



U.S. Department of Justice

Civil Rights Division

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DJ 168-72-33

Special Litigation Section  
P.O. Box 66400  
Washington, D.C. 20035-6400

November 17, 1994

U.S. v. Tennessee



MH-TN-001-004

The Honorable Charles Burson  
Attorney General and Reporter  
State of Tennessee  
114 John Sever Building  
500 Charlotte Avenue  
Nashville, Tennessee 37243-0497

Re: Memphis Mental Health Institute

Dear Mr. Burson:

I am writing in response to your request of the Department for information regarding conditions at the Memphis Mental Health Institute ("MMHI") in Memphis, Tennessee, for use in a briefing you intend to give to the new Governor-elect of Tennessee. As you are aware, we have been investigating conditions at MMHI since December 1990, pursuant to the Civil Rights of Institutionalized Persons Act ("CRIPA"), 42 U.S.C. § 1997 et seq.

In April 1991, we first informed state officials that conditions at MMHI, including a lack of professional and direct care staff, posed unreasonable risks to the health and safety of MMHI patients in violation of their constitutional rights. In February 1992, we informed you in further detail of the many conditions and practices at the facility which were endangering the health and safety of MMHI patients. Copies of these letters are attached for your further information and convenience.

Our most recent tour of MMHI was completed in June of this year. Unfortunately, many of the most serious conditions identified throughout the course of our multi-year investigation of MMHI still exist. For example, medical care remains grossly deficient and endangers MMHI patients. Our expert physician, making his third visit in as many years to MMHI, determined that MMHI patients are denied timely and adequate medical care and identified practices that result in harm to patients and are potentially life-threatening.

Medical staff at MMHI fail to appropriately examine and assess patients' medical status and needs, fail to intervene to treat patients' serious medical problems, neglect life-threatening medical conditions and often administer contra-indicated medications. Such practices are inconsistent with generally accepted medical standards or practice.

Psychiatric care is also critically deficient. Inadequate care results primarily from an inadequate number of competent and qualified psychiatrists. A high rate of admissions and discharges creates a work load too great for the few psychiatrists at MMHI. Thus, psychiatrists are not adequately assessing patients to determine their needs, are not sufficiently involved in developing appropriate, individualized treatment plans for patients which address their mental condition, and are not adequately involved in providing direct patient care. As well, treatment programs for patients are inadequate.

Medication practices at MMHI pose great risks to patients. Medications are often administered without sufficient clinical justification and absent adequate consideration of the dangerous side effects of these medications, given a patients' psychiatric and medical status.

Finally, we determined that mental health patients are being prematurely released from the hospital before their psychiatric condition has been stabilized and without appropriate monitoring or placement in community programs. During our June tour we reviewed records of patients who were discharged even though professionals at MMHI indicated in their records that they were still dangerous or not stabilized. Absent adequate treatment, such patients are subjected to repeated admissions and discharges and a repetitious cycle of harm. A review of records indicated that recidivism is a significant issue at MMHI due to inadequate treatment. For example, we noted numerous patients who had multiple admissions to MMHI. Indeed, we found -- in an extreme case -- that one patient was on his 36th inpatient admission.

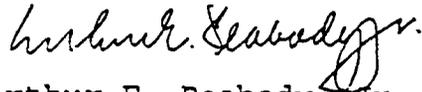
Our nursing consultant, also making her third trip to MMHI in June, found that nursing services had not improved, but had deteriorated since her last visit to MMHI. She found that MMHI is not adequately staffed to provide therapeutic nursing care to its patients. Nursing care plans are not adequately individualized to reflect the needs of patients and, due to the lack of nursing staff, what plans are written are often not implemented.

In sum, both medical and psychiatric care at MMHI fail to meet constitutional standards. Patients continue to be subjected to harm or unreasonable risks to their health and safety.

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I hope you find this information helpful in your conversations with the Governor-elect. If anything further is needed, please advise me.

Sincerely,



Arthur E. Peabody, Jr.  
Chief  
Special Litigation Section

Enclosures