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SWVMHI History



Aerial view taken circa 1909

On May 17, 1887, the first two patients were admitted to SWVMHI, then known as the Southwestern Lunatic Asylum. Both patients were from Washington County, Virginia. One was a 27 year-old male individual who was a laborer, and who died on June 17, 1903, with a diagnosis of "abscess of the brain." He is buried in the SWVMHI cemetery. The second was a 53 year-old female, who was discharged on September 30, 1890 as "recovered."

The Superintendent (now known as the Director) was charged with running the hospital and had two physicians to assist him. A clerk, steward, and matron were to be elected by the Hospital Board, and were required to live in the Asylum. The hospital also employed a laundress, baker, carpenter, engineer and assistant, dairyman, gardener, farmer, and fire department. The hospital had its own bakery, piggery, butcher house, chicken house, and the farm was tended by the patients, which provided fresh food for the daily meals.

In the early history of the hospital, patients were admitted with a wide range of diagnoses,

which included: bite of spider, disappointment in love, excessive use of tobacco, fright, financial trouble, jealousy, lightning strike, over study, overwork, opium habit, religious excitement, and sexual excess. Early therapy embodied the limited knowledge of this time and was often little more than maintenance. Restraints, hot and cold treatments, work therapy, and religious counseling were the basic ways of treating patients. Recreational activities for patients included walking, draughts (checkers), light work, dancing, calisthenics, and music. There was also a bowling alley and croquet grounds on site.

In 1902, the hospital's name was changed to Southwestern State Hospital. That same year, an operating room was set up in the rear of the amusement hall (Harmon Building) and furnished with the latest surgical appliances for gynecological and general surgery.

By the early 1950s, medications came into widespread use and occupational and recreational therapies were given greater emphasis. OT and RT were later expanded into a fully-fledged program with training and job placement. The main objective of the program was to prepare men and women "to return to their communities and to function as useful citizens."

The most significant strides in mental health care have occurred since the 1970s. It was then that judges began to rule that patients simply cannot be "locked up and deprived of their liberty unless they are to receive some kind of treatment." By 1977, the Chapter 10 Boards

Continued on page 2



Hidden

There is butterfly on every page in this edition, just like the one pictured here. Can you find all of them?



SWVMHI History continued



took over and the concept of “deinstitutionalization” or community-centered mental health care began in earnest. These are now known as Community Services Boards or CSBs.

Patient census has changed a great deal as well. In 1955, there were 1,530 patients although SWSH had a bed capacity of 1,486. It should be noted that this hospital was the least crowded of all the Virginia state hospitals. At that time, SWSH had one physician for every 306 patients, and one nurse for every 139 patients. By 1968, the patient census had reached 1,619.

With the advent of potent new psychotropic medications, the patient’s rights movement was spurred on by national civil rights legislation to release patients no longer benefiting from inpatient involuntary treatment. There was also concern over the rising costs of inpatient treatment and a changing philosophy that individuals could benefit from treatment closer to home. This led to the mass discharge of psychiatric patients from state hospitals. The patient population decreased markedly. And by 1979, only 637 patients remained.

The hospital housed forensic patients since around 1935. In the late 1960s, the Finley Gayle Building was constructed to house those who were criminally insane. The building was a secure building, similar in construction to that of Central State Hospital’s original Forensic Unit. In the early 1980’s, the population was divided and the Department of Corrections began receiving adjudicated patients (already sentenced to prison) and SWSH kept the patients who had not been adjudicated (e.g. those in local jails awaiting trial, those admitted for restoration of competency and those deemed “not guilty by reason of insanity” or NGRI). In 1980, the census dropped from 637 to 463, due in large part to the transfer of patients housed in the Finley Gayle Building to the

Department of Corrections, also known as Marion Correctional Treatment Center.

As a result of the nationwide trend of downsizing state hospitals, it was determined that a new, more modern building was needed. Demolition of patient wards attached to the Henderson Building began in April 1986 to build the current Bagley Building. The C Building was renovated in 1987 to accommodate offices during the demolition of the Henderson Complex and building of the Bagley Building. In 1988, the General Assembly passed legislation to change the name of the hospital to its current name, Southwestern Virginia Mental Health Institute.

On September 14, 1989, opening ceremonies for the newly constructed Bagley Building were held with the special guest of honor being Governor Gerald Baliles. The building was named in honor of Delegate Richard M. Bagley, who was well known for his mental health initiatives throughout the Commonwealth. Patients and staff were officially moved into the Bagley Building in early 1990, with a bed capacity at that time of 264. In April of 1990, SWVMHI was accredited for the first time by The Joint Commission.

Many things have changed over the last 134 years. Buildings have been constructed and torn down, employees have come and gone. The average daily patient census at its highest was around 1600, and now is around 165. Diagnoses and treatments have also come a long way since those first two patients in 1887. But the overall philosophy of Dr. Black, the first Superintendent, of “swift recovery for the mentally ill” remains part of our present Mission:

“We promote mental health in Southwestern Virginia by assisting people in their recovery.”

2021 Safety Culture and Quality Survey Completed!



*The Safety Culture and Quality Survey was open to all staff from March 29th thru April 11th. The Quality & Risk Management Committee is happy to announce **that 328 responses were received!** This was an excellent response from staff. **Your participation is greatly appreciated and your input is invaluable to helping SWVMHI improve safety for both staff and individuals served.** Over the next couple of weeks, the responses will be reviewed and opportunities for improvement will be identified based on the data and comments collected in the survey. From there, a request will go out to staff asking for volunteers to provide input on potential solutions to the opportunities identified. **32% of those who responded to the survey said that they would be interested in volunteering, so stay tuned, and watch for an email coming soon inviting you to volunteer.** Again, thanks for all the valuable feedback!*

#SWVMHISTRONG.

~ Lee Grimes, Risk/Quality Management Director

Mental Health Awareness Month



Each year millions of Americans face the reality of living with a mental illness. During May, NAMI joins the national movement to raise awareness about mental health. Each year we fight stigma, provide support, educate the public, and advocate for policies that support people with mental illness and their families.

YOU ARE
NOT
ALONE

Now more than ever, we need to find ways to stay connected with our community. No one should feel alone or without the information, support and help they need.

You Are Not Alone

For 2021's Mental Health Awareness Month, NAMI will continue to amplify the message of "You Are Not Alone." We will use this time to focus on the healing value of connecting in safe ways, prioritizing mental health, and acknowledging that it's okay to not be okay through NAMI's blog, personal stories, videos, digital toolkits, social media engagements, and national events.

Together, we can realize our shared vision of a nation where anyone affected by mental illness can get the appropriate support and quality of care to live healthy, fulfilling lives — a nation where no one feels alone in their struggle.

Mental Health Fast Facts

These numbers are only a few of the reasons why it's important to take part in promoting our awareness events. Please use these facts and others, including the infographics on our website, nami.org/MHStats, to encourage discussions with your community, whether through social media or other forms of outreach.

Individual Impact

- 1 in 5 U.S. adults experience mental illness each year, but less than half get treatment.
- 1 in 20 U.S. adults experiences a serious mental illness each year, but less than two-thirds get treatment.
- 1 in 6 U.S. youth experience a mental health condition each year, but only half get treatment.
- 50% of all lifetime mental illness begins by age 14, and 75% by age 24.
- Suicide is the 2nd leading cause of death among people aged 10–34 and the 10th leading cause of death overall in the U.S.
- The overall suicide rate in the U.S. has increased by 35% since 1999.

Community Impact

- Lesbian, gay, and bisexual youth are 4 times more likely to attempt suicide than straight youth.
- Transgender adults are nearly 12 times more likely to attempt suicide than the general population.
- The average delay between onset of mental illness symptoms and treatment is 11 years.
- 55% of U.S. counties do not have a single practicing psychiatrist.
- 3.8% of U.S. adults experienced both mental illness and a substance use disorder in 2019 (9.5 million people).
- Mental illness and substance use disorders are involved in 1 out of every 8 emergency department visits by a U.S. adult (estimated 12 million visits).
- 20.5% of people experiencing homelessness in the U.S. have a serious mental health condition.
- 37% of adults incarcerated in the state and federal prison system have a diagnosed mental illness.
- 70.4% of youth in the juvenile justice system have a diagnosed mental illness.

Continued on page 3

Mental Health Awareness Month cont

- 41% of Veteran’s Health Administration patients have a diagnosed mental illness or substance use disorder.

Be sure to visit nami.org/MentalHealthMonth for further details on activities and events taking place as we get closer to May.

Throughout May Promote the #NotAlone Challenge! Encourage people to tag at least two friends, co-workers or family members. Or encourage sharing who or what makes you feel #NotAlone in this challenge.

If you or a loved one ever feel alone because of a mental illness, the NAMI community is here for you. You are #NotAlone.

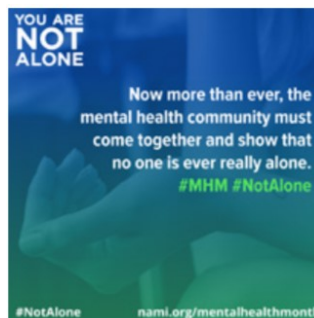
Stigma and discrimination have caused so many people to suffer. This #MHM, let’s break down stigma so no one struggles in silence.

- Annually, mental illness affects:
 - ◊ 14% of Asian adults
 - ◊ 17% of Black adults
 - ◊ 17% of Native Hawaiian/Pacific Islander adults
 - ◊ 18% of Hispanic/Latinx adults
 - ◊ 19% of Indigineous adults
 - ◊ 32% of multiracial adults
 - ◊ 44% of LGB adults

Our culture, beliefs, sexual identity, values, race, and language all affect how we perceive and experience mental health conditions. Cultural differences can significantly influence what treatments, coping mechanisms and supports work for us. It is therefore essential for culture and identity to be a part of the conversation as we discuss both mental health and mental health care. Visit NAMI’s online Identity and Cultural Dimensions section at nami.org/Your-Journey/Identity-and-Cultural-Dimensions for resources specific to these communities:

- Asian American and Pacific Islander
- Black/African American
- Hispanic/Latinx
- Indigenous
- LGBTQI
- People with Disabilities

~ NAMI MH Awareness Guidebook in part <https://www.nami.org/getattachment/Get-Involved/Awareness-Events/Partners-and-Events/YANA2021-Partner-Guide.pdf>



Hope is the one thing that can help us get through the darkest of times.





National Nurses Week History

National Nurses Week begins each year on May 6th and ends on May 12th, Florence Nightingale's birthday. These permanent dates enhance planning and position National Nurses Week as an established recognition event. As of 1998, May 8 was designated as **National Student Nurses Day**, to be celebrated annually. And as of 2003, **National School Nurse Day** is celebrated on the Wednesday within National Nurses Week (May 6-12) each year.

The nursing profession has been supported and promoted by the American Nurses Association (ANA) since 1896. Each of ANA's state and territorial nurses associations promotes the nursing profession at the state and regional levels. Each conducts celebrations on these dates to recognize the contributions that nurses and nursing make to the community.

The ANA supports and encourages National Nurses Week recognition programs through the state and district nurses associations, other specialty nursing organizations, educational facilities, and independent health care companies and institutions.

A Brief History of National Nurses Week

1953 Dorothy Sutherland of the U.S. Department of Health, Education, and Welfare sent a proposal to President Eisenhower to proclaim a "Nurse Day" in October of the following year. The proclamation was never made.

1954 National Nurse Week was observed from October 11 - 16. The year of the observance marked the 100th anniversary of Florence Nightingale's mission to Crimea. Representative Frances P. Bolton sponsored the bill for a nurse week. Apparently, a bill for a National Nurse Week was introduced in the 1955 Congress, but no action was taken. Congress discontinued its practice of joint resolutions for national weeks of various kinds.

1972 Again a resolution was presented by the House of Representatives for the President to proclaim "National Registered Nurse Day." It did not occur.

1974 In January of that year, the International Council of Nurses (ICN) proclaimed that May 12 would be "International Nurse Day." (May 12 is the birthday of Florence Nightingale.) Since 1965, the ICN has celebrated "International Nurse Day."

1974 In February of that year, a week was designated by the White House as National Nurse Week, and President Nixon issued a proclamation.

1978 New Jersey Governor Brendon Byrne declared May 6 as "Nurses Day." Edward Scanlan, of Red Bank, N.J., took up the cause to perpetuate the recognition of nurses in his state. Mr. Scanlan had this date listed in Chase's Calendar of Annual Events. He promoted the celebration on his own.

1981 ANA, along with various nursing organizations, rallied to support a resolution initiated by nurses in New Mexico, through their Congressman, Manuel Lujan, to have May 6, 1982, established as "National Recognition Day for Nurses."

1982 In February, the ANA Board of Directors formally acknowledged May 6, 1982 as "National Nurses Day." The action affirmed a joint resolution of the United States Congress designating May 6 as "National Recognition Day for Nurses."

1982 President Ronald Reagan signed a proclamation on March 25, proclaiming "National Recognition Day for Nurses" to be May 6, 1982.

1990 The ANA Board of Directors expanded the recognition of nurses to a week-long celebration, declaring May 6 - 12, 1991, as National Nurses Week.

1993 The ANA Board of Directors designated May 6 - 12 as permanent dates to observe National Nurses Week in 1994 and in all subsequent years.

1996 The ANA initiated "National RN Recognition Day" on May 6, 1996, to honor the nation's indispensable registered nurses for their tireless commitment 365 days a year. The ANA encourages its state and territorial nurses associations and other organizations to acknowledge May 6, 1996 as "National RN Recognition Day."

1997 The ANA Board of Directors, at the request of the National Student Nurses Association, designated May 8 as National Student Nurses Day.

~ Reprinted from American Nurses' Association



Open Enrollment

Open Enrollment for health benefits and flexible spending accounts (FSAs) will take place from May 3—17, 2021, for elections effective on July 1, 2021.

Employee Direct will be available for online employee access, and paper forms may be used by those who do not have online access.

No action is required if you have no health plan-related changes, are not enrolling in an FSA, or do not plan to participate in Premium Rewards. However, changes should be submitted either through Employee Direct or to a member of the Human Resources Team within the Open Enrollment period. Questions regarding benefits should be directed to any member of the Human Resources Team by calling Extension 204.

I can never be
thrown but I can
be caught. Ways to
lose me are always
being sought.

What am I?

RD

I follow you all
the time and copy
your every move,
but you can't touch
me or catch me.

What am I?

RD

Answers on Page 11



PUBLIC SERVICE
RECOGNITION WEEK

MAY 2-8, 2021



Kronos Kronicles



Recently, there has been an increase in the number of “missed punches” across the facility. Ideally, staff should be swiping their badge through the timeclock each time, as this is the most accurate way of capturing your ID number and sending your punch to your timecard. However, there has been an increase in the number of staff who use the keypad to enter their ID numbers. This is perfectly acceptable, but increases the chance for error.

So how can you be sure your punch took? As soon as you either swipe your ID badge or type in your ID number on the keypad, your name should appear on the screen. If your name appears, then your punch has been registered. If your name does not appear, your punch has not been recorded.



Didn't look fast enough when you clocked in? That's ok, you can still see if your punch was registered while at the timeclock. Look on the left side of the clock under the time for “Review Punches” and click on the blue button next to it. Swipe your badge or key in your ID number. If you key in your num-

ber, you'll have to hit the enter button. Once you do so, you'll see the last few punches you have made. If you still don't see it, it is safe to punch again.

Each weekday morning, Stephanie Harris, DBHDS Kronos Administrator, sends a list of punches that are being rejected by the server to the Kronos Administrator for each facility. This is because the punches do not match ID numbers registered in the system. The local Administrator (me) then checks the rejected punches against the list of those who are showing a missed punch. More often than not, the numbers are off by one digit and can be resubmitted by correcting the error and sending the punch through to the timecard. When this happens, her name will appear in your audit trail. Can you guess why the numbers might be wrong? You guessed it, the employee entered the ID number on the keypad incorrectly, either because they were in a hurry or were distracted. Please, SLOW DOWN at the clock. You'll save yourself the trouble of filling out a missed punch form, you'll save your timekeeper from entering it manually to your timecard, and you will decrease the number of punches from being rejected by the server.

If you have questions about a specific Kronos issue or concern, please send them to me for inclusion in a future newsletter. If you need an immediate answer, please call me at Ext. 201.

~ Cheryl Veselik, Executive Assistant to Director/
Kronos Administrator

May Lunar Phases

CURRENT MOON

Waning Crescent
5% of Full
Age: 93%
N. HEMISPHERE

moon phases

Current Moon View
as of today

3
Last Qtr.
3:51 pm
EDT

11
New Moon
3:01 pm
EDT

19
First Qtr.
3:13 pm
EDT

26
Full Moon
7:14 am
EDT

Full Moon on the 26th is called "Flower Moon" by Native Americans of New England and the Great Lakes

because this time of the year, flowers are all over.

Memorial Day



Five Facts About Memorial Day You Did Not Know

1. Memorial Day was originally known as Decoration Day

It is not clear where the traditions of Memorial Day began, but not long after the Civil War ended, several cities began holding tributes in the spring for the soldiers who fell during the war. People would honor the fallen by decorating their graves and praying.

General John A. Logan called for a nationally recognized day of remembrance to honor the soldiers who gave their lives for their country on May 5, 1862. He proclaimed May 30, 1868, to be the first Decoration Day:

Logan chose May 30 because it was not the anniversary of any particular battle. By 1890, every state in the North had adopted Decoration Day as an official state holiday.

Many Southern states did not share a day to remember and honor their dead until after World War I when the purpose of Decoration Day was expanded to honor fallen U.S. troops from all wars. Though the name Memorial Day was first used in the early 1880s, the name didn't catch on until after World War II.

2. The Birthplace of Memorial Day.

There is no evidence to pinpoint the exact place of origin for Memorial Day. Several towns claim to be the originator of the holiday, but it is near impossible to validate any of these claims.

Still, in 1966, Congress declared Waterloo, N.Y. to be the official birthplace of Memorial Day. The first recorded observance of the holiday in Waterloo happened a century earlier on May 5, 1866.

3. The Uniform Monday Holiday Act

In 1968, Congress passed a bill called the "Uniform Monday Holiday Act." For many decades, Memorial Day was celebrated on May 30. However, under this law, Memorial Day was not only declared an

official federal holiday, it was changed to fall on the last Monday of May so federal workers could have a three-day weekend. The change went into effect in 1971.

4. The National Moment of Remembrance

In December 2000, Congress passed a law that "requires" Americans to pause at 3 PM on Memorial Day and take a moment of silence to honor the fallen. The time was designated as the National Moment of Remembrance and serves as an act of national unity in remembering all of the men and women who have given their lives in service of the United States. The time 3 PM was chosen because that is when most Americans are enjoying their freedoms during the holiday.

A Gallup poll released on March 26, 2000, revealed that, for the most part, a solid majority of Americans got the general concept of what Memorial Day was about, but only 28 percent knew, with confidence, the exact meaning of the holiday. What likely caught lawmakers' attention, however, was how Americans spend their time on Memorial Day.

The traditional celebration of Memorial Day includes going to veteran cemeteries and attending the local Memorial Day parade. However, that's now how most Americans celebrate the holiday, according to surveys. In fact, most people just spend the day at home.

As his presidency came to an end, President Clinton signed into the law the National Moment of Remembrance so that all Americans were encouraged to take a moment to remember what Memorial Day is truly about.

For those who enjoy watching baseball on Memorial Day, every MLB game halts in recognition of the National Moment of Remembrance. Other participants include Amtrak, NASCAR, NASA, the Statue of Liberty, the Liberty Bell, and hundreds more.

5. Memorial Day is considered the unofficial first day of summer

Light up the barbecues and take a moment to enjoy the beautiful weather because summer has begun! Well, unofficially it has. Many people like to celebrate Memorial Day weekend as the first long weekend of the summer season by grilling out, going camping, taking a trip to the local lake or pool, and even launching some fireworks.

Technically, the first day of summer is marked by the June Solstice, which falls on June 20 or 21 every year. It is the longest day of the year. However, a three-day weekend at the end of May presents the perfect opportunity to welcome the season.

~ Reprinted from the website:

<https://ivn.us/posts/5-facts-about-memorial-day-you-did-not-know>

Fully Vaccinated? Now what??

What You Can Start to Do

If you've been fully vaccinated:

- You can gather indoors with fully vaccinated people without wearing a mask or staying 6 feet apart.
- You can gather indoors with unvaccinated people of any age from one other household (for example, visiting with relatives who all live together) without masks or staying 6 feet apart, unless any of those people or anyone they live with has an [increased risk for severe illness from COVID-19](#).
- If you [travel in the United States](#), you do not need to get tested before or after travel or self-quarantine after travel.
- You need to pay close attention to [the situation at your international destination](#) before traveling outside the United States.
- You do NOT need to get tested **before** leaving the United States unless your destination requires it.
- You still need to [show a negative test result](#) or documentation of recovery from COVID-19 **before** boarding a flight to the United States.
- You should still get tested 3-5 days **after** international travel.
- You do NOT need to self-quarantine **after** arriving in the United States.
- If you've been around someone who has COVID-19, you do not need to stay away from others or get tested unless you have symptoms.
- However, if you live in a group setting (like a correctional or detention facility or group home) and are around someone who has COVID-19, you should still stay away from others for 14 days and get tested, even if you don't have symptoms.

What You Should Keep Doing

For now, if you've been fully vaccinated:

- You should still take steps to protect yourself and others in many situations, like wearing a mask, staying at least 6 feet apart from others, and avoiding crowds and poorly ventilated spaces. Take these precautions whenever you are:
 - * In public
 - * Gathering with unvaccinated people from more

than one other household

- * Visiting with an unvaccinated person who is at increased risk of severe illness or death from COVID-19 or who lives with a person at increased risk
- You should still avoid medium or large-sized gatherings.
- If you travel, you should still take steps to protect yourself and others. You will still be required to wear a mask on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States, and in U.S. transportation hubs such as airports and stations. Fully vaccinated international travelers arriving in the United States are still required to get tested within 3 days of their flight (or show documentation of recovery from COVID-19 in the past 3 months) and should still get tested 3-5 days after their trip.
- You should still watch out for symptoms of COVID-19, especially if you've been around someone who is sick. If you have symptoms of COVID-19, you should get tested and stay home and away from others.
- You will still need to follow guidance at your workplace.

What We Know and What We're Still Learning

- We know that COVID-19 vaccines are effective at preventing COVID-19 disease, especially severe illness and death.
- We're still learning how effective the vaccines are against variants of the virus that causes COVID-19. Early data show the vaccines may work against some variants, but could be less effective against others.
- We know that other prevention steps help stop the spread of COVID-19, and that these steps are still important, even as vaccines are being distributed.
- We're still learning how well COVID-19 vaccines keep people from spreading the disease.
- Early data show that the vaccines may help keep people from spreading COVID-19, but we are learning more as more people get vaccinated.
- We're still learning how long COVID-19 vaccines can protect people.

As we know more, CDC will continue to update our recommendations for both vaccinated and unvaccinated people.

~ <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/>





COVID-19 Vaccine Myths and Facts

FACTS ✓

MYTHS ✗

Can a COVID-19 vaccine make me sick with COVID-19?

No. None of the authorized and recommended COVID-19 vaccines or COVID-19 vaccines currently in development in the United States contain the live virus that causes COVID-19.

This means that a COVID-19 vaccine cannot make you sick with COVID-19.

There are several different types of vaccines in development. All of them teach our immune systems how to recognize and fight the virus that causes COVID-19. Sometimes this process can cause symptoms, such as fever. These symptoms are normal and are a sign that the body is building protection against the virus that causes COVID-19.

It typically takes a few weeks for the body to build immunity (protection against the virus that causes COVID-19) after vaccination. That means it's possible a person could be infected with the virus that causes COVID-19 just before or just after vaccination and still get sick. This is because the vaccine has not had enough time to provide protection.

After getting a COVID-19 vaccine, will I test positive for COVID-19 on a viral test?

No. Neither the recently authorized and recommended vaccines nor the other COVID-19 vaccines currently in clinical tri-

als in the United States can cause you to test positive on viral tests, which are used to see if you have a current infection.

If your body develops an immune response—the goal of vaccination—there is a possibility you may test positive on some antibody tests. Antibody tests indicate you had a previous infection and that you may have some level of protection against the virus. Experts are currently looking at how COVID-19 vaccination may affect antibody testing results.

If I have already had COVID-19 and recovered, do I still need to get vaccinated with a COVID-19 vaccine?

Yes, you should be vaccinated regardless of whether you already had COVID-19. That's because experts do not yet know how long you are protected from getting sick again after recovering from COVID-19. Even if you have already recovered from COVID-19, it is possible—although rare—that you could be infected with the virus that causes COVID-19 again.

If you were treated for COVID-19 with monoclonal antibodies or convalescent plasma, you should wait 90 days before getting a COVID-19 vaccine. Talk to your doctor if you are unsure what treatments you received or if you have more questions about getting a COVID-19 vaccine. Experts are still learning more about how long

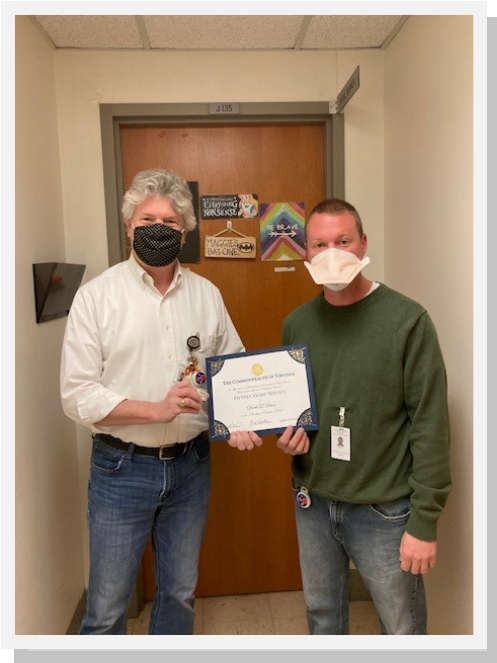
Continued on Page 14



*"In your neat garden iris grows
Bright yellow, mauve - in stately rows.
This one you've picked's a lovely thing,
I know it brightens up our spring.
But in the forest, springtime's child,
A purple iris growing wild,
Can melt my heart as spring melts snow,
It's spoilt me for the sort you grow!"*

- Jude, Wild Iris

Service Awards



Derek Davis, Treatment Care Specialist on ERS, right, receives his 15 year service award from Ron Parsons, Unit Programs Director for ERS.



Jennifer Cannon, Education Rehab Specialist, receives her five year service award.



Do or do not, there is no try

A boy was taking karate lessons and had an important tournament. He had three chances to best the match. He lost the first round and came to his sensei upset saying, "I'm trying." His sensei looked at him and quoted simply, "Do or do not, there is no try."

The boy changed his focus and entered his second round. He lost again. His sensei said, "Why are you not giving me your best?" The boy replied, "I am giving you my best, I'm trying!" The sensei said, "If you are trying your best, and your best is winning this match, then you are not giving me your best." The boy became discouraged and said, "What if my best isn't good enough? What if my best doesn't win the match?" The sensei put his hand on the boy's shoulder and said, "If you are giving me your best now, then your goal is not to simply win a match. However, that does not mean you are failing. It means that we go back together and work through these things step by step again. The goal is that when you face this problem again, you will have a new best."

So many times we are discouraged by not reaching a target we have set for ourselves. The goal is not to complete the task without failure, for our failures will teach us more than any victory. The goal is that each time we face a problem we are creating a new and better best.



~ Submitted by Emily Powers, Wellness Rehab Specialist

“Off the cuff” May holidays to celebrate:

May 1 — Kentucky Derby Day

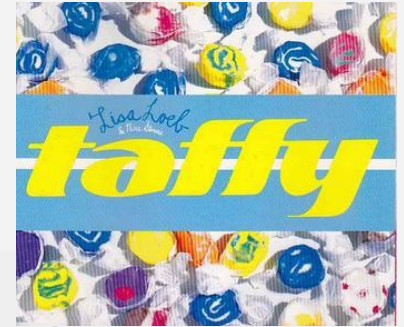
May 7 — Tuba Day

May 14 — National Chicken Dance Day

May 16 — National BBQ Day

May 23 — National Taffy Day

May 26 — National Paper Airplane Day



Riddle Me This

Answers to Riddles on page 5

I can never be thrown, but I can be caught. Ways to lose me are always being sought. What Am I? *A Cold.*

I follow you all the time and copy your every move, but you can't touch me or catch me. What Am I? *Your shadow.*

MONTHLY PATIENT CENSUS

March 2021

Admissions - 78

Discharges - 87

Passes - 2

Average Daily Census - 168

Census





SWVMHI Culture of Quality and Safety: The TOVA Toolbox



Physical Skills for Personal Protection

Physical Skills for Personal Protection



- Providing Space
- Shuffle Step
- Pivot and Deflect
- Charging and Rushing
- Punches and Slaps
- Kicks

82

TOVA has 2 main goals:

- To keep everyone, including the person behaving aggressively, safe from harm
- To preserve the helping relationship and alliance

Although TOVA teaches specific release techniques, TOVA emphasizes avoidance and evasion. When confronted with an emergency in their service settings, staff will respond automatically. With no training they will do what is natural to them, whether constructive or destructive. The purpose of training is to ensure that constructive responses become natural and that in an emergency, they will fall back on their training.

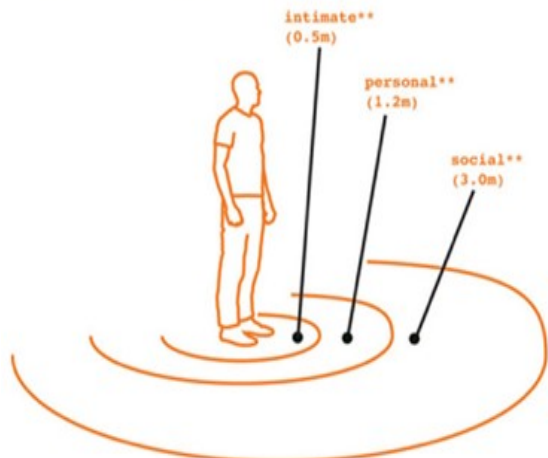
Remember, not every grasp or grab is an attack, even when the person appears angry or otherwise upset. Often, the people we support have trouble speaking or otherwise communicating. Supporting ourselves through awareness and breathing, while continually assessing the situation, will allow us to respond appropriately and not react prematurely or with inappropriate intent.

Providing Space

The first option in a volatile encounter is always to retreat. In fact, it is our duty to retreat. Back up and give the person space so they do not feel threatened or intimidated. Sometimes our proximity during an emotionally charged interaction can provoke violence. If the person steps toward you, calmly take a step backward.

Alan Rapp

Personal Space





COVID-19 Vaccine Myths and Facts

vaccines protect against COVID-19 in real-world conditions. CDC will keep the public informed as new evidence becomes available.

Will a COVID-19 vaccination protect me from getting sick with COVID-19?

Yes. COVID-19 vaccination works by teaching your immune system how to recognize and fight the virus that causes COVID-19, and this protects you from getting sick with COVID-19.

Being protected from getting sick is important because even though many people with COVID-19 have only a mild illness, others may get a severe illness, have long-term health effects, or even die. There is no way to know how COVID-19 will affect you, even if you don't have an increased risk of developing severe complications.

Will a COVID-19 vaccine alter my DNA?

No. COVID-19 vaccines do not change or interact with your DNA in any way.

There are currently two types of COVID-19 vaccines that have been authorized for use in the United States: messenger RNA (mRNA) vaccines and viral vector vaccines.

The Pfizer-BioNTech and Moderna vaccines are mRNA vaccines, which teach our cells how to make a protein that triggers an immune response. The mRNA from a COVID-19 vaccine never enters the nucleus of the cell, which is where our DNA is kept. This means the mRNA cannot affect or interact with our DNA in any way. Instead, COVID-19 mRNA vaccines work with the body's natural defenses to safely develop immunity to disease.

Johnson & Johnson's Janssen COVID-19 vaccine is a viral vector vaccine. Viral vector vaccines use a modified version of a different, harmless virus (the vector) to deliver important instructions to our cells to start building protection. The instructions are delivered in the form of genetic material. This material does not integrate into a

person's DNA. These instructions tell the cell to produce a harmless piece of virus that causes COVID-19. This is a spike protein and is only found on the surface of the virus that causes COVID-19. This triggers our immune system to recognize the virus that causes COVID-19 and to begin producing antibodies and activating other immune cells to fight off what it thinks is an infection.

At the end of the process, our bodies have learned how to protect against future infection from COVID-19. That immune response and the antibodies that our bodies make protect us from getting infected if the real virus enters our bodies.

Is it safe for me to get a COVID-19 vaccine if I would like to have a baby one day?

Yes. If you are trying to become pregnant now or want to get pregnant in the future, you may receive a COVID-19 vaccine when one is available to you.

There is currently no evidence that COVID-19 vaccination causes any problems with pregnancy, including the development of the placenta. In addition, there is no evidence that fertility problems are a side effect of any vaccine, including COVID-19 vaccines.

Like all vaccines, scientists are studying COVID-19 vaccines carefully for side effects now and will continue to study them for many years.

Of course, if you have any questions or concerns about receiving the vaccine, you are encouraged to speak with your healthcare provider who can answer questions specific to you and your medical condition.

~ <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/facts.html>

Word Search



Just for fun, how many of the following words can you find related to spring?

Q M W E R T Y A D L A I R O M E M Y
 U I R O P A M O T H E R S D A Y S B
 D F G A H N J K K L Z I X C V B N E
 M M P O W I U I Y T R S E W Q L K E
 J A H A G F T D S A M N B V C X Z S
 Q Y L F R E T T U B L O O M W E R T
 Y D U I O P L K J A H G F D S A Z X
 C A V B N N M A G S H J K T L P O I
 E Y U Y T R E W Q E L K J H S G F D
 N S A Z X X C V B B N M J H G E D S
 I R T S V B H G R A D U A T I O N R
 H C V D E R R N G L V B N M S E R T
 S T Y E V A D E T L Q W E R O B I N
 N C V E S W E D F G H J E K L I Y T
 U R E S W Q S R C V B W G F E T Y U
 S P O I U Y T A R E O W Q M N B V Y
 C X S P R I N G C L E A N G F D S A
 P O I U Y T R E F W Q S D F G H J M

Baseball

Bees

Bloom

Butterfly

Flowers

Garden

Graduation

Grass

Iris

Kite

Lawn

May

May Day

Memorial Day

Mother's Day

Nest

Robin

Seeds

Spring Clean

Sunshine

Warm

Rough winds do shake the darling buds of May.
 - William Shakespeare

Ladder Safety Checklist



With more and more individual staying home due to the pandemic, there are lots of home fix-up projects going on. Many home fix-ups require the use of ladders. Many staff members also may need to use a ladder during the course of their daily work.

It may seem simple, but there are things we can do to keep us safe while using ladders around our homes and here at work.

To prevent falls from ladders, make sure you have the following controls in place:

- Use only ladders that are in good condition and designed to handle the climbing job that needs to be done.
- Train employees on proper ladder use.
- Make proper ladder use a performance requirement for the job.
- Require employees to complete a ladder inspection before each use.

Criteria for Ladder Purchase and Care:

- Check OSHA standards for the type of ladder you are using.
- Use only Underwriter’s Laboratory approved ladders (will have the UL seal).
- Protect wood ladders with a clear sealer, such as varnish, shellac, linseed oil, or wood preservative because paint can hide defects.

Ladder Usage:

- Be sure step ladders are fully open and locked before climbing them.
- Place ladder on a flat, secure surface.
- Place ladder on a hard surface as it will sink into a soft surface.
- Place ladder on a non-moveable base.
- Lean ladder against a secure surface, not boxes or barrels.
- Do not place ladder in front of a door.
- Position base of ladder one foot away for every four feet of height to where it rests (1:4 ratio).
- Ladder rails should extend at least three feet above top landing.
- Check shoes to ensure they are free of grease or mud.
- Mount the ladder from the center, not from the side.
- Face ladder when ascending or descending, and hold on with both hands.
- Carry tools in pockets, in a bag attached to a belt, or raised and lowered by rope.
- Don’t climb higher than the third rung from the top.
- Work facing the ladder.
- Do not overreach, and always keep your torso between the ladder rails.
- When using ladder for high places, securely lash or fasten the ladder to prevent slipping.
- Avoid outdoor ladder use on windy days.
- Avoid aluminum ladders if work must be done around electrical wires or power lines.

Source: www.osha.gov



WELLGONOMICS

The Violet by Jane Taylor



Down in a green and shady bed,
A modest violet grew,
Its stalk was bent, it hung its head,
As if to hide from view.

And yet it was a lovely flower,
Its colours bright and fair;
It might have graced a rosy bower,
Instead of hiding there,

Yet there it was content to bloom,
In modest tints arrayed;
And there diffused its sweet perfume,
Within the silent shade.

Then let me to the valley go,
This pretty flower to see;
That I may also learn to grow
In sweet humility.





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Comments, Suggestions or Ideas?

SHARE THEM!

Please send any comments, suggestions, or ideas you have regarding the newsletter to the Office of the Director.



M Y A D L A I R O M E M
R M O T H E R S D A Y B
A N K I E
M W I S E
A A T S
Y L F R E T T U B L O O M
D A S T
E Y E S
N B E
I S G R A D U A T I O N
H D R N L S
S E A E L R O B I N
N E S D E
U S R W
S A O Y
S P R I N G C L E A N A
F M

Please submit articles for the next newsletter to Cheryl Veselik by May 20, 2021.