

Tim Murphy Forensic R.N.

Written Testimony for Public Hearing re: SB1027

Wednesday, April 1, 2015

Whiting Forensic has gone through many changes over the years. When I started in the state system 30 years ago things were much simpler. Overall, my experience and observations have witnessed compassion and hard work from my coworkers. Sometimes regulatory changes prompt new rules and additional paperwork. The reason why I'm giving testimony is because our tools have been severely limited by monitoring agencies and patient advocacies in dealing with violent patients that are given NGRI status for crimes that they have committed.

I'm proud to be a nurse at Whiting Forensic. We are the last stop for the most difficult to manage patients within the state mental health system. We are very good at stabilizing mentally ill men and women in order to make them competent for hearing their court cases or just enabling them to go back into society at the end of their commitment. Proper psychiatric medications, patience, compassion, time, interventions and most of all our experience helps to heal our sickest patients. There are times that patients require much more attention to conform to reality and the staff at Whiting are willing to give that extra attention especially when the patient is legitimately mentally ill.

We are here to give some insight to you that not all patients at Whiting are mentally ill. Some have seen their symptoms resolve, some were misdiagnosed and never ill in the first place, and some fake mental illness in order to do easier time in the mental health system. A portion of these individuals are individuals with untreatable personality disorders who intimidate, manipulate, and seek to dominate the units for their own sense of empowerment. They cause a lot of stress within

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the facility, ruining the therapeutic milieu and decompensating our fragile clientele.

We have been pressured by the DOJ and CMS not to place violent patients in seclusion and restraint (or at least, as little as possible). Administrative policy within Whiting (as well as the rest of the CT. mental health system) is to use the least restrictive setting to control violent patients. Malingering, sociopathic patients are quick to recognize the limitations of our control and constantly test the system. Many staff and patients have been assaulted by these patients causing numerous injuries, several which were life changing. We understand and accept that violence is in the cards. Managing the violence is part of the work but there are some people that are simply too violent (and whose violence is not treatable) to be managed in this setting and that detracts from every patient's treatment, and everyone's safety.

Presently we have a Sub P statute that enables Whiting Forensic to return 54-56D (competency) patients back to the Department of Corrections when they have too many violent episodes and cannot be safely managed. At this time we do not have a statute for sending violent NGRI patients to corrections that we are unable to manage. We represent all of the therapeutic disciplines within Whiting Forensic and are imploring this legislature to consider this bill.