My name is Ellen Farley and I on the Board of Directors at the Massachusetts Nurses Association as well as a member of Unit 7, representing approximately 2,000 Health Care Professionals, including registered nurses, physicians, psychiatrists, psychologists, dentists, speech, physical and occupational therapists working in multiple departments and agencies across the Commonwealth. I am also a registered nurse with the Department of Mental Health at Taunton State Hospital a team leader for the Assault Staff Action Program (ASAP) at Taunton State Hospital, helping victims of workplace violence.

I am here today to represent my colleagues who work in the Department of Mental Health. We strongly support H.1972, which would create two “difficult to manage” units within the Department of Mental Health. As the health care professionals on the front lines, we see the danger posed to our patients, co-workers, and ourselves by individuals who may become violent.

While we believe individuals with severe behavioral health needs deserve the best possible care, the fact remains that there are people who fall outside the usual parameters of recovery. Despite the best efforts of treatment these individuals pose a risk to others due to highly assultive and violent behaviors. And where are these patients? Are they being treated in a specialized unit that takes into account their behaviors that put the individual, staff, and other patients in danger? The answer is no. These individuals are currently on any of the units you might find in the state’s psychiatric facilities. Since 2003, when the Department of Mental Health closed the last men’s difficult to manage unit. My colleagues and I have experienced: a broken collarbone, a whiplash injury from being “jerked around” by the hair with such force the staff member did not return to work for almost one year, a strangulation that came dangerously close to death, a kick to the chest that resulted in back spasms, bruised ribs and the need for months of physical therapy. A nurse was punched repeatedly in the face after narrowly avoiding being hit over the head with a chair. Another member of my staff sustained a concussion as a result of being attacked without warning and repeatedly punched in the head, another suffered the permanent loss of peripheral vision in one eye due to a fractured orbit, and yet another suffered a broken jaw. I could go on, but I hope you get the picture, and if not I have photos of many of these injuries. I have six colleagues who will never return to work because of the trauma they experienced in just my workplace alone.

When the last difficult to manage unit was closed a decade ago, we were promised the state would provide hospitals with “the support they need” to reabsorb violent patients. More than a decade later I have difficulty identifying the support we were promised. We now work with less staff on the units than ever before, and I believe the lack of difficult to manage units has come at a great cost to me, my colleagues and all the individuals we serve. In addition to the threat of physical violence that we face every day, we are concerned about the diminished care to our other clients. In many instances, we no longer have the time to provide care that meets our professional standards- and which should be available to every client we serve. The time and resources spent on the small segment of our violent population who are difficult to manage takes away from our other clients being assessed, counseled, educated, and offering reassurance when needed. Furthermore, we have clients who are traumatized by witnessing acts of violence on a unit, an environment which should be conducive to recovery, health and wellness. Not an environment where there are repeated assaults or threats made by one of what we would refer to as an out liar.
We are a workforce that no longer feels safe in our work environment. The acts of violence- and the anticipation of such acts- have taken a toll on my colleagues and myself. We are weary and feel that if we continue on this current path, things will only get worse. This has led to an inability to recruit and retain needed professional staff, high turnover rates, and in the end, compromises care to our clients.

Violence in the workplace has a negative impact on everyone.

In my volunteer work with the ASAP, I work with people who have been assaulted by patients in their hospital. We offer support and counseling, as many of these individuals can suffer from Post-Traumatic Stress Disorder if they do not receive timely intervention. And the health care workers are not the only ones affected by these violent episodes. Other patients could be harmed, and even if not physically harmed it is difficult to say that they emerge unscathed- particularly those with their own complex mental health conditions. Finally, we should remember the effect on the patient who is exhibiting the violent, aggressive behavior. Over the past two years, several groups have met to examine the problems in our current behavioral health system. Through one of these groups, we learned that patients who are identified as “difficult to manage” spend significantly more time boarding in the Emergency Department awaiting appropriate placement. This is due, in part, to the lack of facilities that have the resources to care for these specialized cases. In the end, the absence of these specialized units affects all of us.

Difficult to manage units are needed. We need to have highly structured environments to serve these individuals. We need staff that is trained specifically to cope with violent patients. We need to adequately provide quality care to all clients, and to decrease the risk of harm to all. One year ago, the Mental Health Advisory Committee endorsed this legislation as one of its specific recommendations on how we could improve our current system. Last session this Committee provided a favorable report on this legislation. I ask that you again support House Bill 1972 and report it favorably out of Committee.

Thank you for your time and attention to this important issue.