

Ensure video visitation is available to residents of all Virginia psychiatric hospitals and their families:

Please enact [HB 388](#).

Statement of *(name redacted to protect privacy of patient)* to the Health, Welfare and Institutions Committee, Virginia House of Delegates

HB 388 helps ensure that Zoom-type video visitation, which has provided critical connectivity between state hospital residents and their families, continues past the pandemic. My wife and I would like to thank Del. Willett for introducing this legislation and Committee members for considering it. We have lived in Fairfax County since 1990 and are active members of the National Alliance on Mental Illness (NAMI). We also thank [NAMI Virginia](#) for its support.

How Video Visitation Started at Western State Hospital

A young adult in our family was sent to [Western State Hospital](#) in Staunton in February 2020 just as the public was becoming aware of the Covid-19 epidemic. As a result of behavior during a major psychotic breakdown, he had been arrested for misdemeanors and was sent to WSH to regain mental competency in order to stand trial. In February, we drove to Staunton about once a week to visit him.

Soon after his arrival, in-person visitation was suspended for more than a year due to the pandemic. At first, we were able to keep in touch with him through a telephone that patients can use in the common area of each ward. We called every two or three days and usually got through. (This informal system relies on patients within earshot answering the phone and going to find the person being called.) We also had weekly telephone meetings with members of his treatment team as they worked by trial and error to find an appropriate medication.

Early in May, we called him many times and were told that he couldn't come to the phone. No explanation was given. Finally, after several days, hospital staff brought him to the phone, and he was hardly able to speak. His words were slurred. I asked to speak to a staff member and was told that, due to an adverse drug reaction, he was partially paralyzed. He had been trying to tell me that he

had to wear an adult diaper. Fortunately, over the next week this medical crisis abated. But during that time, we had no way to communicate with our family member. We could not visit in person. We could not talk to him. And we could not see him. We felt powerless to help him. I wondered what it felt like for him.

This happened just as the world outside the hospital was shifting to Zoom-type meetings. I asked hospital staff and its ombudsman whether it would be possible to start similar video/audio visitation. They all suggested talking to the hospital director, Dr. Mary Clare Smith. To my pleasant surprise, when I made the case, she said “yes.” Developing the program took time. Six months later, WSH began a pilot program with 10 patients and families just before the Christmas holidays.

In early 2021, with the help state legislators, I urged senior officials in the Virginia Department of Behavioral Health and Developmental Services (DBHDS) to extend access to video-visitation to all of the state’s 10 mental health hospitals. They said they would try. But later in the year at least one facility reported that it couldn’t due to inadequate staffing. Video visiting was slow to develop at others.

I also collaborated directly with Northern Virginia Mental Health Institute which by mid-2021 was making video visitation available only to patients staying more than one year. By late 2021, as state hospitals suffered a severe staffing shortage, we had concerns that family video visitation was losing momentum amidst the politics surrounding budget and staffing. There was back-sliding at least one hospital and the program was not fully implemented at others.

In light of these developments, we approached NAMI and Del. Willett to introduce legislation to make sure video visitation is fully implemented and maintained as a regular feature of life at state hospitals.

HB 388 – Family Video Visitation Should Continue Permanently

Over the past year, video visitation provided critically needed connectivity between hospital patients and their families and friends while in-person visits were suspended. Among its benefits are:

- **Reducing social isolation.** After two years of living through a pandemic, everyone has suffered to some degree from loss of social contact including people in the outside community. It’s important to understand that people with psychological and cognitive impairments tend to be much more

isolated to begin with. Their inbuilt isolation is compounded by living in institutional settings.

- **Helping people with limited resources to stay in touch with family members and friends in the hospital.** Zoom-type technology increases the opportunity for people with low-incomes, or lacking the money or means of transportation, to visit and to provide emotional support for patients. Patients in Virginia psychiatric hospitals often end up far from home. For example, forensic patients from Northern Virginia are generally sent to Western State, which is 150 miles from the Falls Church area. Average driving time is two hours and 20 minutes each way.
- **Allowing parents to see their young children.** Hospital rules and restrictions can make it difficult for children to visit their parents in person. Video visitation allowed a mother living in the hospital to see her child for the first time!
- **Providing all families with a way to supplement hospital visitation by telephone or in-person.**
- **Helping patients prepare for discharge and re-integration into the community.**
- **Increasing hospital accountability through more frequent and complete contact between families and patients.**

The cost of setting up video visitation is minimal. Western State Hospital purchased Kindles for this purpose within its existing budget. It's also possible for video visitation to create savings by reducing the burden on staff to administer and supervise in-person visits. The main issue has been overcoming institutional inertia and training staff to help patients schedule and access visits.

Hospital social workers and rehabilitation staff who prepare patients for re-entry into the community understand their need to maintain connectivity with family and friends and have been particularly supportive of tele-visiting. Reducing social isolation both increases the likelihood that patients can successfully return to life in the community and decreases the likelihood of relapsing into crises that involve costly hospitalizations.

Snapshot of Visitation Access at Virginia Mental Health Hospitals

On Jan. 20, 2022, I called all 10 hospitals to determine their current visitation policies. Results of the survey are in Appendix A on p. 6. With Covid outbreaks now impacting most of the hospitals (14 patients are quarantined in one), staff at all said they are now offering video visitation in some form. From what I could gather, I am not sure that it is being offered to all patients at every hospital. As of Jan. 20, in-person visits were suspended at all facilities except the Commonwealth Center for Children and Adolescents.

In doing the brief survey, I talked with front-desk staff at some hospitals, professional and administrative staff at others, and one hospital director. Professional staff at several hospitals who oversee video visiting or help patients access it said it has been helpful, especially for patients who live far away from home and to connect them with their children.

Many patients are now being transferred to hospitals across the state due to space and staffing issues related to the pandemic. The Director of Southern Virginia Mental Health Institute said video visiting had been a terrific asset and they were making it available daily to all patients including on weekends and holidays. Other facilities allow video visits weekly. She and professional staff at four other facilities said they plan to keep it going after Covid. Staff at other hospitals weren't sure what would happen once Covid subsided. "It's above my pay grade," one hospital social worker told me.

Only Western State, the hospital I worked with to start the first video visiting program, had information on its homepage informing visitors and patients about the virtual visit option.

On Jan. 21, I received an email response from the Director of Psychosocial Rehabilitation at Northern Virginia Mental Health Institute, with whom I worked to get the program started there. She said video visitation had been expanded and is now available to all patients and commented that it should never go away.

Conclusion: Video Visitation Works and Should Be Continued

As this writing, resurgence of Covid has forced state hospitals to restrict in-person visits once again. Staff at Western State Hospital and other facilities say video visitation has been a helpful, sometimes critical, option for patients and their

families both when the hospitals have had to suspend in-person visitation and when they have operated more normally. It has been particularly helpful providing connectivity for patients far from home, linking parents and children, and for people with limited access to transportation and lacking financial resources. The state legislature and administration should make sure that video visitation remains in place after Covid-19 subsides. People living in Virginia's mental health hospitals and other institutions are often forgotten in the process of adopting communications technology. They should be among the first included, not the last.

A Western State Hospital staff member who was instrumental in implementing video visitation told me that she recently received positive feedback about the program from a patient's mother, which she shared with others on the hospital's telehealth committee in the email below:

“Good morning!! Wanted to share that I got a handwritten card from the family member of one of our clients, thanking us for offering Zoom opportunity on the kindle to see her son while he was at Western State. Sharing with you guys because it was a group effort to make that happen, and it's nice to see the positive effects!!

“Her card writes- ‘I imagine you may at times feel your job is a thankless one, but please know how much I appreciated your help...being faced with the realities that my son will always need care is, quite honestly, heart breaking. But you and those like you there at Western State fill me with hope that he will live a life where love and purpose can find him.’”

(email sent 01/18/2022)

Thank you for your attention to this issue. Sincerely,

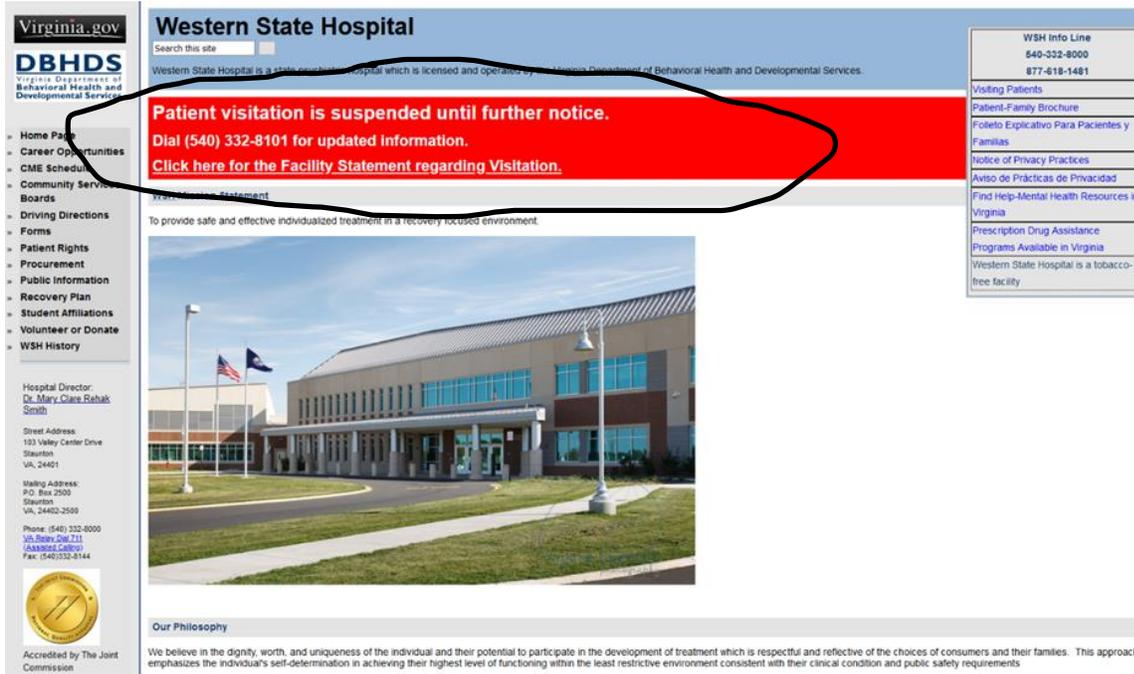
Mr. and Mrs. Xxxxx -- Falls Church, VA

Appendix A:

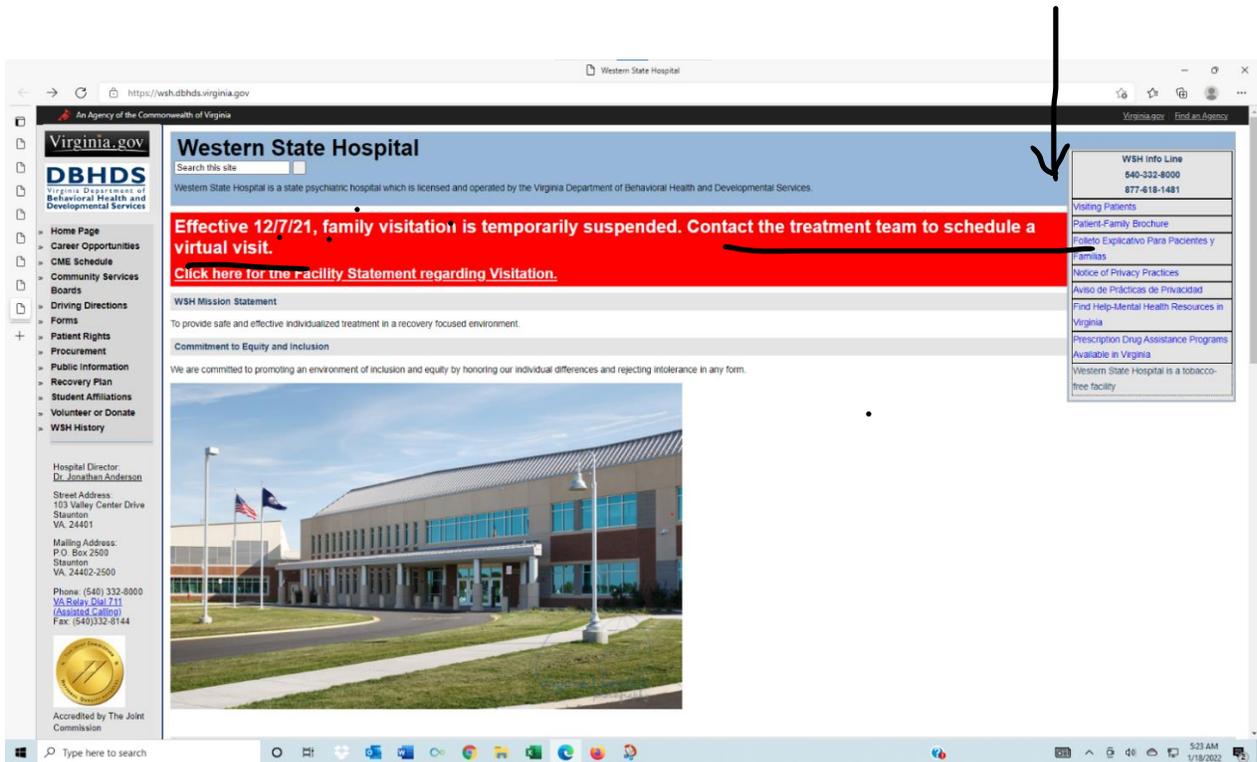
Visiting Options – Virginia [Mental Health Hospitals](#) – as of Jan. 20, 2022

	In-person visits	Telephone	Zoom/video	Zoom info on web	Comments regarding Zoom visiting option
Catawba	N	Yes	Yes		Social worker coordinates; don't know if it will continue past Covid
Central State	N	Yes	Yes		Available for a few months now. "Day by day" – not sure about future
Ctr. Children & Adolescents	Yes	Yes	Yes		Arrange thru social workers
Eastern State	N	Yes	Yes		Social workers report it's been helpful. Also have families participating in treatment by video.
No. VA Mental Health Inst.	N	Yes	Yes		Now available to all patients. (Previously, only available to long-staying patients.) Social workers arrange. Received tablets from the central office, but the nurses were using their iphones prior to that. The option of virtual interaction should never go away.
Pedimont Geriatric Hosp.	N	Yes	Yes		Social workers arrange.
So. VA Mental Health Inst.	N	Yes	Yes		Director: works well, widely used, will keep it past Covid. Have Covid outbreak, getting patients from all over state due to staff shortage. Make video visits available every day incl. holidays for all.
SW VA Mental Health Inst.	N	Yes	Yes		"Treatment coordinators" arrange. Works well. Plan to keep. Very isolated ("we are so rural")
Western State	N	Yes	Yes	Yes	1 st to implement. Works very well. Good option for some patients, families.
VA Ctr. for Behavioral Rehab.	N	Yes	Yes		Facility for treatment of sex offenders

Appendix B: WSH home page screenshots from Dec. 8, 2020 and Jan. 18, 2022 compared:



WSH home page – Dec. 8, 2020 screenshot (above)



Western State Hospital home page – Jan. 18, 2022 screenshot

Appendix C:

Dec. 8, 2020 (distributed in NAMI publications as part of collaboration with Western State Hospital)

A Virginia State Hospital Initiates Breakthrough Tele-visiting Capacity Connecting Isolated Patients and Families

Karl Polzer (NAMI member, Falls Church, VA)

Over the past several months, Virginia's [Western State Hospital](#) (WSH) has quietly accomplished something extraordinary. It is the first [Virginia state psychiatric hospital](#) to use tele-visiting to connect its residents with their families.

By the end of November, at least 10 families -- many of whom hadn't seen loved ones since the coming of COVID-19 -- had connected through the system. Staff are now training the last of the hospital's nine units on operating Kindles and software that patients use in the privacy of visiting rooms. WSH houses more than 240 patients each day.

In a world going Zoom, tele-visiting is of obvious value to help ease social isolation for hospital residents during the COVID-19 pandemic. Hospital leadership and parent volunteers working with them see tele-visiting as adding long-term value in many ways.

Even during normal times, physical visiting is hard for many families. Some live far away and face financial barriers. Courts in Arlington and Fairfax Counties, for example, send forensic patients to WSH, a more than two-hour drive away in Staunton. The cost of transportation or taking time away from work are barriers for many families including those living nearby. Hospital staff say that the tele-visiting program also will help patients transitioning back into the community get accustomed to telemedicine.

"I'm hoping the program will be a great resource during the holidays and we are eager to get the information out to the community and families," said a board member of NAMI Central Shenandoah Valley, which serves the region surrounding the hospital.

The screenshot shows the Western State Hospital website. At the top left is the Virginia.gov logo and the Department of Behavioral Health and Developmental Services (DBHDS) logo. The main header reads "Western State Hospital" and includes a search bar and contact information: "WSH Info Line 540-252-8000 877-848-1487". A prominent red banner across the middle of the page states: "Patient visitation is suspended until further notice. Dial (540) 352-8101 for updated information. Click here for the Facility Statement regarding Visitation." Below this banner is a "WSH Mission Statement" section with a photograph of the hospital building. On the right side, there is a "WSH Info Line" box with a list of services: "Visiting Rooms", "Patient Family Visitation", "Patient Capacities (Pilot/Transition) Family", "Notice of Privacy Practices", "Hours of Operation and Hours of Care", "Find Help- Mental Health Resources in Virginia", and "Prescription Drug Assistance Programs Available in Virginia". At the bottom, there is a "Our Philosophy" section with a small paragraph of text.

Western State Hospital home page – Dec. 8, 2020 screenshot

Western State began developing the program in early July at the request of a patient's family after an episode during which the patient was unable to speak clearly on the phone for several days after an adverse medication reaction. Not all patients will choose to use the new service due to personal preference. For those patients, the hospital will continue to offer free use of shared telephones in each unit.

A hospital staff member leading implementation said some family members find the new system a bit difficult to access but "once people do it once or twice, they get used to it." During pilot testing, at the hospital's request, the parent volunteers organized state and local NAMI groups to help create how-to guides for families who need assistance with tele-visiting technology. This article is part of that effort.

Here is a summary of how patients, staff, and family members and friends can engage in a virtual visit:

Basic instructions for WSH tele-visits:

The hospital is providing each of its units with Kindles that support both Zoom and Skype software. So far, most people have used Zoom which is more user friendly.

Patients can have one 15-minute virtual visit a week, possibly more if time slots are available. Mental health and rehabilitation staff will assist them in signing up for time slots.

Patients are responsible for communicating with their family/friends about when a Zoom call will happen. Sometimes patients may need to call their family/friend on the phone just prior to the video call to alert them.

In general, most patients are permitted to tele-visit. Staff have discretion not to allow use of the Kindle if a patient does not appear safe.

Staff will inform new and current patients and their families about the tele-visiting capacity and provide operating instructions. Members of a patient's treatment team can assist **families and patients** if they have difficulty figuring out how to use and access the system.

During tele-visits, a staff member opens a visiting room and asks the patient to sit inside facing the door. To protect the privacy of people who might be passing by outside, the Kindle camera will be pointed away from the door.

When the family member or friend joins the meeting, they must be admitted into a virtual room (a safety feature) by clicking "Admit" when it pops up on the screen.

Staff do not need to stay with patients or monitor them during the tele-visit (unless there are safety concerns, in which case the patient may not be appropriate for the service).

After the call, staff will turn off the Kindle, make sure the device is sanitized, and turn it back into the office.

Family members and friends must first [download the Zoom app](#) in order to tele-visit with a patient. They will need to provide their Zoom account email address to the treatment team and accept a contact request from the hospital. To join a tele-visit, family members will receive a call on their device, initiated by their loved one at WSH.

Note: According to hospital protocol, this is the most hassle-free way to make a call on Zoom. There is a way to call a family member or friend who has not accepted a contact request, but it requires more coordination and staff time. Some units limit Zoom calls only to family/friends who accept a contact request.
