

Testimony of Adam J. Wickett

Hospital Nurse III, Dorothea Dix Psychiatric Center In support of funding the 1998 Special Retirement Plan for DDPC & RPC Nurses

My name is Adam Wickett, and I am a Hospital Nurse III at Dorothea Dix Psychiatric Center, and I have spent most of my adult life working in inpatient psychiatric nursing for the State of Maine. In 10 years, I will be in my early 50's and I will have worked at DDPC for nearly three decades.

I am proud of my career and of the work we do. I have stayed because I believe in public service, and our patients deserve experienced, committed staff. At the same time, I think it is important to speak honestly about what this job involves, and how it affects people over time.

Dorothea Dix Psychiatric Center is a state psychiatric hospital that treats both civil and forensic patients. We do not have a stand-alone forensic unit. IST and NCR patients are integrated across inpatient units, which means nurses throughout the hospital regularly care for court involved patients as part of our normal operations. This is not occasional exposure; it is routine.

Violence is an expected part of inpatient psychiatric nursing. Nurses are present during restraints, assaults, medical emergencies, and behavioral escalations. We work side by side with Mental Health Workers during these events and remain involved throughout, while also carrying responsibility for medical decisions, patient safety, and our professional licenses.

It is also important to describe staffing accurately. We do not have corrections officers on the units. Security support is provided by contract staff whose role is limited and supportive. Clinical decisions and authorization for hands-on interventions rest with licensed nursing staff, who remain present for the duration of incidents. Over years and decades, nurses absorb the physical and psychological effects of this work in a way that does not reset at the end of a shift.

Some nurses sustain injuries that shorten their careers. Others reach retirement without a single catastrophic event but carry lasting effects from repeated exposure to violence and trauma. Even when nurses make it to retirement physically intact, the psychological impact does not disappear.

When Mental Health Worker I-IV positions were added to the 1998 Special Retirement Plan, the State acknowledged the conditions of working in secure inpatient psychiatric settings. Nurses work under those same conditions, during the same incidents, with the same patients. The risks are comparable, and in many cases compounded by additional clinical responsibility. Excluding nurses does not reflect how care is actually delivered in these hospitals.

It is also important to be clear about scope. Not all nursing roles carry the same exposure. Office-based positions and primarily administrative roles do not routinely face the same level of risk. Frontline inpatient nurses, nursing supervisors, and clinical nurse managers do. These staff are placed into staffing counts, respond to codes, cover direct care when staffing falls below minimums, and even sit one-to-one with high-risk patients. Their exposure is part of the job, and cannot be avoided by title.

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There is also widespread misunderstanding among staff about retirement eligibility. Many nurses believe they must work twenty-five years and reach age fifty-five to retire. Under the 1998 Special Plan, retirement is available after twenty-five years of service or at age fifty-five with 10 years of service. This distinction has a direct impact on retention of frontline workers at both DDPC and RPC. It affects whether experienced staff believe there is a realistic endpoint that does not depend on being injured first.

Extending the 1998 Special Retirement Plan to nurses at Dorothea Dix Psychiatric Center and Riverview Psychiatric Center would align retirement eligibility with the realities of inpatient psychiatric nurses and support retention of experienced staff in facilities where stability directly affects safety.

Thank you for your time and thoughtful consideration.

Respectfully submitted,

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This testimony reflects my personal experience and does not represent an official position of my employer.

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I am a Hospital Nurse III at Dorothea Dix Psychiatric Center with decades of experience in inpatient psychiatric nursing. This testimony explains why frontline nurses, including supervisor and clinical nurse managers who provide direct patient care, face the same risks already recognized under the 1998 Special Retirement Plan. Extending the plan to nurses at DDPC and RPC would support retention and reflect the realities of inpatient psychiatric care.