



Consumer Council System of Maine
A Voice for Consumers of Mental Health Services

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Testimony in RE: Task Force to Study the Process for Bringing Criminal Cases in Situations of Violence Against Healthcare Workers.

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Violence in emergency rooms is not a simple topic with a simple answer. While violence does happen in a variety of settings, local emergency departments are places where a variety of variables can come together resulting in a powder keg situation.

A person who is in crisis, physically and emotionally may not be able to express what is happening to them. Bring them into a noisy and chaotic emergency room is like adding gasoline to a fire as I am sure many hospital staff can attest to.

Unfortunately, it has been observed there are policies, practices and procedures in the hospital that are more likely to escalate a situation than to calm it. For example, stripping people of their clothes and belongings in the name of safety (not always needed). This is routine and often exacerbates a situation. As a former supervisor of the peer support program that was in Maine Medical, we had approved activities (cards, coloring, puzzles etc.) on hand which were simple but effective ways of occupying and engaging people during wait times. The act of sitting with someone in distress is incredibly powerful and reassuring and often leads to less violence. When I was on site, I can tell you that there were a number of security guards that did a great job at calming people and then there were some while perhaps not meaning to exacerbate people in crisis. Is it more important to have people calm or to be right in a total legalistic way?

We know you have a specific charge in this bill but if you do not talk about the underpinnings of people's stories then how can you fairly treat them if they need a law enforcement response? We do understand that there is a rise of violence and there are rare circumstances when this should be the option to assure safety for all concerned. We believe that invoking criminal charges should be the tail end of the work of the Legislature not the beginning.

We recommend that you not only address this issue but further recommend that work on root causes and conditions that really looks at the issues fully and not in this dissected way to be the most effective to make good public policy decisions.

I have included a link to a program called HVIP (hospital-based intervention programs) which has some legislative recommendations that could really look at and address trauma informed responses.



I would also be remiss if I didn't say that adding more peer support specialists in hospitals (kudos to OBH for increasing the numbers of hospitals currently with peer support specialists in them).

A Public Health Crisis Requires a Public Health Solution

“Health care must be responsive to the needs of victims of violence. That starts with providing equitable care that addresses more than just physical wounds. Hospital-based and hospital-linked programs (HVIPs) throughout the country are advancing comprehensive models of care that address the intersectional nature of trauma, social determinants of health, and violence.” From: [The HAVI](#)

[Violence Intervention Programs: A Primer for Developing a Comprehensive Program within Trauma Centers | ACS \(facs.org\)](#)

Sincerely,

Simonne M Masine

Executive Director