Southwestern Virginia Mental Health Institute

VOLUME XXXVIII, ISSUE 8 SEPTEMBER 1, 2009

OUR STAFF:

Cynthia McClaskey
Facility Director

Linda Bonham
Administrative Assistant

Cheryl Veselik
Human Resources Assistant

Mary Beth Counts
Secretary Senior

Amanda Phipps
Executive Secretary

James Parks
Pest Control

Suzy Quillen
Vocational Rehabilitation Supervisor

INSIDE THIS ISSUE:

From The Director

CAMP IMPACT

Four years after the initial CAMP IMPACT, members of the region's Consumer Empowerment & Recovery Councils met on August 19 to celebrate progress made on previous recommendations and to rate satisfaction with current programs. As Chair of the SW Board for Regional Planning, which supports consumer initiatives, I provided a welcome to the group, while CSB leaders assisted in the satisfaction exercise. If you are interested in the results or in further information about CAMP IMPACT of CERC, please contact me.

Quarterly Communication Meeting July 23, 2009

The opportunity to improve communication was identified as so important that a High Performance Organization (HPO) team was started to enhance communication. Along with a staff survey, they generated many other ideas which have already been implemented, including computer access and log-ons for all staff, posting minutes on the SWVMHI Intranet, and beginning the Quarterly Director's Communication Meeting. The first Quarterly Communication Meeting was held on April 24, 2009, with 15 staff randomly selected to attend.

Staff is encouraged to attend even if they "don't have anything to complain about." Staff is also urged to share success stories, make positive comments or offer words of encouragement at these meetings.

Cynthia McClaskey, Ph.D.

The Second Quarterly Communication Meeting

The second Director's Communication Meeting was held on Thursday July 23, 2009; twelve staff from a variety of departments and shifts attended along with the SWVMHI Executive Committee. After introductions, brief updates were given and the meeting was opened for an employee roundtable. As part of the invitation, employees were asked to seek input about topics, issues, and concerns from others with whom they work.

Major Concern: Budget

In this, our second meeting, the major concerns expressed by staff were [the lack of] raises for state employees and the budget. News had recently been shared that, as expected due to the poor national and Virginia economic outlook, there will be no employee raises again this November. Staff expressed concern and frustration that some in the private sector are receiving raises, but expressed thankfulness that SWVMHI had not had to layoff any staff since the mid-1990's.

Regarding the budget, those present were anxious to learn more about the extent of cuts that would be necessary for SWVMHI and they questioned when we will get the news. We believe that we will get the news about the need for facility budget cuts "in early September." We remain hopeful that we will be able to avoid layoffs. However, if the cuts are extensive, we will be forced to reduce our service capacity and will need to look carefully at whether we can make needed staffing reductions through attrition and turnover.

Staff discussed ideas they had for good financial stewardship that could be implemented now. They were encouraged to be leaders in this regard and to discuss the ideas with their supervisors/Department Heads.

Hiring and Retention Issues

CRS. Several staff raised issues regarding the importance of recruitment, hiring, and retention. These issues are of critical importance in many areas of the hospital. For instance, the Central Rehabilitative Services (CRS, or Rehab.) Department has had a variety of vacancies, including vacancies that were caused by staff in the department receiving promotions.

(Letter From The Director- Continued on Page 5)

Patient Safety Culture Survey

SWVMHI is conducting an employee survey on Patient Safety Culture. The survey was recently given to department managers for distribution to staff. Once completed, the survey may be placed in designated boxes located in the Employee Café or in the lobby of the Bagley Building. You may also return the completed survey via hospital mail to the Quality and Risk Management Department. Please take the time to complete one of these surveys. We will collect completed surveys through September 18, 2009. The results will provide the Institute's leadership, Safety Committee, and Accident Review Committee with valuable information. If you have questions, please contact Phil Jones at Ext. 217.

~Phil Jones, Director Quality/Risk Management
On behalf of The Safety Committee

September Lunar Phases

September 4
Full Moon
September 12
Last Quarter
September 18
New Moon
September 26
First Quarter

ATTENTION ALL STAFF

The Hazardous Communication Training (Knowledge Center) is due by September 30, 2009.

Chaplain's Corner

To "walk in love" means that we continually do the little acts of kindness that can make life bearable and better for another person.

One practical way to express our love costs only the price of a postage stamp—plus paper, ink, and a little thought.

All of us have felt the nudge to write a letter—an unexpected note that could brighten another person's day. Perhaps it is a note of appreciation, an expression of concern, or a compliment for a task well done. Too often the letter goes unwritten and the impulse is unexpressed. We convince ourselves that we don't have time, or that our letter won't matter.

A young minister cherished a note he received from a busy architect in his congregation. The letter said simply, "Your sermon met me where I was on Sunday—at the crossroads of confusion and hurt. Thanks for preaching it!" Those words met the pastor where he lived—at the intersection of discouragement and pain—and encouraged him to keep on in his ministry. The note took less than five minutes to write.

Can you think of someone who needs encouragement, thanks, or a reminder that you are praying for him or her? "Walk in love" to the mailbox today.

Walk in love, as Christ also has loved us. –Ephesians 5:2

~Hadon W. Robinson

Copied from Our Daily Bread, December–February, 2000 - 2001

Did you know that September is Alcohol and Drug Addiction Recovery Month? I did not realize that such a month existed, since recovery is an on-going process that happens day-by-day, hour-by-hour, and sometimes minute-by-minute.

I have learned so much from the 12-step suggestions that are available for recovery programs. One step proposes that we only have three possible responses to any event during our day which are, "accept it, change it, or walk away from it." I certainly have challenged this statement hundreds of times! You can trust me when I say, 'life is simpler than you think!" Maybe that is why another step in the 12-step program for alcohol and drug addiction recovery notes, "keep it simple, sweetheart."

So, to those of you who did not know that September is Alcohol and Drug Addiction Recovery Month, maybe you too could just "keep it simple," and "accept it."

~C. J. Copenhaver, CAC, CSAC, MACe
Human Services Care Specialist

DBHDS Commissioner Receives Award

The United States Psychiatric Rehabilitation Association (USPRA) has named Dr. James Reinhard as the President's Award recipient.

James Reinhard, M.D., has worked in public sector mental health and academic institutions for the majority of his medical career, working in the Commonwealth of Virginia since 1994. In 2002, he was appointed Commissioner of the Virginia Department of Behavioral Health and Developmental Services (DBHDS) by then Governor Mark Warner, and reappointed by Governor Tim Kaine in 2006.

Since becoming Commissioner, Dr. Reinhard has led the state's public mental health services system through a significant restructuring with a new vision for a consumer-driven system that promotes self-determination, empowerment, resilience, recovery, health, and the highest possible consumer participation in all aspects of life. Also, through the belief that most individuals can be served more effectively and less expensively outside institutions, Dr. Reinhard shepherded a shift from institutions to community-based care in Virginia. This shift included an unprecedented $316 million transformation initiative to downsize and modernize state-run institutions and build capacity to serve individuals in the communities where they live. Through this new vision and transformation, partnerships were forged that were previously nonexistent or strained with stakeholders, such as consumer organizations, advocates, the hospital association and the psychiatric association. DBHDS and the 40 locally-run community services boards were also unified through creating a more cohesive mission and a more collaborative relationship. The efforts the department made to transform the system under Dr. Reinhard's tenure will shape Virginia's system for decades to come.

About USPRA
The United States Psychiatric Rehabilitation Association is the only organization founded on a shared commitment to improve and promote the practice and outcomes of psychiatric rehabilitation. We bring together agencies, practitioners, families and persons living with psychiatric disabilities, leaders in psychiatric rehabilitation education and research from major universities across the United States and the world, as well as state and federal government entities dedicated to improving outcomes in a cost-effective, evidenced-based and highly successful model.

The primary mission of USPRA is to provide access, advocacy and strategies to implement state-of-the-art psychiatric rehabilitation and recovery oriented practices through education and professional credentials, research, service outcomes, and networking. It promotes a world in which individuals with mental illness can recover to achieve successful and satisfying lives in the working, learning and social environments of their choice.

USPRA believes that the principles and practices of psychiatric rehabilitation lead to recovery, and is committed to supporting and strengthening the quality of community-oriented rehabilitation services and resources for persons with psychiatric disabilities.
www.uspra.org

"It was once said that the moral test of government is how that government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; and those who are in the shadows of life-the sick, the needy and the handicapped."

~ Hubert Humphrey

Labor Day Word Search

See how many of the bolded, underlined Labor Day words you can find.

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

Labor Day is the first **Monday** of **September**. It is a creation of the labor **movement**, and constitutes a yearly, national **tribute** to the contributions of **workers** toward the **strength**, **prosperity**, and well-being of our **country**. There is some doubt as to who first proposed the **holiday**, but the first Labor Day was celebrated on **Tuesday**, September 5, 1882, in **New York** City by the Central Labor **Union**. The holiday was celebrated a year later on September 5, 1883. In 1884, the first Monday in September was selected as the "**workingmen's** holiday." The first **governmental** recognition came through municipal **ordinances** in 1885. The first **state** to enact legislation to create the holiday was **Oregon** in 1887, but **Congress** did not pass **legislation** making Labor Day a **legal** holiday until 1894. The original **observances** were marked by **parades** followed by a **festival** for the recreation and **amusement** of workers and their families. Today, it is still appropriate to pay tribute to the creator of so much of the **nation's** strength, **freedom**, and **leadership** – the **American** worker.

~Cheryl Veselik, CPS/CAP
Human Resource Assistant

(Answer Key on Page 18)

Meals In Minutes— Cheese-Garlic Biscuits

Do you have 15 minutes to spare? Surprise your family by baking a batch of these restaurant-style biscuits!

Prep Time: 5 minutes
Total Time: 15 minutes
Makes: 9 biscuits

2 cups Original Bisquick® mix
2/3 cups milk
1/2 cup shredded cheddar cheese
2 tablespoons butter or margarine
1/8 teaspoon garlic powder

Heat your oven to 450°F.

Stir the Bisquick mix, milk, and cheese until a soft dough forms. Drop the dough by nine spoonfuls onto an un-greased cookie sheet.

Bake 8 to 10 minutes or until they are golden brown. Melt the butter. Mix together the melted butter and garlic powder. Brush the mixture over the warm biscuits.

Taken from the www.bettycrocker.com.

Do you have a quick and delicious recipe that you would like to share? Email it to Amanda Phipps, and we may place it in the next newsletter!

~Amanda Phipps
Nursing Executive Secretary

From The Director *Continued*

Both the Human Resources Department and Rehabilitation Department leadership have worked diligently and collaboratively to fill open positions in the Rehabilitation Department. Recently, we have had the following four openings: Adolescent Unit Rehabilitation Resource Coordinator, Wellness Coordinator, Rehabilitation Specialist for second shift, and Recreation Therapist. Ultimately, one internal candidate was promoted and another was transferred into what the candidate considered to be a more desirable position.

One of the marks of a healthy organization is that many positions may be filled by current employees who have the desire and abilities to manage higher level responsibilities. However, every time that this occurs, the time period during which there is an open position somewhere in the organization is stretched out, as the position of the successful internal candidate must then be filled. We do ask that hiring managers screen and interview as quickly as their schedules permit.

Rehab- Staff is to be commended for their perseverance. They have been able to maintain exceptional services for the people served at SWVMHI, despite the number of open positions. We are happy to be able to say at this point that there are no first shift CRS vacancies.

Float Positions- Information was shared by a float aide regarding the challenges of floating between multiple units and doing multiple tasks within a shift. Appreciation was expressed for the skills and versatility of the float staff. Being trained to work in multiple areas and or jobs enhances skills and should make the employees more competitive for promotional opportunities. This is true for staff who "float" or cover in other departments as well.

Retention- Discussion about recruitment naturally led to concerns about retention. Information is gathered by way of exit interviews with staff. Information from employees who leave employment from SWVMHI is periodically reviewed for possible changes that might decrease turnover.

Nursing Twelve-Hour Shifts- In the Nursing Department, one of the challenges is scheduling and coordinating personal preferences, while managing the facility's need for staff coverage. Most recently, a workgroup was formed to review scheduling options (8-hour vs. 12-hour shifts) for the Adolescent Unit. The workgroup conducted a literature review to determine if a relationship existed between 12-hour shifts, job satisfaction, staff performance, and the impact on patient care/outcomes. A review of SWVMHI staffing data, such as number of call-ins, amount of overtime, and P-14 usage, has also been conducted. The workgroup will submit a more detailed summary in an upcoming newsletter.

Positive Feedback

Those present noted several positive changes on the units and credited leadership, initiative, and positive teamwork with staff and managers working together to accomplish the Comfort Rooms and, on Geriatrics, the new bathing protocol/tub room enhancements (see article in this issue of "A View From the Hill").

Those in attendance also discussed that the meeting today seemed to go well and that there may be a follow-up survey sent to participants to gather data in a more systematic way.

Thanks to everyone who attended and contributed to make this meeting a success. Please see the minutes posted on the Intranet for an expanded version of this article.

~Cynthia McClaskey, Ph.D.
Director

September is National Food Education Safety Month

The Food and Drug Administration (FDA) regulates $417 billion worth of domestic food and $49 billion worth of imported food each year which is everything we eat, except for meat, poultry, and some egg products; these are regulated by the U.S. Department of Agriculture. While the food supply in the United States is one of the safest in the world the Centers for Disease Control estimates that each year, 76 million cases of foodborne illnesses occur. More than 300,000 persons are hospitalized and 5,000 die from foodborne illness.

Recently, we've seen a series of large recalls of spinach, peanut products, pistachios, peppers, mushrooms, and alfalfa sprouts. These recalls have serious implications for public health. They raise questions about the ability of our federal agencies to monitor our food safety systems, and the food industry's ability to provide safe foods to our homes and restaurants.

On March 14, 2009, President Barack Obama announced the creation of the Food Safety Working Group, chaired by the Secretaries of the Department of Health and Human Services and the Department of Agriculture. The Food Safety Working Group announced specific steps designed to advance its core principles:

- Targeting salmonella contamination by developing tougher standards to protect the safety of eggs, poultry, and turkey.
- To fight the threat of E. coli, the United States Department of Agriculture is stepping up enforcement in beef facilities, and the FDA is developing new industry guidance improving protections for leafy greens, melons, and tomatoes.
- The FDA announced a plan to strengthen the organization of federal food safety functions, including the creation of new positions at key food safety agencies and a continuing oversight role for the Food Safety Working Group.

Our Food Services Department at SWVMHI has many policies, procedures, and checkpoints in place to guarantee food safety. More importantly, we have training programs to ensure that our staff is knowledgeable regarding food safety standards and practices. Our department plans to share more details of our food safety protocols in future newsletters.

~John O'Keefe

The Soap Box

The beginning of 2009 brought forth a project on the Geriatric Unit to improve the physical appearance of the Tub Room, which has since been named "The Soap Box." These physical changes were the goal of the staff to provide a more pleasant bathing and grooming experience for the Consumer.

Mary Ratliff, RNCA, and Amy Dempsey, RN, chaired this project. The following resources were used during our research to better the bath time experience: the Virginia Department of Health Office of Licensure and Certification, SWVMHI policies and procedures, and National Guideline Clearinghouse for Bathing Persons with Dementia. After many hours of studying, and hard work, our project is now complete.

Not only did our group create a more serene and inviting environment, but they also developed a pamphlet designed to be distributed to families of the Consumers to explain the process of bathing and grooming.

We would like to thank the following for their assistance during this project:

- Alicia Alvarado for inspiration and support
- Ellen Tilson for obtaining the benches and shelves
- Mike Jones for ensuring compliance with licensure and certification regulations
- Stephanie McGuire, Cheryl Smith, and Janie Atwell for their beautiful paintings
- Nathan Shelton for the mats, bath towels, and blankets
- The Maintenance Department for the installation of the shelves
- Mary Ratliff and Amy Dempsey for the creation of the informational pamphlet
- The Geriatric Unit consumers for voting on naming the room "The Soap Box"

"The Soap Box" is now complete, and our consumers enjoy looking at the brightly painted walls and have an overall pleasurable bathing experience. Be sure to drop by and take a look at our great effort!

~ Mary Ratliff, RNCA, and
Amy Dempsey, RN, Geriatric Unit

Centralized Rehabilitation Services Activities

On July 24, 2009, shouts of "BINGO!" were heard all around the gym. Several gathered for a rousing game of Bingo. Folks were able to compete for a number of great prizes.

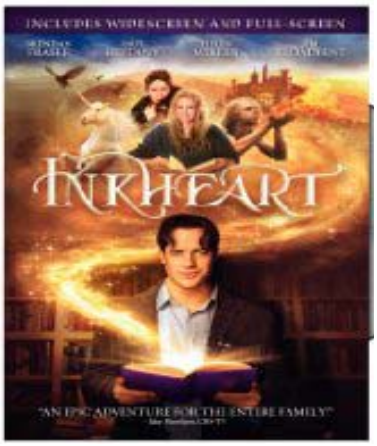
On July 11, 2009, the Patient Activity Council, in conjunction with the Rehabilitation Department, sponsored a karaoke event in the gym. Several from all over the campus came down and picked out their favorite tunes to sing. The audience cheered on the singers as they got out there and belted out their songs. Madonna, Elvis, and the like were present and accounted for… who knew we had so many talented singers?

Consumer comments:
"I just love when we can do Karaoke. It's one of my favorite activities that (you) do for us." ~ J.B.

"I never thought that I could sing in front of others. I always thought that people would laugh at me. Everyone really liked me." ~ L.N.

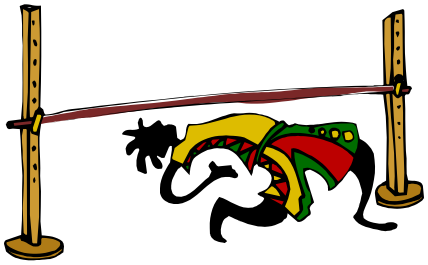
"I got up there and did a duet, and we had a great time! I think I made a new friend too." ~ T.C.

August 7, 2009, was movie night in the gameroom. Everyone was invited to watch a movie and eat hot, buttered popcorn. Rehabilitation Department staff showed "InkHeart" starring Brendan Frasier. All rated this movie "two thumbs up!"



During late July and early August, youngsters and adults from all over southwest Virginia and several neighboring states carefully groom their best-looking calves, steers, and horses for the Rich Valley Fair and Horse Show— a weeklong celebration of the rural way of life. Fair activities included: livestock and horse shows, mule and horse pulling contests, tractor driving contests, a pet show, a beauty pageant, musical performances, and an ATV rodeo.

On July 8, 2009, the Patient Activity Council, in conjunction with the Rehabilitation Department, sponsored a trip out to the fair. Approximately seven were able to attend. They took in all of the attractions, enjoyed hamburgers, ice cream, cold drinks, and even got to watch Spaghetti the SWVMHI therapy horse compete in the shows.



Music, games, food, and fun were the subject of the summer bash that was sponsored by the Patient Activity Council, in conjunction with the Rehabilitation Department, on August 14, 2009. Patients were invited out to listen to live music as they enjoyed fresh fruits and vegetables with dip, tea, and popsicles. Those who attended were able to socialize as they danced, ate, and sang along to their favorite tunes. A rousing game of the limbo was a smashing success too!

Zebras, buffaloes, and kangaroos…OH MY!! On July 15, 2009, the Patient Activity Council, in conjunction with the Rehabilitation Department, sponsored a trip to the Ft. Chiswell Animal Park. Several enjoyed an outing where they were able to "get up close and personal" with animals of all kinds. Those who attended were able to exit the "Safari Bus" to pet and feed the animals. It was a close encounter of the furry kind!

JULY PERSONNEL CHANGES

New Employees

Christy Bise Human Resources Assistant	July 8, 2009
Brian Schaffer Psychologist	July 8, 2009
Stephanie Bowie Psychiatric Aide	July 10, 2009
Emanuel Goodman Psychiatric Aide	July 10, 2009
Josh Hale Psychiatric Aide	July 10, 2009
Debby Magee P-14 Registered Nurse Clinician A	July 10, 2009
Ashley McCready Psychiatric Aide	July 10, 2009
Marsha Blevins Clinical Social Worker	July 20, 2009

MONTHLY PATIENT CENSUS

July 2009

Admissions 109
Discharges 103
Passes 14

Average Daily Census
134

Promotions/Role Changes

Bethany Weddle From P-14 Food Services Technician to Psychiatric Aide	July 10, 2009
Erin Powers From Psychiatric Aide to Office Services Assistant, Ward Clerk	July 25, 2009
Cynthia Prater From Registered Nurse to Registered Nurse Clinician A	July 25, 2009
Sue Saltz From Rehabilitation Relief Supervisor to Wellness Coordinator	July 25, 2009

Separations

Carol Bise Human Resources Assistant	July 1, 2009
Benny Mullins P-3 Medical Officer On Duty	July 1, 2009
Aaron Wolfe P-14 Food Services Technician	July 2, 2009
Kelly Armstrong Psychiatric Aide	July 8, 2009
Stacy Greer Psychiatric Aide	July 13, 2009
Judy Harmon Psychiatric Aide	July 13, 2009
Kristy Moore Psychiatric Aide	July 14, 2009
Donna Kearney Psychiatric Aide	July 23, 2009

Medical Services Highlights: Monika Pelly, M.D.

Dr. Monika Pelly, joined SWVMHI on June 29, 2009, after completing a fellowship in geriatric psychiatry. She initially was the attending Psychiatrist on Ward A; however, she soon moved to Wards I and J as their attending Psychiatrist. Change is nothing new for Dr. Pelly. She was born in a very poor migrant town where she was a minority. She has witnessed and experienced inequality and poor treatment of people. She has lived on a tropical island, in a large northern city, in Miami, and now in Abingdon.

Dr. Pelly and her husband decided on Abingdon after a two-year search. They were seeking a place where they could get away from the stresses of metropolitan living, and a place with affordable beautiful land that would be suitable for recreation, gardening, and perhaps a naturalist area. Working with an extremely patient realtor and looking in the mountains of North Carolina and Tennessee, and eventually Virginia, they found what they were looking for outside of Abingdon. The property was just what they wanted, but it needs a little work! In their spare time, they are gradually getting the grounds under control and working on the structure so that they will have a get-away for their family. When not working on the vacation home, the family enjoys hiking and biking. Also, in addition to enjoying ballroom dancing, Dr. Pelly and her husband are avid salsa dancers.

Dr. Pelly, her husband, and their two-year-old twins are enjoying life in southwest Virginia; however, they have found that they had to make some adjustments. Frequently they are warned of a bad summer storm that is approaching. After living through and riding out seven hurricanes, so far our mountain storms have not been frightening. Another adjustment has been to the people of the area. After living in Miami and not knowing any neighbors and not speaking to strangers, it has been different living in Abingdon, where neighbors drop in and bring food, and strangers not only speak, they engage in conversation. There have been adjustments, but pleasant ones.

Dr. Pelly and her family are finding life in southwest Virginia is just what they were seeking, and her job at SWVMHI is a wonderful match for her life experiences and training. **Please welcome Dr. Monika Pelly!**

~Amanda Currin
Assistant Director,
Administrative Services

Basic Records Management

On August 17 and 18, Anita Vannucci, Records Analyst, Jessie R. Robinson, Senior State Records Archivist, and Craig S. Moore, State Records Appraisal Archivist, visited Southwestern Virginia Mental Health Institute at our request to perform a review of our records storage and to offer assistance and guidance with retention issues. They also provided training for us on records management principles and procedures.

In addition to patient medical records, many files are stored in the Harmon Building, in the Fiscal Services and Human Resources Departments, in the Director's office, and in most departments throughout the facility. As is the case with most DBHDS facilities, there is not enough space to continue keeping the volume of information which has been retained locally as has been done in the past. The current Library of Virginia Records Retention and Disposition Schedule specific to the Department of Behavioral Health and Developmental Services is under revision. It is expected that the final document will be completed this fall. When finalized, it will be passed along so that all staff who need to access this document will be able to do so. Effective immediately, everyone is encouraged to take a more active role in basic records management, following the guidelines in the Virginia Records Retention and Disposition schedule.

Topics covered by Ms. Vannucci in the August 18 training program included: Virginia's laws and regulations, benefits of a successful records management program, issues arising with electronic records, and destruction procedures. Disposition processes and procedures were discussed as outlined in the Records Retention and Disposition Schedule.

All staff responsible for records management at SWVMHI are encouraged to visit the Library of Virginia's web site at http://www.lva.virginia.gov. and review the Records Management, Retention Schedules, and Forms topics. This site has an abundance of information about records management, retention and disposition schedules, and forms which must be completed when records may be destroyed. If you have questions, please contact one of the above at the Library of Virginia.

What is a record?
"Public record" or "record" means recorded information that **documents a transaction or activity** by or with any public officer, agency or employee of an agency. **Regardless of physical form or characteristic,** the recorded information is a public record if it is **produced, collected, or received or retained in pursuance of law or in connection with the transaction of public business.** The medium upon which such information is recorded has no bearing on the determination of whether the recording is a public record.
~Code of Virginia § 42.1-77

(Continued on Page 10)

National Suicide Prevention Week

National Suicide Prevention Week is September 6-12, 2009. Recent trends for suicides in the U.S. emphasize the importance of mental healthcare clinicians remaining aware of shifts in those age ranges thought to be most at risk for suicide. While the early detection and prevention spotlight has been focused primarily on the late-teen and elderly populations, the most recent data indicate that another age group has seen the most substantive rise in suicide rates.

Led by a marked increase among the middle-aged, the overall suicide rate in the U.S. went up from 1999 to 2004. The increase marks the first such rise in a decade, according to researchers at the federal Centers for Disease Control and Prevention. While the suicide rate among late-teens increased less than 2%, and actually declined in the elderly population, the data show an increase of 20% in ages 45-54, with a 31% jump for women in this age range. As reported in the *New York Times* (February 19, 2008), researchers suspect that the "skyrocketing use and abuse of prescription drugs" may be linked to the increased suicide rate among the group of people previously considered the least likely to be at risk. While service veterans are thought to account for as many as one in five suicides, those most affected are the ones who served in Vietnam or shortly following, as opposed to those serving in Iraq and Afghanistan. Although the factors underlying these changes are not clear to researchers, what is clear is that a new at-risk demographic group, the middle-aged, has been identified, and mental health-care providers must factor this information into their screening and assessment activities.

According to Eric B. Broderick, DDS, MPH, Acting Commissioner, Substance Abuse and Mental Health Services Administration (SAMHSA), "The rise in suicides across our nation is a public health issue of increasing concern to each and every one of us. Suicide is no longer considered a shameful personal matter best ignored by society or considered to be inevitable. Rather, thanks largely to the efforts of crisis counselors, helpline volunteers, and mental health professionals, more and more Americans now understand that suicide is a public health crisis that needs to confronted openly and actively prevented. Most importantly, those individuals who need help are learning that it's okay to ask for help. And, it's okay for friends and families to ask for help, too."

Further resources:

- National Suicide Prevention Lifeline 1-800-273-talk (8255)
- SAMHSA Short Reports: http://oas.samhsa.gov/suicide.cfm
- Suicide Prevention Resource Center: www.sprc.org
- National Strategy for Suicide Prevention (NSSPI): http://mentalhealth.samhsa.gov/suicideprevention
- From SAMHSA News - May/June 2009: www.samhsa.gov/samhsaNewsletter

~Russ McGrady, MA, MBA
Director, Clinical Services

Records (*Continued*)

The record is in the office of the creator. Duplicate copies are not considered records. This applies to many documents at SWVMHI, including meeting minutes, forms, and policies.

When identifying items which may be destroyed, begin counting retention years with the year following the year of creation, and count up through the stated number of retention years. Records should be retained for the full year of the final year of retention and may be destroyed at the beginning of the next yearly cycle.

What are vital records?

- Vital records are those records essential to the operation of the organization and/or resumption of operations following a disaster.
- These are records that you must have to stay in business, such as accounts receivable or payroll records.

What is not a record?

- Reference materials
- Administrative and personal correspondence
- Personal materials
- Stationery, blank forms, and publications for distribution
- Copies of policy and procedure manuals

Destruction procedures:

- Identify records to be destroyed and method by using retention schedule.
- Fill out Certificate of Records Destruction (RM-3 Form).

- Obtain approving official and Records Officer signatures.
- After records have been destroyed, obtain signature of the individual who destroyed the records or witnessed the destruction.
- Send the form with all original signatures to the Library of Virginia.

You may call staff at the Library of Virginia with any questions.

~Linda Bonham
Administrative Assistant

CATCH ME UP

With communication being at the core of all health care facilities, and the lack of communication being the root cause of near misses and sentinel events, this is an area that we can all improve on. The HPO Communication Committee received information through an informal survey that shift-to-shift reporting could improve. A HPO sub-group, The Change of Shift Report Team, was formed, with Cheryl Smith, Geriatric Unit Head Nurse, chairing the group.

A formal survey was conducted with the nursing staff in June. Exactly 291 surveys were distributed with 33% returned. Feedback from nursing staff was reviewed, and areas of concern were identified. The survey revealed that there were areas where we could implement a "quick fix," and other areas that would take more time and effort. Some of these changes have been implemented, and there will be more changes executed soon. In response to the 38% of respondents who felt there were too many interruptions during the change of shift report, a magnetic sign is being placed on the report room door indicating report is in progress. With 43% reporting the team room is not always available, we have spoken with other departments to try and assure that the team room is available during shift report times. In response to the 43% who felt there were problems with shift-to-shift reporting, 36% felt there is not a respectful attitude, and 42% indicated there is not adequate communication between treatment team and staff.

Norma Brickey, Assistant Nurse Executive, developed a Change of Shift Etiquette training guideline. The guideline describes key points for a successful and stress-free change of shift report. In the guideline, she described a wonderful acronym that can assist staff in giving and receiving report.

"CATCH ME UP"

- **C**ommunication Skills— speak with clarity and be succinct
- **A**ttitude— be positive, respectful, and supportive
- **T**act and Trust
- **C**onfidentiality and Courtesy
- **H**onesty
- **M**ind our Manners
- **E**mpathy and Encouragement
- **U**nderstanding
- **P**atience

Survey respondents indicated that they use the Patient Profile Sheets during shift report, but updates were needed. To that end, the Unit Nurse Coordinators are revising the Patient Profile Sheet, which should be completed within the next month. Also, plans are being made to incorporate the importance of good shift reporting skills during orientation and to review the benefits of managing hand-off communications with current nursing staff.

Many thanks to the Change of Shift Report Team: Alicia Alvarado, Norma Brickey, Cheryl Smith, Gerry Moore, Connie Tester, Sheila Heldreth, Susan Hamm, Bridgett Ford, and Lynn Robinson.

~Benjie Duvall
Staffing Nurse Coordinator

Employee Earns Licensure

Suzy Quillen, Vocational Rehabilitation Supervisor, recently received her license through the Virginia Board of Counseling to provide services as a Certified Rehabilitation Provider. Requirements for this certification include a baccalaureate degree from a regionally accredited college or university, documentation of 2,000 hours of supervised experience in performing those services that will be offered to a workers' compensation claimant under § 65.2-603 of the Code of Virginia, and a passing score on a board-approved examination. Please take a few moments to congratulate Suzy on her achievement!

September Days to Celebrate

This month, we celebrate National Food Education Safety Month, Alcohol and Drug Addiction Recovery Month, National Pain Awareness Month, and Rehabilitation Month.

During the week of September 6-12, we celebrate Healthcare Environmental Services Week, Housekeepers' Week, and National Suicide Prevention Week.

"Off the cuff" July holidays to celebrate:
September 5
Be Late for Something Day

September 10
Swap Ideas Day
September 11
No News is Good News Day
September 14
National Cream-Filled Donut Day
September 18
National Play-Doh Day
September 22
Elephant Appreciation Day
September 27
Crush A Can Day

Expanded H1N1 Call Center Support

Governor Timothy M. Kaine recently announced that the Virginia Department of Health (VDH) is expanding its call center to handle questions that Virginians may have about the novel influenza A (H1N1) virus. The toll-free number is 1-877-275-8343 and will be answered during state business hours. The department will adjust hours as necessary to accommodate call volume. Virginians also are able to ask questions via e-mail through the VDH home page at www.vdh.virginia.gov. State Health Commissioner Karen Remley, MD, MBA, said the call center's increased operations coincide with the opening of public schools across the state this month.

"As students return to school in the coming weeks, Virginia is preparing for increased public awareness of the novel H1N1 virus, and a greater focus by concerned parents on protecting our children from the potential dangers of the virus," Governor Kaine said. "Our Health Department has remained vigilant in following the impact of the virus and will continue to make information easily available."

The novel H1N1 virus has differed significantly from the seasonal flu in its effect upon school children and young adults. This population has contracted the H1N1 virus in higher numbers than usually is seen with the seasonal flu.

An important message for parents of school children, as well as faculty and school staff, is to stay home if they have novel H1N1 symptoms including fever, cough, sore throat, or fatigue.

A person with such influenza-like illness should stay home until without a fever for at least 24 hours without the use of fever-reducing medicine. Infected adults and children still can be contagious even after they begin to feel better. Commissioner Remley also urged families to have an emergency care plan in the event a child is sent home from school due to illness while parents are at work.

The call center is part of a federally-funded program developed by the health department to prepare for and respond to the novel H1N1 virus. In addition to public education and outreach activities, other aspects of the state's program involve disease surveillance and laboratory testing, community mitigation, antiviral distribution, vaccination (including expanded use of the state's immunization information system), and enhanced coordination of the state's health care delivery capabilities.

"Every Virginian has a role to play in protecting our population and containing the spread and impact of this disease," Commissioner Remley said. As schools begin opening across the Commonwealth, the Commissioner urged parents to:

- Teach children good cough and hand hygiene etiquette. This includes covering coughs and sneezes with tissues, coughing and sneezing into the inside of the elbow, and properly discarding used tissues. Hands should be washed frequently with soap and water and hand washing should last for at least 20 seconds. Be sure to set a good example by doing this yourself. If hands are not visibly soiled, hand sanitizers containing at least 60 percent alcohol are also effective.
- Vaccinate children and yourself for seasonal flu early and be sure to also vaccinate you and your child against novel H1N1 once a separate novel H1N1 flu vaccine becomes available.
- Monitor yourself and your child for flu-like symptoms which include fever (over 100 degrees Fahrenheit), feverishness, cough, or sore throat. Some people also experience vomiting or diarrhea with novel H1N1 flu.
- If you suspect that you or your child are getting the flu, stay home from work and school, and avoid contact with others so the virus does not spread.
- Plan now for your children's care if you or they should become ill with the novel H1N1 virus. If this happens, you or your child might be asked to stay home from work or school for at least 24 hours after resolution of fever without the use of fever-reducing medicines. People who work in a healthcare setting may be asked to stay home a full week after symptoms start. Talk to other family members, friends, or neighbors about helping with child care or possibly sharing care in such a situation. Consider now who might be able to pitch in and help you. Be sure to have a family plan that includes having adequate food and supplies on hand to decrease your need to be out in public should someone get sick.
- If symptoms worsen or cause concern, contact your doctor's office by telephone for advice before arriving there in person.
- Stay informed. We encourage you to monitor the following websites: CDC Web site (http://www.cdc.gov/h1n1flu/), Virginia Department of Health (http://www.vdh.virginia.gov) and the Virginia Department of Education (http://www.doe.virginia.gov) for additional resources and the most current recommendations.

Celebrate National Healthcare Environmental Services Week!

September 13-19, 2009, is National Healthcare Environmental Services Week. This is a time for us to recognize and thank our Housekeeping and Laundry Department!

The Housekeeping and Laundry Department personnel fill a large role in infection control, patient safety, and customer satisfaction. These employees certainly deserve a hearty dose of respect for the job they do.

Not only must staff work hard to clean the facility and maintain an environment that meets the needs and stringent demands of regulatory agencies, hospital personnel, patients, and visitors, they also bear the burden of knowing that the health of others often relies on the effectiveness of their practices.

The environment is an important part of what visitors see when they walk through our doors, and it is everything the patients see during their stay, from the floors to the walls and everything in-between. Not only does the environment have to have a clean appearance, but it also must be maintained as germ-free as possible.

Some facts about the SWVMHI Environmental Services staff:

- All Housekeeping and Laundry Department employees are cross trained and able to work each unit.
- Each team member receives detailed department specific training and completes competencies on: infection control, isolation cleaning, cleaning procedures for patient rooms, proper cleaning procedures for offices, procedures for using various housekeeping equipment, chemical selection and uses, and project-related skills.
- All team members are required to complete a certification program on how to handle, store, package for shipment, and labeling requirements for Regulated Medical Waste.
- Housekeeping Department employees are responsible for the daily cleaning of all patient units. They also perform weekly cleanings of office areas in six separate buildings, as well as project-related cleanings such as refinishing of floors, washing walls, washing windows, etc.
- The Housekeeping Department staff clean 108 bathrooms daily in the Bagley Building alone!
- The Laundry Department staff sort, wash, dry, and fold approximately 28,000 pounds of laundry per month, with 4,000 pounds of that being patient clothing.

These are only a portion of the duties the SWVMHI Environmental Services staff are responsible to complete. The Environmental Services staff are very dedicated to their job, and they take much pride in their areas and the facility. I am very happy to be able to work with such a great crew and am pleased to recognize them for all the hard work they do. We should continue to recognize and show them they are appreciated not only throughout National Healthcare Environmental Services Week but throughout the year.

~Nathan Shelton
Environmental Services Director

September is National Pain Awareness Month

I recently had the opportunity to give a brief facility-wide presentation on the treatment of pain in the addicted patient. I was flattered by the level of interest that was shown by the staff in my meager presentation. During the course of preparing for the presentation, I was able to research and really come to some understanding of the human issue underlying this challenging topic.

We indeed are working at a crossroads. There are two opposing forces that we deal with as health care professionals working in this setting. Recently, there has been an increased awareness of the need to treat individuals with chronic pain. During my training, I was able to witness the creation of subspecialty programs in the treatment of pain. The opposing force to this increased treatment and awareness of chronic pain has been a change in the pattern of drug use. Most notably, over the past five years there has been a trend toward an increase in diversion of and non-medical use of prescription opiates. Along with this has been an increase in addiction to these medications and an increase in lethal overdoses involving these medications. The recent death of famous individuals due to overdose underscores the fact that this is an issue that can potentially affect anyone of any socioeconomic background.

As health care professionals we have a unique dual responsibility. We need to help people who are in pain. We also have to be vigilant of the potential destruction to individual lives and society as a whole these pain medications can cause if diverted and abused. At SWVMHI, we are constantly balancing these two roles. It is this balancing act that often causes me anxiety. Imagine then the anxiety of the patient.

Of course there are tools and specific methods that we employ to evaluate the patient and try to come to some sort of understanding of the clinical situation. Taking an objective stance and evaluating the individual clinically does help to give us a clearer picture of the situation. It also helps relieve our anxiety if we can come to a more objective understanding. However, through my readings on the topic of treating individuals with chronic pain and addiction, I began to have a clearer understanding of the need for empathy and understanding.

When working with an individual who is addicted and engaging in drug seeking behavior, I think it is of great importance to keep in mind that the person is probably experiencing genuine pain. Whether that is pain related to withdrawal, the emotional pain caused by feeling isolated by addiction, or legitimate physical pain it is still very uncomfortable for the individual. Perhaps an empathetic understanding of what the patient is experiencing and a kind word can go as far as medication in those circumstances.

~Dr. Jeffrey Gordon, M.D.
Psychiatrist

On behalf of our family, we would like to thank everyone for the tremendous offerings of condolences we received during the passing of my father, James W. Parks. He had worked at SWVMHI for 35 years and always said this was his extended family. It is a blessing to work at a facility with employees who care so much for each other. We greatly appreciate the prayers, kind words, visitations, cards, and food. Please continue to demonstrate the level of compassion for one another that you have expressed toward our family. May God bless each and every one of you.

~James Parks and Family

We wish to thank everyone for their support, donations, visits, and prayers during our time of loss. Your expressions of sympathy will always be remembered.

~Dickie Harrison and Family

Celebrate National Rehabilitation Awareness Week!

National Rehabilitation Awareness Week is September 20-26, 2009.
The Rehabilitation Department at SWVMHI plays a very important role in the recovery of those living with a serious mental illness.

What is recovery?
Many people using the health care system are in the process of recovery: for some it is healing from surgery to walk without pain and return to work; for some it is getting past the effects of chronic asthma and being able to join in activities again; for some it's beating cancer and watching a son or daughter graduate from high school.

For roughly eight million Americans who live with a serious mental illness and their families, recovery means living life to its fullest, having relationships, being part of a community, holding down a job, or going to school. Recovery means living a satisfying, hopeful, and contributing life, with or without the limitations of a psychiatric disability.

Is recovery possible?
While the way in which recovery happens may be different for each person depending on the nature of the issues he or she is struggling with, research on advances in mental health demonstrate that recovery from serious mental illnesses (for example, schizophrenia, bipolar disorder, and others) is a real possibility.

In the past, people with serious mental illnesses often were told they would probably get worse over time and lose much of what was important to them, such as their jobs and friends. Contrary to this myth, people with psychiatric disabilities can recover. For example, data from around the world show that more than 50% of those struggling with schizophrenia over several decades, significantly improve or even recover.

People living with a serious mental illness work as managers, professionals, or anything they have an interest and talent for. They go back to high school, college, or other types of education.

What is recovery like for someone living with a serious psychiatric disability?
Recovery from a mental illness involves more than recovery from the illness itself. People with mental illness may have to recover from the discrimination that has been incorporated into their very being, from lack of recent opportunities for self-determination, from the negative side effects of unemployment, and from crushed dreams.

The recovery journey often happens in phases. At first, the person may be in shock, denying that anything has changed or happened. The person may go through grief, despair, and depression, as the meaning of his or her situation sinks in. Over time this often gives way to periods of anger and then acceptance. Finally, hope, coping, and a sense of empowerment develop as the individual's recovery strengthens.

Recovery for people living with a serious mental illness is a journey that involves a network of supports. These supports may include self-help groups, families, and friends. They may also include the use of medications and supportive therapy, along with rehabilitation to develop needed skills and supports.

In recovery, people reclaim their sense of self, their connectedness to others, their power over their own lives, the roles they value, and their hope for themselves.

Information gathered from www.bu.edu/cpr: Center for Psychiatric Rehabilitation, Sargent College of Health and Rehabilitation Sciences, and Boston University.

~Cheryl Rhey
Rehabilitation Director

History From The Hill

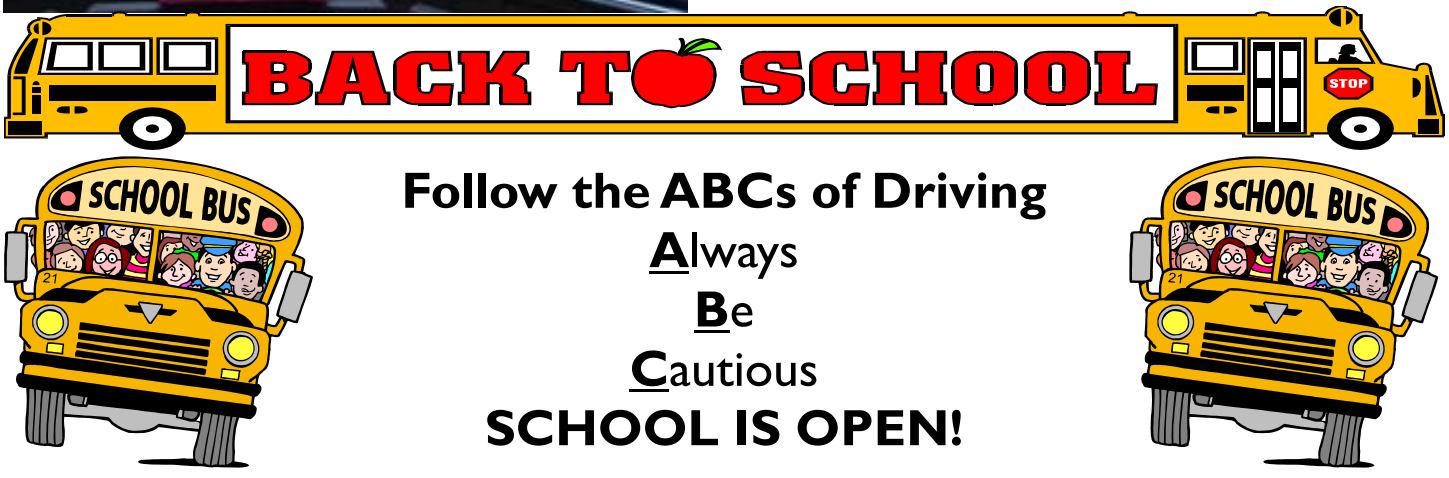
SOUTHWESTERN VIRGINIA MENTAL HEALTH INSTITUTE HISTORY 1887 – 1996
Cathy Carlson Reynolds and David Kimball

Patient population fluctuates
Reflecting the difficulties of society, patient populations fluctuated considerably during those years when Americans experienced difficulties. Illnesses such as chronic depression, anxiety disorders, and substance abuse required more effective diagnosis and treatment during the Great Depression, World War II, the Korean and Vietnam conflicts, and the drug counterculture of the 1960s. Changes in the understanding of such illnesses and their causes led to improvements in patient care, technologies, and treatment innovations. Still, the hospital combined these improvements with the enduring philosophy of recovery and reintegration with community and family.

Team approach developed
Sweeping reforms in mental health such as deinstitutionalization, psychopharmacology, and psychotherapy, transformed patient care at the hospital during the 1970s. Dr. Harvey Black's (SWVMHI Superintendent, 1887-1888) belief in returning patients swiftly to their families and friends gained national credence as community mental health agencies provided support systems for former patients. The advent of drug and group therapy enabled patients to successfully enjoy life outside the hospital. Such aggressive reformation in the treatment and care of mentally ill people demanded drastic changes in the hospital's organization. Southwestern State Hospital adopted a team treatment model in 1976. Teams composed of nurses, psychiatrists, psychologists, occupational and recreational therapists, and social workers developed treatment plans for every patient. Once discharged, the patient received care and guidance from community mental health professionals. Although deinstitutionalization remains a viable goal, lack of financial and personnel resources often hampers efforts to achieve an ideal balance between inpatient and community treatment.

Change of name
In September, 1988, Southwestern State Hospital became Southwestern Virginia Mental Health Institute with the dedication of a new integrated care complex, which opened March 9, 1990. The complex design allows staff to work more closely with the patients. Not only are most departments and living units now housed in one building, but dynamic treatment innovations such as telepsychiatry, improvements in drug therapy, and increased emphasis on group therapy give hope of recovery to patients. The Institute's new mission for "Health, Healing, and Hope" mirrors the dream of Dr. Harvey Black in 1887 for swift recovery for the mentally ill.

The Institute's mission and the Henderson Building rotunda might well be all that Dr. Black would recognize if he visited Hospital Hill today. Although personnel and buildings have come and gone throughout the past decades, the care, concern, and consideration provided to the mentally ill of Southwestern Virginia remains the beacon of hope called Hospital Hill.



Follow the ABCs of Driving
Always
Be
Cautious
SCHOOL IS OPEN!

September is Older Virginians Mental Health Month

House Joint Resolution 674:

WHEREAS, according to the Virginia Department for the Aging, the number of older adults is rising rapidly, particularly Virginians age 85 and older who as a group will increase five times faster than the state's total population between 1990 and 2025; and

WHEREAS, studies show a critical need for additional mental health services for older people with major psychiatric illnesses now and an expectation that the need will more than double over the next 25 years; and

WHEREAS, according to a 2006 estimate of the Joint Legislative Audit and Review Commission, close to 282,000 older Virginians suffered from a mental disorder in 2000, and a significant number of such cases were not treated, resulting in high costs; and

WHEREAS, a combination of geriatric inpatient unit downsizing, the increasing dual diagnoses of psychiatric illness and dementia in older adults, and the difficulties faced by long-term care facilities and community-based programs in serving this population call for immediate attention by policymakers, practitioners and the public; and

WHEREAS, State Mental Health, Mental Retardation and Substance Abuse Services Board policy "recognizing the prevalence of mental illness, [intellectual disabilities] and substance use disorder diagnoses among older adults, the growing numbers of these older adults, and the specialized needs of this population, encourage[s] and support [s] the development of high quality, accessible, responsive and effective services for these older adults;" and

WHEREAS, older adults benefit from a mental health system that promotes recovery, self-determination, empowerment and responsiveness to their unique and complex requirements, including aging in place in the community when possible; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, that the General Assembly hereby declares September Older Virginians Mental Health Month, to heighten public awareness of these needs and to promote discussion of strategies to address them.

Ten Facts about Mental Health and Aging:

1. **Mental health problems are not a normal part of aging.** Deep sadness that lingers may signal clinical depression. An anxiety disorder is different from normal worries. One in about 6% of older adults has a diagnosable depressive illness.
2. **Mental health is as important as physical health.** Untreated mental disorders in older adults can lead to diminished functioning, substance abuse, poor quality of life, and increased mortality. Research shows mental illnesses can slow healing from physical illnesses.
3. **Healthy older adults can continue to thrive, grow and enjoy life!** Reading, walking, and socializing are just a few of the activities that many individuals enjoy at any age. Exercising your mind and body and maintaining social connections are good for your mental health, too!
4. **Mental health problems are a risk for older adults, regardless of history.** While some adults go through life managing a chronic mental illness, mental health problems can also appear late in life. Sometimes mental health deteriorates in response to a stroke, Parkinson's, cancer, arthritis or diabetes, and even some medications. Older adults without a history of substance abuse may abuse medications, alcohol or drugs.
5. **Suicide is a risk among older adults.** Older adults have the highest suicide rate in the country. Those aged 85 and over have the highest suicide rate; those aged 75-84 have second highest. Older adults' suicide attempts are more lethal. For those 65 and older, there is one suicide for every four attempts compared to one for every 20 attempts for all other age groups.
6. **These symptoms call for consultation with a healthcare professional:** Sadness that has lasted longer than two weeks; consistent worries about issues such as money, family and health; consistent trouble sleeping or concentrating; frequent trouble remembering things or feeling confused in familiar places; having more than one alcoholic drink a day or taking more medication than prescribed
7. **Older adults can be helped with the same success as younger people.** 80% of older adults recovered from depression after receiving treatment that included both and anti-depressant medication.
8. **Our healthcare system is not adequately helping older adults with mental disorders.** Researchers estimate that up to 63% of older adults with a mental disorder do not receive the services they need. 75% of those who commit suicide have visited a primary care physician within month of their suicide.
9. **Misdiagnosis and avoidance are common.** Primary care physicians fail to diagnose depression 50% of the time. Only half of older adults who discuss specific mental health problems with a physician receive any treatment.
10. **Older adults have specific mental health care needs.** Changing bodies and chemistry, changes in family and friendships, and changes in living situations can all impact mental health. Sometimes helping solve basic problems like transportation can lower stress, improve community connections, and improve outlook and mood.

Material adapted from: OWL – The Voice for Women of Midlife and Older www.mentalhealthweek.org; Philadelphia Mental Health and Aging Resource Guide, 2006 www.mhaging.org/guide/; and National Association for Social Workers www.naswdc.org/practice/aging/050407.asp.

Basic Computer Tutorials Available

Do you need assistance with basic computer programs such as Microsoft Outlook (email), Word, Excel, etc.?
You can log on to the Knowledge Center and view several basic computer program tutorials to aid you when you are working with Microsoft 2003 and 2007 editions.

Simply:

- Log-on to the *Knowledge Center*
- Select *Learning Center*
- Select *Course Information and Enrollment*
- Inside the *Keywords* search box, type *Microsoft*
- Numerous Microsoft program tutorials will appear for you to choose from.

Several of the Microsoft tutorials listed break the processes of these programs down into small sections, making learning more specific and advantageous.

Beloit College List 2009

Each year, Beloit College helps to put the experiences of that year's 18-year-olds in perspective. The List "provides a look at the cultural touchstones that shape the lives of students entering college. . . It is used around the world as the school year begins, as a reminder of the rapidly changing frame of reference for this new generation."

From the school's website: "Members of the class of 2013 [born in 1991] won't be surprised when they can charge a latté on their cell phone and curl up in the corner to read a textbook on an electronic screen. The migration of once independent media—radio, TV, videos and CDs—to the computer has never amazed them. They have grown up in a politically correct universe in which multi-culturalism has been a given. It is a world organized around globalization, with McDonald's everywhere on the planet. Carter and Reagan are as distant to them as Truman and Eisenhower were to their parents. Tattoos, once thought "lower class," are, to them, quite chic. Everybody knows the news before the evening news comes on. . . Thus the class of 2013 heads off to college as tolerant, global, and technologically hip…and with another new host of The Tonight Show."

Some excerpts from the list follow, but for more, go to http://www.beloit.edu/mindset.

- The Green Giant has always been Shrek, not the big guy picking vegetables.
- Salsa has always outsold ketchup.
- They have been preparing for the arrival of HDTV all their lives.
- Rap music has always been main stream.
- The KGB has never officially existed.
- They have never had to "shake down" an oral thermometer.
- McDonald's has always been serving Happy Meals in China.
- The American health care system has always been in critical condition.
- Desperate smokers have always been able to turn to Nicoderm skin patches.
- We have always watched wars, coups, and police arrests unfold on television in real time.
- Kevin Costner has always been "Dancing with Wolves," especially on cable.
- There have always been flat screen televisions.
- Everyone has always known what the evening news was before the Evening News came on.
- There has always been a Planet Hollywood.
- There has always been a computer in the Oval Office.
- Conflict in Northern Ireland has always been slowly winding down.
- Nobody has ever responded to "Help, I've fallen and I can't get up."
- There has always been blue Jell-O.

SWVMHI Mission: We promote mental health in southwest Virginia by assisting people in their recovery. But, what is a "mission statement" anyway? A mission statement should clearly identify our purpose for existing and answer the question: What business are we in? ..... How do **you** support our mission?

Southwestern Virginia Mental Health Institute

Address: 340 Bagley Circle
Marion, Virginia 24354
Phone: 276-783-1200
Fax: 276-783-1465

Comments, Suggestions, or Ideas?

SHARE THEM!

Please email any comments, suggestions, or ideas you have to any newsletter staff member.

View the news in **FULL COLOR** at http://swvmhi02:1337/

Word Search Answer Key

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

Please submit articles for the next newsletter to Amanda Phipps by September 17, 2009.

The next newsletter will be published October 1, 2009.