocacy, Inc.

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*Advocating and advancing the human, civil and legal rights of persons with disabilities*

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Hon. Sheila Y. Oliver, Chair  
Human Services Committee  
New Jersey General Assembly  
Trenton, New Jersey

Re: Ancora Psychiatric Hospital

Dear Assemblywoman Oliver and Members of the Human Services Committee:

New Jersey Protection and Advocacy, Inc., is the designated protection and advocacy system for individuals with mental illness in New Jersey pursuant to the Protection and Advocacy for Individuals with Mental Illness Act, 42 U.S.C. §§ 10801 to 10851. In response to our federal mandate, staff from NJP&A regularly visit all of New Jersey's state-operated psychiatric hospitals and respond to complaints from patients, including allegations of abuse and neglect. NJP&A also has pending litigation against the Department of Human Services to correct the practice of continuing to confine individuals to psychiatric hospitals for extended periods after they no longer meet the criteria for involuntary commitment.

Twelve years ago, I sat through similar hearings held by the Senate Task Force on Greystone Park Psychiatric Hospital. I have every expectation that the testimony given then and the testimony you will hear today will be very similar. While the Greystone hearings resulted in some needed legislation to address some abuses, New Jersey still has not addressed the fundamental flaw in attempting to provide individualized acute psychiatric services in a large congregate institution.

Because, by now, all of us should recognize that conditions prompting the need for this hearing are endemic to large institutions such as state hospitals, NJP&A would like to use this opportunity to make two suggestions that we believe will be a step toward permanently improving New Jersey's mental health system:

*New Jersey's designated protection and advocacy system for individuals with disabilities  
Member, National Disability Rights Network*

- give the state psychiatric hospitals a mission they are capable of performing
- make the hospital operations open and transparent

The state hospitals' current one-kind-fits-all treatment for an extraordinarily diverse patient population is doomed to failure. This failure breeds frustration for both the patients and the staff. This frustration leads to, among other things, disinterest on the part of staff and aggravation, unrest, and anger on the part of the patients. The limited responses available in large congregate facilities more often results in moving the problem rather than fixing it.

Right now, New Jersey's state psychiatric hospitals are the treatment options of last resort for hundreds of individuals in need of extended acute psychiatric care and treatment. They are also, unfortunately, the warehouse of last resort for a significant number of others who do not require acute psychiatric care. There are patients inappropriately in New Jersey's state psychiatric hospitals with behavioral problems related to developmental disabilities (particularly mental retardation), acquired and traumatic brain injuries, substance abuse, and dementia. These individuals do not belong in an acute care psychiatric hospital. They derive no benefit from being there. In fact, one individual with a head injury whom NJP&A helped obtain an appropriate placement lost his ability to speak and walk from the inappropriate treatment he received at one of New Jersey's psychiatric hospitals (not Ancora).

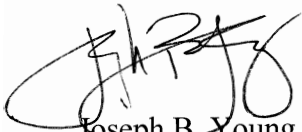
There are other individuals in the state hospitals who need more intensive individualized psychiatric care than the medication-is-good-for-everyone practice in these large institutions. Another of NJP&A's clients, a victim of sexual abuse with a dissociative disorder, was put in restraints multiple times every day following her transfer from the former Brisbane Adolescent Center to the adult hospital system. While everyone agrees she can not get the services she needs in the state hospital system, five years later she is at her third state hospital because there is no place else to send her. I recently learned of another hospital patient, this time at Ancora, with severe PICA behavior who spends the entire day and night, except for two fifteen-minute smoking breaks, confined in a room with two staff. The hospital has no other treatment to offer this individual, and despite some efforts, the hospital is unable to recruit or develop treatment resources for this individual or the others mentioned above.

New Jersey's state psychiatric hospitals will not get better until they are given a defined mission that they are capable of meeting, consistent with a safe and therapeutic environment for the patients. Don't let anyone in for whom such hospitalization would be inappropriate at best and detrimental at its worse, and discharge everyone who does not need to be there. Obviously, I do not intend for this to be done precipitously. However, it should be begun now with firm standards for future action. An entire continuum and array of services must be developed outside the state hospital system to provide safe and necessary services for individuals inappropriately admitted to and retained in the state psychiatric hospitals. It goes without saying that the hospitals will need greater financial resources and qualified, trained human resources to meet their obligations. Some of the resources can be realized if the Division makes a commitment to reduce hospital populations. As hospital populations are reduced, savings can be gained by way of closing patient wards, units, and ultimately the closure of a hospital, thereby freeing up funds for the development of community services. If this is not done, we will be here again asking why the system is not working.

In the meantime, the operations of New Jersey's state psychiatric hospitals should be open and transparent. Every citizen of the State should be able to access sufficient information to determine how well the system is working. The hospitals currently collect a large amount of information, including aggregate data on incidents and restraints at each of the hospitals. They undergo monitoring visits from the Joint Commission (formerly the Joint Commission on the Accreditation of Healthcare Organizations), the Center for Medicare and Medicaid Services, and the New Jersey Department of Health and Senior Services. The Patient Services Compliance Unit (PSCU) was an outgrowth of the Greystone hearings and is the Division's own monitoring arm, conducting regular reviews of conditions and treatment in the facilities. Let's post all this information on the Division's web site so we can evaluate not only the performance of the hospitals, but the agencies responsible to monitor them. The Division should also post detailed information on the Conditional Extension Pending Placement (CEPP) population, the average daily cost of providing services in the hospitals, and anonymous aggregate information on employee and professional disciplinary proceedings.

There is not an easy, cheap, or fast solution for addressing the inherent and chronic problems of large institutions. But the first steps are clear: assign a clear, accomplishable mission, monitor progress, and insist on accountability. NJP&A urges the Department and the legislature to take these first steps.

Respectfully,



Joseph B. Young  
Deputy Director