

Manhattan Psychiatric Center
Regional Advisory Committee Input
August 27, 2012

1. What is the advocacy we should be working on in the next 3-5 years?
2. The important issues we should be working on and advocating for?
3. Where do we go from here?

ADVOCACY:

- During medication or an emergency situation on a ward or unit; we suggest that the OMH phone system has a messaging system that lets our family/friends know that services are being provided after a certain amount of rings (for example) a messaging system that informs family/friends to call back after 15-20 minutes during medications or emergency situation on wards.
- We'd like to advocate for faster release or discharge of patients who are stable and symptom free in civil forensic hospitals because they're being held for years and who are ill/have symptoms who could use OMH's help where patients who are better can move on with their lives in hopes of recovery. Which what OMH is all about. Implementation of the outpatient transformation which is or should be advocate for in all OMH facilities in city and state to get consumers out of facilities out and back to the community. A plan should be put forward to keep consumers out by services beneficial to OMH's consumers who are released from its facilities to stay out and not relapse or return for any reason.
- We'd like to advocate for revisiting hospitals under OMH's care on policies regarding patient's rights and treatments. Every six months to two years. There should be policies on why forensic/ civil patients are being held in hospitals for a number of years and are being ware- housed instead of moving along in their treatment and not being discharged. We suggest after maximum of two years consumers are not told of their progression/ de-gression he/she has made and are given reasons he/she is still hospitalized.

Our Plan for Patients release due to proper treatment includes:

- ❖ Medication stabilization
- ❖ Financial stabilization-occupational, vocational, rehabilitation or education
- ❖ Alternative treatment such as therapy, workgroups; that inform released consumers' proper etiquette about their illness.
- ❖ Income/aid thru social security or Medicaid funding.
- ❖ Spirituality and the freedom to make decisions they choose.

TRANSPORTATION:

We suggest consumers who are released receive half fare metro cards so transportation is simplified and severely less expensive. This should be mandatory before patients are released.

PEER SUPPORT:

Interaction in outpatient clinics which provides groups on or about socialization skills/ cooking needs/ readjustment back to society/psycho-social clubs/clubhouses that is available for job opportunities and outright support of its clientele/ consumers.

RELATIONSHIPS/HOUSING

We should let OMH/Government know concerns we have about hospitals policies about relationships/spouse/partners to be. Besides us so we can better our lives. As patients we shouldn't be stigmatized as people who do not know how to responsibilities or conduct a conducive relationship with our partners or family members. Also we should be given rights to live with our spouses in housing environments, couples who have children should be not denied incapable of raising their children with given support. We also like to add prisoners are given conjugal visits and get married, so we'd like the same consideration for points stated above by OMH court system that are sometimes unjust towards patients who are in relationships.

Finally we'd like the RAC in December televised or recorded on camera for us to be able to watch since we won't be there to attend.