

THE SWVMHI NEWS

Southwestern Virginia Mental Health Institute

Volume XXX No. 7

~Health ~Healing ~Hope

December 1, 2008

Our Mission: We promote mental health in Southwestern Virginia by assisting people in their recovery.

FROM THE DIRECTOR

Staff at SWVMHI enjoyed a pleasant fall day at the Quarterly Employee Recognition Event on November 6, 2008, which had as its theme "Game Day." Please see Pages 5 and 6 for staff who were honored as a part of the recognition event.

What it means to be in recovery

We can be in recovery from mental illness or substance abuse, from a catastrophic or life changing event, or from a loss.

- ❖ "Recovery is a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life, even with limitations....."
- ❖ "Recovery involves the development of new meaning and purpose in one's life."

-William Anthony

Recovery is a personal process of change experienced by each person in a unique way.

Recovery is growth beyond the effects of mental illness, and being able to lead rich and rewarding lives despite the presence of symptoms. Lives are meaningful, purposeful, and reflective of the person they are, not the diagnosis given.

Recovery is a complex and time-consuming process. It takes time to rebuild confidence and abilities.

Developing confidence, self-respect, and a positive purpose for one's life doesn't occur simply because symptoms are lessened.

There are several pathways that can lead to recovery. Among them are hope, choice, empowerment, a recovery environment, and spirituality.

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Recovery is a CHOICE: we choose to engage in the recovery journey. Making choices is how we discover who we are, but making choices can be risky. This is how we learn--from our own experiences. We are the experts in our own recovery. I can't "recover you," and you can't "recover me."

Hope is really the beginning of recovery. It is a thought that things can get better, a feeling of courage with a spark of new energy. Hope means, "I have dreams." Hope is a vision of a better future, and, very importantly, *someone else can hold hope for us*, if we are too ill or discouraged to have hope for ourselves.

We have learned that recovery isn't a linear process: There are ups and downs, and it is not all good. Symptoms may remain, but people still recover!

As we focus on recovery, the hopefulness and the many good things we are doing for patient care are evident: our High Performance Organization groups, the Road Trip Training, and the new Recovery Services plan. We can be proud of the efforts we are placing on staff recruitment: we have been blessed with a new Medical Director, a new doctor for the C team, a new Assistant Director, new nursing staff, new social workers, new rehab. staff, a new librarian, and many more good staff. So far for Fiscal Year 2009, our budget is doing okay - no big cuts - but we can't forget the many challenges that lie ahead.

We still have positions vacant and are struggling some days. We are losing our full-time Human Resources Director to a regional model and that breaks our hearts. We have new stringent accreditation standards that go into effect on January 1 that we need to be preparing for. We have to continue to reduce seclusion and restraint and enhance trauma-informed care.

I have no doubt that we can do all these things--and do them well.

And now the Challenge: Will you be a bridge?

What do I mean by a bridge? Bridges span obstacles. The earliest bridges were likely logs over streams. Modern bridges are made of high tensile steel that can withstand much stress and pressure.



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DIRECTOR - CONTINUED FROM PAGE 2

Will you be a bridge to the vision of SWVMHI as "the region's center of excellence in the treatment of serious mental illness?"

Will you be a bridge to recovery and hope--and hold that hope for others who are too discouraged or ill to have hope for themselves?

Will you be a bridge to living our values that describe how we want to treat each other and our ultimate/core reason for being - our "higher moral purpose?"

Will you be a bridge to best promote mental health in the people we serve by following our Institute values of communication, honesty, trust, teamwork, self-initiative, leadership, and honoring day-to-day tasks?

Will you be a bridge to demonstrate and encourage leadership at SWVMHI regardless of your position in the organization? Will you function in the interest of values that are not local to you, but of some greater force?

Will you keep the desired ends in mind, referring to the vision and the values to guide your daily actions?

I have been spending some time with the members of the HPO Communication Workgroup, talking with them about how to improve up, down, and cross-departmental communication.

Will you be a bridge to actively listen to others and use our active listening model of "Get-Give-Merge-Go" to really listen and incorporate the feedback and needs of others?

Will you welcome the staff member who is "pulled" to your team or unit? Will you welcome the suggestions of someone outside your department? Will you remember to involve people when you are revising or changing a process or are starting a new process?

Are you being a bridge to knock down silos and problem-solve with each other?

All those actions demonstrate that you are a bridge.

So don't be surprised in the year ahead if you hear, when you bring an issue or a problem to another person or your supervisor, those people say to you, "Are you being a bridge?"

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DIRECTOR - CONTINUED FROM PAGE 3

It's what we like to say about helping the individuals we serve: if we only treat symptoms and do not promote hope and recovery, then we are not doing our jobs. Similarly, if we have excellent surveys, but are not being bridges, then we have not fully completed our jobs. *It is not about what we do, it is about who we are.* I encourage you to Build Relationships into Daily Great Experiences and to Build Respectful Interactions and Develop Good Energy! Be a B.R.I.D.G.E. today!

I want to close with a quote: "What lies behind us and what lies before us are tiny matters compared to what lies within us." ~Ralph Waldo Emerson

Merry Christmas and Happy New Year! ~Cynthia McClaskey, Ph.D., Director

MENTAL HEALTH PARITY VICTORY

After more than a decade of work to end insurance discrimination against Americans with mental illnesses and substance use disorders, full mental health parity will finally become law.

When enacted the new federal parity law will:

- End insurance discrimination against mental health and substance use disorder benefits for over 113 million Americans, requiring full parity coverage with physical health benefits.
- Extend to all aspects of plan coverage, including day/visit limits, dollar limits, coinsurance, co-payments, deductibles and out-of-pocket maximums.
- Preserve strong state parity and consumer protection laws while extending parity protection to 82 million more people who cannot be protected by state laws.
- Ensure parity coverage for both in-network and out-of-network services.



This monumental victory on behalf of persons with mental illness is a compelling testament to the power of effective lobbying, grassroots mobilization and political giving.

EMPLOYEE RECOGNITION CEREMONY NOVEMBER 6, 2008

For the Quarter July – August – September, 2008

Service Awards were given to the following Employees:

- 40 Years:** Donald Cress, Cashier, Fiscal Office
30 Years: Dolores Greer, Transportation Coordinator
20 Years: Sharon Winebarger, Nutritionist, Food Services
E.T. Sprinkle, Groundskeeping Supervisor
Linda Parks, Health Information Management Technician
15 Years: Fred Cress, Security Officer
Vicki Phipps, Food Service Technician
Deborah Haga, Utilization Review Coordinator
Wanda Hounshell, Psychiatric Aide/ERS
James Colgate, Psychiatric Aide/Geriatrics
10 Years: Jennifer Armstrong, Food Service Technician
Loretta Hayes, Food Service Technician
Georgia Kincer, Social Worker
Jennifer Snow, Psychiatric Aide/Admissions
Sue Roberts, Psychiatric Aide/Geriatrics
Patsy Reedy, Psychiatric Aide/ERS
Melissa Pruitt, Psychiatric Aide/ERS
Tammy Olinger, Registered Nurse/ERS
Jean Magnuson, RNCA/Adolescents
Judy Grimsley, Psychiatric Aide/Float
Connie Cook, Psychiatric Aide/ERS
Shawn Chapman, Head Nurse/ERS
5 Years: Carrie Watson, Psychiatric Aide/Admissions
Robin Coleman, Psychiatric Aide/Admissions

Congratulations

Cash/Leave/Meal Ticket Awards were given to the following employees:

- | | |
|---|---|
| Karleen Davidson, Psychiatric Aide/Admissions | Angie Routh, UNC/Adolescents |
| Janet Price, Psychiatric Lead Aide/Admissions | Clifford Stamper, Psychiatric Lead Aide/ERS |
| Marlene Doyle, Unit Secretary/ERS | Connie Tester, Head Nurse, Adolescents |
| Chad Funk, Electrician Senior | Lori Wagner, Psychiatric Aide/Adolescents |
| Steve Perry, Electrician Senior | Christy Hall, Ward Clerk/ERS |
| Freddie Williams, Electrician Supervisor | Stacy Brown, Occupational Therapist |
| Shirley Bise, Psychiatric Aide/ERS | Jeannette Heath, Rehab. Specialist |
| Timmy Cullop, Security Officer Supervisor | Ashley King, Recreational Therapist |
| Bryant Darnell, Security Officer | Lori King, Rehab. Specialist |
| Jim Lundy, UNC/Admissions | Vickie Phipps, Food Service Technician |
| Diann Marshall, Staffing Nurse Coordinator | Nathan Shelton, Environmental Ser. Director |
| Johnnie Overbay, Psychiatric Aide/Admissions | Kenneth Vannoy, Housekeeper |

Continued on Page 6

EMPLOYEE RECOGNITION – CONTINUED FROM PAGE 5

The following groups earned Team Awards:

Second Shift AB/Nursing
All Three Shifts ERS/Nursing
Day Shift CD/Nursing
All Three Shifts Geriatrics/Nursing
All Three Shifts AB/Nursing

THE FOLLOWING “EMPLOYEES OF THE QUARTER” WERE RECOGNIZED:

Laurie Goral, Recreational Therapist. Laurie was recognized for her outstanding efforts on behalf of patients and the treatment team. She explored ways for one patient to be positively engaged, which resulted in dramatic improvement in his behavior and was a factor in achieving the goal of discharge. She is also described as working creatively and individually with patients, while covering multiple teams. Laurie’s efforts reflect an unmatched dedication to recovery and patient care.

Tammy Jackson, Psychiatric Lead Aide/Adolescents. Tammy was recognized because she “never needs to be asked to do extra assignments.” She always takes it upon herself to assume duties. She is always willing and cheerful regarding assignments and always a team player. She is described as a great asset to the unit and shift.

Valerie Robinson, Registered Nurse/Admissions. Valerie was described as a valuable team member. She is skilled and thorough regarding medication issues and takes an active role in resolving problems by contacting the doctor and completing appropriate documentation. She scored the highest, on her ward, on the recent medication competency test. She initiates interactions with patients. Valerie does not command attention for all she does but quietly does her job.

Mary Ratliff, RNCA/Geriatrics. Mary was described as an excellent nurse who always gives 100 percent to our facility. She is an excellent patient advocate, always looking out for the patient’s well-being. Mary is supportive of staff and often changes her days off to accommodate others and volunteers to work over to meet the needs of the unit. She serves on various committees to make the workplace a more safe and pleasant environment. She promotes the mission, vision, and values of the facility by always being professional, courteous, honest, and exhibiting good work ethics.

Leslie Warden, Escort Driver/Nursing. Leslie has worked as a driver for approximately three years. When she is driving, the best interests of the patients are priority. Her schedule is erratic. When she comes to work, she can never be sure what time she will leave, making personal time with her family hard to plan. She is helpful to the transportation scheduler, pointing out trips that can be combined or taken without additional staff. When not driving, she is usually assigned to Admissions Wards C&D. Staff on the units commend her for being helpful and showing initiative.

Congratulations!

LIBRARY APPRECIATION DAY

On October 3, the library had an open day to show appreciation for the library and to help show how important the library is--not only to our staff but to patients as well. In an effort to show this, the library held a contest in which patients wrote their responses to two questions: (1) What I like most about the Library, and (2) What I learned most from the Library. The library staff chose three winners from each category, and we are pleased to announce the winners below.

Thanks to all the staff and patients who showed support on that day.

~Jan Barrom

WHAT I HAVE LEARNED IN THE LIBRARY

Admissions

I like reading the newspapers and magazines. It helps to get off the ward, and it helps with calming me down. I am always seeing and reading something new in the library.
~M.D.

I've earned about different authors, books, and different situations. I even have a favorite book now called Soul Forge. ~C.H.

ERS

I've learned what good help is, and that is what I get at the library. It's constant and immediate. I can look all day and have many resources to use. ~T.M.

WHAT I LIKE MOST ABOUT THE LIBRARY

Admissions

It is a break to go to the library, and I get to read the paper, magazines, and many different books and authors to choose from. ~M.D.

ERS

I get to go and work on the computer. ~J.S.

I get to listen to CDs, and they have the equipment so I can do that. They also have a box of magazines we can take which is nice so I have something to look at once I am on the ward. They also have movies that I can watch that staff will check out for us to watch over the weekends.
~T.M.



COMMENTS AND MISCELLANEOUS

THANK YOU'S

I want to thank everyone who supported me in any way during my daughter-in-law's illness. Some worked so that I could stay with my grandchildren, and many remembered us in prayer. Your kindness meant more to me than you will ever know, and mere words cannot express my gratitude. May God bless each of you,

~Sharon Kegley , RN Manager1/Head Nurse

I would truly like to express my appreciation to the Geriatric staff and others throughout the facility for the support, prayers, understanding, and thoughtfulness during (and following) my husband's accident. The care and concern from my friends and co-workers has been overwhelming. I feel truly blessed to work with such wonderful people. I am amazed how my friends and co-workers have been here for me and my family. Thank you,

~Marlene Allison, LPN, Geriatrics

I wish to express a special thank you to everyone who took the time to call and check on me, sent cards, made a monetary donation, and to all those who granted me their time toward the Leave Share Program during my recovery. This has meant so much to me and my family. Your thoughtfulness and kindness means more to me than you could ever know. Thank you,

~Jean Elmore, Office Services
Assistant/Ward Clerk

Many thanks to the patients, staff, and friends that make up Southwestern Virginia Mental Health Institute. Your messages sent by family members, cards, telephone calls, and gifts of flowers are greatly appreciated. Since my return

to work, I was on Geriatrics, and a special lady came up to me (she does not communicate very well). She hugged me and said, "I miss you." Money can't buy things like that. When I wonder why I am back at the Institute for the third time, I just remember our special men and women, and I don't have to wonder any more. Staff, would you please pass that on to the patients?

Many thanks to the WMU of Sugar Grove Baptist Church for the donation of the giant print Bibles. Thanks to Travis Testerman for transporting them to us.

I also would like to thank to Sheila Horne's church for donation of Bibles, and thanks to her for getting them to me.

God is Good!

~Peggie Roland, Chaplain Assistant

GERIATRIC QUILT BOARD

The 3rd shift Geriatric Aide staff have created a beautiful quilt board for the Geriatric residents to enjoy on the unit. The quilt board project was designed and created under their own initiative. This colorful display took a lot of teamwork, communication, and honoring day-to-day tasks to get it accomplished, as the aides performed their routine job duties as well as seeing to this project. Special recognition is due to Steve Kiley for obtaining the board for the staff and to the Maintenance Department for the awesome framing job. It is wonderful to see the facility values at work among disciplines. Please stop by to see this Recovery Project created by the third shift aides!



~Ellen Tilson, Unit Nurse Coordinator
Geriatric Services

Angela Berry and Staff,



For the staff that brought my brother to visit last month and this time. I know you all sure pleased mom both times. She loved him with all her heart and soul. Thank you all so very much.

First, I would like to thank you, Angela Berry, for being so kind and patient with me asking about my brother all the time and returning my calls, etc.

I want to thank you--all staff and nurses, ALL, for making it possible for my brother to get to come and say good bye to mom in person, being with the rest of his family and friends. Taking such good care of him while he is there. Again, all the family really appreciated it, plus mom the most of all. She knew he was in good hands with you all.

Thank you all very much,

~Sister of [Patient]

DO YOU HAVE OLD CELL PHONES?

If so, donate them to a good cause.

The region's Long Term Care Coordinating Committee has teamed up with the 911 Cell Phone Bank to collect used cell phones to provide emergency communication and funds. Under the agreement in an on-going effort, District Three Senior Services is the lead agency in collecting used cell phones in the community which will be sent to the 911 Cell Phone Bank for processing. In return, they are building a bank of free emergency phones and funds for use in the cities of Galax and Bristol and the counties of Bland, Carroll, Grayson, Smyth, Washington, and Wythe. These phones are distributed to individuals in need of a mobile

phone that is used to access 911 only in emergency situations.

If you have a cell phone to donate or know of an individual that could benefit from a cell phone for emergency use, please contact the SWVMHI representative to the Long Term Care Coordinating Committee, Jennifer Cregger, LCSW, at extension 819.



THANKS FOR ASSISTANCE WITH FAMILY DAY

Hi folks,

Just wanted to say thank you so much for all the hard work and effort that went into this year's Family Day. Thank you all so much for your assistance!!!

I want to say thanks to Dr. McClaskey and Russ McGrady, Cheryl Rhey, Doug Smith, Steve O'Brien, Sharon Neitch, the entire CRS Department, John O'Keefe, Betty Gilley, and the Food Service staff, Mary Beth Counts, Patricia Evans, Dickie Harrison, Don Chisler and the Maintenance Department, Mary Stamper, Debbie Boelte and the entire Social Work Department, Nathan Shelton and the Environmental Services Department, Jan Barrom and all the ERS patients who helped and for the wonderful decorations you did!, the Nurse Managers and Nursing Department for all your assistance, and all the staff involved in the October 2 Family Day event.

THANK YOU SO MUCH!

~Anthony Gage, Community Services Director

VETERAN'S DAY

OBSERVED AT SWVMHHI

Southwestern Virginia Mental Health Institute joined other organizations around the nation in honoring veterans with a service at the facility cemetery. VFW Post 4667 presented the Colors while SWVMHI residents and staff observed. The Patriots, a group of young men from Keystone, Inc., led those attending in the pledge of allegiance and conducted a Passing of the Flag Ceremony. Members of VFW Post 4667 Ladies Auxiliary placed a wreath honoring veterans at the base of the obelisk centrally located in the cemetery. A facility resident, also a veteran, offered a patriotic reading, and veterans from all branches of the military were recognized. The service concluded with a prayer by Reverend Neville Mozingo.

~Douglas A Smith, Jr.
Volunteer Services Director



**SAVE
MONEY!!!**



Call Amanda Phipps at x360 if you wish to join. You may leave a message but please be sure to include your name, town that you live in, shift and extension number.

Do you want to save money, meet new people or do your part to protect our environment?

**Join the
Ride Share Program
TODAY!**

Check out the "Match Maker" program as well as Ride Share facts on the SWVMHI intranet site!

OPERATION SANTA CLAUS IS A CELEBRATION OF THE CHRISTMAS SPIRIT AT SWVMHI

Dear SWVMHI Staff and Friends,

Each year at Christmas, you are given a chance to lend a helping hand by getting involved with Operation Santa Claus. Through this program, each patient at our facility is able to enjoy a Christmas stocking and Christmas gifts, but the success of the program depends on the generosity of you, the staff and friends of the facility.



We need your help more than ever this year! Please open your hearts and help make Christmas a special time for our patients. You can help by giving a monetary gift to Operation Santa Claus or directly purchasing gifts for patients from the accompanying “Suggested Gifts” list. *Checks should be payable to Operation Santa Claus.*

If you have not helped before, we urge you to join in this time of giving. If you have given of yourself in the past, then you know how rewarding it is to guarantee a bright Christmas Season for our residents, many of whom would not be remembered at this time of year without your gifts.

To help please contact Doug Smith, Volunteer Services Director, at ext. 855.

Operation Santa Claus is a celebration of the Christmas Spirit, thanks to all of you. Merry Christmas!

Sincerely,
~Doug Smith, Volunteer Services Director

Suggested Gifts

- Billfold/change purse
- Cosmetics (no glass)
- Shampoo (no glass)
- Hair brushes/combs/hand-held hair dryers
- Aftershave (no glass)
- Inexpensive clocks/watches
- Inexpensive radios, headsets, cassette players (with batteries)
- Lotions/perfumes (no glass)
- Toothbrush/toothpaste
- Necklaces/earrings
- Sweaters/jackets/windbreakers/coats
- Raincoats/rain hats
- Socks/t-shirts
- Sweat suits
- Toboggans/scarves/caps/hats/gloves
- Pajamas/gowns/bedroom shoes/robes
- Crafts kits and art supplies
- Table/card games
- Bingo/checkers
- Stationery/tablets
- All-occasion cards/postage stamps

GERIATRIC RECOVERY INIATIVES

Each month the Geriatric Patient Activity Council, together with Geriatric RT, Nursing, and Clinical staff, coordinate and provide recovery-related functions for the Geriatric population. These events have been enjoyed by the residents, with a majority of the 38-40 residents participating. This is a time of reminiscing and exploring of long-term memory banks for the residents (and some staff, too!) As the old saying goes, “A good time was had by all!”



Some of the recent months' events include:

July, 2008

- ♥ 'American' Bingo Games
- ♥ Popsicles
- ♥Coke Floats
- ♥ Green Bean Snapping
(and of course eating!)

August, 2008

- ♥ 'Dog Days' Bingo
- ♥ Homemade (electric and hand cranked) ice cream
- ♥Frozen Party Drinks

September, 2008

- ♥ 'Harvest' Bingo
- ♥ County Fair with exhibits (tomato exhibits were deliciously consumed afterward!) Baby Goats and Cosmo, the Bassett Hound visited
- ♥ Apple butter biscuits
- ♥ Corn shucking

October, 2008

- ♥ Quilt Day
- ♥ Fall festival (games and chili buns, popcorn and cider were served)



Submitted by
~Ellen Tilson, UNC, Geriatric Services
~Photos by Lesu Cole, RT,
and Ellen Tilson, UNC

National Health Information & Technology Week

November 2 – 8, 2008

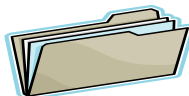
*Health Information Management
(HIM) professionals are responsible
for ensuring:*

- Accurate and timely transcription of dictated reports
- Accuracy of diagnosis and procedure coding
- Accuracy of record abstracting and analysis for reporting purposes
- Aggregation of information for medical record review functions
- Confidentiality of the medical record
- Coordination of court hearings
- Patient admission process
- Release of protected health information

HIM MISSION: The HIM Department is committed to providing the highest quality of service to our patients, physicians, staff, and other healthcare information users by ensuring the accurate, dependable, and secure collection, maintenance, and appropriate dissemination of information.

Did You Know?

Keeping your own personal health record (PHR) allows you to provide doctors with valuable information that can help improve the quality of care you receive. A PHR can help reduce or eliminate duplicate tests and allow you to receive faster, safer treatment and care in an emergency. In short, a PHR helps you play a more active role in your healthcare.



For more information about starting your personal health record, visit: <http://www.myphr.com>

NEW PLAN ADMINISTRATOR FOR THE VIRGINIA DEFERRED COMPENSATION PROGRAM EFFECTIVE JANUARY 5, 2009

Effective December 18, 2008, Great West Retirement Services will no longer manage the Virginia Deferred Compensation Program. ING becomes the new administrator effective January 5, 2009. The Virginia Retirement System will save (and indirectly pass on to participants) 30% in recordkeeping fees under the new company. Additionally, this change brings forth a new feature via www.varetire.org. Effective January 5, 2009, ING and the VRS will link their web sites so members can access individual VRS retirement account information while simultaneously looking at their deferred compensation account.

The transition period from Great West to ING will involve a temporary blackout period (12-19-08 through 8:59 a.m. 1-5-09) during which no transactions will occur. However, plan participants will be able to access their account information via the current website, www.vadcp.com. Also during this blackout phase, ING will activate a phone line set aside for participant questions about the transition, 1-877-327-5261.

Ms. Nancy Roth will no longer serve as our local representative. Rather, Ms. Janice Parker will be the western region representative. SWVMHI expects an onsite visit from Ms. Parker during December, 2008. ING/VRS will host regional meetings during December, and Human Resources will notify employees of dates, times, and locations of these meetings.

ING will send introduction pamphlets to participants' homes in the upcoming weeks.

~Annasue Cook, PHR
Human Resource Analyst I

PERSONNEL CHANGES

NEW EMPLOYEES	
Nadia Tucker, MOD Physician (P14 Hrly)	09/25/2008
Robin L. Phelps, Rehabilitation Specialist	09/25/2008
Lovinia Sue Saltz, Rehab. Relief Supervisor	10/10/2008
Timothy J. Sturgill, Security Officer Senior	10/10/2008
Tracie J. Havens, RN Clinician A	10/10/2008
Christina A. Hafer, Psychiatric Aide	10/10/2008
Jason S. Heath, Psychiatric Aide	10/10/2008
Jessica D. Scott, Psychiatric Aide (P14 Hrly)	10/25/2008
Christina L. Quillen, Librarian (Half-time)	10/25/2008
Susan E. Quillen, Vocational Rehab Supervisor	10/25/2008
Gail D. Ingram, Psychiatrist	10/25/2008
Sherry R. Holmes, Housekeeping Worker (P14 Hrly)	10/27/2008
Katie S. Ashby, Housekeeping Worker (P14 Hrly)	10/27/2008
Glenda Beth Lykins, Psychiatric Aide (P14 Hrly)	11/10/2008
Karen O. Graham, Psychiatric Aide	11/10/2008
Jessica D. Kincaid, Psychiatric Aide	11/10/2008
Denise C. King, Social Worker	11/10/2008
Kevin L. Beyerbach, Psychiatric Aide	11/10/2008
Mary G. Carter, Psychiatric Aide	11/10/2008
Shelly L. Hall, Psychiatric Aide	11/10/2008
Ashley M. Untiedt, RN Clinician A	11/10/2008
Amanda J. Currin, Assistant Director, Administrative	11/12/2008
Sherri L. Henderson, Food Service Technician II	11/25/2008
Rhonda Ford, Clinical Social Worker	12/01/2008
Kenneth C. Slater, General Medical Physician	12/01/2008

PROMOTIONS/ROLE CHANGES	
Peggy S. Armstrong, Psychiatric Aide to OSA/Ward Clerk	11/10/2008

SEPARATIONS	
Jill Testerman, Psychiatric Aide	10/01/2008
Randal Thompson, Psychiatric Aide	10/05/2008
Julia Anne Atkins-Testerman, Psychiatric Aide	10/07/2008
Glenna Thompson, Psychiatric Aide	10/09/2008
Terri J. Young, OSA/Ward Clerk	10/21/2008
Wilma Overbay, RN Clinician A	10/24/2008
Anthony Gage, Community Services Director	10/24/2008
Amy McMillan, Psychiatric Aide	10/24/2008
Chelsa Rhymer, Psychiatric Aide	10/27/2008
Teresa Dunford, Psychiatric Aide	10/30/2008
Kimberly Berry, RN Clinician A	11/17/2008
J. Steven Patterson, Clinical Social Work Supervisor	11/21/2008
Ronald Heath, Psychiatric Lead Aide	11/24/2008



Our greatest glory consists not in never falling, but in rising every time we fall.
~Confucius

SWVMHI CENSUS				
2008	Admissions	Discharges	Passes	Avg. Daily Census
Sept.	95	97	17	150
Oct.	92	97	11	154

COLD OR THE FLU

The cold and flu are both respiratory illnesses, but they are caused by different types of viruses. Remember if you are experiencing flu-like symptoms, it is better to act fast and see your doctor.

<u>SYMPTOM</u>	<u>COLD</u>	<u>FLU</u>
Fever	Rare	Usually Present
Aches	Slight	Usual, often severe
Tiredness	Mild	Moderate to severe
Sudden Symptoms	Symptoms appear gradually	Symptoms can appear within 3-6 hours
Coughing	Hacking, productive cough	Dry, unproductive cough
Sneezing	Common	Uncommon
Stuffy nose	Common	Uncommon
Sore throat	Common	Uncommon
Chest Discomfort	Mild to moderate	Often severe
Headache	Uncommon	Common

Good Health Habits for Prevention of the Flu

The single best way to prevent seasonal flu is to get vaccinated each year, but good health habits can often help prevent respiratory illnesses like the flu.

- **Avoid close contact** – Avoid close contact with people who are sick.
- **Stay home when you are sick** – If possible, stay home from work, school, and errands when you are sick. You will prevent others from catching your illness.
- **Cover your mouth and nose** – Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick.
- **Clean your hands** – Washing your hands or use a hand sanitizer will help protect you from germs.
- **Avoid touching your eyes, nose, or mouth** – Germs are often spread when a person touches something that is contaminated with germs and then touches his/her eyes, nose, or mouth.
- **Practice other good health habits** – Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious foods.

REMINDER

Influenza Vaccines are available free to all SWVMHI employees. See Cindy Jones or staff on Ward K for more information.

~Cindy Jones, R.N., Infection Control

Knowledge Center...*food for thought*

Remember when ... you first learned how to operate a motor vehicle (aka, drive a car)? So many buttons, gauges, and knobs... Finding where to put the keys was just the first of many lessons. You knew there was a way to turn on the headlights and to work the windshield wipers, but until you learned which knob did what, these options presented quite a challenge.

Learning to drive a car was indeed an overwhelming task. Yet, with a little experience, some guidance, and even some good old trial and error, you eventually got the hang of it. Sure, you may have turned off the ignition before putting the car in park a time or two, but you learned, and you learned well. Now that you are an experienced *vehicle operator*, driving a car is often the easiest task you are asked to accomplish on any given day! And what efficiency learning to drive a car brought to your lifestyle.

Using the Knowledge Center is a bit like learning to drive a car, with one exception: the consequences of making a mistake - while inconvenient to the user - do not result in harm or injury to anyone or to anything. It does take a little time and hands-on experience to learn what to do and where to click, but once you have figured out some basics, using the Knowledge Center, like driving a car, will probably be one of the easier tasks you will be asked to do within a day's work. AND, for those of you who are non-drivers, rest assured that the ability to drive a car requires far more skill and practice than learning to use the Knowledge Center!!

On behalf of the Training Department, I would like to thank all of the staff at SWVMHI for the patience and persistence they have demonstrated and continue to demonstrate in learning to use this new "vehicle" for training. At this point in time, most everyone is registered and has "keys" (a login & password) and –anxiously await the opportunity to take the *Corporate Compliance CAI*.

We in the Training Department have run multiple technical tests and "kicked tires" so that, with the help of the MIS staff, your first experience is as smooth and uneventful as possible. Progress can be slow but sure at times, so we made adjustments to the course completion deadline to provide ample time for staff members to get used to the system and to successfully complete the CAI.

Again thanks for your patience, your cooperation, and in some cases, even your enthusiasm in making this transition! Please do not hesitate to call me at extension 168 if I can be of assistance to you in any way.

Sincerely,

~Merle Obregon, Training Coordinator



See Page 21 for information regarding logging in to the Knowledge Center.

GERM HOT SPOTS

Disinfecting work areas will help keep you healthy. Clean with a disinfectant wipe the following *OFFICE HOT SPOTS* daily to decrease chances of getting a cold or flu.



TELEPHONE



DESKS, KEYBOARDS,
MOUSE



REFRIGERATOR/MICROWAVE
HANDLES



FAX MACHINE,
ESPECIALLY THE
START BUTTON



PENS/PENCILS



REMOTES

For more information, visit CommonHealth.virginia.gov.

DECEMBER 2008 DATES TO CELEBRATE

- Identity Theft Prevention and Awareness Month
- National Stress-Free Family Holidays Month
- Read a New Book Month
- Universal Human Rights Month
- World AIDS Day (Dec. 1)
- Extraordinary Work Team Recognition Day (Dec. 4)
- Poinsettia Day (Dec. 12)
- Geminids – (The Geminids Meteor Shower will be most visible Dec. 12-14)
- Bake Cookies Day (Dec. 18)
- Go Caroling Day (Dec. 20)
- Hanukkah (Dec. 22-29)
- Christmas (Dec. 25)
- Kwanzaa (Dec. 26 – Jan. 1)
- New Year's Eve (Dec. 31)

HOLIDAY STRESS

Everyone knows that the holiday season can be a mixed blessing....full of joy....and occasionally full of stress. This year in particular, there have been major changes across our country that have impacted most of us in one way or another. As the holiday season approaches, we thought that this article from the Naval Safety Center was particularly appropriate:

Safe Tips For Coping With Holiday Stress

- ☆ Have a realistic plan. This will reduce the strain of juggling tasks, duties, errands, and appointments.
- ☆ Stick to your lists and your budget. Overspending is a common source of stress. Remember that the point of the season is to show care, not simply to consume.
- ☆ Learn how to say "no" to less important activities. Be selective. Don't overschedule. If you limit your social activities, you won't draw down your batteries.
- ☆ Plan parties or shopping trips with family and friends, in order to cut down on the number of events and responsibilities.
- ☆ Schedule some "down time" for rest and reflection.
- ☆ Keep your sense of humor.
- ☆ Establish your own standards and don't be governed by others' expectations or demands.
- ☆ Don't skip meals or live on snacks because you are too busy.
- ☆ Don't sacrifice your exercise program as you get busier.
- ☆ Above all, be nice to everyone, and it will make you happy. (Okay, we added that one).



Best wishes to all for a SAFE and NON-STRESSFUL holiday season.

~Submitted by Steve Kiley
on Behalf of the SWVMHI
Safety Committee

MY RECOVERY STORY

Speech Given at SWVMHI Family Day October 2, 2008 by Patient

Welcome to Southwestern Virginia Mental Health Institute. Thank you for coming and showing your support for your loved ones today. Be reassured that they are in one of the finest facilities in this state.

My name is _____, and I am a recovering NGRI patient of this hospital. I was first diagnosed with Schizophreniform in 1989; later on to Schizoaffective Bipolar Illness. In 27 years of having this disorder, I have suffered three psychotic episodes.

The first episode, I was told that I had a 33% chance of coming out of the psychosis. It was induced by an over-the-counter sinus medication. The other two episodes were brought on by family doctors prescribing antidepressants without mood stabilizers which promoted an increased mania that grew into a devastating psychosis.

If it wasn't for NGRI (not guilty by reason of insanity), there would be a lengthy prison sentence awaiting me. By not taking my mental illness seriously enough, it cost my husband and me our life's savings, broken relationships with some family members, and I will live with the trauma of what I did for the rest of my life.

Being an "inpatient" now for 17 months, accepting the fact that I have a mental illness condition has been a slow and laborious process. Unfortunately, "discovery" often precedes "recovery." Over the years, I have discovered that all the stigmas out there aimed at mental illness can be a hindrance to getting treatment. Stigmas like: "If you get off your meds., God can heal you," "Just get your mind off it, go to work and do something," "If you go to a mental institution, they'll keep you there," "You're not crazy, you're just lazy," and my family's favorite: "It's all in your head."

I have to emphasize that treatment works differently for everyone and that "no one pill fits all."

Because of my denial and ignorance about my mental illness, "outpatient treatment" was difficult for me to be compliant with. Receiving "inpatient treatment" has benefited me the most. It took two months for professionals to get my bipolar symptoms stabilized with the correct medications and no psychosis present.

Acceptance that I had a mental illness began when I stopped blaming everyone who I felt failed me: God, the doctors, my family, etc. When I started looking at what I had done and especially neglected to do, I realized that I had gotten myself into the fix I was in.

I had practiced noncompliance for 27 years: taking my meds. for a while and then going off of them because I felt normal again. A vicious cycle. Doctor shopping prevented me from developing a partnership with my psychiatrist. I discovered, for instance, that some family doctors would give me the psychotropic meds. I needed to self-medicate my illness. I was becoming manipulative and really wasn't aware of it, because I was too manic and out of control to notice it.

Continued on Page 20

Recovery Story – Continued from Page 19

For the last two and one-half years of being hospitalized, I have come to realize that recovery involves teamwork. How many of you thought that you could handle your family member's illness on your own? My husband and I did, but we have learned differently. Recovery involves all of us. **Recovery means to me a support system of family, friends, and community.** Fortunately for me, I have a husband that has given me 100% support. He comes to every TPC (treatment planning conference) where we both have learned about how to manage my Bipolar: how to recognize signs of relapse and to know the side effects of my medications. We have discussed an action plan if I should go into relapse.

Here is a short version for my husband and I to put into effect: He's to get immediate action. Not to reason with delusional loved one. Say, "Honey, let's go for a little ride." Then go immediately to the hospital. Do not pass go. Do not collect \$200! We have learned that we must take control of the next episode and get professional help immediately. Don't wait for your family member to admit that they need help because most likely they will be in denial about their illness. Reasoning will be next to impossible when bipolar gets manic.

My action plan also involves avoiding family doctors for psychotropic meds. See the professionals: my psychiatrist, CSB (community services board) worker, or case worker. If unavailable, I'm to be taken to the nearest hospital.

SWVMHI has been such a pleasant and educational experience for me that I won't have a phobia about having to be hospitalized again if necessary. My TPC team has taught me how to partnership with my doctors, social workers, nurses, and other medical staff. I have realized that teamwork with the hospital and the community is the only successful way to go with managing my mental illness. Mental illness should not be a solo act. It doesn't work that way.

Recovery to me means total compliance. Full cooperation with my psychiatrist. Taking medications exactly as prescribed. Getting consistent lab work on my meds. to prevent toxicity for instance. I have learned to be totally compliant with trusted family members, friends, and my community in general. Luckily, I have had a caring community. Over 20 members from my community showed up for my various court hearings and even wrote letters to the judge for my release. A nearby neighbor we are barely acquainted with put up his farmland for a bail bond for me. People gave of their time to watch me around the clock while I was on house arrest. I trust my community, and they have made the difference in my recovery.

Recovery to me means total healing. Both hospitals that I've been in offered grief counseling. Forgiveness was a long time coming, but it did finally come. I learned to forgive myself even if no one else forgives me. I learned to stop grieving. . . I can't change the past. But I can stop making the same mistakes with my mental illness. I made a conscious effort to stop beating myself up over the past and be responsible over my future. SWVMHI has helped me very much in this area. The hospital recently sent me to a seminar hosted by NAMI (National Alliance for the Mentally Ill) and presented by IOOV (In Our Own Voice). I learned the skills of how to present my recovery story in front of a group of consumers (those who receive mental health services). Getting my story out in the open was one of the best therapy tools yet. I think it says somewhere that, "Confession is good for the soul." Thank God I no longer feel like my tragedy has power over me. My mental illness doesn't own me. I am not its victim anymore because I have chosen to be responsible for my mental health. Recovery is a choice.

Continued on Page 21

Recovery Story – Continued from Page 20

Using positive affirmations also had a lot to do with my healing. While on house arrest and monitored with an ankle alarm, I would walk around my house and wear a path in the grass memorizing uplifting verses of Scripture. Philippians 1:6 gave me hope: “He who began a good work in me will carry it on to completion until the day of Christ Jesus.” When I felt like I would be worthless the rest of my life, this reassured me that God promised to finish what good He had started in me. I wasn’t something to be tossed aside because I had messed up big time.

Romans 8:28 says, “I know that in all things God works for the good in those who love Him, those whom He has called according to His purpose.” God has already taken this tragedy and worked good out of it. I am able to retell my recovery story and help others to become more aware of mental illness.

When I’m finally discharged from the hospital here, I will be leaving behind many friends whom I’ll never forget. For instance, this long-term patient that pulled me aside the other day and whispered, “Do you think that your husband would let me live on your back porch for just a small rental fee?” He is just one of many that makes me want to immediately go out and build a group home on our property. Or be a host family. I hope someday that I will be in a better position to be able to do this.

I’m one of the few fortunate patients that have a real home to go to. I’m one of the few fortunate patients that have the support of family and friends. I have a husband that attends every TPC meeting, and I have over 30 friends and family that write me every month and show up at every court hearing.

In conclusion, this all may sound so complicated that it is almost impossible to attain; however, to me, it’s quite simple. **Recovery to me means total compliance and a strong and consistent support group.** Without these two elements, there is no recovery.

I know how extremely important it is to have the support of friends, family, and community. Don’t ever underestimate the very important role that you have in your loved one’s recovery. “Be that change you wish to see in the world.” You really do make the difference!

Thank you for showing your support today. May God Bless you all.

Log in to the Knowledge Center

The **SWVMHI Knowledge Center Login Page** can be found:

a) on the **SWVMHI Intranet>Applications>Knowledge Center**, or

b) by typing in the address bar of Internet Explorer:

<https://covkc.virginia.gov/dmhmrzas/swvmhi>

- After logging in to the Knowledge Center, type your log-in ID and password.
- Then click on the Learning Center toward the upper left of the screen.
- Next click on curriculums.
- After typing Supervisory Training in the key words block, hit the search button, then select one of the three supervisory/management training records.
- Next enroll in the curriculum, then click on one of the courses and begin.
- For help, please contact the Training Department at Ext. 168 (Merle Obregon), Ext. 169 (Debbie Pringle), Ext. 417 (Joe Arp), or by email.



RECOVERY HAIKU CONTEST

SWVMHI is sponsoring a Haiku contest for staff and individuals served at SWVMHI with the theme of Recovery!

What is Haiku?

Haiku (HI-coo) is a form of Japanese poetry typically containing a reference to one of the seasons. The most common form for Haiku is three short lines. The first line usually contains five (5) syllables, the second line seven (7) syllables, and the third line contains five (5) syllables. Haiku doesn't rhyme. Haiku combines form, content, and language in a meaningful, yet compact form.

Haiku poets write about everyday things. Many themes include nature, feelings, or experiences. Each Haiku must contain a season word, which indicates the season in which the Haiku is set. For example, cherry blossoms indicate spring, snow indicates winter, and mosquitoes indicate summer, but the season word isn't always that obvious.

Usually Haiku poets use simple words and grammar. A Haiku must "paint" a mental image in the reader's mind. This is the challenge of Haiku - to put the poem's meaning and imagery in the reader's mind in only 17 syllables and just three lines of poetry!

To check out how many syllables there are, mark the syllables with your pencil. If you have trouble figuring out how many syllables there are, try clapping out the words, or putting your hand under your chin and counting how many times your chin goes down.

Usually, Haiku poems are divided into two parts, with a certain imaginative distance between the two sections. The two sections remain, to a degree, independent of each other, but both sections must enrich the understanding of the other. To make this separation in English, either the first or the second line ends with a colon or a long dash.

Now it's your turn.

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Recovery Haiku Contest - Continued from Page 22

Think about what Recovery and the Recovery journey means to you. What memory do you have of hope, empowerment, and choice? What mood do you want to convey? Has someone helped you to believe in yourself? How do you feel when you help someone to recover?

Think of the images, descriptive words, and language that best describe any of the principles of recovery. Jot them down as you think of them. Then the final step is to experiment by putting your ideas on the Haiku "skeleton" - 5, 7, 5 (syllables) and 3 lines.

Look at your poem; check it for correct syllables and lines. Now, for the real test, read it aloud. Does it really paint a clear picture?

Share your Haiku with someone else. Listen to his or her critique of your poem. A critique is when someone tells you the strengths and weaknesses of your work. Don't get sad or mad, listen to the suggestions.

Revise your work. Remember, the best writers are RE-writers!

Submit your Haiku.

Please send your Haiku to the Director's office by January 13, 2009. Include your name and the ward on which you live or work. An independent panel will judge each Haiku according to how closely it conforms to the Haiku structure (5-7-5 syllables with a separation, reference to season, and simple language) and how well it describes Recovery in only 17 syllables!

Winning Haikus will be published in the February edition of The NEWS!

HAIKU

A star on the hill--
Lighting paths to recover,
Hope to weary souls.



Southwestern Virginia Mental Institute

340 Bagley Circle

Marion, VA 24354

Cynthia L. McClaskey, Ph.D., Director

The editorial staff thanks all who contributed to this issue and welcomes your suggestions for improvement. We continue to seek volunteers to write articles and for the editorial board.

2009 SWVMHI NEWSLETTER SCHEDULE	
Deadline for Submission of Articles	Date of Publication/Distribution
January 20, 2009	January 30, 2009
March 17, 2009	March 31, 2009
May 18, 2009	June 1, 2009
July 20, 2009	July 31, 2009
September 18, 2009	September 30, 2009
November 17, 2009	December 1, 2009

Please submit your UNFORMATTED articles to Linda Bonham, Admin. Assistant, Office of the Director.

As has been done in the past, when a large volume of information is submitted, extra newsletters will be issued during the year.