
My Northeastern University Co-op at Arbour Hospital

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My Position at Arbour Hospital

- ❑ My position at Arbour Hospital was entitled MHA.
- ❑ An MHA is a (M) Mental (H) Health (A) Associate.
- ❑ This position consisted in the aiding of psychiatric patients residing in Arbour Hospital with their ADL's (Activities of Daily Living), court hearings, doctors appointments. and psychiatric episodes just to name a few.
- ❑ I was also responsible for discharges and admissions of patients, 15 Minute Safety Checks, unloading and restocking materials such as food and clothing, and providing patients with therapeutic options when agitated.

How did you spend the majority of your time at Arbour?

Doing what? With whom?

- ❑ The majority of my time at Arbour was spent with the Patients on my Unit.
 - ❑ I was on the Unit named North 3 (a calmer geriatric unit) and South 3 (A more acute unit with more aggressive patients).
- ❑ When I was on my unit I helped patients with their ADL's, made sure they were eating food, accompanied them to many court hearings and doctors appointments, and provided them with a structured day of activities and social interaction.
- ❑ The people I interacted with the most were my fellow MHA's and the patients themselves, I certainly got to meet a lot of different individuals with very specific needs.

What did you hope to learn on this co-op? (office skills, employer policies, field experience, etc?)

- ❑ I hoped to learn what goes into the daily life of a worker in the DMH (Department of Mental Health) field, including their daily routines, challenges, and duties.
- ❑ In addition I hoped to witness the effects of the policies that put people, like the patients of Arbour Hospital, into these cycles of institutional living and incarceration.
- ❑ Lastly I hoped to witness a new style of management and determine my preference of management style.

What do you wish you would have known before you went into co-op that you know now?

- ❑ I wish I had known the pressures and dangers that come with dealing with individuals with acute psychiatric issues.
- ❑ There were various instances each week where patients would become quite violent due to a trigger setting them off, leading to their restraint and sedation.
- ❑ Seeing and partaking in these events labeled “Code Green” in the hospital were sometimes disturbing and jarring. For these reasons, I wish I was better prepared for the realities I would face on the floor of the hospital.

Did anything surprise you about your co-op? Why?

- ❑ I was surprised at the level of direct care I was able to provide to patients and the impact that my work had not just on their day but on the trajectory of their lives.
 - ❑ There were various times in which patients would thank me and other co-workers for the aid we had provided and exclaimed that the program was in fact life changing.
- ❑ I was also surprised that we were allowed to advise and attend the patients' court hearings while in the hospital. I was particularly excited about this because one of my goals of this Co-op was to witness and understand the policies that put people into institutions such as Arbour Hospital.

Discuss the most difficult or challenging activity that you engaged in during co-op...

- ❑ The most difficult activity I had to perform while employed as an MHA at Arbour Hospital were patient admissions.
- ❑ Admissions consisted of:
 - ❑ Full body searches for contraband or dangerous objects.
 - ❑ Clothing the patient.
 - ❑ Documentation and proper storage of patient's personal belongings from the police or ER.
 - ❑ A plethora of legal counseling, document explanation, and filling out of legal paperwork.
 - ❑ Sorting insurance information.
 - ❑ Building the patient's medical chart.
 - ❑ Room assignment and making of the patient's bed.
- ❑ All done independently, which more often than not posed risks with new patients being rather unpredictable upon arrival to the hospital.

Please describe a job, task, activity that you did during co-op that you had never done before.

- ❑ A task I had never done before my Co-op that I needed to do was perform 15 minute safety checks for all patients on my unit for two 1-hour time slots each shift I worked.
- ❑ This consisted of walking around with a binder full of legal documents entitled DMH Safety Checks, one for each patient that was on the unit at the time, logging their activity and whereabouts each 15 minutes for two hours that passed throughout the shift.
- ❑ After my two hours passed, another MHA would continue the safety checks for their two hour slots and then pass it to the next and so on...
- ❑ These safety checks were performed by searching each patient's room for dangerous or harmful belongings and visualizing each patient every 15 minutes. We then marked their page in the binder with their current position and mood and moved on to the next patient.

Did this co-op help you decide what you want to do next (in terms of career or work)? Any plans?

- ❑ I was offered a per-diem position at Arbour after the conclusion of my Co-op to which I declined their offer.
- ❑ This position was both physically and mentally exhausting often leaving me very drained at the end of each shift, especially with some shifts being from 3pm-11pm.
- ❑ Although this job is not directly leading me to the pursuit of a job in the mental health field it has opened my eyes to the law and public policy aspects of incarceration and institutionalization and the impacts it has on people's families and lives.
- ❑ I plan to use these first hand experiences and new found knowledge to drive me in my future legal endeavours with my new focus being law school, and hopefully a law and public policy Co-op when my next Co-op search begins.

How did your co-op experience/s change your view of our society, other societies, your sense of self, etc.?

- ❑ The experiences I had being surrounded by the patients at Arbour Hospital have made me look at my own life and the privilege I have been scribed.
- ❑ The people I met at Arbour were just like you and me but were often treated as second class, even animals. I heard far too many accounts of police brutality, school to prison pipelines, inability to sustain one's self, and suicidal ideology as a result of individulas upbringings and policies that capped individuals' abilites to succeed.
- ❑ Policies such as the recent supreme court sentencing against affirmative action policies in college admissions are what perpetuate these realities. I plan to take a stand against policies such as these in my future work and make a true change for the people who are affected by them.

Thank You for Listening! Any Questions?

