
Trans Rights in the Psych Ward

Amelia Perry, with Daria Phoebe Brashear
(ze/hir/hirs) (zie/zir/zirs)

Power dynamics in psych wards

At the mercy of staff for basic needs like food or getting between your bedroom and common space.

You're in a position MH-wise to need their treatment, and you're not allowed to walk out anyway.

Constant surveillance.

Everything is bound by the policy hell of large hospitals.

—
**Trans people at the mercy of
cis people get fucked.**

**And many MH patients aren't
in a position to fight.**

–
If a hospital always puts
trans people in single
rooms... **is this helpful or
harmful?**

A: harmful!



amelia 🌸🐦 @kepsega · Sep 13

Replying to @kepsega @shadow @rbsayde

Frustrating to discuss this week's trauma impact on me and hear so much "well it makes sense, trans in single rooms is just safety"

💬 1 ↻ 1 ❤️ 4 ✉️



amelia 🌸🐦 @kepsega · Sep 13

You know what's not safety? Putting trans PTSD patients in psychosis wards.

💬 1 ↻ 2 ❤️ 5 ✉️



amelia 🌸🐦 @kepsega · Sep 13

You know what's not safety? Putting trans patients into blocks of single rooms where all the aggressive patients are (coughMGHcough)

💬 1 ↻ 1 ❤️ 3 ✉️



amelia 🌸🐦 @kepsega · Sep 13

You know what's not safety? Discharging unstable trans patients without any follow-on care, when beds are open in the ward they need.

💬 1 ↻ 2 ❤️ 5 ✉️



amelia 🌸🐦 @kepsega · Sep 13

You know what's not safety? Illegally denying suicidal patients appropriate medical care on the basis of gender identity.

💬 1 ↻ 3 ❤️ 7 ✉️


And yet this is widespread.

Many hospitals I've been in sadly have that rule of trans people being in single rooms their reason that they said was it makes it more likely for sexual assault to occur due to the fact that most patients are unstable. Honestly it's bullshit and stupid. But be careful not eating they can use it against you and put you in an eating disorder program even if you're doing it to be on strike. I've seen it happen. The whole mental health system is fucked.

Like · Reply · September 11 at 3:24pm

I know of one respite in MA that allows trans people to be in doubles if the person is willing to disclose they are trans to the potential roommate and the roommate agrees. All the hospitals I am aware of in western mass require singles for trans folks. I have seen an exception made in a particular situation when a person filed a DMH complaint and had a lawyer

Like · Reply ·  7 · September 8 at 10:53am



Trans people
might wait in an
ER for days while
cis people come
and go.

—

**I'll make this real for you by
telling my own story.**



What I'd heard:

Okay:

Partners
(MGH, McLean)

Brattleboro Retreat,
VT

Meh:

Steward
(St Elizabeth's,
Carney)

CHA Cambridge(?)

Bad:

CHA Everett

Awful:

Arbour
(HRI, Pembroke)



Packing list!

- Earplugs and blindfold (?)
- Paper (not spiral bound) & pen
- Written info
 - phone numbers
 - list of meds & doses
- Clothes (no tights; no drawstrings; no belts; shoelaces may be confiscated; layers for a range of weather is good)
- Toiletries: shampoo, conditioner, toothbrush, toothpaste
- Books
- Stuffedies? Nice blanket?
- Electric shaver
- Phone, laptop, chargers (depends on the hospital/ward)
- Sriracha in plastic bottle

Massachusetts Health Care Proxy Form



Beth Israel Deaconess
Medical Center

PATIENT'S NAME _____

MED REC # (IF AVAILABLE) _____

DOB _____

Name Your Health Care Proxy

I, (*print your name here; you are the "principal"*) _____, want the following person to be my Health Care Proxy (also known as my Health Care Agent):

My Health Care Proxy's name: _____ Phone: _____

Address: _____ City/State Zip: _____

Hospitalization #1.

Entered MGH ER.

Evaluation process for a couple of hours.

Belongings & street clothes confiscated. Trans folks often express through clothing what our bodies don't express.

Then hours of waiting in a hectic ER ward without much idea what's happening.

Many trans people stuck with the wrong name on a wristband.

–
Told I couldn't be given a
double because I'm trans,
and that this was causing
delays.

Know your rights!

No owner, [...], agent or employee of any place of public accommodation [...] shall [...] publish, issue, circulate, distribute or display [...] any advertisement, [...] notice or sign [...] discriminating against persons of any religious sect, creed, class, race, color, denomination, sex, **gender identity**, sexual orientation [...], nationality, or because of deafness or blindness, or any physical or mental disability, in the full enjoyment of the accommodations, advantages, facilities or privileges offered to the general public by such places of public accommodation

-- Mass. General Laws Ch 272 Sec 92A

This is illegal discrimination (since October 2016)

—

By the way: that civil rights protection is up for repeal on the 2018 MA ballot. Vote to keep our civil rights!

Admitted to MGH Blake 11

(after a night in the ER)

The single rooms are **locked** away from the rest of the ward, and patients with psychosis or aggression are kept there away from the others.

Oh, and trans patients too.

Hospitalization #2.

Trouble at McLean

Stayed at MGH ER overnight and then transferred to McLean.

Eval clinicians: trauma ward Proctor 2 is absolutely appropriate for your PTSD!

But: we need to put you in a **single room**, and that means the **psychosis ward**, North Belknap 2.

“Maybe when society’s more progressive.”

PTSD and psychosis wards don't mix.



Amelia Perry another patient threatened to "hit [me] in the face" (sub. "you"). I have PTSD.

Like · Reply · September 8 at 7:19am

Also saw a patient punch a staff member.

Psychiatrists & nurses agreed that the ward was counter-therapeutic for me, but they couldn't do much.

Meanwhile: double rooms are open in Proctor 2!

—

Anger into action.

**I went on hunger strike, until
I received appropriate care.**

Anger into **action.**



Amelia Perry We're filing a 3-day release request and a civil rights complaint. I don't intend to take the 3-day *if* they transfer me to the right ward.

Like · Reply · September 7 at 6:56pm



Amelia Perry I refuse to be powerless here, imma make all the fucking noise I can.

Like · Reply ·  4 · September 7 at 7:04pm

Daria filed a complaint with the Disabled Persons Protection Commission.

I ramped up social media outreach to get help & raise awareness.

Discharge.

Ultimately was offered discharge as the least bad option.

Sent back into the world without treatment, despite passive suicidality & active self-harm.

Attempt #2: Cambridge Hosp. ER

Back into hours of waiting, still on hunger strike.

Met with lawyer, and de-escalated strike (resumed fluids & meds) to remain legally empowered as well as effective.

Offered a bed at CHA Everett in the middle of the night, and rejected it. Their containment is not appropriate treatment.

Discharged from ER the following morning.

Attempt #3: playing MIT privilege

I spent the weekend at home, avoiding triggers and stimulus and working on activism & outreach.

Friends & colleagues at MIT mobilized them to start pulling strings for me.

Was admitted to McLean Proctor 2 after 91 hours of hunger strike, and 119 hours after initially presenting at MGH.



amelia 🌸🐦 @kepsega · Sep 11

Replying to @kepsega @shadow and 2 others

Even if this works: what might have happened if I didn't have MIT, stable living situation, a badass partner like @shadow, good insurance?



1



1



7



amelia 🌸🐦 @kepsega · Sep 11

Most trans people don't have this level of privilege. So much harm is being done systemically across the state and perhaps beyond.



2



2



5



And most don't have the
privilege to tell their story.

Hospitalization #3: one weird tip

Entered MGH ER & warned staff that barring trans people from double rooms is illegal.

Admitted to a double room in Proctor 2 without trouble, after an overnight stay in ER.

—

Next steps for action.

Legal routes

Option 1: lodge a complaint with Massachusetts Commission Against Discrimination (MCAD), which can engage in some discovery and prosecute.

Option 2: directly bring a lawsuit.

A legal precedent might go a long way to change policy.

—
Possible setback:

In 600 pages of medical records, little is recorded about the bed search.

(I wonder why...)

Investigation

Across MA psych wards & ERs, how many have policies for/against admitting trans patients to double rooms?

What's the balance of single vs double rooms in psych wards?

Direct advocacy

Contact hospital risk management officers, pointing out that this issue is a widespread legal liability for hospitals?

Advocate for hospital staff education & other policy change.
Can we get medical providers to not refer to trans people by birthname?

Thanks for listening!

If you have a story like this,
please do get in touch.

Slides available: <http://ameliaperry.me/psych.pdf>