



VOLUME XXXI, ISSUE 10

NOVEMBER 2, 2009

A VIEW FROM THE HILL TEAM MEMBERS:

Connie Adams
Administrative Assistant

Ned Bane
Peer Support Specialist

Linda Bonham
Administrative Assistant

Mary Beth Counts
Secretary Senior

Cynthia McClaskey
Director

James Parks
Pest Control

Amanda Phipps
Executive Secretary

Cheryl Veselik
Human Resources
Assistant

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From The Director

October 28, 2009. Although my face is smiling in the photo on this page, I am sorry to say that I am not smiling as much in real life. SWVMHI has some serious budget issues to face in the next months and years.

As you are probably well aware, the Commonwealth of Virginia continues to experience an economic recession with a significant revenue shortfall. Virginia is required to have a balanced budget at the end of the year, and, when revenues fall, budgets for state agencies must be cut to make up the shortfall. The budget cuts are acutely felt at state agencies, including Southwestern Virginia Mental Health Institute; and, as a consequence, we will have to make significant budget reductions, although the exact amount has not yet been determined.

In previous fiscal years, SWVMHI has felt the pinch of budget cuts. From fiscal year 2008 to fiscal year 2010, we have had a total budget reduction of \$2,408,344. The reduction in funding was covered without any reductions in staffing or services. In addition, you may recall that, last year, it was proposed that the Department of Behavioral Health and Developmental Services eliminate inpatient programs for children and adolescents, including the SWVMHI Adolescent Unit. This was a very painful process. Although the funding for the unit was ultimately restored at the eleventh hour, by then leadership staff had spent many hours working to assure that needed staffing re-

ductions could be accomplished through normal staff attrition (separations) and not by layoffs. Once it was learned that the unit would remain open, we began the process of filling all the positions that we had held vacant. While this caused some hardships, we appreciate the many direct care staff who stepped up during this time to provide quality care in accordance with our mission and values.



Cynthia McClaskey, Ph.D.

In this fiscal year, beginning July 1, 2009, SWVMHI has made major cuts to non-direct care services. We have reduced travel/training funds, education reimbursement, and equipment spending except for essential replacements, and we have postponed projects in an effort to meet budget reductions. We have been able to gain additional savings through consolidation of medical professional services and less use of locum tenens physicians. We have limited control over medical emergencies, urgent care needs, and associated costs; however, with in-

creased scrutiny and awareness of the budget shortfall, efforts are underway to reduce costs of medical care provided outside the facility.

In addition, the Governor announced that all state employees would need to take a furlough (day without pay) on Friday May 28, 2010 – and the money saved will also be taken from the SWVMHI budget. P14 employees are not subject to this furlough, but part-time classified employees are believed to be subject to furlough, with prorated furlough hours. However, this is pending confirmation.

As we must provide 24/7 care, all SWVMHI employees cannot take their furlough day on May 28. The Department of Behavioral Health and Developmental Services has proposed an alternate plan so that staff who need to be at work on May 28 (which is also a court day for us) can take their furlough day another day.

Our goal is to begin furlough days in late January or early February and to give employees as much input as possible in choosing the day. It is very important that we must avoid overtime or additional use of P14 staff to fill in and that supervisors and staff work together in scheduling furlough days.

(Continued on Page 6)

Celebrate Psychology Week!

The Psychology Department is very pleased as we approach Psychology Week, November 8-14, that we have a fully staffed Psychology Department for the first time in two years. I am very grateful for the hard work of all of our department members as they have been very flexible and exhibited the teamwork value in finding a way to cover nine positions on teams with only seven

psychologists. Our latest additions to the Psychology Department are Brian Schaffer, Psy.D., and Michelle (Shelli) Melton, Psy.D. Brian is the Team Psychologist on the J Team of the Extended Rehabilitative Services Unit. He comes to us from Cornerstone Behavioral Health program in Wyoming that specializes in the treatment of very challenging individuals with dual diagnosis of intellectual disabilities and

other mental disorders. Shelli Melton has joined the C Team on the Admissions Unit. Shelli joins us directly from her internship at Friends Hospital in Philadelphia. We are pleased to be adding such well qualified talent to our Psychology Department.

~Colin Barrom, Ph.D.
Director of Psychology



Back row from left to right:

Brian Schaffer and Jim Moon

Middle row from left to right:

Colin Barrom, Chris Carusi, Shelli Melton, Doreen Johnston, and David Mask

Seated from left to right:

Judy Britt, Denise Mance, and Amanda McGrady



ATTENTION ALL STAFF
The Corporate Compliance Training
(found on the Knowledge Center website)
is due by November 30, 2009.

Chaplain's Corner



CHRISTIAN WORKER'S PRAYER

Lord, be with me in my career. Let other workers see
 By the way I do my job that you're leading me.

Guide my temper and my speech and the things that make me laugh,
 Help me never to be lazy or do my job by half.

May Christ be always seen in me by those that I affect,
 Let me treat my fellow workers with kindness and respect.

May I be honest and industrious and in my duties never shirk,
 May the world know I'm a Christian by the way I do my work.

~Anonymous

Radiologic Technology Week

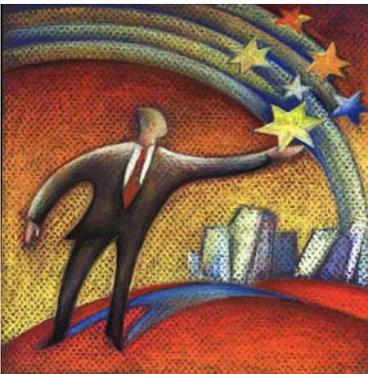
National Radiologic Technology Week is celebrated annually to recognize the vital work of radiologic technologists across the nation. It is held the first full week of November every year to commemorate the discovery of the x-ray by Wilhelm Conrad Roentgen on November 8, 1895. Radiologic Technology Week is celebrating its 30th anniversary this year. Since 1979, this week has been set aside to honor the achievements of all Radiologic Technologists. These health professionals perform diagnostic imaging

exams for patients. Without Radiologic Technologists, neither our diagnosis nor our recoveries would be quite as fast! These images play an integral role in the medical process and in the lives of millions of patients. Please join me in recognizing our technologists and all the hard work that they do.

~Denise Deel, RT(R)(M)
Radiology Supervisor



Successful Direct Support Professionals' Week



I would like to thank everyone for making the week of September 6-9, Direct Support Professionals' Week, a big success! J.D. Nash of TJ's Trophies and Three Rivers Taxidermy Studio located in Chilhowie donated five engraved plaques for prizes.

Activities included a baby guessing game, photography themed contest, and a scavenger hunt. We had several who won various gifts that were donated by staff. Our silent cake auction was a huge success, and everyone who participated really

enjoyed it, especially those who were lucky enough to win the bid!

Naming everyone who helped with Direct Support Professionals' Week would be difficult, and I would not want to leave anyone out. You know who you are, and you made a BIG difference for all of the Direct Support Professionals that week!

~Darlene Rouse
Psychiatric Aide

Lighting The Way

So, who hasn't at one time or another marveled at the billions of stars in the nighttime sky? The star that hangs atop the Henderson Building didn't exactly fall from the sky, but it is, arguably, just as famous as some of the nighttime constellations, if only around the town of Marion. The star is a mainstay of the holiday season, visible from every hilltop in town. According to Sharon Neitch, Occupational Therapy Supervisor, who has worked at the facility for 37 years, the star is at least 55 years old and was first constructed by Sam Patton then re-constructed by the Occupational Therapy Woodshop in the basement of the Harmon Building in the 1950s. The lighting of the star signaled the commencement of the holiday season "back in the day," and Sharon was responsible for scheduling the "lighting." Late in the fall of each year, Sharon would begin receiving calls from concerned parents whose children, anticipating the season,

would beg to come see the star and other decorations adorning our grounds. Unfortunately, the ravages of time took its toll on the original star, and it had to be completely reworked by our Maintenance Department approximately 15 years ago. The refurbished star continued shining over the holidays during the ensuing years. However, in May of this year, its future was put in jeopardy when a hailstorm damaged several ar-



chitectural details around the grounds, including the star. Our Maintenance Department once again came to the rescue by making their way to the roof of the Henderson Building to bring the star back to life. This feat is definitely "not for the nervous," since the star is tethered to the roof about four stories from the ground. To get to this spot, the men climbed through the attic, ultimately using the same wooden ladder other maintenance personnel used all those many years ago. They cut the cables holding the star and gently laid it on the slanted roof. The men worked for close to ten hours replacing rotting wood with pressure treated boards, rewiring the structure and replacing the 75 bulbs making up the star. Their hard work will be rewarded later this year, when the star will once again be lit and will ring in the holiday season.

~Connie Adams
Administrative Assistant



Word Search

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

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

Did you know that the **Pilgrims** were heading for **Virginia** on the **Mayflower**, but, because of treacherous seas preventing them from venturing further south, they landed in **Cape Cod** instead? The Pilgrims and the **Wampanoag** Indians celebrated the first **Thanksgiving** which was held sometime between September and November in 1621, but it was nothing like what we know today. The **feast** was actually a secular celebration and was not repeated. The **meal** consisted of **lobster**, seal, and swans, but did not include foods we traditionally have today, such as sweet potatoes or pumpkin pie. It was not until the American Revolution that a **yearly** day of **national** thanksgiving was suggested by the **Continental** Congress. In 1817, **New York** adopted Thanksgiving Day as an annual custom. In 1863, President Abraham **Lincoln** appointed the last **Thursday** of **November** as a national day of thanksgiving, and each president since has issued a Thanksgiving Day **proclamation**. President Franklin D. **Roosevelt** set the date for Thanksgiving to the fourth Thursday of November 1939, which was later approved by **Congress** in 1941. The first Thanksgiving parade was sponsored by the **Philadelphia** department store **Gimbel's** in 1920, and the Macy's Thanksgiving Day parade was launched four years later and would become a Thanksgiving Day **tradition**.

~Cheryl Veselik, CPS/CAP
Human Resource Assistant

(Answer Key on Page 16)

Meals In Minutes— Easy Mexican Chicken and Beans

Betty Crocker's Diabetes Cookbook shares a recipe! You can feel extra good about serving this easy dish for dinner tonight. It has a whopping 9 grams of fiber per serving!

Prep Time: 30 min
 Total Time: 30 min
 Makes: 4 servings

- 1 lb. uncooked chicken breast strips for stir-fry
- 1 package (1 oz.) Old El Paso® taco seasoning mix
- 1 can (15 oz.) Progresso® black beans, drained, rinsed
- 1 can (11 oz.) Green Giant® Mexi-corn® whole kernel corn with red and green peppers, undrained



Stir in seasoning mix, beans, corn and water. Cook over medium-high heat 8 to 10 minutes, stirring frequently, until sauce is slightly thickened. Serve with tortillas.

Taken from 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!

- ¼ cup water
- Flour tortillas, if desired

Spray 10-inch skillet with cooking spray. Add chicken to skillet; cook over medium-high heat 8 to 10 minutes, stirring occasionally, until no longer pink in center.

~Amanda Phipps
 Executive Secretary

Who Am I? Answer



Surprise! Meet ME!

It was suggested that I let everyone meet me, so here I am. I decided that it was probably a good idea, since you never know when I will be asking you to be the “Who Am I?” mystery person.

I have worked at SWVMHI twice. I have currently been here for over five years. I am the

secretary for the Community Services Department, Psychology Department, and Social Work Department.

I will be sending out “Who Am I?” information requests to randomly selected staff over the next few months. Please fill them out and return them to me by interoffice mail. If you would like to get in the line-up, please call me at Ext. 822.

~Mary Beth Counts
 Secretary Senior



Mary Beth Counts, Secretary Senior

Holiday Shopping Safety Tips

Some people have begun their holiday shopping, and, as the season really gets underway, there are some safety tips to remember that could help keep the holiday happier.

When walking on a sidewalk or in a parking lot, be aware of your surroundings. If you will be returning to your car after dark, be sure to park under a light. Make a mental note, or write it on a piece of paper, of where you parked so that you can walk directly to your car. Always keep your keys ready. Keep your house and car keys separate.

Walk in well-lit areas and in the center of sidewalks and parking lots. Avoid shrubbery, doorways, and alleys when walking.

If attacked, your voice is a great weapon. YELL loudly and continuously if you are in trouble. Stay alert and stay safe.

Tips summarized from www.vsp.state.va.us.

~The Safety Committee



Celebrate Health Information and Technology Week!



system's ability to collect and manage health records and deliver timely, accurate data to care providers. This improves patient care and safety.

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

November 1 – 7, 2009, is Health Information and Technology Week. During the week, the progress and benefits of health information and technology working together will be celebrated. Each year this celebration brings the healthcare industry further along in health reform and closer to ongoing patient care operations benefiting from timely, accurate and protected health information.

Technology can improve data quality and efficiency in consumer healthcare, but management of that information is one of the most complex challenges facing healthcare organizations today. Health Information Management (HIM) professionals are vital to the healthcare

The Past, Present, and Future of the Health Information Management Department

Past – Previous Manual Processes:

- Billing Statements for Release of Information
- Census Statistics
- Chart Sign-Out
- Court Docket
- Delinquent Medical Record Statistics
- Independent Evaluator Patient List

- Master Patient Index
- Release of Information Correspondence Log

Present:

- **All previous manual processes are now ELECTRONIC!**

New/Ongoing Processes:

- Centralization of documents/folders to shared network drives
- Clinical documentation improvement program
- Cross-training
- Exporting Avatar reports to end users
- Standardized coding query forms
- Transcription statistical monitoring

Future Goals:

- Develop Forms Library for Medical Record Forms
- Investigate Labeling Systems to Replace Addressographs

~Kim Ratliff, RHIA
Manager, Health Information

From The Director (Continued)

We are awaiting additional clarification from Richmond and then plan to send a notice out to all employees with more specific information about how the furlough will be implemented at SWVMHI.

The Executive Management Committee, Human Resources staff, and I are planning a series of meetings with staff about the budget in the next few weeks. Al-

though these topics were covered to some extent in the quarterly Director's Communication meeting last week, I feel it is important to talk to as many of you as possible in person about the next steps that we will take to meet our budget target. (A summary of issues discussed in the quarterly Director's Communication meeting will be presented in the December newsletter.)

It is a credit to the dedication of staff to our core mission that we have been able to maintain quality services in the face of budget cuts, fulfilling our very important role as the safety net in southwestern Virginia for persons with mental illness.

~Cynthia L. McClaskey, Ph.D.



“Recovery is a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life, even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness.”

~William Anthony

Autumn Safety Tips

Autumn is here. Leaves are falling, and the air is cooling. As we transition toward the cold winter months, we wish to remind you of a few safety considerations.

Give Space Heaters Space:

Space heaters need space too. As the weather gets cooler, space heaters come out of their summer storage places. Remember to leave at least three feet of space around your heater. Unplug it when it's not being used.

Test Your Smoke Alarm:

If it needs a new battery, then replace it. If the detector still does not function, replace the detector.

Never Heat With an Oven:

On chilly autumn mornings, avoid the temptation to warm the kitchen with a gas range or an open oven door. The unvented products of combustion can quickly build to toxic levels.

Watch for Fallen Leaves:

Slick, wet leaves can pose a serious threat to cars and pedestrians. Use caution when driving or walking in areas where these leaves have accumulated.

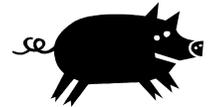
Pet Safety:

Frostbite is a winter hazard to pets. Indoor pets not acclimated to winter temperatures should not be outside in cold weather for long periods. Outdoor pets can withstand



fairly cold temperatures, but make sure they have proper shelter from wind and rain, and provide them with good bedding. Watch their drinking water for freezing and supply fresh water as needed.

~Becky Barker, MT (ASCP)
On behalf of The Safety Committee



Misconceptions About H1N1

H1N1 is mild illness, and vaccine is not needed.

FALSE

We know that the flu is not necessarily mild and does cause disruption with missed school or work days; hospitalizations and deaths can result from flu. Vaccination is the best tool to decrease spread and severity.

The 2009 H1N1 vaccine is new, and there are safety concerns associated with that.

FALSE

This is not a new vaccine; this is just a different strain. Manufacturers are using the same technique and taking the same safety precautions as with seasonal flu vaccine, and hundreds of millions of doses of seasonal flu vaccine have been administered.

It's too late to get vaccinated.

FALSE

It's too soon to say it's too late. Flu is unpredictable. Flu season lasts until May. Even areas with H1N1 activity still have a significant amount of susceptible persons in the population. Although some areas might be seeing decreases in activity, we can't predict what will happen.

Upcoming PBS Series: *This Emotional Life*

In these difficult times, Americans are struggling to live happier, more fulfilled lives. We are almost all under significant pressure, and many of us lack the information and support we need to find solutions to our problems. Seattle-based Vulcan Productions and WGBH Boston have partnered on an unprecedented project to address this issue.

This Emotional Life is a ground-breaking, project designed to uncover the newest, most useful information on emotional well-being that will help people in their daily lives. This Emotional Life includes a three-part documentary series that will be broadcast nationally on PBS in early 2010, along with a Web site, a nationwide outreach campaign and tool-

kits in the areas of early childhood attachment and the reintegration of military service members into the community.

This Emotional Life includes elements that explore improving our social relationships, learning to cope with depression and anxiety,

and becoming more positive, resilient individuals. Its host, Harvard psychologist and best-selling author of *Stumbling on Happiness*, Professor Daniel Gilbert, talks with experts about the latest science on what makes us "tick" and how we can find support for the emotional issues we all face.

Each episode weaves together the compelling personal stories of ordinary people and the latest scientific research along with revealing comments from celebrities like Chevy Chase, Larry David, Alanis Morissette, Robert Kennedy Jr., and Richard Gere.

Stay tuned to your PBS channel for more information.

~ Information taken from the press release for this series.



SEPTEMBER PERSONNEL CHANGES



MONTHLY PATIENT CENSUS

**September
2009**

Admissions 114
Discharges 122
Passes 17

**Average Daily
Census
144**

New Employees

Robin Browning, P-14 Rehabilitation Specialist	September 10, 2009
Tammy Frye, Psychiatric Aide	September 10, 2009
Kristin Gallimore, Psychiatric Aide	September 10, 2009
Cynthia Hall, Registered Nurse Clinician A	September 10, 2009
Gary Lyons, Clinical Social Worker	September 10, 2009
Elizabeth Meek, Registered Nurse	September 10, 2009
Jessica Nachbar, P-14 Registered Nurse	September 10, 2009
Clifford Pickle, Psychiatric Aide	September 10, 2009
Kerry Roark, Registered Nurse	September 10, 2009
Scott Stables, Psychiatric Aide	September 10, 2009
Trista Tolbert, Psychiatric Aide	September 10, 2009
Michelle Melton, Psychologist	September 14, 2009
Fred Pfrimmer, Recreational Therapist	September 14, 2009
Larry Hubble, Rehabilitation Resource Coordinator Senior	September 25, 2009
Amanda Turman, Food Services Technician	September 25, 2009

Promotions/Role Changes

Valerie Robinson, from P-3 Registered Nurse to P-14 Registered Nurse	September 2, 2009
Amy Dempsey, from Registered Nurse to Registered Nurse Clinician A	September 10, 2009

Separations

Phyllis Davidson, Office Services Assistant	September 16, 2009
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Practice Good Hand Hygiene

Hand hygiene kiosks have been placed in the Bagley Building lobby and in the Henderson Building lobby to assist all staff, patients, and visitors to practice respiratory hygiene and cough etiquette, especially during influenza season.

PROTECT YOURSELF FROM THE FLU

- First and most important, wash your hands often with soap and water or hand sanitizer, especially after you cough or sneeze.
- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Avoid touching your eyes, nose, or mouth. Germs spread that way.
- Avoid close contact with sick people.
- Try not to touch surfaces that may be contaminated with the flu virus.



- If you get sick, stay home from work or school, and limit contact with others to keep from infecting them

Try to stay in good general health. Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food. Try not to touch surfaces that may be contaminated with the flu virus. Avoid close contact with people who are sick.

The symptoms of H1N1 (swine) flu in people are similar to the symptoms of regular human seasonal influenza and include fever, lethargy, lack of appetite, and coughing. Some people with H1N1 also have reported runny nose, sore throat, nausea, vomiting, and diarrhea.

~Cindy Jones, RN, CIC
Nurse Coordinator for Infection Control and Employee Health

Social Work Department Mission Statement

The staff of the Social Work Department assist people in their recovery by utilizing a strengths-based approach to empower individuals, their families, and communities to achieve and maintain their recovery goals.

Our vision is to pursue this mission by:

- Providing strengths-based psychosocial assessments, active treatment, and identifying discharge needs.
- Effectively communicating to collaborate, advocate, network, and promote relationships within the SWVMHI interdisciplinary teams and with external community partners to develop innovative solutions.

Book Review

Annie's Ghosts: A Journey Into a Family Secret by Steve Luxenberg, 2009, Hyperion, NY.

If you are interested in the history of mental health treatment and stigma in the United States, you will find this book fascinating. The author learns that he has an aunt who had been diagnosed with "undifferentiated schizophrenia" and housed for many years in a mental institution beginning at age 21 (in the 1940s). Her history is covered up, and her existence is denied, for more than 40 years by well-meaning family members, who are themselves in flight from the horrors of the war in Europe, and who believed that mental illness was shameful and that people

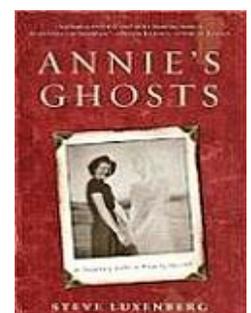
with mental illness should be "erased" from the family history.

Mr. Luxenberg, an investigative journalist, put all his skills to work tracking down his aunt's health information records through probate courts and archival gate-keepers. He has tried to give a voice to Annie and her family, on behalf of many, many others who were separated from their families, friends, and communities because of mental illness.

In 2009, only 50,000 individuals are in mental institutions on any given day, not 550,000 as in 1955. We believe in recovery, trauma-informed care, and a Vision that "everyone with a mental illness can recover" (President's

New Freedom Commission on Mental Health). Still it is good to remember our roots and to look back on the past, as we will be scrutinized in the future. We have progress still to make in enhancing community-based care and erasing stigma!

~Cynthia McClaskey, Ph.D.
Director



Photovoice

Photovoice: Definition

Photovoice is an empowering tool that has been used in a variety of settings and among different constituencies, including communities of people with psychiatric disabilities, that puts cameras in the hands of individuals and asks them to produce statements made up of pictures and words to communicate their experience. This empowering tool enables people at the grassroots level to represent and define issues of concern, areas of strength, and targets for change—all of which are routinely defined by health specialists, policy makers, or professionals....but not mental health consumers.

The original concept of Photovoice was developed by Professor Caroline Wang at the University of Michigan School of Public Health and Mary Ann Burris from the Ford Foundation. Since then, Photovoice has been used for research, education, social change, and the development of more healthful public policy. This process emphasizes the knowledge of people with lived experience as a vital source of expertise. Go to Using Photovoice to Fight the Stigma of Mental Illness.com for more information.

Using Photovoice to Fight the Stigma of Mental Illness

People with psychiatric disabilities are increasing their participation in making valued decisions concerning their lives. This increased participation is a positive trend and a core concept of recovery-based rehabilitation. Yet, as participation increases, stigma has moved to the forefront of recovery challenges, directly impacting the lives of consumers, families, and caregivers. Stigma is a major barrier to recovery. It affects self-esteem and well-being and is associated with avoidance of social interaction and increased depressive symptoms. The combination of



the negative impact of the illness itself and the second layer of trauma that comes from the stigma attached to the mental illness impedes the recovery process beyond the factors typically associated with the disability alone.

Remember that stigmatizing attitudes are not just found in the general population but also among mental health providers, family members, and even persons with mental illnesses. People diagnosed with mental illness often expect to be rejected, shunned, devalued, and discriminated against by others, again affecting self-esteem, social interactions, mood, and anxiety level. Internalized stigma, often described as self-stigma, can further affect behavior and performance.

Why Use Photovoice

Photovoice has been successfully used in other recovery-based programs to explore health and wellness issues as experienced by persons with psychiatric disabilities. Where used, the response was overwhelmingly positive, as it provided an opportunity to expose the impact of stigma in the individuals life. It also gave opportunity to create photographs with narratives that explored a lived experience in exhibits open to mental health providers and the public. Remarkable personal changes for consumers have been documented. After participating in the experience, one consumer reported that, "Photovoice meant reaching out to try to talk to people to help people to understand—not just for me—but trying to turn my experience into a tool for other people

to understand." Photovoice has been able to increase awareness of how internalized stigma served as a barrier to program participation. After participation in a Photovoice class, consumers reported feeling stronger and more likely to address stigma in their environments.

Through Photovoice, consumers can be empowered to reach a wide audience—potentially including many decision makers—utilizing a practical, low-cost intervention that does not require extensive training. The intervention has the potential to change the insight of individuals with lived experience and help leave behind misconceptions about the experience of psychiatric disability.

As part of the movement to confront stigma, the Rehabilitation Department is planning to use Photovoice as a participatory tool to capture the effects of stigma in the lives of our patients.

This is an invitation to anyone interested to join this endeavor. We need your help to assist patients with concepts and ideas. Expertise in photography, computer art, narration, and setting up a public exhibit is needed but not necessary! Willingness to capture expressive, personalized statements is core. Additionally, we are soliciting donations of cameras...have you recently upgraded or replaced your camera? Our patients could use the ones you are not currently using! Thanks for your generosity in advance! (TAX WRITE-OFF OPPORTUNITY!) **Please contact Donna Johnson at Ext. 274 to participate and /or donate!**

~Cheryl Rhey
Rehabilitation Director

November Days To Celebrate

This month, we celebrate: November 1, Daylight Saving Time ends; November 2, 1920, eight million American women voted for the first time; November 3, Election Day; November 11, Veterans' Day; **November 5, SWVMHI Employee Recognition and CVC Kickoff Day; November 19, Dr. Gillette will be here to present;** and November 21, National Adoption Day.

"Off the cuff" October holidays to celebrate:

- November**
Peanut Butter Lover's Month
- November 2**
National Deviled Egg Day
- November 15**
National Clean Our Your Refrigerator Day
- November 17**
Take A Hike Day



First Aid Classes Held

Knowledge of first aid is invaluable. Whether one is assisting a family member or helping a consumer at SWVMHI, quick, efficient action may prevent further injury or even death. In First Aid class, the learner is af-



Tony Roman (front) and Cleve Musser (back)

forded the opportunity to practice skills such as EpiPen use, how to control bleeding, manage spider and snake bites, and steps to take if a person is experiencing symptoms of shock.

In addition to learning these and other important skills, First Aid class is a time for fun. As you can see in the pictures, Cleve Musser has learned to make a sling for Tony Roman's (imaginary) broken wrist. Cleve added the head band on his own accord, just for effect (not a part of training).

The photographer interrupted Jeanette Heath and Angie Anderson as they were practicing their sling application. Mike Anderson looks as if he may be enjoying the attention!

Thanks to all of the staff members who have attended First Aid class and made

the instruction time enjoyable as well as productive!

~Debbie Pringle, RN, AHA TCC Training and Development Coordinator



From Left to Right: Jeanette Heath, Mike Anderson, and Angie Anderson

Medical Services Highlights: Deresa Hall

Last year SWVMHI decided to utilize the skills of a Nurse Practitioner to assist in meeting the needs of the patients on the Geriatric Unit. We were fortunate to hire Deresa Hall for the position.

Deresa received her Registered Nurse degree from a community college and worked as a Registered Nurse in varied locations and in various roles. In 1992, she was in the first class of Nurse Practitioners to graduate from East Tennessee State University.

Prior to coming to SWVMHI, Deresa worked in a mobile health clinic serving northern Virginia. The mobile clinic went where it was needed and provided health care to those who could not afford it. Deresa found the work to be rewarding and the patients always grateful for the services. Many patients brought gifts of food and handmade items in appreciation of the services they received.

Deresa is a native of Scott County, Virginia, and she has family still at the home

place, a former dairy farm that is now an Angus farm. She wanted to be nearer her family and discovered the opportunity at SWVMHI. She was familiar with the facility, as she had completed her psychiatric rotation here when she was in nursing school. She credits her co-workers with having taught her so very much about the facility, the system, and the patients. She has found this to be a wonderful place to work with a very caring and generous staff and appreciative patients and families.

When Deresa is not working or with her family, she keeps busy with gardening, canning, working on her flower beds, sewing, pottery, and stained glass artwork. And, if there is a yard sale nearby, you might see Deresa out looking for a great deal! We certainly found a great deal when Deresa joined our staff. Welcome!

~Amanda Currin
Assistant Director of
Administrative Services





Go Green to Save Some Green

Go Green When You Clean to Save Some Green by Sara Altshul

Using toxin-free, all- or mostly natural cleaning products isn't just a good idea for protecting the environment inside (and outside) your home—it can actually save you some dough. I haven't done the math, but over a year's time, I'll bet you could piggy-bank the cost of a couple of nice massages if you swap homemade cleansers for the pricier kind that come laden with chemicals. And it's easy! Here are a few of the cleansers I make for my house:

My Mother-in-Law's Shiny Floor Cleaner

My beloved, 90 year-old Italian mother-in-

law, Nonnie Maria, has a simple potion that cleans and shines her wood floors, and now I use it on mine (also nice for wooden cabinets and furniture). She adds about ¼ cup of Murphy's oil soap (an all-natural product made from tree oils) and a splash of white vinegar to a gallon of hot water, and mops her floors with the milky liquid. You don't have to rinse, and the lemony aroma smells like a summer night in the Italian countryside.

Simple Dish Scrub Powder

It doesn't get any simpler than this: use baking soda as you would any commercial scrub powder. It won't scratch non-stick or other surfaces, and it tackles all but the most serious baked-on messes. Just follow with a hot water rinse to kill germs. A non-toxic alter-

native, Bon-Ami, is an inexpensive scouring powder made from mineral abrasives and biodegradable detergent; it shines without scratching. I use this to clean lightly soiled pans and countertops.

All-Purpose Cleanser

Mix a couple of tablespoons of freshly squeezed lemon juice with a teaspoon of borax in a spray bottle filled with warm or hot water. Spray on surfaces and wipe clean.

<http://living.health.com/2009/04/17/go-green-when-you-clean-to-save-some-green/>

~Cindy Jones, RN, CIC
Nurse Coordinator for Infection Control and Employee Health

Feeling Frustrated About How Long It Takes Your Computer To Respond?

Try these Top Ten "Tongue in Cheek" ways to manage the down time while you are waiting:

10. Balance your checkbook.
9. Work on your favorite Sudoku or puzzle.
8. Return telephone calls.
7. Catch up on your reading – the medical record, equipment manuals, the patient profile, etc.

6. Wash your hands with hand sanitizer and clean the telephone with Clorox wipes.
5. Count the tiles on the floor.
4. Do chair exercises.
3. Plan how to update the bulletin board or blackboard.
2. Create your own top 10 list, and, finally:
1. Practice your Yoga breaths!

Seriously, though, the problem is one of bandwidth – too much information trying to get through a too small pipeline. We have learned that VITA has recognized this problem and is working to increase bandwidth for DBHDS. In the meantime, shoulders back, breathe in, slowly, . . . , and exhale . . .

~Cynthia McClaskey, Ph.D.

Seeing Red

Recently, Joe Woods, Psychiatric Aide, suggested that a panic alarm be installed in the Ward K Physician's Consultation Room. Joe noted that quite often a staff member and new admission are in this room alone while waiting on a physician to arrive to perform a consultation. I agreed that this idea had merit and immediately began working with Don Chisler, Physical Plant Services Director, to have an alarm installed. Electricians, Steve Perry and Chad Funk installed the alarm promptly.

After viewing the newly installed alarm... something was missing. The alarm looked exactly like the light switch in the room! As a matter of fact, after looking at several panic alarms throughout the facility, they all looked like plain, stainless steel light switches! After some brainstorming, communication among department management, and suggestions from staff members, it was determined to paint the face plates of the alarms a fire engine red and place arrows on them to show what direction is "on" and

what direction is "off."

Amanda Phipps, Nursing Executive Secretary, is currently painting each panic alarm face plate, while Steve Perry is installing them. Steve even took the initiative to replace the panic alarm at the Ward G Nurse's Station. This alarm required a TDI-1 key and has now been replaced as a flip switch so that staff can easily flip it on or off during an emergency instead of fumbling for keys in order to activate the alarm.

Soon, all the panic alarms will be uniform by being bright red, displaying arrows to show the proper direction to place the switch for the "on" and "off" mode, as well as having them all being flip switches. The only panic alarms that require a TDI-1 key will be those in patient rooms on Ward K.

The locations of the new and improved panic alarms are found at the Bagley Building switchboard, Ward A Activity Room, Ward B Activity Room, Ward E/F Comfort Room,



Ward F Conference Room, Ward G Nurse's Station, Ward H Team Room, Ward H Tub Room, Ward H/I Activity Room, Ward K Admissions Suite Examination Room, Ward K Nurse's Station, Ward K patient rooms (total of six), Ward K Physician's Consultation Room, and Ward K Tub Room.

I certainly appreciate the assistance and communication from all the staff involved in this project and feel that we have made a great quality improvement to better assist all staff during an emergency.

~Alicia Alvarado, RN, MS
Chief Nurse Executive

Centralized Rehabilitation Activities



Frightening Fun

As the weather turned colder and daylight became scarcer, Centralized Rehabilitation Services was a terrifying place to be. Creatures of the night, faces of the familiar, and faces of the mystery ushered October into November.

Halloween arrived at SWVMHI on October 28. Costumes and painted faces gathered around game tables, manned men-

acingly by staff (a frightening possibility indeed). A dance was held, where things scary and silly rocked while imaginations rolled. Staff and consumers contributed their own vocals to karaoke.

Food, you ask? Yes, food. No, not eye of newt, bowel of bat, or road kill, but more familiar Halloween fare was served— like popcorn and such.

Pumpkins of course made their appearance. Decorated pumpkins were only as limited as the imaginations of those who decorated them. The carving of the ghoulish gourds began several days before the Halloween party. Prizes were given to the premier pumpkin and likewise to the most convincing costume.

On The Road Again

Consumers of SWVMHI represented the facility well during a recent outing to the movie theater in Abingdon. As is the case these days, most of the group shook their heads in disbelief at the cost of popcorn, drinks, and the rest of the movie concessions. For the record, no one was the least bit interested in a 12 pound Nestle Crunch bar for \$25!

Other outings are being planned if the benevolent hand of Mother Nature cooperates. Likewise, hayrides and a visit to a corn maze are on the calendar with the dates to be announced.

~Ned Bane
Peer Support Specialist



NOVEMBER LUNAR PHASES

November 2 Full Moon	November 9 Last Quarter	November 16 New Moon	November 24 First Quarter
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The Food and Nutrition Services Department places a high focus on food safety. As food service professionals, our goal is to satisfy our customers with good tasting, nutritious, quality food. Our jobs depend on this, but they also depend on something more. We are responsible for serving food that is safe to eat— food that is free of foreign objects, free of hazardous chemicals, and free of bacteria

that could cause illness. Food safety is the responsibility of every person who is involved in food service. Every action in food service has the potential to impact the safety of the food, either during purchasing, storage, preparation, holding, service, or cleanup. We have a department-specific Infection Control (food safety) CAI that all new employees complete during orientation and all current employees complete on an annual basis. The purpose of this training is to ensure proper receiving, storage, handling, preparation, and service of safe food. It is the policy of the Food and Nutrition Services Department to adhere to all federal, state, and local regulations regarding food safety.

The Food and Nutrition Services Department has over 20 specific policies in place that governs the safe and sanitary handling of food and food products as well as personal hygiene and sanitation.

A summary of the many components that make a complete food safety program is listed below. We will be providing more details on these components in future editions of this newsletter:

Contamination

- Physical
- Chemical
- Biological

Time and Temperature Controls

- Control starts at the loading dock
- Proper Storage
 - Refrigerators
 - Freezers
 - Dry Storage
- Thawing

Food Preparation, Cooking, and Serving

- Holding and Serving
 - Hot Foods
 - Cold Foods
 - Serving Food

- Cross Contamination
- Hand Washing
- Proper Sanitation
- Proper Personal Hygiene
- Proper Dishwashing
- Proper Ware Washing



~John O'Keefe
Food and Nutrition Services Director

History From The Hill— Memories Become History

ETSU Professor and Staff Work To Compile Oral History of Institute By Don Kegley/Staff

If you have memories from past years at Southwestern Virginia Mental Health Institute, a group of staff members there and a professor of anthropology invite you to share them.

East Tennessee State University and SWVMHI are collaborating in the creation of an oral history of the Institute that, while once almost a self-sustaining community unto itself, remains a large part of the Smyth County community and region.

Melissa Schrifft, Ph.D., Assistant Professor of Anthropology in ETSU's sociology department, will coordinate the conversations with folks with knowledge about SWVMHI that will constitute a volume of oral history she will edit and author.

Schrifft met with SWVMHI's Sharon Neitch, Karen Chavers, and community member Edna Pennington Wednesday to talk about the work involved in compiling an oral history—meeting people with knowledge of SWVMHI, taking notes and making recordings of the knowledge they share.

“Oral history is like a conversation, basically,” said Schrifft, the author of two previous books and numerous academic papers.

She called SWVMHI “a unique situation that has been around for such a long time and in a community that is interested in preserving its past.”

Much of the work will be done in a private setting on the SWVMHI campus in small

groups of participants.

“In anthropology we call them focus groups,” Schrifft said. But their intent is to broaden the recollections of participants.

Thursday morning, in a meeting with a small group of former SWVMHI employees, Schrifft, Neitch, and Chavers saw how well that method worked. As one employee spoke, he triggered memories in others that might have gone unrecalled in a one-on-one conversation with one of the oral historians.

“We touched on a lot of topics,” Neitch said. “Once they got started, more memories came.”

“We could have stayed in that room all day,” Chavers said. She said that for employees of SWVMHI, “it was more like a family than a job.”

And among those first participants was a man who said he has 1,400 photos from SWVMHI, lacking only images of the Davis Clinic and the horse barn.

Neitch showed the group two notebooks from 1953-54 that her mother and father used to take notes from their classes when they worked as aides at SWVMHI. She'll comb them for clues about what it was like to work there, although the notes predominately cover the technical aspects of caring for psychiatric patients.

As a child, Neitch was immersed in the SWVMHI culture of caring. She remembers one Christmas riding home in the car and there was a cardboard fireplace and other gifts in the car.

Once inside their home, the Neitch

children realized those gifts did not come inside with them and learned they were for the patients.

“We got a lot of lessons like that,” she said. Later as employees, “we went in with a lot more empathy for them than a lot of people had.”

Neitch said she originally had no intention of working at SWVMHI, and then it would be for only a year, and no more.

She celebrated her 37th anniversary of employment with the institute yesterday.

Schrifft said hearing and recording the oral histories will begin soon and continue through spring, when the book will begin taking shape for publication possibly by the University of Chapel Hill as part of a special series on social medicine.

Alternately, “the UT [University of Tennessee] press would jump on it,” as would the University of Virginia, Schrifft said.

The group encourages anyone with memories about the institute or who know people who worked there to contact Schrifft or Neitch. They will schedule times for participants to come to the institute or arrange in-home visits.”

“Once people have done it, they say it's not so bad” and encourage their friends to participate, Neitch said.

Pennington noted that many people working in corrections worked previously at SWVMHI, and “they should get in touch.”

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dkegley@wythenews.com (276-783-5121)

WANTED

Photos of the Davis Clinic and the horse barn that once stood at Southwestern Virginia Mental Health Institute. To share these or to participate in the East Tennessee State University's SWVMHI oral history project, contact Melissa Schrifft at (423) 439-4997 or schrifft@etsu.edu or Sharon Neitch at (276) 783-1200, Ext. 108, or Sharon.Neitch@dhbds.virginia.gov.

Go With The Flow



The purpose of the HPO Communications Team is to improve the nature and effectiveness of the flow of information between the various levels of staff at SWVMHI. In a knowledge work environment, information required to make sound decisions is the life-blood of the organization, and communicating this information is, therefore, paramount. Improving the effectiveness of communication is an ongoing process and is an essential element of organizational success.

In May of 2008, the HPO Communications Workgroup reviewed results from the facility-wide surveys (distributed and collected in March, 2008) and identified areas of effective communication as well as key areas for improvement. Recognizing that improving one form of communication strengthens others in turn, the team identified four main focus areas and made recommendations to the EMC, many of which have been implemented as part of the initial work, referred to as "Phase One."

The focus areas identified in the survey were: communicating through the chain of command (top-down communication); facility-wide use of electronic communications (access to computers and email); the flow of information between nursing shifts and on shift reports; and fostering a customer mentality (professionalism and etiquette) in all facility communications. "Phase One" contributions impact each of these four areas.

In general, staff members recognize positive, effective communication with their direct supervisors; however, the flow of communication between upper management and all other staff has not been seen as consistent throughout the facility. To improve the flow of information from the top down, the workgroup

recommended that opportunities for face-to-face meetings between EMC and staff be created. Beginning in the spring of 2009, quarterly meetings between EMC and randomly selected staff members were initiated for the purpose of discussing relevant topics in an open forum. This process allows staff members to ask questions and discuss items of concern to them, openly and directly, with the members of EMC. In addition to the employees randomly selected to attend the Quarterly Communication Meeting, all interested staff members are invited to participate or send questions to be addressed at the meetings. Minutes from the meetings are posted on the Intranet and published in the SWVMHI newsletter. Similarly, minutes and information from other levels of management, such as the monthly Department Head meeting, are regularly posted on the Intranet for all staff to access.



Recognizing that much of the facility's correspondence takes place electronically, and that all staff members need access to the most updated information, all employees have been assigned a network user account for logging on to any of the facility's computers, and have been given the opportunity to have an individual email address for their professional use. These capabilities give each staff member quick access to updated information from a variety of sources, including local, departmental, regional, and state sources.

In response to survey comments stating that staff members have difficulty locating facility policies on the Intranet and would benefit from a "Google" type search, SWVMHI facility policies have been added to the Knowledge Center Library. "The Knowledge Center Library: Regulations & Policies" provides multiple search options. Staff can quickly and easily locate a single policy or find all policies that relate to a topic by using the keyword search, for example "medication" or "restraint" or "keys." Policies can also be located by policy number, department, policy title, or any other identifying criteria.



Commonwealth of Virginia
Knowledge Center

A special subgroup was formed for the purpose of reviewing and revising the Nursing Shift Report and for facilitating communication between nursing shifts. The subgroup was comprised of nursing staff from all units and several management levels and included input from a wide range of staff. The subgroup presented findings and recommendations to nursing management for implementation as appropriate. The Nursing Shift Reports are managed electronically. Nursing supervisors have been trained on this new technology.



Fostering the customer mentality in an organization, like communication itself, is an ongoing, pervasive process that involves all people at all levels and in all work areas of the facility. In addition to bringing disparate groups together in face-to-face encounters and via electronic means, the Workgroup sponsors a monthly communication tip in the SWVMHI newsletter, *A View From The Hill*. The "tips" are designed to improve communication across and within the organization. The information describes what "effective" communication means, and provides practical ideas for improving exchanges between individuals and between groups. The communication suggestions incorporate professionalism and etiquette, and cover all forms of communication, including direct (face-to-face), electronic (email), telephone and intercom system, written word, and non-verbal.



The HPO Communications Workgroup in "Phase One" focused on the larger, cultural, and transformational aspects of communication. In "Phase Two," the focus will be on some of the more nuts-and-bolts areas of increasing the effectiveness and efficiency of information exchange.

~Merle Obregon, MA
On Behalf of the HPO Communications Workgroup



Southwestern Virginia Mental Health Institute

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Comments, Suggestions, or Ideas?

SHARE THEM!

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



Word Search Answer Key

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Please submit articles for the next newsletter to Amanda Phipps by November 9, 2009.

The next newsletter will be published December 1, 2009.