



*Madison State
Hospital
711 Green Road
Madison, IN 47250
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*MSH
MISSION:
Mending
the Mind*

*Supporting
the Spirit*

*Healing
with Hope*

*VISION:
Safely deliver
meaningful,
quality, and
compassionate,
psychiatric care
to our patients
and their families.*



Madison State Hospital

*Theresa Robinson, M.A.
Staff Development Director
Director of Marketing*

MSH Bulletin

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Trauma Informed Care



Abuse, Trauma, and Mental Health

Abuse, whether physical, emotional, verbal, or sexual, can have long-term effects on your mental health. Trauma can affect how you feel about yourself and how you relate to others. Women who have gone through abuse or other trauma have a higher risk of developing a mental health condition, such as depression, anxiety, or post-traumatic stress disorder (PTSD). Trauma and abuse are never your fault. You can get help to heal the physical, mental, and emotional scars of trauma and abuse.

How are abuse and trauma related to mental health?

Trauma can happen after you experience an event or events that hurt you physically or emotionally. Trauma can have lasting effects on your mental, physical, and emotional health. Experiencing abuse or other trauma puts people at risk of developing mental health conditions, such as:

- Anxiety disorders
- Depression
- Post-traumatic stress disorder
- Misusing alcohol or drugs
- Borderline personality disorder

Abuse may have happened during childhood or as an adult. It can be emotional, verbal, physical, or sexual. Trauma can include dangerous, frightening, or extremely stressful situations or events, such as sexual assault, war, an accident or natural disaster, the sudden or violent death of a close loved one, or a serious physical health problem.

The long-term effects of abuse or trauma can include:

- Severe anxiety, stress, or fear
- Abuse of alcohol or drugs
- Depression
- Eating disorders
- Self-injury
- Suicide

<https://www.womenshealth.gov/relationships-and-safety>



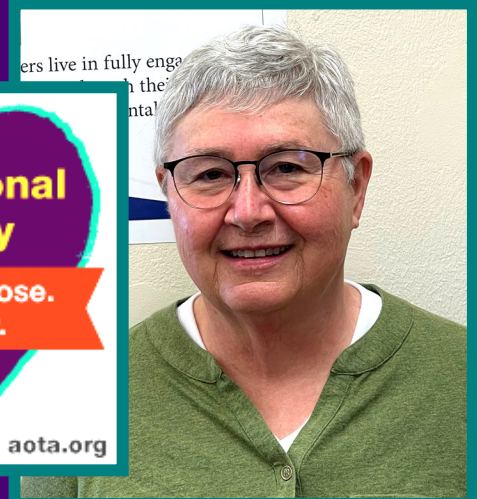
Welcome New Employees!

L to R: Tara McCoy, RT4;
Tammy Jines, BHRA;
Angelica "Angel" Northern,
BHRA; Misty Boggs, RT4;
Kim Lind, BHRA.

April is Occupational Therapy Month!

Occupational therapy is the only profession that helps people across the lifespan to do the things they want and need to do through the therapeutic use of daily activities (occupations).

Occupational therapy practitioners enable people of all ages to live life to its fullest by helping them promote health, and prevent—or live better with—injury, illness, or disability. Common occupational therapy interventions include helping children with disabilities to participate fully in school and social situations, helping people recovering from injury to regain skills, and providing supports for older adults experiencing physical and cognitive changes.



Desna Ratcliff, OT, has served the patients of MSH for over 25 years.

Occupational therapy services typically include:

- **an individualized evaluation, during which the client/family and occupational therapist determine the person's goals,**
- **customized intervention to improve the person's ability to perform daily activities and reach the goals, and**
- **an outcomes evaluation to ensure that the goals are being met and/or make changes to the intervention plan.**

Occupational therapy practitioners have a holistic perspective, in which the focus is on adapting the environment and/or task to fit the person, and the person is an integral part of the therapy team. It is an evidence-based practice deeply rooted in science.

Occupational therapy services typically include

- Customized treatment programs to improve one's ability to perform daily activities
- Comprehensive home and job site evaluations with adaptation recommendations
- Performance skills assessments and treatment
- Adaptive equipment recommendations and usage training
- Guidance to family members and caregivers.



From the Superintendent

I have recently been sent the questions and comments below from the electronic feedback link found on the MSH Homepage. Thank you for utilizing this new service to help us hear you.

1. *Would like to bring it to your attention the need for a keylock on the gate to the large courtyard. What we have now is a chain with a padlock. The chain and padlock are not people friendly and, in my opinion, looks inappropriate. Thanks for listening.*

I can agree that the chain and padlock seem harsh, and I would choose another option if there were one, unfortunately with the current budget constraints and the equipment we're working with, it sounds like it is how it will stay for now. Below is the reply received from the Maintenance Team that serves MSH grounds:

This type of fence isn't designed as a high security fence and it is made up of thinner type of aluminum tubing. The thin aluminum will split easily and doesn't weld very well. The lock sets designed (in other MSH fencing) were not like the MSH key system and keys for staff was an issue. Maintenance tried getting something to work within the key system but did not have any luck. The fencing isn't designed for after-market handles or lock sets. Not sure what else can be done other than using a chain and padlock. Four of the six aluminum gates have chains and padlocks for these same reasons.

2. *Once things open up and they start doing hands on bridge building again, can they please retrain some of the staff that have not had the opportunity to do it hands on?*

Traditional Bridge Building training has resumed as it was previously taught prior to COVID precautions. Your question has been discussed with Nursing Department leadership and a plan is being developed to revisit hands-on training for the staff that were unable to receive it due to COVID precautions.

3. *Do we have to keep wearing masks at work since the Governor ended Indiana's mask mandate?*

Yes, wearing a mask while at work at MSH will continue to be mandatory despite the state of Indiana ending its public mask mandate. It is important to know that Indiana State Department of Health still advises wearing masks in public settings and especially when in the presence of others where social distancing cannot be done. The MSH COVID Team continues to review COVID precautions on a weekly basis and masking is not a precaution that is currently being considered for alteration.

4. *Why is it that the overtime board is filled out 2 weeks at a time but the papers in the book aren't available for those 2 weeks? We call and try to sign up for overtime and know there is an opening on a particular unit, but we are told that the papers that get filled in don't go out that far. Some of us need to know if we are confirmed several days in advance in order to make plans for childcare. I think it would help prevent last minute scrambling to get overtime coverage. Thank you for making yourself available to us! You are doing a great job!*

I needed more information to understand the issue and received the explanation below from the Nursing Department: The papers being referenced are the Daily Assignment Sheets that we only print a few days at a time because they change daily depending on if we open Victory or open Progress for Admissions or change staff assignments to best fit coverage needs. However, our sign-up book for overtime has 2 weeks (or more) that staff can reference to sign-up for overtime. We cannot promise staff particular units for overtime because there may be changes (like we add a 1:1 on another unit that would require us to move staff to help cover the new precaution or the acuity lowers for the unit that staff signed up for). The needs of each unit and the hospital change daily, sometimes hourly, and it is not possible to guarantee that a person will be able to work a particular unit 2 weeks in advance. We definitely try to schedule people working overtime on their home unit to provide continuity but cannot guarantee it. Another reason a full 2-weeks of sheets are not placed in the book is that everything that gets written on the papers must also be transposed into the computer and vice versa. All changes must be documented in both places. It is VERY easy to forget to do one in the midst of chaos at times (phones ringing, answering questions, etc.).

Continued on next page...



From the Superintendent (continued)

If there are no paper schedules printed far in advance, then all changes are made in the computer and will be reflected when those schedules are printed, reducing the chance for error. After having this new information, if you see a potential solution or have an idea that better fits this situation, please reach out to me or the Nursing Department. We all want to hear the challenges and barriers to working thru staff coverage needs so that we can make it less stressful for all involved in the process while also making the process as streamlined as possible, so it is easy to sign-up for overtime. I am very appreciative of staff that are willing to work overtime because it keeps our patients safe- thank you!

5. Why are our BHRAs not treated with more respect? Did a BHR really quit because she was attacked and was not allowed to go home? To be honest, I was not present when this happened, but the rumor is that today when a patient attacked a new staff person, that person asked to go home and was told no, so she quit. Being attacked is incredibly scary. It is traumatic. This is a mental health facility. Why would we not take care of this person? The reason I believe this rumor is that I have seen and heard enough to know our BHRAs are not treated with respect by all of their supervisors. We do not want our BHR staff to speak rudely to our patients, we want them to treat our patients like people, yet certain supervisors are rarely respectful to them. Would you remain in a job where you are continually treated badly? This is why we lose good employees. Have you ever heard the way that certain supervisors speak to BHRAs when asking or demanding them to work overtime, or call in sick? It's rude. I would never respond positively to the tone they use. BHR is a position that is easily taken for granted, however, they do a difficult and thankless job. They spend more time with and know our patients more than anyone in this hospital. They deserve better. Sure, there will always be employees that take advantage of kindness; however, most will pass it on. If we want our patients treated well, we have to treat their staff well. I love that you have a focus on respect. We need that so badly. I'm asking for you to please hold BHR Supervisors and everyone accountable for how they treat our most valuable staff.

Thank you for sending these concerns, and I can tell from your statements that you are very upset by the rumors you've heard and the interactions you've experienced at times. There are a couple things to keep in mind:

- 1) Rumors are generally, at best, half facts and tend to be underexplained or underdeveloped in comparison to the reality of a situation (there is always two sides to a pancake, no matter how flat it is); and
- 2) If/When there are disciplinary interventions for staff behaviors (as mentioned above, rudeness or unprofessionalism), it cannot be publicly shared within the workplace, so others are unaware of any measures taken; the same privacy applies regarding the details of whether someone resigned in a controversial manner. With those things in mind and to discuss this topic toward a more all-staff application, I want you to know that I hear your concerns and agree that every person is to be treated with respect here at MSH. The ability to intervene becomes limited when those that have encountered disrespect or unprofessionalism do not bring those experiences to their supervisors (or their supervisor's supervisor, if appropriate) with details of the event. From a State Personnel Department perspective, we have to know the who/what/when/where (in writing) of the situation in order to seek accountability of those involved. We have to know it every time it occurs so that we can consistently require change-behavior. I understand it becomes a bit of a paradox in that some staff don't want to be identified as 'tattling' and therefore do not want to supply specific identifying information of the event, but the whole staff body also does not like being confronted with a negative review when really it is a small fraction of the whole behaving in such a way. I am asking each of you to choose to stand up for one another in a very real way by reporting the documented incident thru the appropriate channels so that we can create a workplace we all feel safe being in together. I also ask that each of you put effort into de-escalating the situation as it is occurring by sharing that you're feeling a certain way during the interaction and even asking the other person what may be going on with them that is influencing their interaction with you (express some empathy). If everyone starts with vulnerability and softness with each other, we likely won't end in a place of defensiveness toward one another.

*Alicia Isaacs, MSW, LCSW
Superintendent, MSH*

Thank you to KDH!



KDH staff Scott Castor, Pharmacist and Shannon Stidham, Director of the COVID Clinic were at MSH last Wednesday to give some of our patients their COVID-19 vaccinations. Thanks to all those who helped coordinate this, especially Cindie Vanderbur and Social Services!

Phone Directory

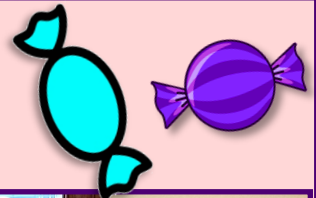
NEW!

Thanks to our IT Department, starting today, the MSH Phone Directory will have a new look! Also, the employee I.D. photo will be displayed with their name. You will be able to search someone by their name or department.

The Phone Directory is found at the top of the MSH Home Page.



Orientation Week



HIS Director, Matilda Paeper, not only brings her knowledge to Orientation, but candy!

Matilda taught a new Orientation Class this week on HIS and HIPAA.



Special BINGO!



On April Fool's Day, Jon Vest, RTA and Wilbert Lowe, RT held "Special Bingo" as they do on the first Thursday of each month. With it being April Fool's Day, the patients didn't realize they were all receiving the same snack when delivered to the units: A large barrel of Urt's Cheese Balls!! Congratulations to all the units and their participation in choosing their winning numbers.

Easter Art Contest

The votes for the Easter Art Contest were counted last week, and the results are in!

The winner is **Serenity Way**, followed by **Journey Way** and **Recovery Road**.

Thanks all the patients who worked hard this project and the staff that helped and assisted with getting the materials needed. And a big shout-out to **Karrie Weaver, RT**, for coming up with this idea for the Easter Holiday! Thanks to everyone who made this possible. A great job was done by all!



Serenity Way



Journey Way



Healing Heights



Recovery Road



Wisdom Way



Success Road



Progress Road

