



Southern States Psychiatric Hospital Association

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Message from the President...

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

SSPHA Conference

On behalf of all the SSPHA Board of Directors I am pleased to announce our second SSPHA Conference. The conference will be held this summer in Atlanta, Georgia on June 11-12, 2006. It will be held at the Renaissance Concourse Hotel and like our organization's first conference, it promises to be a top-flight training and networking opportunity. Our conference planning committee has done a terrific job in designing a conference relevant to the needs of our member hospitals and their staff. We'll begin the conference by getting a "lay of the land" as regards major issues facing the nation's public mental health systems. The conference will also include sessions focusing on common operational issues such as managing the nursing shortage, dealing with the media in crisis situations and managing costs while providing quality services. We will also hear a presentation from our operational comparison workgroup which has recently concluded a membership-wide survey of hospital operations. Following up on the first conference's highly rated presentation regarding activities of the Carter Center, we will again receive a report on the center's activities around important mental health issues. Understanding and using a recovery model will be a major focus of the conference. Eugene Johnson, President and CEO Of

META Services of Phoenix, AZ will present the META Services Recovery Model (see related article in this newsletter) which is a powerful message of hope for persons with mental illness.

As you might imagine, a conference like ours is a challenge to plan and host under any circumstance, but particularly so given that the vast majority of the work done has been managed via telephone conference calls. Special thanks go to the conference planning committee: Chairperson Steve Wiggins (KY) and committee members David Sofferin (GA), Ron Hogan (GA), Beverly Berkeley (GA), Carl Schock (TX), Karl Schwarzkopf (GA), James "Bo" Chastain (MS), Mary Beth Carlisle (WV) and Cynthia McClure (VA). Special thanks go to Russ McGrady (VA) for helping to arrange the presentation by META Services of Phoenix, AZ, Katie White (MS) for creating our brochure and Jackee Williams, our Conference Planner from Maryland. Thanks to their hard work we can all look forward to a very good conference in June.

In keeping with the practice we established for our first conference, each member hospital will receive one free registration fee scholarship.

Otherwise, the registration fee is \$100 and this includes meals and hors d'oeuvres. Much of the expense of our first conference was underwritten by Eli Lilly and Jansen

Continued on Page 2

Pharmaceutical Companies and a grant made possible by the National Association of State Mental Health Program Directors (NASMHPD). The planning committee is again seeking financial support for our conference which is in part why we are able to offer a conference of this caliber for such a low registration fee.

One of the best things about this conference is the opportunity to network with peers and experience the marvelous hospitality of the city of Atlanta. To make registration easy, we have attached a conference brochure and registration form with this copy of the newsletter. Again, on behalf of the board of directors, we hope to see you there.

Jim

Hurricane Katrina & Mississippi State Hospital

During the two months following Hurricane Katrina, Mississippi State Hospital (MSH) operated near ground zero of the worst natural disaster in U.S. history. Hurricane Katrina was still a Category 1 storm with winds of up to 100 miles per hour when it swept through the Whitfield campus on the afternoon of August 29th, knocking out power to buildings, downing stately oak trees and ripping shingles off rooftops.

All of MSH patients and staff on duty were safe during the storm, and employees continued to report for work in the hours and days after the disaster despite the loss of electricity to their homes, road closures and long lines at service stations due to gasoline shortages. The hospital's continued operation during this crucial time would not have been possible without the dedication and loyalty of patient-care professionals and support staff, especially those who volunteered to work extra hours to cover for coworkers who could not get to work. In the hours immediately after the storm, MSH played a central role in hosting displaced patients and staff from Mississippi Department of Mental Health (DMH) facilities in hard-hit counties along the battered Gulf Coast. The hospital also served as a staging area for initial relief efforts and subsequent evacuations of employees and patients isolated at Department of Mental Health (DMH) facilities in hurricane-stricken areas in Purvis, Long Beach and Gulfport.

With many roads and highways closed or impassable just 24 hours after the storm, a team of five MSH staff members volunteered to travel in a late-night convoy to bring much-needed food, water, ice, fuel and medical supplies to staff and patients at the South Mississippi Regional Center (SMRC) in Long Beach.

After it became apparent that power outages, gasoline shortages and physical damage in the surrounding area made it impossible to continue operations in the impacted areas, MSH staff also helped in the subsequent evacuation of staff and patients from SMRC and South Mississippi State Hospital (SMSH) in Purvis. No patients or employees on duty at any of the impacted DMH facilities were injured during or after the storm. Many of the evacuated patients and staff found their way to MSH's Whitfield campus, including 11 patients and 9 staff from Gulf Coast Mental Health Center in Gulfport and 25 patients and 16 staff members moved from SMSH.

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

Charles Cutts - Alabama

***Charles is the
Facility Director of North
Alabama Regional Hospital***

Welcome to SSPHA!

**An optimist is a father who will let
his son take the new car on a date.
A pessimist is one who won't.
A cynic is one who did.**

**"Everything must degenerate into
work if anything is to happen. "**

-Peter Drucker-

MSH sent teams of physicians, nurses, and support staff to DMH facilities along the Gulf Coast to deliver medical supplies and to provide help for patients and staff there. In all, the hospital delivered more than 5,000 gallons of diesel fuel and gasoline, 5,000 gallons of water, 4,000 cases of food and countless medical supplies to patients and staff at impacted DMH facilities in south Mississippi and the Gulf Coast.

While much of the focus was on the Gulf Coast and on the welfare of patients and staff in DMH facilities isolated by the hurricane, MSH also responded to the needs of its workers.

To help employees in the days following the disaster, MSH opened a temporary shelter on campus for staff working extra hours and for those affected by gasoline shortages and power outages. Valley, the hospital's food-services provider, extended its hours to include a light dinner for hospital employees. Jaquith Nursing Home, located on the MSH Whitfield campus, opened its doors by offering 28 beds for displaced individuals in need of long-term nursing home care who were seeking permanent relocation.

Recognizing there was a need for long-term aid from other sources, MSH sent a plea on behalf of the Mississippi Department of Mental Health to the Southern States Psychiatric Hospital Association encouraging hospitals to recruit volunteers among their staff to help the two mental health facilities on the Gulf Coast. The request also made its way to the National Association of State Mental Health Program Directors, where South Carolina and Pennsylvania heard the plea and answered the call.

In October, MSH welcomed more than 25 mental health employees from South Carolina and Pennsylvania. The employees used the hospital as a staging area and then made their way to South Mississippi Regional Center and the Specialized Treatment Facility on the Gulf Coast to volunteer their services.

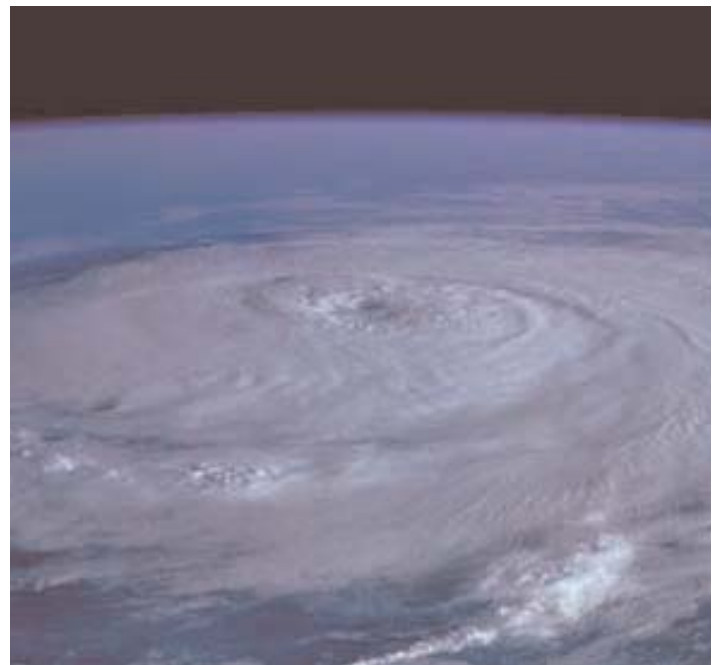
Skilled nurses, direct care workers and other mental health professionals from other states relieved workers at the facilities who had been continuously working since Hurricane Katrina hit. Besides the trauma and devastation caused by the storm, many employees have been forced to deal with the terrible aftermath of the storm, including the loss of family members, all of their belongings and destruction of or substantial damage to their homes. With housing in

short supply due to the massive and widespread devastation, employees had no choice but to reside at the health care facilities.

As the days and weeks wore on, MSH also sought help from outside experts in equipping its staff and other volunteers to deal with patients, clients and employees who were traumatized by the disaster or who served as first responders. As part of a SAMHSA team visiting Mississippi, Anthony T. Ng, MD, an expert on emergency and disaster psychiatry, spoke at MSH to prep hospital staff on Katrina recovery. Dr. Ng drew from his experiences during the Oklahoma City bombing and New York's World Trade Center collapse. He discussed key characteristics every health care provider should have during disasters.

Throughout the ordeal and the recovery efforts so far, some common attributes continue to be displayed by employees, staff and residents in the Hurricane stricken-areas; resilience and a giving, caring and compassionate spirit. A team from the Federal Emergency Management Agency (FEMA) recently stayed at the hospital's Whitfield campus, among them a field director from the Office of Homeland Security. After his stay, he sent the hospital a thank-you letter praising the people of MSH and Mississippi and citing those attributes.

"We're thankful for the caring, generous people at our hospital, in the community and throughout the country who pulled together to help Mississippians affected by the Hurricane," said MSH Director James G. Chastain, CHE. "The response during these difficult circumstances has been outstanding."



Wisdom From a Two Year Old

From the Southwestern Virginia Mental Health Institute December 2005 Newsletter:

During November; I enjoyed one of the most important challenges of my life. It has given me new appreciation for the skills that are needed and the challenges that are faced, daily, by the parents of toddlers, especially for those who are single parents. For almost three weeks, I cared for my two-year-old nephew, whose parents were both on missions for the Armed Services. With acknowledgement and apologies to Robert Fulghum ("All I Really Need to Know I Learned in Kindergarten") and the newsletter of the Family Education and Support Center, Maple Ridge, BC, here are several lessons that were brought home to me while caring for the little sweetheart.

1. You can't make anyone do anything they don't want to.

My skills of communication, negotiation, and offering choices were frequently tested. Distracting and re-directing also became a bigger part of my tool kit.

2. Never shop when you're tired and hungry.

That is true for more than just shopping: at work or at home, regular, healthy meals and sleep allow us to use our skills and imagination more effectively.

3. Play hard, and sleep well, and a related lesson:

Naps are good.

4. Never go to bed when you're all wound up.

Create small rituals that soothe and comfort, then night-night time goes more smoothly, we sleep better and more soundly. Did you know sleep deprivation can cause a variety of physical ailments?

5. Transitions are tough; change is hard.

Even when there are good reasons for the change, it is still hard to deal with a new living situation, new care worker, new parental figure.

6. Learn to trust like a two year old.

Suspend cynicism and negative thinking - assume that you are respected and loved. How much different our attitude toward life will be!

7. Enjoy each moment intensely:

The joy of seeing the moon, jet planes overhead, bubbles, and balloons. Simple life pleasures that don't cost a lot are easy to share with those around you.

8. Each day is a fresh start. Had a bad day yesterday?

Greet the new day with a smile and a cup of warm chocolate milk; things will be better!

9. Give lots of kisses to those you love.

There is nothing like the sweet kiss of a toddler - I pray you enjoy every one while you may.

10. If you fall down, pick yourself up and dust off.

What is the old saying? Fall down seven times, pick yourself up eight.

11. Learn something new everyday!

The world is ours to explore, and there are many resources to help.

Did any of these lessons sound like they would apply to your life, or to your work life? I hope so -the wonderful time that I had with my nephew was certainly a chance for me to reflect on how recovery principles (the power of choice, change and growth, life-long learning, finding joy, the importance of caring first for physical needs before you can focus on recovery) are really good life principles.

*Cynthia L. McClure, Ph.D.
Director
SWVMHI*

Northeast Florida State Hospital (NEFSH) Implements Tobacco Free Policy January 2006

Lucy Hadi, Secretary of the Department of Children & Families, signed a decision memorandum in June 2005 prohibiting the use of tobacco products on the property of state mental health treatment facilities. The individuals we serve, staff members, visitors, vendors and volunteers will not be able to use tobacco products once they enter the hospital grounds.

A committee was formed consisting of hospital employees, community partners and individuals served to prepare an action plan on how to implement a tobacco free environment. We were mandated to be tobacco free by February 1, 2006. The committee chose January 11, 2006 as the implementation date.

This decision was based on the following:

1. Smokers typically need a higher level of medications than non-smokers.
2. Smoking significantly contributes to a number of serious medical issues such as cancer, COPD, emphysema, etc.
3. As a hospital we are required to promote health and safety for the people we serve.

The action plan included

- ◆ A 90 day phase out smoking schedule
- ◆ Removal of tobacco products, wall lighters, ash trays, and cigarette butts from campus
- ◆ Promotion and advertising to anyone who has contact with the hospital
- ◆ Education and training for individuals we serve and to the employees at NEFSH
- ◆ Changing policy and procedures to reflect a tobacco free environment
- ◆ Increase the activities and exercise programs offered
- ◆ Provide treatment options that are available for nicotine dependence
- ◆ Provide reinforcement and encouragement for a smooth transition
- ◆ Provide guidance when dealing with behavioral issues

This was a very challenging project for NEFSH to undertake considering approximately 370 out of the 553 served use tobacco products. We took a positive and healthy approach to the implementation process.



SOUTHERN STATES PSYCHIATRIC HOSPITAL ASSOCIATION - PAID MEMBERS

ALABAMA

Taylor Hardin Secure Medical Facility (2004)
North Alabama Regional Hospital (2004)
Greil Memorial Psychiatric Hospital (2004)
Mary S. Harper Geriatric Facility (2004)
Searcy Hospital (2004)
Bryce Hospital (2004)*

ARKANSAS

Arkansas State Hospital (2004)

FLORIDA

South Florida State Hospital (2004)
Northeast Florida State Hospital (2004)
South Florida Evaluation & Treatment Center (2004)
North Florida Evaluation & Treatment Center (2004)
Florida State Hospital (2004)

GEORGIA

Central State Hospital (2004)
Northwest Georgia Regional Hospital (2004)
Georgia Regional Hospital/Atlanta (2004)
West Central Georgia Regional Hospital (2004)
Southwestern State Hospital (2004)
Georgia Regional Hospital/Savannah (2004)
East Central Regional Hospital (2004)

KENTUCKY

Western State Hospital (2004)
Central State Hospital (2004)
Appalachian Regional Healthcare (2004)

LOUISIANA

Central Louisiana State Hospital (2004)
Southeast Louisiana State Hospital (2004)
Eastern Louisiana Mental System (2004)
New Orleans Adolescent Hospital (2004)

MISSISSIPPI

Mississippi State Hospital (2004)
Specialized Treatment Facility for the Emotionally Disturbed Youth (2004)
North Mississippi State Hospital (2004)
East Mississippi State Hospital (2004)
Central Mississippi Residential Center (2004)
South Mississippi State Hospital (2004)

NORTH CAROLINA

Broughton Hospital (2004)
John Umstead Hospital (2004)
Cherry Hospital (2004)

SOUTH CAROLINA

Columbia Behavioral Health System (2004)
Patrick B. Harris Psychiatric Hospital (2004)

TENNESSEE

Lakeshore Mental Health Institute (2004)
Moccasin Bend Mental Health Institute (2004)
Middle Tennessee Mental Health Institute (2004)
Western Mental Health Institute (2004)*
Memphis Mental Health Institute (2004)

TEXAS

North Texas State Hospital (2004)
Big Spring State Hospital (2004)
Waco Center for Youth (2004)
Terrell State Hospital (2004)
Austin State Hospital (2004)
Kerrville State Hospital (2004)
El Paso Psychiatric Center (2004)

VIRGINIA

Southwestern Virginia Mental Health Institute (2004)
Commonwealth Center for Children and Adolescents (2004)
Central State Hospital (2004)
Piedmont Geriatric Hospital (2004)
Western State Hospital (2004)
Eastern State Hospital (2004)
Northern Virginia Mental Health Institute (2004)

WEST VIRGINIA

William R. Sharpe, Jr. Hospital (2004)
Mildred Mitchell-Bateman Hospital (2004)

**Paid membership dues in early 2004 (2004) Behind the hospital name denotes the hospital has paid their dues and is a member in good standing.*

Reflections On META Services

Russ McGrady; Southwestern Virginia Mental Health Institute, Marion, Virginia; Arnold Woodruff, Richmond Behavioral Health Authority; Gail Burruss, Blue Ridge Behavioral Health and Jim Martinez, Virginia Department of Mental Health MRSAS

In October 2005, the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services sponsored a site visit to META Services, Inc., in Phoenix, Arizona. The team was made up of Community Service Board and DMHMRSAS staff who were engaged in developing the new crisis intervention services funded in FY 2006. The following are excerpts of impressions by some members of the team.

"...to listen to a group of people express the various ways in which they have re-established their self-respect, repaired their relationships, and, most importantly, regained their HOPE that they can have the lives they had wished for before they began their struggles with major mental illness. These individuals passionately and articulately described the impact of the more traditional aspects of the mental health "system." I was stung by their descriptions of the various ways in which we in the treatment community have fostered an "us and them" mentality, with caregivers on one side and those they profess to care for on the other. It then becomes easier for us to do the kind of things we thought we "had" to do to "maintain control" of "them." And yet, these people who spent time with us expressed no personal animosity towards us, only excitement that we had come to talk to them about how things could be different for those who receive and deliver services in our system. To say that I was moved and inspired is an understatement. I left Phoenix with a new vision of the kind of work that I wanted to do, and how I wanted to do it. Hope is contagious." (Russ McGrady, Southwestern Virginia Mental Health Institute)

"...The Living Room is the crisis stabilization program operated by META. The presentation was made by a gentleman who, in addition to his work at the center, is a consumer with a history of serious mental illness. Among his symptoms is the presence, nearly constantly, of voices which can be quite upsetting. As he was explaining the program and how they operate to provide a safe setting for individuals in crisis, he would reference the fact that he was also hearing the voices. He explained his strategy for dealing

with them (primarily staying busy with work and with other activities during non-work hours). He was able to function in his job while managing this manifestation of his mental illness quite effectively and had been at the job for some time.

What struck me, on reflection, about this scene was how different the conversation would have been if he had come to one of our programs and, in the course of our interaction, he had mentioned that he was hearing voices. How quickly we would have centered our conversation on the voices (content, frequency, amount of disturbance, were they recommending harmful behavior, etc.) and how little time we would have spent on his healthy ability to function." (Arnold Woodruff, Richmond Behavioral Health Authority)

"...Recovery is a highly individualized process and therefore "looks" different from person to person. Normalizing resources that can facilitate recovery, such as providing classes and a college level peer recovery specialist credential, and doing so in such a welcoming and affirming environment, creates hope for people. It was also apparent that an intensive level of services, in terms of frequency and duration, are available to the META Services guests. I hope that Virginia, in embracing the concept of recovery, will remember that extensive core services must be available in order to facilitate progression towards recovery...it is critical to have available the extensive supports that allow them to live with as much stability and dignity as possible." (Gail Burruss, Blue Ridge Behavioral Health)

"On the last day of our extraordinary visit, I went up to the administration office to thank Ms. Anderson, who had put together our daily itinerary and made sure everything went smoothly for us. At her desk was a young man who told me she was at lunch just then, and could he help me? I told him I was with the group visiting from Virginia and just wanted to say thanks for the hospitality. He seemed a little embarrassed, and then apologized. He said he hadn't taken the time to get as dressed up as he should have that morning, because he was so eager to get work. Then he looked up at me with a big grin and asked, "Can you say that about your job?" Amazingly, after three days at META Services, I still hadn't met one single person, service recipient or staff, who didn't feel exactly the same way about this program.

At dinner that night with Gene Johnson, the CEO of META Services, I recounted this conversation with a

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chuckle. Gene told us that this particular young man had come to META with a lot of difficult challenges facing him, and one of the first things he wanted to do was get off his medications. So one day he just stopped taking his meds completely. Unfortunately, he suffered some serious and painful consequences. We kept working with him, Gene said, and it took a long time. In the course of this work, he put together a training module about what not to do when reducing or discontinuing your medication. Now he teaches that module to the peer specialist students, and he's doing really well.

To me, this exemplifies so many things about META Services. I see this program's unwavering commitment to "being there" for people no matter what their circumstances. I see how strong and unshakable is their belief that recovery is possible for all people, and that self-determination is fundamental to that process. I see a program willing to take huge risks for what many would consider unacceptably small gains, and a staff adept at finding a silver lining in every cloud. I've never seen a community like this one - so full of hope, optimism, and respect for everyone and such genuinely caring relationships between every member of the META community, regardless of their role." (Jim Martinez, Dept. of MH, MR and SA Services). Other team members who visited META were: David Coe, Colonial CSB; Dawn Girard, DMHMRSAS; George Ennels, Chesapeake CSB; Harvey Barker, New River Valley CSB; Kaye Fair, Fairfax-Falls Church CSB; Marcia Becker, Region Ten CSB; and Susan Austin, Mount Rogers CSB.

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