

SSPHA

Southern States Psychiatric Hospital Association

Spring 2007

Message from the President...

by James E. Smith,
SSPHA President of the Board

Leadership

Anytime it seems as though everywhere you turn there is a new list that someone has developed in hopes of helping others accomplish more, improve their lives or do something better. There are lists of weight loss tips, lists outlining the steps to wealth, lists of places to visit before you die, and the list goes on. It should come as no surprise then that in the world of management related literature there are likewise numerous lists.

Recently, a book written by Paul J. Meyer and Randy Slechta entitled, The Five Pillars of Leadership, caught my attention. As the title suggests there is at least one list and as it turns out there are many others in the book. Though I'm still reading it, there's a lot in it so far that makes pretty good sense.

One of the concepts in the book that I believe is true is the idea that everyone is a leader. The authors explain the concept this way: "The inverted pyramid is symbolic of a deeper truth that everyone leads, at least at certain times. The father, for example may be a mail clerk at the office but goes home at night to lead his family. The office secretary may sit behind a desk all day, but in the late afternoons she is coaching her son's little league team. The buyer or sales rep may lead at church or in a community club. And quite often, a

manager some distance removed from the executive suite may be the de facto leader of an entire organization. We all lead at some point in our lives. The problem lies in how well we do the job of leading. In environments that we understand and control, we typically demonstrate solid leadership skills. Confronted with change and challenge however, our veneer of leadership often cracks and crumbles. If it is true that everyone leads, then it is also true that all of could do a better job."

After strongly making the point that all of us are leaders the book goes on to identify and explain the five pillars of leadership. These are as follows:

- ◆ Crystallized thinking – the importance of leaders taking time to dream and develop a clear and unlimited vision as to what they and the people they lead hope to accomplish.
- ◆ Plans and balance – this involves the development of specific written plans for the achievement of specific objectives. It also emphasizes the importance of individuals recognizing their full potential.
- ◆ Passion and desire – this pillar speaks to the need for leaders to develop a passionate

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desire for the development of their own potential and in the potential of others they lead.

◆ Confidence and trust – this pillar recognizes that leaders need to have confidence and faith in their own ability to innovate, develop, persevere, and succeed but equally as important, they have to focus on working to empower other people by encouraging this same application of confidence and trust.

◆ Commitment and responsibility – the authors sum this principle up with two simple words, “don’t quit”. This pillar speaks to the importance of perseverance and simply making up one’s mind not to give up.

There is one area that the book doesn’t discuss much that I nevertheless believe is particularly important for all leaders to remember and all of us are leaders. In order for us to be effective as individuals and as leaders we have to be aware at all times of how we treat the people around us. This is critical in our relationships with our peers at work and it is particularly important in our relationships with our patients. The authors put it this way, leaders who want trust, commitment and loyalty from the people they lead must first develop these qualities themselves. This takes integrity, a servant’s heart and good stewardship.

As I’ve gotten to know fellow Superintendents/CEOs through SSPHA, I am convinced we are an organization blessed with many good leaders.

Jim

*SSPHA Welcomes its
Newest Board of Director Members to
the SSPHA Board of Directors!*

*Charles Smith - Arkansas
and*

Mark Anders - Louisiana

*Charles is the CEO of Arkansas State Hospital
and Mark is the CEO of Eastern Louisiana
Mental Health System*

Welcome to SSPHA!

SSPHA To Host 3rd Annual Conference

We are excited to announce that plans are underway for the 3rd SSPHA Conference to be held in Spring 2008 in Knoxville, Tennessee. We had fantastic conferences in 2004 and 2006 and we want to build on those successes and provide relevant information to our members that will enhance mental health care in state psychiatric hospitals. These conferences offer an excellent opportunity for professionals in state psychiatric hospitals to network with colleagues from the southern states and discuss issues that are unique to us. Please see pictures from the 2006 SSPHA Conference held in Atlanta, Georgia on the next page (page 3).

As a member of SSPHA, we are very interested in hearing from you regarding major issues in your state affecting mental health services. Once we have developed our list of topics, we will begin recruiting speakers. We are interested in having association members who have addressed issues facing the mental health delivery system in their state and have found solutions to volunteer to be presenters. Or, if you know of conference speakers or have attended conferences that have had excellent presenters, we would be interested in contacting these individuals. As well, we welcome assistance from any members who are interested in serving on the planning committee. All of our meetings will be done via conference call. If you wish to participate on this committee, volunteer to be a presenter, have contact information on speakers, or wish to suggest specific topics to be ~~discussed at the conference, please email~~ Lee Thomas at lee.thomas@state.tn.us or call 865-583-8888.

We have a lot of work ahead of us, but with input from everyone, we know that this will be another great conference. We look forward to meeting each of you next spring in Knoxville.

Lee Thomas, SSPHA Vice President

Pictures from the 2006 SSPHA Conference in Atlanta, Georgia



James E. Smith, SSPHA President speaks during the 2006 Conference



James "Bo" Chastain-Mississippi; Cynthia McClaskey, Ph.D.,-Virginia; David Sofferin-Georgia; Beverly Berkeley-Georgia; Karl Schwarzkopf, Ph.D.-Georgia and Steve Wiggins-Kentucky receive plaques for serving as a member of the SSPHA conference planning committee.



Conference participants enjoying fellowship at breakfast at the 2006 Conference



Cynthia McClaskey, Ph.D.-Virginia addressing participants at the 2006 SSPHA Conference



Dr. Robert Glover, Director of NASMHPD speaks during the 2006 SSPHA Conference



James E. Smith congratulates Lee Thomas who received recognition during the 2006 Conference



Dr. Jerry Deans-Virginia speaks during the 2006 Conference

Broughton Hospital

in North Carolina

Preparing for Changes - Remaining the Same



Broughton Hospital in Morganton, North Carolina has been in the business of providing mental health services since 1875. The history of this hospital began 1850 when Dorothea Dix persuaded the General

Assembly to appropriate resources for a state-run psychiatric hospital in Raleigh, North Carolina. In 1875 gifts and purchases resulted in 263 acres being acquired by the State. The name of the Western North Carolina Insane Asylum was changed in 1890 to the State Hospital at Morganton. In 1959 the name was again changed to Broughton Hospital after then North Carolina Governor J. Melville Broughton (1941-1945). The hospital has expanded in size and scope of services many times over the years to meet the needs of its citizens and that tradition continues.

In May 2006 Broughton Hospital opened the only inpatient service for mentally ill and/or substance abusing deaf citizens in North Carolina. This program is one of only 20 of its kind in the nation. This new service added complexity to the role of the Hospital, but was another opportunity to broaden the scope of the hospital and play a needed role in provision of services to the population served.

Seth Hunt, Jr., Director/CEO of Broughton Hospital, is currently in the midst of making preparations for significant changes to the services provided by his hospital once again. An operational date of November 1, 2007 has been set for the new Central Regional Hospital in Butner, North Carolina to open and incorporate services previously provided by Dorothea Dix and John Umstead Hospitals. This transition will result in Broughton Hospital creating a secure forensic treatment service. The forensic service will be a 50-bed area housing maximum, medium and minimum level patients. The forensic service will be a full service evaluation and treatment unit for individuals who are found by the court to be not guilty by reason of insanity. Services will also be

provided for those individuals who have been charged with serious crimes who cannot participate in their own defense as they cannot understand the charges against them due to their mental illness. There will also be some residents of this service who will be in need of a highly controlled environment because of their level of dangerousness. This transition will require a much greater emphasis on security issues and many detailed logistical preparations are underway to be fully prepared for the increased security requirements. Following this expansion of services, Broughton Hospital will be one of only two such services in the entire State of North Carolina.

Broughton Hospital is the largest of the four (soon to be three) psychiatric hospitals operated by the State of North Carolina, serving the 37 westernmost counties in the State which have a population of over 3 million. The Hospital serves approximately 4,000 patients per year and employees around 1,200 employees. This expanded service mission will result in approximately 100 new jobs for Broughton Hospital and will thus have a positive impact on the local economy. There will be many changes ahead as this increased scope in mission is realized, but one thing will remain the same and that is the commitment of the Hospital to the needs of those individuals requiring treatment and care. That commitment has remained unchanged over the years and is the goal for the future as well.



“This is a very exciting time for our hospital”, states Seth Hunt. “There is much to do as we prepare to meet the November 1, 2007 operational date.” Mr. Hunt has expressed his appreciation for the Broughton Hospital employees who have really pitched in with a great deal of enthusiasm and a can do attitude. Mr. Hunt added, “I am very fortunate to be associated with such a fine group of professionals.”

Seth Hunt, CEO, Broughton Hospitals

Zeal - “Be fanatics. When it comes to being and doing and dreaming the best, be maniacs.”

- A.M. Rosenthal, The New York Times

Idealism- “Idealism increases in direct proportion to one’s distance from the problem.”- John Galsworthy

History - “History teaches us that men and nations behave wisely only after they have exhausted all other alternatives.” - Abba Eban

SSPHA expresses appreciation and extends best wishes to Jack C. Clohan who is retiring and will also be relinquishing his seat on the SSPHA Board of Directors

Jack is the Chief Executive Officer from William R. Sharpe, Jr. Hospital in Weston, West Virginia and has served on the SSPHA Board of Directors since its organization

Thanks Jack from SSPHA!



SSPHA LAUNCHES NEW WEBSITE!

By David Sofferin (GA) Treasurer

At the most recent SSPHA conference in Atlanta (June 2006), the idea of developing a website for our association was discussed among the board members. The idea was something that several of us did not want to see go the way of so many good ideas that never get off the ground. This being the case, Joe Infantino (FL), who was representing Steve Kennedy (FL) at the conference, volunteered to work with me to design the website from the ground up. Upon our return home we kept in communication and Joe along with Steve Kennedy volunteered the services of Jeff Aboumrad of Northeast Florida State Hospital to serve as our web master. Jeff, Joe, and I quickly got together and in what I believe is record time; the site was designed, built and successfully launched on September 25, 2006.

KUDOS to Mr. Aboumrad for his excitement, passion and willingness to continually strive to make the site better! A “tip of the hat” also goes to Joe and Steve for their support of the initiative! Teamwork really does work and is one of the benefits of being involved with SSPHA!

As I write this column for the newsletter we have had over 825 “hits” on the site which can be found at www.sspha.com. At the present time you can find information about our by-laws, our board of directors, member hospital links, paid members, special notices, special bulletins, past newsletters & board minutes, a summary of our most recent “meet-me-call”, information from our 2006 conference, our photo gallery, and a message from our President, James Smith (TX). We are planning to post a members only section in the not too distant future for the on-going work Ed Moughon (TX) and his team are doing in the area of “staffing ratios.” Stay tuned as we want this to be password protected. We are also posting Hospital Administrator positions with direct links to the application process for that particular state.

In order for our web site to be useful it has to be dynamic and add value to the association. This being the case, your ideas are very important to us. If you have any suggestions or want to post a Hospital Administrator position, please do not hesitate to contact me at either soff@rose.net or dsofferin@dhr.state.ga.us. If you have not “surfed” the site yet, please visit it soon!

David Sofferin, (GA), Treasurer.

**SOUTHERN STATES PSYCHIATRIC HOSPITAL ASSOCIATION - PAID MEMBERS
as of April 2007 - by Steve Wiggins-Kentucky**

ALABAMA

Taylor Hardin Secure Medical Facility
North Alabama Regional Hospital
Greil Memorial Psychiatric Hospital
Mary S. Harper Geriatric Facility
Searcy Hospital
Bryce Hospital

ARKANSAS

Arkansas State Hospital

FLORIDA

South Florida State Hospital
Northeast Florida State Hospital
South Florida Evaluation & Treatment Center
North Florida Evaluation & Treatment Center
Florida State Hospital

GEORGIA

Central State Hospital
Northwest Georgia Regional Hospital
Georgia Regional Hospital/Atlanta
West Central Georgia Regional Hospital
Southwestern State Hospital
Georgia Regional Hospital/Savannah
East Central Regional Hospital

KENTUCKY

Western State Hospital
Central State Hospital
Appalachian Regional Healthcare

LOUISIANA

Central Louisiana State Hospital
Southeast Louisiana State Hospital
Eastern Louisiana Mental System
New Orleans Adolescent Hospital

MISSISSIPPI

Mississippi State Hospital
Specialized Treatment Facility for the Emotionally
Disturbed Youth
North Mississippi State Hospital
East Mississippi State Hospital
Central Mississippi Residential Center
South Mississippi State Hospital

NORTH CAROLINA

Broughton Hospital
John Umstead Hospital
Cherry Hospital
Dorothea Dix Hospital
Central Regional Hospital

SOUTH CAROLINA

Columbia Behavioral Health System
Patrick B. Harris Psychiatric Hospital
G. Werber Bryan Psychiatric Hospital
Wm. S. Hall Psychiatric Institute

TENNESSEE

Lakeshore Mental Health Institute
Moccasin Bend Mental Health Institute
Middle Tennessee Mental Health Institute
Western Mental Health Institute
Memphis Mental Health Institute

TEXAS

North Texas State Hospital
Big Spring State Hospital
Waco Center for Youth
Terrell State Hospital
Austin State Hospital
Kerrville State Hospital
El Paso Psychiatric Center

VIRGINIA

Southwestern Virginia Mental Health Institute
Commonwealth Center for Children and
Adolescents
Central State Hospital
Piedmont Geriatric Hospital
Western State Hospital
Eastern State Hospital
Northern Virginia Mental Health Institute
Catawba Hospital
Southern Virginia Mental Health Institution

WEST VIRGINIA

William R. Sharpe, Jr. Hospital
Mildred Mitchell-Bateman Hospital

Southwestern Virginia Celebrates Recovery Stories

by Cynthia McClaskey, Virginia

On April 13 and 14, 2007, far southwestern Virginia mental health consumers, family members, college students, mental health workers, and others gathered to recognize and support recovery. The fourth annual Mental Health Awareness Fair and Walk was organized by the Mental Health Creative Ideas Committee and held on the beautiful campus of Emory and Henry College. This year's theme was *Recovery Stories*.

Eileen White, a consumer and Board member for the National Alliance on Mental Illness served as the keynote speaker for a seminar, entitled Family Recovery Stories, and for a Mental Health Fair and Walk.

Ms. White proved to be an interesting and dynamic speaker, engaging those present with her personal recovery story. Ms. White served in the United States Air Force and rose to the level of Staff Sergeant with a Top Secret Security Clearance from 1981 to 1984. After being diagnosed with Dysthymic Disorder and Anxiety, her military career came to an abrupt and disappointing end. Additional diagnoses in 1989 included General Anxiety Disorder, Major Depression, Post Traumatic Stress Disorder, Obsessive-Compulsive Disorder, Anorexia, and what she calls "the big one:" Borderline Personality Disorder.

Following years of psychotherapy, seven electroconvulsive therapy (shock therapy) treatments over a two-week period, and medication that she continues today, Ms. White is an advocate who has found her "purpose in life." In recognition for her efforts, she received the **2003 National NAMI In Our Own Voice Speaker Award** and has been certified as a National In Our Own Voice trainer for others. What remains tantamount to her "job" today, however, is the goal of increasing awareness and helping end the stigma, misperception, and discrimination experienced by those living with serious mental disorders. She brings a message of hope and understanding while adding both a personal touch and terrific sense of humor.

Ms. White described the importance of "that one person," in her case a psychologist, who never gave up on her ability to recover. She saw this person regularly for 16 years and credits much of her belief in herself and her newfound purpose in life to their work together. Ms. White's remarks were followed by a panel of three family members of persons with serious mental illness who spoke poignantly about the struggles to find appropriate diagnoses and treatment for their loved ones. Their most important

struggle seems to have been the drive to find purposes and meaning in this new way of being. They learned that there is no "going back," to a time before mental illness, but in learning to find joy, humor, and hope in day-to-day interactions. Their descriptions moved those present to tears at times, as each described the journey to recovery that both they and their family members live each day. We saw that recovery is a truly a journey of self-discovery, and that sometimes it is the small things in life coming at a critical time that made a big difference in holding onto hope.

Dr. Jerry Deans, Associate Commissioner, representing the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services also served as a speaker and spoke on Developing a Recovery Oriented Mental Health System. Dr. Deans emphasized Virginia's initiatives that are bringing best practices to the forefront and emphasized the importance of recovery principles. He stated, "We have the work in Virginia on co-occurring mental health and substance abuse disorders, which stresses being "welcoming" to persons regardless of whether they have a primary substance abuse diagnosis or a primary mental health issue. We are working to design treatment programs that incorporate treatment for both mental health and substance abuse issues in one setting. Virginia is also moving toward becoming a high performance organization which involves setting department-wide values of respect and inclusiveness. We want to model how we treat our staff on recovery principles. Only then can we realistically expect staff to treat the individuals we serve in accordance with these values."

Dr. Deans has found that both recovery principles and values-based leadership have in common respect for individual strengths and differences, empowerment, and choice. "In Virginia," he notes, "consumers are helping us to become a system that focuses on wellness, and, in many of the state hospitals, including Southwestern Virginia Mental Health Institute, we have peers teaching others about Wellness Recovery Action Plans. Last night and today we have the opportunity to learn about positive recovery experiences from people who have the best knowledge of what it is like to deal with mental health problems – consumers and family members. We also learned more about community advocacy efforts from members of family support groups, and we gained knowledge about recovery in the community and available resources."

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Dr. Deans reminded us that recovery is a journey. “Not always going uphill, sometimes coasting downhill. It is important to have choices and to have your voice heard in your own treatment and in shaping the system. It is important to take responsibility and to educate yourself about wellness and what keeps you well. It is important to have supporting friends and family involved in your Recovery Journey. By your presence today, you have shown your willingness to step up when called and become involved in making Virginia’s service system a more recovery-oriented system. We want to be a service system in which individuals with mental illness will come together with the health care providers to help each person define what is wellness on an individual basis. There’s no ‘pill’ for Recovery – a recovery-oriented service system means that you have access to places to live, meaningful work or other activities, and places to learn skills and get supports.”

The Mental Health Creative Ideas Committee is a region-wide group composed of mental health consumers, professionals, family members and Emory & Henry College staff and students. Each year the group organizes mental health events which work to decrease stigma and promote fun, hope, and fellowship. Over the past four years, as a part of Mental Health Walks, the group has sponsored a play—My Sister’s Sister—and conducted consumer art projects. They have promoted the Crisis Intervention Team from New River Valley which provides education to law enforcement officers about mental illness, and now there is a new CIT in the Mount Rogers area. Community involvement and education are crucial, and this region has done much to combat the stigma and celebrate recovery. The individuals who receive services, those who provide services, and those who support them are working together side by side to accomplish these tasks.

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