Patients have the right to send and receive mail. Because of technological advances, most people use email. Psychiatric hospitals should allow for access to email accounts for people who use email as a primary link to friends, family and other supports. Also because of our reliance on technology to store information we encourage access to cell phones so that individuals may locate their electronic address books for their contact numbers.

A goal of the inpatient environment is to have an experience similar to that of their community. Most other hospital rooms provide televisions. NAMI believes that people who are hospitalized for mental health treatment should similarly have televisions in their rooms.

In certain instances, it may be determined in person centered clinical meetings that unlimited access to phones, electronic communications, and/or television would be harmful for an individual. This should be considered on a case by case basis and not become a default action or used for punitive purposes.

NAMI strongly encourages the expansion of visiting hours for family and friends in recognition of the long drives and difficulties experienced by family members and friends making visits to their loved ones. This supports the importance of encouraging family involvement in treatment whenever possible. (See NAMI's position on Family Involvement in Treatment, Section 3.7).

8.3 Tobacco Addiction

(8.3.1) NAMI is committed to supporting in every way the wellness of people with mental illness and in recovery. NAMI recognizes that cigarette and other tobacco use is a dangerous form of addiction. Such addiction creates more significant health problems for people with mental illness and in recovery. People with mental illness and in recovery have the right to be smoke free and tobacco free. Effective prevention and treatment, including treatment of the effects of withdrawal, are available and should be part of effective mental health care treatment and recovery. People with mental illnesses must be given education and support to make healthy choices in their lives.

(8.3.2) Research shows that people with serious mental illnesses are twice as likely to smoke as the general population and that people with schizophrenia are three to four times as likely to smoke as the general population. The negative health effects of cigarette smoking and other tobacco use on personal health are well documented, including increasing risks of respiratory problems, cardiovascular disease, and certain forms of

cancer. The negative health effects of exposure to "second hand" smoke are also well documented.

(8.3.3) Smoking has been inappropriately accepted and even encouraged in therapeutic settings for treatment and recovery. Access to smoking is sometimes used coercively and can be a source of disruption in treatment facilities. Smoking and other tobacco use also increase stigma.

(8.3.4) Therefore, NAMI supports and encourages smoke free and tobacco free environments in treatment and other health care facilities, group centers and common areas in housing, including prohibiting smoking and other tobacco use by health care providers, caregivers and others working in and visiting such facilities, centers and housing. NAMI opposes any practice that uses access to smoking and tobacco as a form of coercion or reward.

(8.3.5) At the same time, NAMI recognizes that the best time to provide and support smoking and other tobacco use cessation is not when consumers are in crisis because such treatment may exacerbate psychiatric symptoms and other conditions. Nicotine addiction is powerful and withdrawal is difficult for the general population, so it is particularly difficult for individuals experiencing a psychiatric crisis. Research indicates significant interactions of smoking and smoking cessation with certain psychotropic medications that can be improved through effective dosage regulation and nicotine replacement. Research further indicates certain secondary, health issues associated with smoking and other tobacco use cessation, including weight gain, that require effective monitoring, counseling, peer support, self-help and treatment.

(8.3.6) Therefore, NAMI supports consumers in seeking smoking and other tobacco use prevention, cessation and recovery as essential to overall wellness in treatments and in programs available in the community. NAMI calls upon physicians and other health care providers, in community and inpatient settings, as well as group centers and programs, to implement educational and tobacco use cessation programs to help consumers stop and avoid tobacco addiction. Treatment and other facilities instituting smoke free policies must provide effective tobacco addiction treatment and support to consumers as well as health care providers, caregivers and others working in such facilities, who use tobacco products. Effective treatment and support must include:

(a) Smoking and other tobacco use cessation strategies and ongoing support;

(b) The most effective nicotine substitution products for individuals with nicotine dependence, as well as other medical approaches with proven effectiveness;

(c) Socialization, recreational and other structured activities;

(d) Counseling, peer support and other therapeutic supports;

(e) Careful assessment, monitoring and adjustment to medication regimens as appropriate; and

(f) Effective assessment, monitoring and assistance with respect to diet, nutrition and exercise to avoid weight gain and other common secondary effects of smoking and other tobacco use cessation.

(8.3.7) NAMI further supports incorporating tobacco usage in the definition of dual diagnosis; integration of mental health care and overall health care; more effective research at all levels on smoking, tobacco addiction and mental health treatment; and funding (including Medicaid and other public sources) to provide access to effective smoking prevention, cessation and recovery.

8.4 Deaths in Institutions

NAMI demands systematic reporting of deaths in institutions as an aid to improving quality of care. Deaths in psychiatric hospitals, correctional institutions, and other residential facilities can be important indicators of the quality of care provided to patients, inmates, and residents, especially when such deaths result from accident or suicide.

8.5 Protection and Advocacy Services

(8.5.1) NAMI supports federal laws that recognize the value of family and consumer representation on the governing bodies of protection and advocacy agencies, require protection and advocacy services in all treatment settings, allow for the filing of grievances against the priorities of a protection and advocacy agency, ensure family and consumer input into federal regulations, and provide for consumer and family training of staff.

(8.5.2) NAMI holds protection and advocacy systems accountable for protecting consumers from sexual and physical abuse while in hospitals and/or other facilities.

8.6 Training of Professionals