

✓ Ethics Committees in Community Mental Health Settings?

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I am in the process of trying to organize an ethics committee at a large community mental health center in Central Massachusetts and am seeking advice from anyone with experience in this or a similar milieu. The agency is a large (almost 700 employees), nonprofit, community-based program that operates under the auspices of a broad, academically affiliated, behavioral health system. An independent board of trustees, responsible to the parent organization governs the agency. The agency primarily provides outpatient care and treatment to adults and children with mental health, substance abuse, developmental disabilities, and homelessness issues. It does not provide any psychiatric emergency or acute inpatient mental health services but does operate an inpatient detoxification unit for substance abuse treatment and "first offender" DUI program. Additionally, the agency has a vast network of residential programs and transitional facilities for individuals with a history of chronic mental illness and substance abuse problems. Outpatient medical care is also provided to homeless clients who reside in area shelters (including a "wet" shelter for men and women) and a large

number of clients who have HIV/AIDS and/or who have been dually diagnosed (substance abuse and mental illness), and are part of a scattered-site supportive housing program.

The agency employs a wide variety of clinical and paraprofessional staff in most of the aforementioned settings. Although many of the clinical staff are guided by ethical standards codified from within their own professional organizations, program managers are looking for direction and perhaps the development of policies and procedures addressing the appropriate boundaries of client/staff interaction in the various settings. Another ethical issue that arises frequently for staff pertains to the medical treatment of clients who may be impaired by acute substance abuse and/or mental illness. Patient/client competency for obtaining "informed consent" for medical care is often fuzzy and raises a number of issues with respect to both the acceptance and refusal of prescribed medical treatments.

The issue of committee size and structure is also germane to the discussion of establishing an ethics committee in this environment. Although a committee model that includes representation from a broad base of relevant disciplines (medicine, psychiatry nursing, social work, law, clergy, etc.) seems to be an appropriate structure,

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have committees working in a similar environment found that adding members from other areas (substance abuse counselors, residential managers, etc.) may also be useful?

I would also appreciate being directed to any published articles on the topic of establishing an ethics commit-

tee in a community mental health center setting.

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