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'It was supposed to be a hospital, but it basically was a prison.'

Maryland students describe abuse within residential mental institutions

Trigger warning: This article contains information about and somewhat graphic descriptions of physical violence, suicidality, sexual abuse, and substance abuse.

Then 15-year-old Alexander Sanderson stared down the former St. Peter's Seminary building in southwest Baltimore, he had no idea what the next eleven months would have in store. It was July of 2016, and the state had just referred Sanderson to the Baltimore

facility of the Regional Institute for Children and Adolescents (RICA) due to school truancy. He would then spend almost a full calendar year in a residential mental health treatment program.

The two-story red brick building hidden inside the brush of Baltimore was founded in the late 1950s during the peak of a national shift in attitude around mental health treatment. This approach, called deinstitutionalization, emphasized the importance of transitioning individuals diagnosed with acute mental illness into life outside of residential care-and RICA emblemizes that newer concept.

Originally housed at the former Rosewood state hospital, RICA Baltimore became a state-funded residential treatment facility in Maryland in the 1950s and then moved to St. Peter's Seminary near the

John L. Gildner

for Children and Adolescents

U.S. National Cemetery in the 1970s. While there are several privately-owned mental treatment organizations, a second publicly-provided facility emerged in Rockville in 1980.

Both facilities serve as both behavioral and academic treatment programs, with associated residential schools, for Maryland students struggling with mental illnesses, autism, specific learning disabilities, and other mental health impairments.

The RICA vision, as stated on the MCPS website for the Rockville campus, is to provide a space where

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ISABELLE PEREIRA

"students will learn and grow academically, socially and emotionally in a safe, secure and nurturing en-

were freaking the f*** out.

But it didn't take long for Sanderson to realize that the facility was far from being a mental health haven. "It was supposed to be a hospital, but it basically was a prison," he says.

Abusive environment

"We were essentially being kept isolated from the outside world and our family members," Sanderson recalls. He was monitored during 15-minute phone calls with his parents and was once forced to hang up when he brought up the unfavorable living environment at the facility. He remembers many students, including himself, collectively wondering how long they would live in a foreign environment under heavy surveillance. "There was no real answer."

Some students felt more unsafe at the hands of staff rather than fellow students. Sanderson reports that staff members often exhibited unnecessary physical force, cruel taunts, and racist remarks. Sanderson notes that violence was more prevalent from staff than it was from students. "There were fights sometimes and stuff like that... but it was the staff who were mainly at times very violent," he remembers.

One specific example he offers was watching in horror as one of his friends was abused by a staff member. "I saw one of the staff members, just with his hands around neck... choking

According to Sanderson, this incident did not yield any real consequences for the staff involved.

He also describes a personal story of staff-perpetrated abuse after he was placed on suicide watch. "At one point, I became suicidal... because I wanted it to be over. And so I wasn't allowed to do much," Sanderson says. "I went into the kitchen because I wanted to snack, and apparently I wasn't supposed to be in there without supervision. [A] staff member followed me in there... he grabbed my arm and just twisted it really hard up behind my back... and he just marched me out of the kitchen."

Sanderson was then asked to remove his clothing so the staff members could check for dangerous items. He initially refused. "I'm not doing that, I'm not exposing myself in front of all these people. That's not appropriate," he recalls. But he says the employee would not take no for an answer. "[The staff member] puts [their] knee into my back, strips me completely naked... [and then just] leaves me in there, closes the door, locks it. Then I was in there naked for, like, two hours."

Sanderson did not struggle alone. Another former resident, 17-year-old Isabelle Pereira spent a year and a half in the residential program at the Rockville RICA facility, while Sanderson was housed in Baltimore. Though their reasons for institutionalization differed-his for truancy, hers for mental illness and substance abuse-Pereira described a similarly bleak experience, with abuse ranging from violent disciplinary measures to neglect.

"It was really hard being there and being gaslighted into believing that I needed this treatment: being physically abused, sexually abused, psychologically abused, and being gaslighted to the point where I thought that I was crazy and... that I deserved it," she

The RICA Rockville Director of Community Resources and Development, Marlayna Proctor, declined to comment on the allegations of abuse.

Pereira partially credits these aggressive methods to the background of Rockville RICA founder John L. Gildner, who also served as the facility's CEO for twenty years after retiring from his position as an Air Force Colonel and hospital administrator.

Pereira believes his military background impacted the facility's disciplinary tactics. "There's a lot of army style types of treatments and discipline... [but] if you're going to be in a place to attack those mental health issues, you shouldn't be treated like a criminal," she says.

Admissions

Pereira experiences a range of emotional difficulties as a result of her borderline personality disorder-a mental disorder characterized by unstable moods, behavior, and relationships. However, she feels her condition was aggravated by an oppressive environment at RICA and does not believe her institutionalization at the Rockville facility was appropriate for

her needs. "I don't think I ever met the requirements for being in such highly intense care; I don't think many kids do," she says. "The people who truly needed the residential treatment were benefited by it... But a lot of the children there, they

didn't [need it]-I know I didn't.'

According to their website, RICA admits adolescents who "chronically exhibit behavior, which is unacceptable at home in school, and in the community; and for whom community resources have not been helpful in the past." Each case is evaluated based on a series of specific emotional challenges.

According to Pereira, many admitted patientslike herself-suffer from acute mental illness, and many are also on the autism spectrum. In the 2019-2020 school year, over 95 percent of the 112 students enrolled at the affiliated school had needs requiring special education services, per MCPS-provided de-

Based on both Sanderson and Pereira's testimonies, despite the vast differences in the specificities of each individual case, the approaches and tactics used in patient treatment are standardized and largely congruent across the board.

Treatment approach

According to the RICA Baltimore website, their primary methods for treatment are various kinds of therapy-individual, family, group, recreation, art, and movement-behavior medication, and psychophar-

However, Sanderson feels a large number of the residential staff members were not adequately trained to handle students with mental health issues. "The majority of the time, the kids spent their days with just regular staff hires who had barely any mental health experience," he notes.

According to a 2014 study by Louisiana State University, substance abuse treatment efforts are most effective through long-term therapeutic residential care and intensive outpatient mental health aftercare. However, both Sanderson and Pereira described an overreliance on medication to treat patients' mental illnesses. "[Therapy] would just be like throwing a medication at somebody," Sanderson says.

Charles Gischlar, Deputy Director for the Maryland Department of Health, explains that the process of prescribing medication at RICA facilities is multipronged. "The Maryland Department of Health operates the RICA facilities in accordance with Maryland statutes, regulations from the Centers for Medicaid and Medicare," he writes in an email. "Policies for medication fall within the regulatory guidance from these same entities."

Medication impact

While often beneficial in appropriate dosages, when used as replacement of therapy or in excess, medication can interfere with recovery and exacerbate emotional distress. Moreover, since some RICA patients already struggle with drug or substance abuse when they enter the facility, overuse of sedatives while in residential treatment could exacerbate a student's pre-existing condition.

> the British Columbia Medical Journal, when patients have antipsychotic medications or other prescription drugs in their system already, "the addition of a [sedative] does absolutely nothing other than increase the risk of side effects and toxicity." Despite evidencelike the 2014 study—

According to Paul K.B. Dagg of

that residential treatment should focus more on effective therapeutic methods than

medicine, Pereira and Sanderson feel that RICA observes a strict reliance on sedative medication. Pereira describes in detail one terrifying encounter that she had with sedation while in the care of RICA.

"They had thrown me into a restraint chair, so I was strapped into a chair. No movement, no nothing. They had drugged me, and I was nodding out... when I woke up for a little bit, all the staff were freaking the f* * * out," she says.

In Maryland, the use of restraining chairs with emotionally distressed patients must be "appropriate to the developmental level of the student" and must not exceed 30 minutes, according to Maryland Seclusion and Restraint Statutes. After her incident, Pereira learned that she had been kept in the restraining chair for 2.5 hours.

Other students described similar traumatic encounters with sedation and medication. In a Google review of RICA Baltimore, one former student writes, "therapy here is really just shoving pills down the throats of patients. I still have nightmares from

Transition into independent life

Though Sanderson thought his emotionally tumultuous experience would conclude after he was discharged, he soon realized his struggle was far from

After his eleven months living at the Baltimore facility, he developed severe post-traumatic stress disorder (PTSD), which impeded his ability to enjoy and be productive during his final years at Winston

"I was getting panic attacks, flashbacks, nightmares," Sanderson says. He was forced to miss school and had difficulties with administration as a result of the lasting emotional traumas he was still processing. "I explained to a lot of the school district what I was dealing with... at that point, they provided me zero

According to the Maryland Department of Health website for JLG-RICA, "The child's eventual return to the home, community, or other less-restrictive setting is an integral goal of treatment from the first day of admission to the residential program." However, students like Sanderson and Pereira feel that RICA does not offer enough support to students during this

Pereira reported that the staff at RICA Rockville did next to nothing to help her transition back into independent life. "I have had a lot of issues with finding myself again, and kind of regrouping... because of how I was treated," she says.

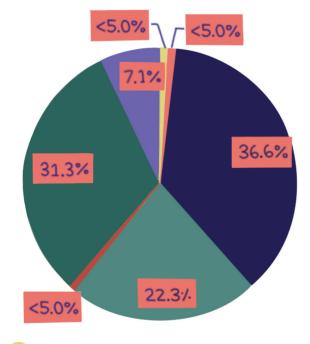
She adds that many of the people she met at the facility returned to engaging in self-destructive behaviors once they left as a result of the lack of followup that RICA provided. "The majority of people I know who were there who got abused, they went back to gangbanging, they got hooked on dope again, they started on the wrong path as soon as they got out of there," she says.

While information about students' experiences within residential facilities like RICA remains widely obscured, the accounts given by Sanderson and Pereira attest to the contrast between the program's written objective and their lived reality-from staff abuse to treat-

ment methods to life

after discharge.





% American Indian or Alaska Native

% Asian

% Black

% Hispanic/Latino

% Native Hawaiian or other Pacific Islander

% White

% Two or more races

DEMOGRAPHIC BREAKDOWN According to MCPS school data, 122 students were enrolled at the Rockville RICA facility in the 2019-2020 school year. The largest racial group was comprised by Black students at 36.6 percent of the student body, followed by white students at 31.3 percent and Latino students at 22.3

