TESTIMONY FOR THE **PUBLIC ROUNDTABLE ON ST. ELIZABETHS HOSPITAL OPERATIONAL AND SAFETY CONCERNS**

January 21, 2026

Disability Rights DC at University Legal Services appreciates the opportunity to submit written testimony to the D.C. Council's roundtable on the operational and safety concerns at St. Elizabeths Hospital. Disability Rights DC is the designated protection and advocacy program for people with disabilities in DC. Pursuant to our federal mandate, Disability Rights DC advocates on behalf of hundreds of DC residents with mental illness each year.

Our testimony is focused on several ongoing concerns regarding St. Elizabeths Hospital, including (1) the long standing overuse of restraint and seclusion; and (2) the need for more robust violence prevention/trauma informed care training for staff.

St. Elizabeths Continues to Employ Restraint and Seclusion at Very High Rates

For far too long, St. Elizabeths has subjected patients to the trauma of being physically restrained, strapped down to a bed and/or secluded alone in a locked room. Just as traumatizing, restraint and seclusion are often accompanied by an involuntary injection of a chemical restraint.

Restraint and seclusion should be a rare occurrence. State and federal laws allow their use only in an extreme emergency when all other forms of de-escalation have failed.[1] These restrictions are there for a good reason. Restraint and seclusion can produce high levels of distress, fear and anxiety in both patients and staff and cause re-traumatization for those who have experienced physical or

[1] D.C. Code § 7-1231.09(c); 42 C.F.R. § 482.13(e).

sexual abuse.[2] Research shows seclusion and restraint are not effective and "can actually fuel violence," creating a vicious cycle where restraint and seclusion "may cause, reinforce, and maintain aggression and violence on the ward,"[3] placing patients and staff at an unnecessary risk of serious physical injury. The use of restraints and seclusion can lead to patient falls, pressure injuries, positional asphyxiation, musculoskeletal injuries, drug reactions, and even death.[4] For all of these reasons, DRDC has been concerned about the high number of restraint and seclusions at St. Elizabeths Hospital for many years. Our concerns, which have been made public in several reports and testimony to City Council,[5] continue unabated.

The Department of Behavior Health ("DBH")reports St. Elizabeths Hospital statistics every month in "PRISM" reports, including the incidents of restraint and seclusion for each month.[6] The numbers speak for themselves. Staff employed restraint on average 72 times a month in 2025, which averages to over two incidents of restraint a day.[7] In June 2025, staff employed 118 restraints -- which averages to almost four incidents of restraints per day.[8] Staff employ seclusion at lower rates, however, these rates also remain high, averaging 24 incidents of seclusion a month.[9] Equally as alarming is the number of "STAT" events, defined as "emergency medication prescribed and administered to a person involuntarily," which is at a shocking average of 50 events per day.[10] These numbers are dangerous and unacceptable.

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[2] Hannah Butterworth, Lisa Wood & Sarah Rowe, *Patients' and Staff Members' Experiences of Restrictive Practices in Acute Mental Health In-patient Settings: Systematic Review and Thematic Synthesis*, *BJPsych Open* **8**(6):e178 (Oct. 6, 2022), available at https://doi.org/10.1192/bjo.2022.574. This is especially relevant since a large proportion of female patients in psychiatric hospitals have reported being victims of severe physical or sexual abuse. *Id.*

[3] See Amanda Wik, M.A., *Elevating Patient/Staff Safety in State Psychiatric Hospitals*, NAT'L ASS. OF STATE MENTAL HEALTH PROGRAM DIRS. RES. INST. (Jan. 2018), https://nri-inc.org/media/1465/2018-elevatingpatient_endnotesfinal.pdf.

[4] Jasleen Kaur, *Patient Restraint and Seclusion*, (updated 2025), available at https://pubmed.ncbi.nlm.nih.gov/33351431/.

[5] Disability Rights DC, *Abuse Unabated: Restraint and Seclusion at St. Elizabeths Hospital,* (2020), https://cdn.prod.website-files.com/65792ba62c7815e2cdc139a2/65f229c3f771dc2ff93b9649_abuseunabatedfinal.pdf; Disability Rights DC, *Dangerous Restraints: Mistreatment and Harm at St. Elizabeths Hospital*, (2019), https://cdn.prod.website-files.com/65792ba62c7815e2cdc139a2/65f22f832f0b94681cbd1d17_srreportfinal73119.pdf.

[6] *See* St. Elzabeth PRISM reports. https://dbh.dc.gov/page/saint-elizabeths-prism-reports. Per the PRISM report, "restraint" includes physical holds and mechanical, or four point restraints.

[7] *Id.*

[8] *Id.*

[9] *Id.*

[10] *Id.*

St. Elizabeths Should Fully Embrace Evidenced Based Practices to Reduce Restraint and Seclusion

Many, if not most restraints and seclusions incidents can be avoided by implementing clinical practices which have shown to be effective in significantly reducing restraint and seclusion in psychiatric facilities, such as violence prevention and trauma informed care approaches.[11] With Disability Rights DC's urging, several years ago, St. Elizabeths agreed to contract with a nationally recognized expert consultant to implement a program at St. Elizabeths based on violence prevention strategies and trauma informed care techniques. Although she has been able to begin her work, the Hospital administration and DBH need to prioritize her work and ensure her programs are implemented hospital wide.

For a reduction in restraints and seclusions to be effective, the hospital administration and leadership staff must provide staff with the tools and support they need. Not only do staff clearly need more effective clinical strategies, but a change in culture also needs to happen to end what, according to their own numbers, has become a routine practice at the Hospital of restraint – both physical and chemical.

The solutions start at the top. St. Elizabeths Hospital administration frequently insists that their restraint and seclusion numbers are close to the national average. For the 570 St. Elizabeth patients who were either physically held or locked alone in a room, and the patients involved in 604 incidents of involuntary injections of medication(s) from January 2025 through November 2025, these statistics are not a consolation and do not help them to heal.[12] Since the average daily census at St. Elizabeths is 264 patients, these numbers are clearly concerning.

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[11] See S. Price, M. Williams, L. Gould, et al., *Development and Evaluation of a De-escalation Training Intervention in Adult Acute and Forensic Units: The EDITION Systematic Review and Feasibility Trial*, *Health Technology Assessment* **28**(3) (Jan. 30, 2024), https://doi.org/10.3310/FGGW6874 ; Faye Nikopaschos, Nikhil Suresh, Samantha Wilson, et al., *Trauma-Informed Care on Mental Health Wards: The Impact of Power Threat Meaning Framework Team Formulation and Psychological Stabilization on Self-Harm and Restrictive Interventions*, *Front. Psychol.* (2023), available at https://doi.org/10.3389/fpsyg.2023.1145100.

[12] See St. Elzabeth PRISM reports (November 2025), https://dbh.dc.gov/sites/default/files/dc/sites/dmh/page_content/attachments/SEH_PRISM_Dashboard_PDF-Nov_2025.pdf.

All leadership, including nursing, medical, psychiatric, forensic and other administrative staff must fully "buy in" to violence prevention and trauma informed care strategies which have proven effective in reducing restraint and seclusion. The status quo cannot continue.