

# SSPHA

Volume 2 - Number 2

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# Southern States Psychiatric Hospital Association

**Fall 2004**

### Message from the President...

*by James E. Smith,  
SSPHA President of the Board*

### SSPHA Hits Home Run with First Regional Conference

By all accounts our association's first ever regional conference was a tremendous success. Held at the Renaissance Concourse Hotel in Atlanta, Georgia early last Summer, the conference provided many of our members with the opportunity to meet one another for the first time. It is clear that the event represented the beginning of many new friendships. Feedback received suggested that the various presentations were of high caliber and clearly, most of the comments received were extremely positive. There was broad agreement that the topics discussed were both timely and relevant to members' needs. In addition to enjoying the formal conference, attendees seemed to really appreciate the many opportunities for networking with their colleagues.

The conference was successful from a financial perspective as well. According to our association's treasurer, David Sofferin, the net cost of the conference to our association was approximately six thousand dollars with all other associated costs (slightly over \$14,000) being paid for from a variety of income sources. We were particularly pleased to be able secure grant funds from NASMHPD in the amount of \$10,000 in support of our conference.

In addition to getting rave reviews regarding the quality of presentations, the opportunity for networking and the convenience and comfort of the hotel, we learned some things that will help our next conference be even better.

Based on what we have learned from this conference and the feedback we have received from those in attendance, we have already begun planning for our next SSPHA regional

conference. As you will remember, NASMHPD intends to host a national state hospital CEO summit every two years so that regional associations can host conferences during the intervening years. This being the case, we are already focusing on our conference to be held in 2006. Of the many things we have learned, one is the fact that such an endeavor is a labor-intensive process. For this reason, we are already working to identify persons within our association who would be willing to participate planning our next conference. Any members who are interested in working on the conference planning committee can volunteer by notifying me or any of our board of director members.

Finally, the success we enjoyed with our first conference didn't happen by accident. It was the result of a lot of hard work by our colleagues. Special thanks go to Steve Wiggins (KY) who chaired the Conference Planning Subcommittee and David Sofferin (GA), Lee Thomas (TN), Cynthia McClure (VA), Beverly Berkeley (GA), Bo Chastain (MS), Russ Hughes (SC), B.J. Smith (TN) and Ron Hogan (GA) who served as members of the committee. Special thanks also go to Ron Hogan, CEO and Beverly Berkeley of the Georgia Regional Hospital along with all the staff at their facility who did extra work to help make our conference a success. Without a doubt, they did double duty inasmuch as their hospital is located in the host city. Special thanks also go to Mr. Chris Jackson, who served as our professional conference planner. Last but not least, thanks go to all of you who attended the conference. Without your support the event would never have come off.

# ***Southern Psychiatric Hospitals Work to Reduce Stigma***

## **SSPHA Freedom Commission Workgroup Report**

Reducing the stigma associated with mental illness is critical to educating the public about the disease and providing the high quality of treatment and care that patients with mental illness deserve.

At the Southern States Psychiatric Hospital Association's (SSPHA) conference in Atlanta earlier this summer, James G. Chastain, director of Mississippi State Hospital (MSH) in Whitfield, gave a presentation on the topic "Educating Through Exposure" on behalf of MSH and his colleagues at the Southwestern Virginia Mental Health Institute in Marion, Va. and the Waco Center for Youth in Texas.

Designed around President Bush's New *Freedom Commission on Mental Health*, the presentation addressed the stigma that surrounds mental illness, one of three obstacles that have been identified as keeping Americans with mental illnesses from getting the excellent care they deserve.

"Stigma is disrespectful," said Chastain. "It negatively labels a person with mental illness as being different from everyone else; when, in reality, they are just the same as you and I, only they have a disease that requires treatment. Mental illness is a disease of the brain, and just like a person with cancer sees a cancer specialist for treatment, our patients come to mental health facilities for treatment of their illness."

Chastain also told conference participants that stigma is a barrier because the fear of stigma and the resulting discrimination discourages individuals and their families from getting the help they need.

"Educating Through Exposure" focused on three ways that mental health facilities are working to reduce stigma in their communities: community relations, media relations, and Unraveling the Mystery: Creative Ideas for Positive Exposure.

### **Community Relations**

By bringing members of the community onto campus, facilities are able to show them the progress that has been made to enhance the quality of life for patients, such as the development

of new infrastructure and special events to celebrate Christmas, Independence Day and other observances. As well, tours of mental health facilities help to combat the stigma that these hospitals are simply a "bunch of rooms with padded walls and patients restrained with straitjackets."

"In 2003, 3,094 people toured Mississippi State Hospital," said Chastain. "We offer tours to anyone interested in learning about the hospital in hopes that visitors will leave with a positive feeling on the facility, its patients and various treatment techniques."

In Virginia, nurses from the Southwestern Virginia Mental Health Institute visit schools in their area to promote mental health awareness and reduce the stigma of seeking care as well as encourage a career in psychiatric nursing. Over the past year, six teams of nursing staff presented programs to 790 fourth and fifth grade students.

In addition to the hard work that mental health facilities put into reaching members of the community, it is also crucial that accurate information is provided to the media; so, they too can help to educate the public.

### **Media Relations**

There are several ways that mental health facilities can work with the media to promote awareness of mental illness:

- offer clinical staff as experts to the media;
- promote all of the "good news" that goes on at the facility, including employee of the month and special events; and
- establish positive working relationships with members of the local media so that when they require information they are comfortable with your facility and are confident that their questions will be answered honestly.

"We welcome the interest of our local media," said Chastain. "They know that they are always welcome on campus and that we will do our best to accommodate them when researching a story."

The general public and the media are both important target audiences when working to reduce the stigma of mental illness, but it is also important that awareness programs are aimed at people already in the medical field or those just entering the field.

## Unraveling the Mystery: Creative Ways for Positive Exposure

It is very important that mental health facilities provide clinical affiliation and internship experiences in a variety of fields: medical, nursing, psychology, rehabilitation therapy, social work, human resources and psychopharmacology — just to name a few. These opportunities give students the chance to work directly with patients and experience first-hand the way these facilities are run.

And, thinking outside of the box could lead to positive exposure for a facility. In addition to community tours, MSH operates a museum that supplements the hospital's community relations program. It gives visitors a perspective on the history of the hospital as well as on the history of mental illness in Mississippi. Holding media days, distributing feature stories about employees and patient programs, and developing a strong volunteer program are just a few creative ways that mental health facilities can reach a significant number of people all at once.

### Next steps

After reviewing research and testimony, the President's *New Freedom Commission on Mental Health* has found that "recovery from mental illness is now a real possibility. The promise of the New Freedom Initiative — a life in the community for everyone — can be realized." However, the Commission also found that "today's mental health system is a patchwork relic — the result of disjointed reforms and policies. Instead of ready access to quality care, the system presents barriers that all too often add to the burden of mental illnesses for individuals, their families, and our communities."

"It is important that as senior administrators of mental health facilities and as members of the SSPHA, we educate everyone about mental illness...facility staff, media, the general public," said Chastain. "We have a responsibility to help remove barriers that are associated with mental illness and stand in the way of people receiving appropriate treatment. Stigma is one of those barriers, and through education and positive exposure I am confident that we will reduce the stigma associated with mental illness."

*James (Bo) Chastain, Director  
Mississippi State Hospital*

## Cultural Competency SSPHA Freedom Commission Workgroup Report

Although the Cultural Competence Workgroup is still looking for volunteers, the team has been active. According to the President's New Freedom Commission document, in a transformed mental health system, all Americans will share equally in the best available services and outcomes, regardless of race, gender, ethnicity or geographic location. This group's focus has been to better understand the efforts being made at member hospitals to improve staff cultural competence and to identify best or promising practices. Toward this end, some months ago a ten-item survey was emailed to all 48 SSPHA member facilities regarding organizational cultural competency. Though the response rate was lower than was hoped for (31%), the initiative nevertheless yielded some interesting information. Of those facilities responding, we learned that two thirds have deliberate initiatives, programs and/or practices that are aimed at increasing the cultural competency of staff and/or access to quality care that is deliberately culturally competent. Roughly the same number of respondents indicated that their hospital has a person, department and/or committee that has assigned responsibility for increasing the cultural competency of staff. Likewise, approximately the same number of respondents indicated that their mental health system has a dedicated effort underway to increase quality care that is culturally competent.

Our survey also revealed that hospitals are using a variety of strategies in order to deal with language barriers which may arise when patients present for admission speaking a primary language other than English as well as there being a variety of provisions for treating persons who are deaf, hearing impaired and/or blind. Approximately 80% of the hospitals responding indicated that they had ongoing training/educational programs for staff especially aimed at increasing their cultural competence in providing treatment services for persons from cultures other than their own. We also learned that the vast majority of hospitals responding have activities that are ongoing and aimed at valuing diversity among staff and/or patients. We also learned of some special initiatives that we hope to spotlight in the near future.

Cultural competence workgroup plans for the immediate future include:

- Get more information from member hospitals to develop a better picture as to what is going on.
- Identify and share best practices within the region.
- Facilitate networking between member hospitals by sharing staff contact information.
- Learn what other facilities outside the region are doing to increase cultural competence.
- This workgroup will publish a more comprehensive final report later in the year.

*James E. Smith, CEO  
North Texas State Hospital*

## ONTARIO ACT 2005 CONFERENCE

October 5-7, 2005

Inn on the Park Hotel, 1100 Eglinton Avenue East, Toronto, Ontario

Overview: This conference will serve as a forum for various ACT stakeholders to explore: 1) The opportunities and challenges in implementing system-wide ACT standards across diverse provincial settings, and 2) The creative and innovative contributions made by Ontario ACT clinicians, consumers, researchers, administrators and policymakers to the field of ACT  
Call for Papers: The conference committee invites presentations which highlight the contributions of provincial ACT leaders in this field.

Contact Information: Patricia Cavanagh, MD, FRCEP(C), Clinical Director, Impact Program, Toronto Western Hospital, University Health Network, 489 College Street, Suite 304, Toronto, Ontario, CANADA M6G 1A5

***SSPHA Welcomes its newest members to the SSPHA Board of Directors! Glenn Sago-Arkansas and Shelby Price-Louisiana***

## Call For Volunteers

The 2004 SSPHA Conference was a tremendous success. If you are interested in serving on the Conference Planning Committee for our next conference contact:

James E. Smith, CEO, NTSH  
jamese.smith@dshs.state.tx.us  
940-552-9901 ext. 4000 or  
940-689-5213

## Hospital Without Walls

In the last few years Southwestern State Hospital in Thomasville, Georgia has become a hospital "without walls." Southwestern has taken the lead in several community initiatives since the mid 90's with the opening/ establishment of:

- The Assertive Community Treatment (ACT) Program, which has now expanded into four cities, Thomasville, Tifton, Albany, and Valdosta. ACT is an intensive case management community service for individuals with severe and persistent mental illness or co-occurring substance abuse and mental illness, discharged from multiple or extended stays in public hospitals, or who are difficult to engage in treatment.
- The Gateway Dual Diagnosis Program for consumers with mental illness and addictions.
- Regional Juvenile Evaluation Team
- Inwood Pines Intensive Treatment Residence, a personal care home operated through a partnership with the Albany Area and Georgia Pines Community Service Boards, to provide male individuals with multiple problems an opportunity to be successful in a home setting.
- Four Community Homes for the developmentally disabled; and
- Behavioral Support Team, which provides crisis options and behavior interventions for the developmentally disabled individuals residing in the community.

Southwestern's latest accomplishment is the opening of the Southwestern Crisis Stabilization Program. After overcoming many obstacles, the program opened August 25, 2004. The program will serve 15 clients in acute crisis from the Valdosta, Tifton, and Thomasville areas. The project was a total team effort of many departments including: Housekeeping, Engineering and Maintenance, Medical Records, Procurement and Property, Admissions, Security, Business Office, and Human Resources.

As state agencies continue to experience budget cuts, we are continuously looking for opportunities to reinvent ourselves.

Beverly Bajerski, Interim Hospital Administrator  
Southwestern State Hospital  
Thomasville, Georgia

## **SSPHA Meet Me Calls - Reducing Medication Costs in an Acute Inpatient Psychiatric Setting**

This teleconference forum allows members to share information, network, and identify best practices. Within the SSPHA is a tremendous wealth of experience, knowledge and clinical talent. These teleconferences focusing each quarter on a specific topic of interest will allow us to share expertise in a relaxed, informed and collegial environment.

The second of these "Meet Me Calls" was held June 21<sup>st</sup>, 2004. The topic was reducing the costs of medications in the acute inpatient psychiatric setting. Speakers included Dr. Thomas Mareth of North Texas State Hospital and Dr. James E. Mimbs, Chief Medical Officer of the Central State Hospital in Milledgeville, Georgia. Comments from other participants made other valuable contributions to the discussion.

According to Dr. Mareth a review of pharmacy expenses revealed greatest potential for cost savings within the new generation antipsychotics such as Olanzapine, Quetiapine, Risperidone and others. The strategy at NTSH involved examination of the appropriateness of treatment, the appropriateness of dosing and monitoring of costs.

Concerning appropriateness of using these medications in treatment, several tactics were employed. Chart reviews each quarter assess the collection of necessary clinical data and its formulation into accurate diagnoses. If the consumer's condition typically responds to new generation antipsychotics, evidence-based medical algorithms, such as the Texas Medical Algorithm Project (TMAP), are applied. These provide a flexible set of guidelines from which the clinician can choose the "correct" (i.e., likely to be therapeutic and avoid undesirable side effects) medication, used for the appropriate duration of time, for that individual patient. As an example, the TMAP algorithm for schizophrenic disorders was reviewed. Adherence to such evidence-based practices, with documentation for the clinical reasons for any deviations are regularly monitored. Rather than a "cookbook" approach, it was noted this required great expertise to select the most appropriate medication from among the choices. Our clinicians, to use the analogy, use scientific evidence to inform their choices and become the "Master Chefs" of

psychiatric treatment! Side effects, such as weight gain, the metabolic syndrome, extra pyramidal symptoms and hyper-prolactinemia were mentioned. Familiar with the entire spectrum of effective treatments, psychotherapy, psychosocial rehabilitation and social learning techniques are also woven into the fabric of care. It was also noted that, while new generation antipsychotics may offer certain side effect benefits, some patients do well on older agents. With full knowledge, some consumers may elect to remain on those agents, considering the benefits to outweigh possible risks.

Next appropriate dosing was discussed. Texas, like most state systems, sets a maximum recommended dose. Given the severe and persistent nature of their mental illness, it is not surprising that higher doses are sometimes required. A process was developed to monitor this as well. The dose, above the Texas recommended dose, for which the medical literature provides evidence of safe and effective treatment, has been researched for each medication. Should clinicians wish to exceed the Texas maximum recommended dose, a consultation with a colleague is documented in the progress notes. This simply provides another set of eyes to review the data, validate the diagnosis and concurs with the reasonableness of the treatment proposed. Should the clinician choose to go still higher, the case is written up and presented to our expert consultants in psychopharmacology. They review the information and make recommendations to the provider concerning dosing, augmentation, alternative strategies, side effects to look out for, etc. The use of two new generation antipsychotics at once was questioned from the audience. This is sometimes required, but relatively rarely at our facility. Others noted this was necessary 10-14% of the time.

Dr. Mareth then discussed some of the factors used to monitor costs. To this point the emphasis was almost entirely on using the most appropriate medication – irrespective of costs. Generics can be used whenever possible. The staff has been educated regularly about costs of similar medications.

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For example, should an IM form of a new generation medication be judged necessary, a 20 mg. dose of Ziprasidone costs the NTSB Pharmacy \$34.99. A similar medication, IM Olanzapine (10 mg.) costs \$17.50. Our pharmacy also tracks the costs of new generation antipsychotics per patient/month by psychiatrist. While we have had (as have other members of the audience) difficulty getting accurate data, this practice offers hope in identifying outliers and best practices.

Dr. Mimbs then spoke of the need to educate staff about costs and algorithms. An eclectic selection of evidence-based practice was most successful at his hospital. Specific suggestions to control medication costs including monitoring the use of "stat" or "prn" medications and limiting the concomitant use of mood stabilizers were discussed.

Dr. Terry Holmes, Clinical Director of Moccasin Bend Mental Health Institute in Chattanooga, Tennessee, had written an email with nine suggestions to control medication costs in an inpatient setting. These suggestions were: 1) have implemented best practice guides and audit criteria for same, 2) have virtually eliminated polypharmacy, 3) trained doctors and nurses on evidence-based practice, 4) have researched what other states are doing to reduce costs [a. limit psychotropic prescriptions to 6, b. disallow prescriptions for psychotropics without appropriate DSM IV diagnosis, c. eliminate polypharmacy] 5) have drastically limited Zyprexa Zydis--1st 3 days of treatment only, 6) improved feedback to pharmacy with use of information form sent directly to medical director who speaks with each clinician about rationale for treatment, 7) have added pharmacy cost to P&T agenda on recurring monthly basis, 8) have worked with pharmacist to explore further cost reduction efforts, and 9) have worked to secure funding for research on atypical antipsychotic efficacy. The telephone conference was then opened to questions. A review of the National Association of State Hospital Program Directors (NASHPD) guidelines concerning polypharmacy was recommended. The use of Zydis form Olanzapine and the preferred use of Risperidone and Ziprasidone whenever possible was discussed. Mr. Ed Moughon, Big Spring State Hospital CEO, brought up the important issue of the costs of non-psychiatric medications. This was suggested as a potential topic for a future teleconference.

*Thomas Mareth, M.D.  
Clinical Director of Psychiatric Services  
North Texas State Hospital*

## *Co-occurring Mental Illness and Substance Abuse Workgroup*

SSPHA Freedom Commission Workgroup Report

As part of the Southern States Psychiatric Hospital Association's initiative, a special **Workgroup** was formed. The Team is comprised of representatives from throughout the southern states and the members are David Sofferin, GA, (Chairperson), Jerry Falls, GA, Lydia Weisser, GA, Patricia Thacker, GA, Julie Boudreaux, LA, Kathleen Poweres, TX, and Karen Sams, TX. One of the goals was to discuss the present availability of dual diagnosis services. But their ultimate desire is to formulate a "Best Practice Model" of integrated mental health and substance abuse services to meet the needs of consumers. In their first teleconference on May 27, 2004, representatives from Georgia and Louisiana began the process by defining their present service delivery systems. In treating dual disorders, they defined three different aspects that must be reviewed:

- Assessment
- Treatment goals
- Treatment

A look at system problems will be a main focus of the Team.

The final report will describe the status of various state services and recommend Best Practice suggestions for intervening with co-occurring disorders.

An overview was provided to those in attendance at the Southern States Psychiatric Hospital Conference held in Atlanta this past June.

The workgroup will publish a final report later this year.

*David A. Sofferin, Regional Coordinator  
MHDDAD for Southwest Georgia  
Albany, Georgia*

## ***The Importance of Consumer and Family Involvement in the Quest for Recovery***

SSPHA Freedom Commission Workgroup  
Report

As you know, the President's New Freedom Commission on Mental Health calls for a major overhaul of the nation's mental health system and notes that the care for persons with mental illness must go beyond medications and symptom management. The goal of the Commission is the same goal as that of mental health consumers and their advocates: to enable adults with serious mental illness to live, learn, work and participate fully in their community. The commission found that the current system is unintentionally focused on managing the disabilities associated with mental illness rather than promoting recovery.

(More information about the President's New Freedom Commission on Mental Health, including the final report, "Achieving the Promise: Transforming Mental Health Care in America," can be found at [www.MentalHealthCommission.gov](http://www.MentalHealthCommission.gov).)

The charge for our workgroup is to identify, describe and showcase consumer and family initiatives in the southern region that have made or are likely to make a significant contribution to the quality of life for persons with mental illness. This topic area is one of four that the Southern States Psychiatric Hospital Association's Board of Directors identified for a regional response to the final report of the President's New Freedom Commission on Mental Health.

Members of the workgroup include Kimberly Ayertey, Georgia Regional Hospital, Atlanta; Steven Sullwold, North Texas State Hospital, Wichita Falls, Texas; Ed Foulkes,

Southeast Louisiana Hospital, New Orleans; Cynthia McClure (Chair), Steve O'Brien, Kayla Fisher and Norma Marsh, Southwestern Virginia Mental Health Institute, Marion.

*Recommendation 2.2 from the New Freedom Commission states: Involve consumers and families fully in orienting the mental health system toward recovery*

- **“.. The Commission is convinced of the need to increase opportunities for consumers and family members to share their knowledge, skills, and experiences of recovery. . . .”**
- **“.. Local, State and Federal authorities must encourage consumers and families to participate in planning and evaluating treatment and support services . . .”**

Here is one example:

**The Southwest Virginia Consumer and Family Involvement Project ([www.swvacfip.org](http://www.swvacfip.org)) is a project funded by the Virginia Dept. of Mental Health, Mental Retardation and Substance Abuse Services, through the Southwest Virginia Behavioral Health Board.**

In 1995, the Southwest Virginia Behavioral Health Board recognized the need to enhance consumer and family involvement and education in the region. With a relatively modest amount of money, contracts were developed with the goals to increase the involvement of consumers and family members in decision making and policy formation, service planning, and delivery and evaluation of publicly funded mental health, mental retardation and substance abuse services. The integral involvement of consumers and family members was recognized as particularly important in Southwest Virginia due to the rural, mountainous, and poverty-stricken nature of the region.

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CFIP Accomplishments include:

- **Thirteen Family support groups in the region, including two NAMI affiliates,**
- **An 800 number for family support and consultation,**
- **Two paid employees who travel to the support groups regularly, lending expertise,**
- **Financial support for each meeting (\$50),**
- **Twelve-session L.E.A.P (Leadership, Empowerment, and Advocacy Programs) Trainings for Consumers,**
- **182 Graduates of L.E.A.P. thus far,**
- **Several regional presentations by Moe Armstrong, consumer advocate,**
- **Consumers as members of Policy and Advisory Boards,**
- **Three Mental Health Awareness/Education Seminars,**
- **Ten Partnership Planning Seminars in 2003 and 2004 with strong consumer and family involvement, and**
- **The first ever "SW Virginia Walks for Mental Illness Awareness" event April 30, 2004.**

*The region believes that the success of the project is due to an Advisory Committee composed of consumers, family members and providers from around the region, shared ownership of the importance of the process, a commitment to the consumer, a focus on recovery, and the provision of skills and supports recognizing that "recovery equals skills plus supports." Our workgroup continues to collect information on "best practices" in the area of consumer and family involvement in recovery and will have a final report in Spring, 2005.*

*Cynthia McClure, Director  
Southwestern Virginia Mental Health Institute*



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