Virginia Beach
PSYCHIATRIC CENTER

FAMILY AND FRIENDS INFORMATION HANDBOOK

Smoke Free Facility

757-496-6000

Unit: _____

Code # _____

July 2024

VIRGINIA BEACH PSYCHIATRIC CENTER
VISITING HOURS

1ST FLOOR

The Recovery Center (TRC)

Wednesday	7:00-8:00pm
Sunday	2:00-3:00pm

2nd FLOOR

Center for Intensive Evaluation (CIE)

Thursday	7:00-8:00 pm
Sunday	7:30-8:30 pm

Center for Emotional Recovery (CER)

Thursday	7:00-8:00 pm
Sunday	7:30-8:30pm

3rd FLOOR

Rapid Stabilization Unit (RSU)

Tuesday	7:00-8:00 pm
Saturday	7:00-8:00 pm

Center for Dual Treatment (CDT)

Tuesday	7:00-8:00pm
Saturday	7:00-8:00pm

VISITING INFORMATION

All visitors must be 18 years old or older. Visiting is limited to the scheduled visiting hours (see schedule), two (2) individuals at one time for each patient. Visitors may be reduced as needed to maintain a therapeutic setting. There is no visiting outside of the scheduled times to allow for patient care, meals, and unit program schedules. Visitors must have a patient code number, sign in at the Reception Desk, and receive a visitor's badge before proceeding to the visiting area. Also, we require that you not leave children unattended in the lobby area. *Also see Adult Patient's Rights and Responsibilities section.

CONFIDENTIALITY:

As a guest in this facility, we request you maintain patient confidentiality as required by state and federal law. You may not communicate any patient information, either written or verbal, to anyone outside of the facility. Personal cameras, camera phones, and recording devices are not permitted.

PURSES AND OTHER PERSONAL BELONGINGS:

Safety is one of our priorities. Visitors will not be permitted to carry purses, tote bags, or briefcases into the visiting area or in the TDO Courtrooms. Visitors should lock their valuables in their cars for safekeeping. All items brought into the facility for the patients will be subject to a safety check by the staff. **NO CELL PHONES, CAMERAS/VIDEO EQUIPMENT OR WEAPONS ARE PERMITTED IN THE FACILITY. SMOKING MATERIALS NOT ALLOWED IN THE VISITING AREA.**

PATIENT BELONGINGS:

Due to limited space, patient belongings will be limited to 1 bag or suitcase and will be inspected. See attached list for non-acceptable items.

OUTSIDE FOOD:

Outside food such as snacks, drinks, home cooked, or fast food is not permitted. All patients receive 3 meals plus snacks each day. Thank you for your cooperation.

SAFETY & SECURITY:

Safety cameras are in use for the protection of patients, visitors, and staff.

CONTRABAND LIST

For the comfort and safety of all patients, certain items are not allowed on the unit. To maintain a safe environment, we must ask that you refrain from bringing these items into the facility. These include (BUT NOT LIMITED TO):

Ace Bandages	**Kerlix Wrap**	**Razors (non-electric)**
Aerosol Cans	**Kling Wrap**	**Records/CDs/DVDs/Cassettes / VHS tapes**
Any product with alcohol as one of the top 3 ingredients	**Knives/Weapons**	**Recording Devices**
Baby Powder	**Make-up Compact with Mirrors**	**Remote Controls**
Balloons	**Magic Markers**	**Scarves**
Belts	**Magnets**	**Scissors**
Bleach/volatile substances	**Matches/ Lighters**	**Sharp/steel-toed shoes or boots**
Cameras	**Medications**	**Silverware**
Camouflage Prints	**Metal Objects**	**Speakers**
Cellular Phones/Pagers	**Mirrors**	**Spiral Notebooks**
Drugs/Alcohol/liquids containing alcohol	**Nail files/Clippers**	**Strings/Drawstrings**
Drug Paraphernalia	**Needles/Hooks/Pins**	**Tobacco/Tobacco Paraphernalia**
Drug/sexually oriented material	**Paracord Accessories**	**White-out**
Electronics of any kind	**Pencil Sharpeners**	**Wire (including paper clips)**
Exercise Weights	**Plastic Bags**	**Zipit products (long zippers)**
Extension Cords	**NOTE: For the safety of the patient, other items may be deemed contraband by staff and will not be permitted for use by the patient.**	
Glass Items		
Hangers (metal or plastic)		

IT MIGHT BE EASIER TO LOOK AT WHAT A PATIENT MAY HAVE:

The only acceptable items that a patient may have in their possession are clothing without strings, flat shoes without laces, eye glasses, contacts, and toiletries which do not contain alcohol or which are not in glass containers.

PATIENT RESPONSIBILITIES: INPATIENT TREATMENT

Virginia Beach Psychiatric Center (VBPC) will cooperate to support and maintain your rights as a patient. As your condition permits, you will be expected to exercise responsibilities that enable you to live in a community environment and that assist the hospital staff to better provide care to you.

Patients are asked to assume the following responsibilities:

1. To be candid and open about your medical history.
2. To honor the confidentiality and privacy of other patients.
3. To participate in decisions about your medical care as you are able.
4. To cooperate with your community, the hospital staff and the physicians in your treatment and care.
5. To ask for clarification if you do not understand what is happening to you.
6. To report changes in your condition to those responsible for your care and welfare.
7. To be considerate of other patients and staff, their personal possessions and their rights.
8. To relate incidents that can be harmful to you and/or your fellow patients' treatment program.
9. To use hospital furnishings and equipment only as they are intended to be used.
10. To keep your bathroom, table top, dresser and bed neat and orderly. For safety, you are asked to keep the floor in your room uncluttered.
11. To have in your possession no drugs, alcohol or weapons.
12. To dress appropriately in the community environment.
13. To use the complaint procedure: (1) If you feel your rights are being violated, and (2) if sexual verbal/physical abuse, threats of sexual abuse, perceived or real from patients or staff occurs.
14. To be responsible and adhere to the non-smoking policy.
15. To obey the law.
16. To meet any financial obligations.

Virginia Beach Psychiatric Center reserves the right to request a treatment team staffing on the behavior of your treatment and make an individualized decision about your care if you are not meeting a particular responsibility. This can include a change in your treatment plan, Administrative discharge and/or contacting a law enforcement agency.

Any person believing his/her rights have been violated may contact the Patient Advocate. Resolution of concerns that cannot be resolved by other means will be referred to the facility's Ethics Committee and/or Local Human Rights Committee.

PATIENT RESPONSIBILITIES: PARTIAL HOSPITALIZATION PROGRAMS

1. Patient and patient's family will provide accurate, comprehensive, and complete information to the best of her/her ability.

2. Patient and patient's family will maintain the privacy and confidentiality of other patients participating in treatment within any level of care of the organization.

3. Patient will maintain socially acceptable levels of hygiene, dress, speaking and action to the best of his/her ability.

4. Patient will be responsible for maintaining a clean environment in PHP.

5. Patient will be responsible for adhering to the smoking protocol.

6. Patient will be responsible for attending Program as scheduled by multidisciplinary team for the entire day program.

7. Patient will be responsible for notifying PHP staff in advance to report absences, tardiness and to cancel van services.

8. Patient will be responsible for attending all groups on time.

9. Patient will be responsible for reporting any changes in mental or physical status to PHP staff.

10. Patient will be responsible for actively participating in their individualized Treatment Plan to the best of their ability.

Virginia Beach Psychiatric Center reserves the right to request a treatment team staffing on the behavior of your treatment and make an individualized decision about your care if you are not meeting a particular responsibility. This can include a change in your treatment plan, Administrative discharge and/or contacting a law enforcement agency.

Any person believing his/her rights have been violated may contact the Patient Advocate. Resolution of concerns that cannot be resolved by other means will be referred to the facility's Ethics Committee and/or Local Human Rights Committee.

ADULT PATIENT CARE MODALITIES

Structured Groups

Formalized structured groups are offered in the areas of values clarification, problem solving, assertiveness training, discharge planning, and stress management and relaxation techniques.

Group Psychotherapy

The purpose of group therapy is to utilize the group process to help alleviate interpersonal and social dysfunction, to develop communication and relationship skills, to develop identity with and allegiance to a group of peers, and to foster pro-treatment attitudes and behaviors.

Therapeutic Recreation

Therapeutic recreation is undertaken to help the patient facilitate the development, maintenance, and expression of an appropriate leisure lifestyle.

Pharmacotherapy

Medications are ordered by the attending psychiatrist in accordance with the diagnosis, evaluation, and treatment plan.

Individual Psychotherapy

When clinically appropriate, Individual psychotherapy is ordered to help the patient gain a dynamic understanding of emotional and/or behavioral problems that have led to his/her present life situation.

Therapeutic Milieu

The purpose of the therapeutic milieu is to provide a predictable, structured, and safe treatment setting. The concept of the “therapeutic community” and group membership underlies the design of the adult treatment program. While programming is occurring, patient room doors will remain closed to encourage participation. An open lounge is available during waking hours.

ADULT PROGRAMS

Center for Emotional Recovery (CER)

The CER program is specifically designed to address therapeutically the patient's current emotional crisis while focusing on deficits in their ability to achieve autonomy. Reparative help through cognitive psychotherapy, aggressive pharmacotherapy, and educational groups is carried out within the limits of a well structured, predictable therapeutic environment.

Center for Intensive Evaluation (CIE) and Rapid Stabilization Unit (RSU)

The CIE and RSU programs are designed for the acute treatment of adults with emotional disorders including, but not limited to, schizophrenia, delusional paranoid disorders, psychotic disorders, debilitating character pathology, and major affective disorder which exhibit severe behavioral problems. Treatment is based upon the concept of didactic and educational groups, individual and family therapies within a secured, closely structured therapeutic community coupled with pharmacotherapy. The focus of treatment is on acute stabilization as well as intensive evaluation.

Center for Dual Treatment (CDT)

CDT is designed for the acute treatment of adults with emotional and psychoactive substance abuse disorders. The focus of treatment is on the treatment resistant patient's acute symptoms or maladaptation demanding rapid relief, strengthening of internal and external support systems and adaptive resolution of acute crisis based upon a basic understanding of underlying psychopathology and addictive components. The treatment program is designed to provide a safe environment to stabilize and treat withdrawal phenomena and dual diagnosis issues and prepare the patient for the recovery process.

The Recovery Center (TRC)

The Detox program is designed to provide a safe stable environment for achieving medical detox from drugs and/or alcohol. The setting is a therapeutic milieu in which most evaluations are accomplished and the focus is on medical management, introduction to the disease process and transition into the next most appropriate level of care.

The program is appropriate for those patients who require medical management and concurrent assessment and/or treatment for dual diagnosis issues on a 24 hour basis.

CONTINUUM OF CARE *(how we work)*

VBPC works in conjunction with outpatient providers' referral sources, and public agencies to assure that patients receive continuity of care from the time of admission to the time of concrete aftercare appointments. Information from clinical providers at the time of initial assessment allows the facility interdisciplinary treatment team to incorporate historical data into current treatment planning. Collaboration with outpatient providers occurs through attendance at the interdisciplinary treatment team meetings or through on-going telephone conversations. Prior to the patient's discharge, the outpatient provider is notified of the pending discharge and outpatient appointments are scheduled. If the patient has involvement with multiple agencies, attempts are made to coordinate discharge and aftercare planning with all involved parties. Health Information Management has established procedures, compliant with HIPAA, which allow provision of information with the appropriate consents.

Standard Admission Process:
Once the decision has been made to admit the client to the program, the formal admitting procedure is handled by the hospital admissions office and an intake clinician. Demographic information is collected; consents for medical treatment, financial responsibility forms, and release of information forms are explained to the patient and family and signed by the responsible party. The program is explained to the patient's family or escort at the time of admission to ensure he/she is aware of the policies and procedures of the facility.

Once the formal admission procedure has been completed, the clinical staff provided the following information to families and/or patients:

1. The general nature and goals of the program;
2. The rules governing patient conduct and the possible consequences for infraction of the rules;
3. The rights of patients (the family and patient sign a form acknowledging the receipt of this information);
4. Arrangements for clothing, allowances, and gifts;
5. Arrangements for appropriate phone calls and visits;
6. Consents for medical care and treatment to include physical examinations by on-call consulting family practitioners;
7. Consents for release of information to and from previous treatment providers;
8. Arrangements for appropriate family participation in the treatment program;
9. Policies and procedures regarding the patient's departure from the program with and without clinical consent; and
10. Scheduling of meetings with social services for psychosocial history taking.
11. The possibility of physical holds or seclusion and/or restraints as the last measure for clients in danger to self or others.

TEMPORARY DETENTION ORDER PROCESS (not voluntary admissions)

This is only an emergency process when you find your family member of significant other in a crisis situation and they are unable to make an informed decision about their care or treatment. Each city has a Community Services Board (CSB) that you can contact in order to have your family member evaluated. Based on their assessment, they will have the person detained against their will if they do not voluntary seek treatment. The person who witnessed the behaviors will go the magistrate and seek a Temporary Detainment Order (TDO) which allows the person to be detained against their will. A court hearing will be held within 48 hours; unless it occurred on a holiday or weekend. In those cases the patient will go to court on the next scheduled court date.

Day of Court:

The family member (TDO) will be evaluated by a licensed clinical psychologist to make the determination whether or not the person still meets the commitment criteria for treatment. They will also be provided with an attorney to represent them. The attorney will advise them of all of their rights. There will be a representative from your CSB. The special justice presides over all hearings. The special justice then will go over all the rights of the patient again and ask if they feel they could benefit from being in a hospital. If they state "yes", he will then ask the independent evaluator if he or she feels that this patient has the capacity to voluntarily be admitted. If the independent evaluator supports that the patient has the capacity to voluntarily consent to a five day stay, then the patient is agreeing for a maximum of five days. After being in the hospital for 72 hours, the patient can put in a request to be discharged or the physician can discharge the patient prior to the five days. If the independent evaluator states that the person does not have the capacity to make an informed decision about his or her care or treatment, then the special justice will proceed with the hearing and the patient can be committed up to thirty (30) days.

Dismissed Cases: For a case to be dismissed, the following must be in place:

1. Family/significant other support

2. Follow up treatment with psychiatrist or therapist

3. Appointments need to be made prior to court

4. Medications by prescription at home or have access to get medications

5. Assurance of no weapons in the home or that the weapons have been removed by family or friend.

6. If placement is required, either medical or other circumstances, the judge may request that the family member assume responsibility for the patient until they are stable and able to take care of themselves.

7. The patient will need to be free of suicidal or homicidal ideations.
   Patients will receive the 24 hours crisis line number: 627-LIFE
   Community Services Board numbers
   Will be advised to return to the hospital if suicidal ideations return

All Programs:

Patients admitted to the hospital wear their own clothing and are permitted to keep limited personal belongings, if deemed safe to do so (see contraband list). They are, however, encouraged to send their valuables home with the family or place them in the facility safe for safekeeping. The hospital will not be liable for valuables if patients choose to keep in their possession. Weapons, medications, cosmetics containing alcohol, glass containers, matches and other items which may be considered hazardous must be turned in to the nursing staff to be put into safekeeping until discharge, at which time these items will be returned to the patient unless items are deemed not appropriate or safe to return.

In addition to the recreational activities provided, patients have access to television, reading materials, stereo, and games on the unit.

A schedule of visiting hours is provided for the patient and maintained in the lobby. Any restrictions to a patient's visitors or alterations of visiting times should be ordered by the attending physician.

There is a telephone available in the patient area. We ask that all patients keep phone calls to 15 minutes, so all patients can utilize. Phones are turned off during scheduled group times.

Patients are encouraged to keep their rooms neat and to assume responsibility for this function. Laundry facilities are provided for the patient's convenience and are used under the direct supervision of nursing staff to ensure safety.

Cafeteria dining is offered to all patients; however, patient meals may be delivered to the unit in disposable trays, and may be taken to the tables in the lounge dining area. Meals may be eaten in the patient's room when clinically indicated, by physician order (e.g., when the patient is on bed rest due to illness).

Treatment Planning and Discharge Planning:

All patients are provided with an individualized treatment plan, tailored specifically to capitalize on their proficiencies and reduce symptoms. The treatment plan cites the general and specific problems to be addressed, the exact methods to be used in treating the patient, the expected outcome or goal, and the actual observed outcome. It is a working document based upon accurate data and findings and is continuously refined and updated to allow for more exact treatment and changes in the treatment regime.

Upon admission, and initial working diagnosis is formulated by the admitting physician. At this time, a preliminary treatment plan is developed which addresses the acute management of the patient's presenting symptoms. Within 72 hours, an interdisciplinary treatment plan is formulated which outlines the patient's self-identified goals, addresses the patient's presenting problems and assets, and outlines further diagnostic evaluation, crisis interventions, and treatment approaches. It identifies specific criteria for termination of treatment.

The interdisciplinary treatment team works collaboratively to integrate all assessments in the development of the interdisciplinary treatment plan. A treatment planning conference considers all the fundamental needs of the patient, including psychological needs, medical needs, developmental/chronological needs, environmental needs, family and social needs, educational needs, and recreational needs. In addition, it considers the patient's assets, specifies treatment objectives and time frames, therapies prescribed, and criteria for discharge. The treatment team establishes priorities for treatment and determines which clinical needs can be deferred to a lower level of care. Patients and families are educated about treatment goals, projected time for completion, and discharge plans.

During the remainder of hospitalization, the patient's progress and the continuing applicability of the treatment plan are reviewed on an on-going basis. This is accomplished through both formal and informal mechanisms. In the interdisciplinary team conferences, the treatment plan may be revised or refined to stabilize the patient for transition back into the community.

An integral part of the treatment process is consideration of discharge plans. Discharge criteria are established during the interdisciplinary treatment planning conferences and reviewed and revised as necessary during the hospitalization. As the patient moves toward attaining the criteria set for discharge, the team discusses a possible discharge date and tentative post-hospitalization goals. During this time, certain dispositions may be considered for the patient including returning to the home, placement on a group home, placement in a nursing home, and continued outpatient therapy for the patient and/or the entire family. The social worker coordinates this date with the family/support people and outpatient providers. During this time, certain dispositions/appropriate placement, may be considered for the patient including returning to the home, alternative placement, and continued outpatient therapy for the patient and/or the entire family.

VIRGINIA BEACH PSYCHIATRIC CENTER

A Joint Commission Approved Facility

PATIENT/FAMILY EDUCATION

THE USE OF SECLUSION AND/OR RESTRAINT

ORGANIZATIONAL PHILOSOPHY

Our staff is specially trained to help calm and redirect individuals who have lost self-control. Seclusion and/or restraint are only used when all other efforts have failed. It is with reservation that we use seclusion and/or restraint because of the serious nature of the procedure. In the event that seclusion and/or restraint becomes absolutely necessary, our staff are trained to ensure the individual's physical and psychological well-being at all times.

Our health care professionals are committed to the continuous exploration of ways to prevent and reduce the use of seclusion and restraint.

LESS RESTRICTIVE MEASURES ARE ALWAYS USED FIRST

- Identify cause of behavior and meet needs
- Talk soothingly to comfort and calm
- Staff talk one-to-one with the patient
- Diversional activities are provided, e.g. games, TV, recreational activities
- Provide soothing distractions such as soft music, a book to read, etc.
- Offer relief through medication
- Offer fluids or snacks
- Modify the environment, e.g. reduce noise level and remove sources of agitation
- Encourage involvement in structured activities
- Call physician or therapist to provide assistance

SECLUSION OR RESTRAINT IS ONLY UTILIZED:

- As a last resort effort to maintain patient safety;
- When patient is a danger *to himself/herself or others.

* *A patient may be considered harmful to self or others when they display impulsive, aggressive, threatening or assaultive behaviors and all other less restrictive interventions have failed.*

Definitions:

Seclusion - Involuntary confinement of a person who is physically prevented from leaving a specified area.
Restraint - Any method of physically restricting a person's freedom of movement, physical activity or normal access to his/her body includes: mechanical or cloth restraints, vests, geri-chairs, bed rails and therapeutic holds restricting one's movement.

VIRGINIA BEACH PSYCHIATRIC CENTER
COMMUNITY RESOURCES

Information and referral services – VBPC – FIRST ACCESS: **627-LIFE**

COMMUNITY SERVICES BOARDS

	Mental Health	Substance Abuse	EMERGENCY
Chesapeake	547-9334	547-9334	548-7000
Norfolk	823-1617	823-1617	664-7690
Portsmouth	393-5357	393-8896	391-3167
Virginia Beach	385-0866	385-0866	385-0888

ADDICTIONS
Alcoholics Anonymous 490-3980
Narcotics Anonymous 800-777-115
Al-Anon 563-1600

AIDS
AIDS Hotline 800-533-4148
Tidewater AIDS Crisis Task Force 583-1317

ALZHEIMER'S ASSOC. 800-272-3900

CHILD PROTECTIVE SERVICES
State Hotline 800-552-7096
Chesapeake 382-2020
Norfolk 664-6022
Portsmouth 393-9500
Virginia Beach 437-3400

DIABETES/DISEASE INFORMATION
800-CDC-INFO (800-232-4636)

POISON CONTROL 800-222-1222

RAPE CRISIS Response 622-4300

SHELTERS
Union Mission 627-8686
Dwelling Place 624-9879
Our House 545-4075
PARC, Inc 397-5208
The Haven 587-4202
HER Shelter 485-3384
YWCA 625-5570

FOOD/CLOTHING
Oasis 397-6060
KPC Clothing Ministry 431-4523

JUVENILE COURT SERVICES
Chesapeake 382-8150
Norfolk 664-7340
Portsmouth 393-8571
Virginia Beach 385-4391

LONG-TERM OMBUDSMAN
800-766-8059

MEDICARE HOTLINE
800-633-4227

NAVY SERVICES
Regional Medical Center 953-5000
Family Advocacy 444-2230
Family Services 800-372-5463
Navy Relief 332-3134

SOCIAL SERVICES
Chesapeake 382-2000
Norfolk 664-6000
Portsmouth 405-1800
Virginia Beach 437-3200

SURVIVORS OF SUICIDE 483-5111

VA DEPT OF REHAB
Norfolk 451-7101
Virginia Beach 683-8440
Hampton/Newport News 865-4863

PATIENT ADVOCATE FOR VBPC: Phone (757) 496-4454
Cell (757) 687-8739
After 4:00p.m. & Weekends
Virginia Human Rights Advocate (804) 454-5046

ADVOCACY GROUPS:

GROUP	PHONE NUMBER
Alliance for the Mentally Ill - VA Beach, Pembroke One VA Beach, VA	499-2041 10am – 4pm 424-0856 after 4pm
Assistance Services, Hearing Office – Medicaid Appeals VA Dept of Medical Assistance Services	(804) 371-8488
Centers for Medicare & Medicaid Services	1-800-633-4227
Complaint Coordinator – VA Dept of Health, Office of Licensure & Certification	1-800-955-1819
Complaints about quality of medical care - VA Health Quality Center	1-800-545-3814
Department for the Blind & Vision Impaired	1-800-622-2155 455-0142 Norfolk Regional Office
The Joint Commission	Phone: 1-800-994-6610 Fax: 1-630-792-5636 email: complaint@jointcomission.org
Long-term Care Ombudsman/VA Dept`````````````` for the Aging	1-800-552-3402
Mayor's Committee for Persons with Disabilities	422-1511 (David Grochmal)
Rights of Virginians with Disabilities – VA Office for Protection & Advocacy	1-800-552-3962
Legal Aid Society of Eastern Virginia , Senior Law Center	627-3232
Legal Aid Offices – general	552-0369-Virginia Beach 827-5078-Hampton 627-5423-Norfolk
Mental Health Association of Virginia	(804) 257-5591
National Alliance on Mental Illness	1-888-486-8264 (804) 285-8264 Richmond
National Mental Health Consumers' Self-Help Clearinghouse	(215) 751-1810 800-553-4539
National Empowerment Center (mental health consumers/survivors)	1-800-769-3728
Virginia Department for the Aging	1-800-552-3402 – National # (804) 662-9333 - Richmond
Virginia Department of Health, Health Facilities Regulations-licensure complaints	1-800-955-1819 (804) 367-2106 Richmond
Virginia Department of Health Professions	(804) 367-4400 Main # (804) 270-6836 License Complaints
Virginia Department of Behavioral Health Services	(757) 253-7061 (804) 786-3988

GROUP	PHONE NUMBER
Virginia Department of Social Services	1-800-552-3431
Virginia Health Quality Center - Medicare complaints	1-800-545-3814
DisAbility Law Center of Virginia	1-800-552-3962 (804) 225-2042 Richmond
Virginia State Corporation Commission, Bureau of Insurance - Medicare questions	1-800-552-7945

NAVY OMBUDSMAN PROGRAMS: Fleet and Family Support Centers

AREA	PHONE NUMBER
Norfolk N.A.S.	444-2102
Oceana N.A.S.	433-2912
Little Creek N.A.B.	462-7563
Newport News	757-688-6289
Yorktown	757-887-4606
Chesapeake – Northwest Annex	421-8770

VETERAN'S ASSISTANCE	
Hampton Medical Center	722-9961
Norfolk Veteran's Center	623-7584

MEDICAID FRAUD UNIT:

CITY	PERSON/ADDRESS	PHONE NUMBER
Virginia Beach	Medicaid Investigator Unit 3432 VA Beach Blvd VA Beach, VA 23452	437-3200
Chesapeake	Medicaid Investigator Unit 100 Outlaw St. Chesapeake, VA 23320	382-2113
Suffolk	440 Market St. Suffolk, VA 23434	923-3066
Portsmouth & Norfolk	741 Monticello Ave Norfolk, VA 23510	664-6390
Richmond	Dept. of Medical Assistance Services Recipient Unit (Audit) 600 E. Broad St. Richmond, VA 23219	(804) 786-6145 Recipient Helpline (800) 643-2273 Managed Care Helpline

TO PREVENT HEALTH CARE ERRORS,

INDIVIDUALS ARE URGED TO……..SPEAK UP.

- **S**peak up if you have questions or concerns, and if you don't understand, ask again.

- **P**ay attention to the care you or your loved one is receiving. Make sure you're getting the right treatment, care or services by the right behavioral health care professionals. Don't assume anything.

- **E**ducate yourself about you, your family member's or significant other's care, treatment, or service plan.

- **A**sk a trusted family member or friend to be your advocate.

- **K**now what medications you take and why you take them. Medication errors are the most common health care mistakes.

Joint Commission
on Accreditation of Healthcare Organizations

- **U**se a behavioral health care facility, program or service that has undergone a rigorous on-site evaluation against established state-of-the-art quality and safety standards, such as that provided by the *Joint Commission.*

- **P**articipate in all decisions about your treatment, care or service. You are the center of the behavioral health care team.

General Information Regarding Mental Illness and the Family

Most people believe that mental disorders are rare and "happen to someone else". In fact, mental disorders are common and widespread. An estimated 54 million American suffer from some form of mental disorder in a given year.

Most families are not prepared to cope with learning their loved one has a mental illness. It can be physically and emotionally trying, and make us feel vulnerable to the opinions and judgments of others.

It is important to remember there is hope and help.

What is mental illness?

A mental illness is a disease that causes mild to severe disturbances in thought and/or behavior, resulting in an inability to cope with life's ordinary demands and routines.

There are more than 200 classified forms of mental illness. Some of the more common disorders are depression, bipolar disorder, dementia, schizophrenia and anxiety disorders. Symptoms may include changes in mood, personality, personal habits and/or social withdrawal.

Mental health problems may be related to excessive stress due to a particular situation or series of events. As with cancer, diabetes and heart disease, mental illnesses are often physical as well as emotional and psychological. Mental illnesses may be caused by a reaction to environmental stresses, genetic factors, biochemical imbalances, or a combination of these. With proper care and treatment many individuals learn to cope or recover from a mental illness or emotional disorder.

How to cope day-to-day:

Accept your feelings.

Despite the different symptoms and types of mental illnesses, many families who have a loved one with mental illness, share similar experiences. You may find yourself denying the warning signs, worrying what other people will think because of the stigma, or wondering what caused your loved on to become ill. Accept that these feelings are normal and common among families going through similar situations. Find out all you can about your loved one's illness by reading and talking with mental health professionals. Share what you have learned with others.

Handling unusual behavior:

The outward signs of a mental illness are often behavioral. Individuals may be extremely quiet or withdrawn. Conversely, he or she may burst into tears or have outbursts of anger. Even after treatment has started, individuals with a mental illness can exhibit anti-social behaviors.

When in public, these behaviors can be disruptive and difficult to accept. The next time you visit your family member's doctor, discuss how to develop a strategy for coping.

Establishing a support network:

Whenever possible, seek support from friends and family members. If you feel you cannot discuss your situation with friends or other family members, find a self-help or support group. These groups provide an opportunity for you to talk to other people who are experiencing the same type of problems. They can listen and offer valuable advice.

Seeking counseling:

Therapy can be beneficial for both the individual with mental illness and other family members. A mental health professional can suggest ways to cope and better understand your loved one's illness.

When looking for a therapist, be patient and talk to a few professionals so you can choose the person that is right for you and your family. It may take time until you are comfortable, but in the long run you will be glad you sought help.

Taking time out:

It is common for the person with the mental illness to become the focus of family life. When this happens, other members of the family may feel ignored or resentful. Some may find it difficult to pursue their own interests.

If you are the caregiver, you need some time to yourself – schedule time away to prevent becoming frustrated or angry. If you schedule time for yourself, it will help you to keep things in perspective and you may have more patience and compassion for coping or helping your loved one. Only when you are physically and emotionally healthy can you help others.

It is important to remember that there is hope for recovery and that with treatment many people with mental illness return to a productive and fulfilling life.

Warning Signs and Symptoms:

To learn more about symptoms that are specific to a particular mental illness, refer to the Mental Health America, NAMI, or other mental health websites.

The following are signs that you and/or your loved one may want to speak to a medical or mental health professional:

In Adults:

- Confused thinking
- Prolonged depression (sadness or irritability)
- Feelings of extreme highs and lows
- Excessive fears, worries and anxieties
- Social withdrawal
- Dramatic changes in eating or sleeping habits
- Strong feelings of anger

- Delusions or hallucinations
- Growing inability to cope with daily problems and activities
- Suicidal thoughts
- Denial of obvious problems
- Numerous unexplained physical ailments
- Substance abuse

In older children and pre-adolescents:

- Substance abuse
- Inability to cope with problems and daily activities
- Changes in sleeping and/or eating habits
- Excessive complaints of physical ailments
- Defiance of authority, truancy, theft and/or vandalism
- Intense fear of weight gain
- Prolonged negative mood, often accompanied by poor appetite or thoughts of death
- Frequent outbursts of anger

In younger children:

- Changes in school performance
- Poor grades despite strong efforts
- Excessive worry or anxiety (i.e. refusing to go to bed or school)
- Hyperactivity
- Persistent nightmares
- Persistent disobedience or aggression
- Frequent temper tantrums