

Patient and Family Handbook for Civilly Committed Patients

WESTERN STATE HOSPITAL
Washington State Department of Social and Health Services

Transforming
Lives

A Handbook for Patients and
Families on the Road to Recovery

Welcome to Western State Hospital.

This handbook is a reference guide for practical information about the hospital. Its goal is to help you find your way around Western State Hospital and to assist you as you work with your treatment team to realize the benefits of recovery.

People recover from mental health challenges. We want to help you travel the road to recovery.

Patients and their families have a unique path to wellness, health, and recovery. We hope this handbook provides the information you need to actively participate in your recovery journey and that it will be a touchstone to help you better understand:

- Your rights and responsibilities
- Getting the help and services you need
- The court system and the civil commitment process
- Tools and resources to further your recovery and resiliency

We hope you will learn new ways to make choices that support your health and well-being.

Please be open to the ideas presented in your classes and groups. Education is a key part of the recovery process and we want to partner with you in your mental health care.

Sincerely,

The Patient and Family Education Committee

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Introduction

About the Hospital

Western State Hospital (WSH) is an inpatient psychiatric hospital that is certified by the Federal Centers for Medicare and Medicaid Services. With more than 800 beds and 2,400 employees, WSH is one of the largest psychiatric hospitals west of the Mississippi. It is located in Lakewood, Washington, seven miles south of Tacoma.

WSH is one of two state-owned psychiatric hospitals for adults in Washington and provides services to individuals in 20 western Washington counties. Eastern State Hospital, the other state-owned psychiatric hospital for adults, serves 18 counties in eastern Washington.

The hospital provides evaluation and inpatient treatment for individuals with serious or long-term mental illness. Patients are referred to the hospital through the Behavioral Health Organizations (BHO), the civil court system when individuals meet the criteria for involuntary treatment (RCW 71.05) or through the criminal justice system (RCW 10.77).

What to Expect During a Stay at Western State Hospital

A team of psychiatrists, psychologists, social workers, nurses and other trained professionals work together to provide individual care and assistance with recovery. The team develops a treatment plan for each patient to address patient and family needs, the social environment, medical care needs, and vocational and legal issues. Families are encouraged to participate with the patient's consent. Medical responsibility is maintained through 24-hour physician and registered nurse coverage.

During the admission process, patients are asked a few simple questions regarding the use of alcohol and use of any drugs not prescribed by a doctor. In some cases, patients may be asked if they would like to have someone meet with them to talk to about their use. If patients are willing to complete a more in-depth assessment of their substance use, they receive specific information about how these drugs could affect their mental health and what they can do to reduce the impact of such substances on their recovery and pathway back to the community.

Treatment Does Not Stop When a Patient Leaves the Hospital

Continuing care is a vital part of the recovery process and a big part of the treatment plan. Western State Hospital collaborates with outpatient mental health services provided in the community to ease the transition from hospitalization to home and a work environment. Patients and family members are encouraged to actively participate in their treatment and recovery plan.

How Treatment Can Help

Having a *mental health condition* means that a person shows signs of having problems with feelings, thoughts and behaviors. A mental health condition becomes a *mental illness* when the symptoms affect one's ability to have a good life. These symptoms can be mild and brief, like adjustment to a new situation, or they can be serious and chronic, as in bipolar, schizophrenia spectrum, and anxiety disorders. This depends on the person, the severity of the mental illness, and level of community support. A mental illness can cause problems at work, home, and in the community.

Mental health treatment helps with symptom control as patients learn effective ways to cope with stress. Medication is one way to treat symptoms. Another way is to learn how to manage anger, stress, and emotions while at WSH and after discharge. When medications and therapy groups are combined, a person is more likely to feel better faster and stay better longer. For this reason, it is important to continue to take prescribed medications and attend therapy groups.

What is Recovery?

Recovery is a process that includes times of growth and learning coupled with occasional setbacks. The first step is to understand that your symptoms are due to a mental illness. The next step is to better understand your mental illness. Your psychiatrist will order medication to help reduce your symptoms. Medications work quickly for most people with mental illness according to the National Alliance on Mental Illness. With time, almost all patients say they have fewer symptoms when on medication. A psychiatrist will work with you to find the most effective medications and doses. Treatment teams help patients choose therapy groups that help reduce symptoms or address other problems, such as anger or poor leisure habits.

Keys to patient recovery include feeling hopeful, taking medication, going to treatment, using personal choice, finding support, learning about one's illness, and pursuing worthwhile activities, such as a job, according to information provided by the federal Substance Abuse and Mental Health Services Administration. Eating right, getting enough sleep, and exercising also help with recovery.

Treatment and Discharge Planning

Team members have input regarding your plan, but you have the most important role on the team. It is your ideas, opinions, and likes and dislikes that guide the plan:

- Let your team know your ideas, problems, concerns, and goals.
- Ask questions.
- Attend treatment plan meetings – even on days when it's tough to get out of bed – so you can learn as much as possible about your illness and recovery.

Patients will receive a copy of their Treatment and Recovery Plan. This powerful tool will help you reach goals and plan the future you envision. It is meant to help with treatment, recovery and discharge back into the community. Read it carefully so you can ask questions or raise concerns at your Evaluation and Treatment Conference (ETC). The plan is an important way of making your stay at the hospital the most effective for recovery.

Your treatment team begins to plan your discharge when you first arrive. They will help you decide what's best for you when you return to the community. A successful discharge includes:

- Plans to manage your symptoms, adherence with your medication schedule, and ways to use healthy strategies to cope with problems
- Your skill to practice good hygiene and maintain a clean room and clothing
- Safe and affordable housing strategies
- Financial support from places such as Social Security and Public Assistance
- Follow-up mental health care
- A good support network and information about community resources
- Court approval, as required

The Treatment Team

Get to know your hospital treatment team members because they will assist with your recovery.

My psychiatrist:

- Talks with me about my diagnosis, symptoms, and medications
- Talks with me about my treatment and recovery

My psychiatrist is _____

My psychologist:

- Works with me to write treatment and behavior plans
- Helps me solve problems and create personal goals
- Manages any unit-based programs such as Social Learning Programs

My psychologist is _____

My social worker:

- Talks with me about putting my discharge plan into action
- Talks with family member about their worries or concerns
- Supports my clinical treatment by providing one-on-one counseling, check-ins, and group therapy
- Helps me communicate with my treatment team to develop my discharge plan and put it into action

My ward social worker is _____

My nurses:

- Answer questions about my symptoms, treatment, medicines and any other health-related problems
- Listen and talk with me about my recovery, my diagnosis, and how to avoid relapse

My ward nurses are _____

Others are on your treatment team as well and each have particular skills and training. They include Rehabilitation Staff, Institutional Counselors, Mental Health Technicians, Dietitians, and Psychiatric Security Attendants. All wards have the services of a clinical pharmacist who is familiar with patients, their medications, and their medication histories. Clinical pharmacists can help the medical staff make decisions on medication therapy and monitor the medication safety of patients.

Other staff on my ward include:

The Treatment and Recovery Centers

Each unit within the hospital has a treatment “mall” or a recovery center, where classes are offered on a variety of topics. The classes are intended to assist you in your recovery process and to increase the skills needed to meet your individual goals. Some classes may focus on relapse prevention, symptom management, medication education, anger management, coping with depression, and vocational training. Staff can assist with planning your classes.

Recovery centers are a centralized approach to delivering services, where staff and patients come together to participate in services based on patient needs. Our goal is to have a well-rounded set of services that meet those varied needs.

Services are individualized to promote recovery, increase wellness and the patient’s ability to thrive in the world. Decisions regarding particular services are driven by the needs of the people served. Services are provided in a culturally sensitive environment and are strength-based. Services include individual interventions, group therapies, courses and activities designed to help manage symptoms, develop personal skills and enrich quality of life.

There is an increasing emphasis on physical wellness, exercise, diet and health promotion, because patients affected by mental illness often need to address physical health issues. Many of these programs use a psycho-education approach to promoting change. Smoking cessation, weight loss and general health education are widely promoted.

About Medications

The medications you receive are based on individual needs. Currently, the best treatment for mental illness is to combine medication with therapy and education. You also may be prescribed medications for a physical illness.

A psychotropic medication is one that will help improve your thoughts, emotions and behavior. They can help patients get rid of voices and visions (hallucinations), and fixed false beliefs (delusions) among other symptoms. Medication may be in the form of a capsule, tablet, liquid or injection.

Your psychiatrist may prescribe medications. Some people never have side effects, while others may briefly experience them. A small number of patients may experience ongoing side effects. Tell your nurse and your doctor if you have these or new symptoms so that negative effects can be treated.

Written information about your medications is available from the nurse or doctor on your ward. Medication counseling can be provided by a pharmacist. Medication education classes are scheduled at the Treatment and Recovery Center. Here are some questions you can ask about your medication:

- What are the names of my medications?
- How will it help me?
- What is the dosage or strength?
- What are the possible side effects?
- What can I do about side effects?
- How often should I take the medication?
- How long must I take medication?
- Are there any special precautions?
- What happens if I don't take these medications?
- What over-the-counter medications or herbal remedies should I avoid?
- What happens if I can't afford the medication once I am discharged?
- What food, beverages, or activities should I avoid?

How long will you need to be medicated? Because many mental illnesses are chronic, like diabetes, you and your psychiatrist will discuss how long you will need the medications. Most likely, you will need to take the medication while you are at WSH as well as after you leave.

What will happen if you stop taking psychotropic medication? If you stop your medications, the symptoms will return in one to six weeks. A sudden stop in taking the medications could result in withdrawal symptoms. Always ask your psychiatrist or physician before stopping your medications. Talk with your pharmacist, physician or nurse to learn which foods and chemicals should not be used when taking medication.

May you or your family bring other medications into WSH? While you are here, the hospital will provide your medications. WSH does not allow anyone to bring in medications or supplements. If you bring medications when you come to WSH, the nurse will send them home with your family or guardian. If this is not possible, medications will be kept in the pharmacy for six months, after which they will be destroyed. If you are at WSH for less than 2 months and your medications haven't changed, your attending psychiatrist may write an order to release these medications to you upon discharge.

Controlled substances are destroyed immediately and cannot be returned.

Patients Rights and Responsibilities

Please refer to hospital policies for additional details regarding patient rights.

Your Basic Rights

You have the right to:

1. Be treated in a safe and secure environment.
2. Be free from all forms of abuse and harassment.
3. Be treated with dignity and respect, consistent with the principles of recovery.
4. Live in an environment that affords protection from harm.
5. Use the services of a signing or language interpreter, if needed, both to understand these rights and participate in the planning, care, and treatment provided for you. This includes any revisions made to your Treatment Plan.
6. Have impartial access to treatment regardless of citizenship, race, religion, gender, sexual preference, ethnicity, age, handicap, color, or creed.
7. Be presumed competent (i.e., with full civil rights) regardless of your current or past admissions to a state mental hospital.
8. Dispose of property and sign contracts, unless a court proceeding directed to that particular issue has taken away those rights.
9. Have the hospital's rules and expectations explained to you in an understandable way.

Access to Professional Help

You have the right to:

1. Be told the names and professions of the members of your treatment team, other clinical staff, and their roles in your treatment plan.
2. Discuss with your treatment staff the reason(s) for any transfer (prior to that transfer) to another program or ward, or for a transfer to another hospital. You also have the right to know who will be in charge of your care and treatment.
3. Request the opinion of a consultant (mental health professional) at your expense. You may also request an in-house review of your treatment plan at no charge to you.
4. Talk to a priest, rabbi, minister, or religious counselor of your choice. To request this service, call the Chaplain's Office or ask a treatment staff member for help.

5. Contact your attorney, seek legal assistance, or call Consumer Affairs or the Director of Patient Grievance Investigations at any time.

Rights That Depend on Your Treatment Needs

Your treatment team may limit the following rights. If it does so, the reasons will be discussed with you and your appointed guardian and will be a part of your treatment plan. The clinically responsible staff will review the restrictions at least once every seven days. The reasons for your restrictions will be documented in your medical records. You are entitled to the rights listed below, as long as the exercise of these rights does not constitute a safety or security issue, create a danger to yourself or others, or interfere with your treatment.

You have the right to:

1. Wear your own clothes and use your own possessions.
2. Keep and be allowed to spend a reasonable sum of your money.
3. Have your family and others (your caseworker, friends, etc.) visit you during regularly published visiting hours.
4. Have reasonable access to a telephone and to make and receive calls.
5. Send and receive mail free of staff examination. If staff, after reasonable consideration, suspects the contents are illegal or harmful to your treatment, you may have to open the mail in the presence of staff. No one can restrict the number of letters to and from your attorney or private physician.
6. Maintain privacy with regard to personal needs.
7. Have access to reasonable individual storage space for your private use.

Rights of Civilly Committed Patients

You have the right to:

1. Be given the option to refuse psychiatric medication, beginning 24 hours prior to any court hearing. Also, to the extent the law allows, you have the right to refuse medication at other times. If you do refuse medications, you will be told the medical and legal consequences and the medications will not be administered except as authorized by law. If there is a court hearing, an attorney will be appointed at no charge if you are indigent (without funds).
2. Apply for voluntary admission for treatment of a mental disorder. Your application may be refused, if not made in good faith.

3. Be free from all forms of abuse or harassment, including personal neglect.
4. Access information contained in your medical record within a reasonable time frame, except as authorized by law.
5. The assessment and management of physical pain.
6. Be informed about the outcomes of care so you, and/or your family, are able to participate in treatment decisions.

Treatment Rights

You have the right to:

1. Receive individualized, appropriate care and treatment from qualified and experienced professional clinical staff, regardless of the source of your financial support. You also have the right to request a second professional opinion at your expense.
2. Treatment plans supportive of your personal liberty within the limits of the law.
3. An individualized treatment plan with scheduled reviews, appropriate revisions, and a description of services needed after discharge.
4. Be provided with a clear explanation of your treatment plan, including:
 - a. Your general mental and physical condition.
 - b. Knowing your treatment objectives.
 - c. The nature of recommended treatments and significant adverse (unpleasant) effects, if any.
 - d. The reasons why particular treatments are considered appropriate, as well as their risk(s) and benefits.
 - e. Any appropriate and available alternative treatments, services, and types of providers of mental health services.
5. Have any treatment order restricting you to bed rest reviewed every three days by your physician.
6. Request medically justified treatment and/or refuse treatment that is not medically justified.

Your responsibilities:

1. Abide by the rules and regulations of this facility.
2. Respect the rights and property of patients, and staff. Do not damage or destroy hospital property.
3. Participate in your treatment planning and in your treatment program.

4. Take care of your physical needs, (grooming, bathing, and dressing) insofar as you are physically and psychologically able.
5. Tend to normal housekeeping chores in your living area, such as making your bed, caring for your clothing, and keeping your community area clean and neat.
6. Protect and care for your personal property.
7. Pay your bills on time within your ability to do so.
8. Familiarize yourself with your rights.
9. Follow hospital policy by not smoking on wards, smoking only in designated areas on hospital grounds, and by remaining 25 feet from building entrances and air intakes.
10. Take pride in the hospital campus by using the specific trash cans designated for cigarette butts and all other trash cans for other trash.

The Right to Express Yourself and Be Heard

You have the right to:

1. Have access to attorneys, courts, and legal redress (assistance). This includes reasonable contact with attorneys by telephone.
2. Request release, and if your request is denied, to have access to attorneys, courts, and other legal assistance.

The Right to Make Complaints and File Grievances

You have the right to:

1. Exercise all your rights without reprisal (negative consequences), including the right to file complaints.
2. Submit complaints and grievances addressed in a timely manner without being subject to retaliation or interruption of your care. (A full description of the hospital's complaint/grievance resolution is found in WSH Policy 10.07. and is available upon request.) To set the process in motion:
 - a. Seek out a member of your treatment team to discuss your concerns.
 - b. Fill out a comment form called the "Patient Comment Form" or write a letter of complaint to the Director of Patient Grievance Investigations and place it in the locked comment box on your ward or Treatment Mall. Comment forms are available at all nursing stations. A designated staff member will review your grievance and forward it to the appropriate discipline for follow up.

- c. The Ward Administrator will speak with you and work to resolve your complaint. If your complaint cannot be resolved at the ward level, it becomes a grievance. You will receive a letter of acknowledgment. Once resolved, you will receive a letter that contains the name of the hospital contact person, the steps taken to investigate and address your grievance, results of the grievance process, and the date of completion.
 - d. The hospital's Governing Body ensures that there is a process for the effective oversight of the grievance process. This body must approve and is responsible for the effective operation of the grievance process and must resolve grievances unless it delegates the responsibility in writing to a grievance committee.
3. Receive timely referral and feedback if you have any concerns about the quality of your care, including the discharge process.
 4. Report any abuse or neglect concerns to the Abuse/Neglect phone line at (253) 761-7599. You are not required to leave your name, but you do want to leave enough information for a thorough investigation to be conducted. You also may call WSH Consumer Affairs at (253) 756-7533 or the Director of Patient Grievance Investigations at (253) 756-2669.

Confidentiality

You are guaranteed the right to privacy and confidentiality. You will have as much privacy as possible when talking with a visitor, treatment team member, or therapist while at Western State Hospital. Staff members are prohibited from disclosing any type of patient information, unless a signed release of information is provided by the patient. Computerized information is never shared with other organizations; thus, individual patient names are not identified. For additional information, refer to the section titled Patient Privacy and the Release of Information on page 29.

Patient Health Care Decisions

During your hospital stay, you, or those designated by you, may have to make decisions about your medical treatment. We want to respect your decisions concerning the health care treatments you wish to receive or decline. It is important that you are informed of the treatment choices available to you, so you and your designated guardian can make informed decisions about how these treatments or therapies should be used.

In accordance with state and federal law, it is your right to make an advance health care decision and prepare advance health care directives. Advance health care directives are documents such as a Living Will, a Durable Power of Attorney for Health Care, a Do Not Attempt Resuscitation (DNAR) Order, and Anatomical Gifts (organ/tissue donation). These documents are prepared by you and help you or your designee make health care decisions consistent with your wishes. This may happen in the event that you become incapacitated and cannot let your wishes be known. If you have not prepared an advance health care directive and you would like more information or would like to prepare one, you may request more information from staff. Forms are available through your ward Social Worker or WSH Legal Services.

Life Support Systems

Medical science can improve our quality of life, helping us to live longer and healthier lives. Often, critically ill or injured people can be restored to health.

However, there are times when life-saving medical treatment maintains a state of life unacceptable to the patient and only extends the dying process. Please discuss such treatments with your doctor and your family or designated guardian. Let them know your choices about your medical treatments if you are diagnosed as terminally ill and if the treatments will only prolong death. Care and comfort will always be provided to you and your loved ones.

Living Will and Power of Attorney

Two documents can help you plan ahead and indicate your wishes concerning your future medical care:

1. A Living Will is a document that states what medical treatment you want or do not want in the event you are diagnosed as terminally ill and treatment would only prolong the dying process.
2. The Durable Power of Attorney for Health Care is a document that appoints a person such as a relative or friend to make your health care decisions when you are unable to do so. It discusses what treatments you want and what treatments you do not want. Patients who want additional information may ask ward staff for a copy of "Health Care Powers of Attorney."

Patients who desire to speak to an attorney regarding either the Living Will or Durable Power of Attorney for Health Care may call the Northwest Justice Project offices at (866) 280-4095.

Cardiopulmonary Resuscitation (CPR)

If you stop breathing or your heart should stop beating, designated personnel will immediately begin emergency procedures. However, for some people who are extremely ill, these emergency procedures might only result in prolonged suffering. In such situations, it is appropriate for patients or designees to request no further resuscitation or life-support therapies. Please discuss this in full with your doctor and your designee before arriving at a decision concerning CPR.

If you decide that you do not want CPR, your doctor will write a specific order in your chart. You will be provided with the utmost care and comfort. The staff will be available to your loved ones to offer them support and comfort. Should your medical condition improve, you or those temporarily making decisions for you can change this order.

Voting

Patients who are not disqualified from voting due to a court order and who are not under the authority of the Department of Corrections (DOC) for a felony conviction can vote. Forms to register to vote are available at the hospital at the mailroom, the patient library, or at the Western State Hospital Consumer Affairs/Volunteer Services. Voting can be done by absentee ballot in advance of any election. Ask ward staff to assist you in obtaining a ballot.

Use of Tobacco

State law prohibits smoking within 25 feet of entrances, exits, windows that open, and ventilation intakes that serve enclosed areas in all public buildings. Smoking and tobacco use are not allowed inside state buildings, including Western State Hospital.

The hospital is dedicated to providing tobacco cessation programs under the direction of a patient's treating physician and to ensuring treatment programs support these efforts.

Fresh Air

Even in a secured setting, the hospital believes access to fresh air should be made available whenever possible. Fresh air options may vary by ward and center. For example, some wards have patios adjoining the ward where patients may have access, while other wards do not have this option. We do recognize the therapeutic value accessing the outdoors can have. Talk with your staff about fresh air options.

Patient Funds

Personal Funds

Western State Hospital Policy 10.01 refers to the funds kept by patients as a “reasonable” amount of money for their own purchases. Western State Hospital Policy 5.02 allows the patient upon admission to keep up to \$25. The treatment team makes the determination as to what amount will be “reasonable” based on its evaluation of the patient.

In addition to the limitation of \$25 upon your person, the hospital places other limitations on fund withdrawals:

1. Weekly withdrawals are set at no more than \$15 a week.
2. Patients who earn wages governed by the Fair Labor Standards Act can draw an additional amount up to the weekly draw limit of \$15.
3. The accounting office, when permitted by law, will make deductions from the patient’s account for cost of care, based on a person’s ability to pay.

Exceptions to withdrawal of funds limitations are:

1. The Superintendent may authorize the expenditure of patient funds for personal needs in excess of what has been described above.
2. At the request of the patient, a treatment team member may prepare a fund withdrawal request for approval by the Clinical Director or a designee.
3. The Medical Director, at the patient’s written request, shall review any request for withdrawal of personal funds by the patient not approved by the designated treatment staff or treatment team.

If you have questions or concerns about Social Security benefits, you can call the Patient Financial Services Department:

- (253) 756-2614
- (253) 756-2791
- (253) 756-2602

Legal Assistance

Northwest Justice Project

Western State Hospital has a contract with the Northwest Justice Project (NJP) to provide legal services to hospital patients. NJP is a non-profit agency that provides free civil legal services to low-income people. NJP lawyers do not work for the hospital. NJP lawyers are on the hospital grounds to advise and assist patients with non-criminal legal problems.

NJP Office Hours at Western State Hospital:

Tuesdays and Fridays, 9:00 a.m. to 4:30 p.m., WSH Building 25

For further information call:

(253) 756-2965

(866) 280-4095 (toll-free)

(253) 272-8226 (fax)

Or send your request, postage free, to:

NJP Patient Legal Services at Western State Hospital

9601 Steilacoom Blvd. SW, Mail Stop 25

Tacoma, WA 98498-7213

Additional Resources:

NJP's Coordinated Legal Education Advice and Referral service (CLEAR)

(888) 201-1014 or (888) 201-9737 (TTY)

“
The bamboo which bends is
stronger than the oak which resists.

– *Japanese Proverb*”

Hospital Services

Art Center

The Art Center is an open art studio where patients participate in-group and self-directed arts activities. Patients may explore a variety of instructor-led opportunities. Instructors provide reflective techniques and technical instruction. Journaling, goal-setting, self-esteem inventories, art assignments, group activities and self-directed art exploration provide patients with alternative modes of receptive and expressive communication, which can circumvent the limitations of language. Visual and symbolic expression gives voice to experiences and empowers individuals with a greater understanding of their own ability to control their future, monitor mood and self-esteem, and participate in art projects. These help reduce anxiety and redirect negative energy into positive self-expression through art.

Beauty Shop

Haircuts, perms and shampoo/sets are provided free to patients by the Beauty Shop. Haircuts are provided on your ward or the treatment mall. Ward staff can provide the hours that services will be available on each ward.

Consumer Affairs

In partnership with patients and staff, The Office of Consumer Affairs works to promote dignity, respect, acceptance, integration, and choice for people receiving services from the hospital and to reflect a recovery-oriented environment.

Patient Connections: Town Hall meetings are held on the treatment malls so patients can share information and to identify areas for improvement to be shared with hospital leadership. Upon request, the Consumer Affairs Director attends treatment team meetings to provide support and work toward resolving concerns. The director visits groups and may bring peer-support volunteers from the community.

Family Outreach: The director helps connect family members with social workers, other team members and local support groups, such as National Alliance on Mental Illness (NAMI). The director may attend Family Meetings with treatment team members upon request. The office also supports Family Education activities.

Providing Voice: The director serves on the WSH Policy and Patient Care Committees and shares patient and family perspectives and concerns, contributes to special projects, and represents the hospital at community events and meetings.

The telephone number for the Office of Consumer Affairs is (253) 761-7533.

Diabetes Care Team

The Diabetes Care Team includes highly trained pharmaceutical, medical, nutrition and nursing staff, all of whom collaboratively educate patients diagnosed with diabetes and pre-diabetes. Patients pending discharge are personally trained and provided with a glucose meter and supplies to last at least two weeks following discharge from WSH. Education coaching includes integration of pharmaceutical, medical, and direct patient care activities that meet patients' individual diabetes care needs. Patients receive instructions on self-monitoring blood glucose, self-injecting insulin, recognizing and treating signs and symptoms of low blood glucose, and management of high glucose by healthy eating, being active, monitoring blood glucose, and taking medications.

WSH has a Certified Diabetes Educator Pharmacist who personally reviews glucose and laboratory values and assists physicians with adjusting therapy for patients with diabetes and pre-diabetes.

Contact the Diabetes Care Team at Ext. 3392.

Education Services

Patient and Family Education is a contracted service through Pierce College. Instructors are Washington State licensed and certified teachers. Referred students work in classrooms on computer skills, English as a second language, GED preparation and testing, adult basic education, and college-level classes. Each student has individualized learning and behavioral goals that are part of their treatment plan.

Classes focus on functional skills such as reading and comprehending information related to one's illness and treatment, networking and applying for a job, improving keyboarding skills, communication, and math and writing skills. Additionally, classes provide students a sense of pride by allowing them the structure, resources, and support to create and achieve tangible learning goals. Education is a cornerstone to the most vital tenet of recovery: living a full, satisfying life.

Fashion Center

Free clothing for patients is available at the Fashion Center. For more information, patients can speak to Fashion Center staff by dialing Ext. 3940. Ward staff can provide assistance for patients unable to walk to the center.

Food and Nutrition

The Food and Nutrition Department provides patient meals and snacks that are balanced and comply with Academy of Dietetics and Nutrition recommendations. The department is staffed with full-time registered dietitians (RDs) that are available to work with patients on meal planning, weight loss, diabetes management, heart healthy choices, exercise, coping with hunger caused by medications, food allergies, renal management, wound management, dysphagia, malnutrition, and tube feedings. The department also works to make reasonable accommodations for the patients' cultural and personal preferences. All new patients are assessed by an RD, and patients can put in a request through nursing to meet with the dietitian if they have a change in food preferences, or would like to receive nutrition counseling. Patients and families can contact their Ward Administrator to relay any nutrition related questions or concerns.

Health and Hygiene

Personal hygiene items, including (toothpaste, shampoo, deodorant and other items) are available from nursing staff on the wards.

Infinity Center

The Infinity Center is a multipurpose recreation and meeting center, where patients can relax and recreate away from the wards. Patients can play pool, foosball, air hockey, shuffleboard and musical instruments, and watch programs on a large screen TV. Vending machines and snacks are available in the lounge area. Holiday parties and social events are held throughout the year.

Java Site

The Java SITE is a coffee shop at Western State Hospital that is similar to one you might find in the community. It is located within the quad, in Building 16 and is operated by SITE (Seeking Independence Through Employment) Industries. The employees are patients and staff from the Habilitative Mental Health Treatment Program. The patients working at Java SITE learn skills in the service industry that prepare them for employment after discharge from the hospital. They can practice positive social and communication skills in their interactions with customers. The Java SITE offers a variety of beverage and food items that include healthy options. Items are very reasonably priced. The Java SITE is open Monday through Friday, 9 to 11:30 a.m. and from 1 to 2:30 p.m.

Library

The Library is located on the second floor of Building 8 and is open Monday through Friday, 8:30 a.m. to noon and 1:00 p.m. to 4:00 p.m. Books, magazines, music CDs, movies, Internet access (with staff supervision) and printers and a music listening center are provided. Information queries are welcome.

The WSH Library is a branch of the Washington State Library, a division of the Office of the Secretary of State. Patients and staff may request that materials and information be sent to units or offices by calling Ext. 2593.

Mail and Postal Services

Patients have access to free writing materials and may send up to three letters a week, unless limited by their treatment plan or doctor's order. A patient's right to send or receive mail may be limited to protect the patient or others. Free postage is not provided to patients for ordering materials, supplies, equipment, catalogs, sample or entering contests.

Proper return address, including zip code, is required on all mail.

Example:

Your Name
9601 Steilacoom Blvd. SW
Ward _____
Lakewood, WA 98498-7213

Your staff person can answer questions about mail.

Narcotics Anonymous and Alcoholics Anonymous

Narcotics Anonymous and Alcoholics Anonymous meetings are offered in the evening. Contact your ward staff for information.

Physical Wellness

Exercise classes are available upon request. Patients are encouraged to walk the wards and take the stairs as often as possible for additional exercise. Talk to your treatment team about access to other physical fitness opportunities on campus.

Written information on health and wellness topics are available from Registered Dietitians or Patient and Family Education.

Rehabilitative Services

Rehabilitative Services staff at Western State Hospital consist of Recreation Therapists, Occupational Therapists, Certified Occupational Therapy Assistants, Recreation and Athletic Specialists, Certified Teachers, Institutional Counselors, and Psychology Associates. These staff work closely with you to achieve recovery by assisting you with your treatment goals and helping you gain skills and knowledge needed for a successful placement in the community. Rehabilitative services staff offers a wide variety of active treatment groups both in the treatment malls and on the wards. These active treatment groups are geared toward your identified needs and may include health and wellness, medication education, stress management, coping skills, emotional awareness, leisure skill groups, vocational groups, leisure education, and living skills groups. You will work with Rehabilitative Services staff to choose your groups in conjunction with support and assistance from your treatment team.

Religious Services

The Chaplaincy Department at Western State Hospital provides spiritual care for patients, their families and staff. It works as a team to provide pastoral care and support, providing Catholic and Interfaith/Protestant services throughout the hospital, while ministering to those from all faiths, cultures, and backgrounds. Ask a ward staff member for a schedule of services or call (253) 756-2645.

Storage of Personal Possessions

Ward staff take inventory of all items accompanying a patient at the time of admission using the Personal Possessions Form (WSH 26-07). The original form is filed in the ward chart and a copy is given to the patient or guardian.

At the time of discharge, any property that is retrieved from Accounting, Ward Storage, Security, or Inventory Control, is accounted for as:

- Returned to the patient
- Returned to the patient's guardian
- Disposed — permission given by the patient or guardian to dispose of any unwanted property

The patient or guardian is notified that property not retrieved or removed from WSH within 90 days of admission will be considered abandoned and lawfully disposed of or donated.

Western State Hospital is staffed to provide for the care of our patients. It is not staffed to secure, safeguard or otherwise guarantee the security and continuous accountability of patient property. Family members or guardians are asked to secure and retain property that is valuable or most important to the patient. The hospital will store up to three boxes (16x16x16) per patient.

Vocational Rehabilitation

Patients interested in working as part of their recovery while at Western State Hospital should talk to their treatment team. Possible job locations include the Art Center, Volunteer Services and Kitchen. These are paid positions that require approval from your treatment team.

“

Those who overcome great challenges will be changed, and often in unexpected ways. For our struggles enter our lives as unwelcome guests, but they bring valuable gifts. And once the pain subsides, the gifts remain. These gifts are life's true treasures, bought at great price, but cannot be acquired in any other way.

– Steve Goodier

”

Civil Commitment

The Court System and the Civil Commitment Process

Civilly committed patients at WSH go through a set process. Most civilly committed patients come directly from the community but some are civilly committed after going through competency evaluations or restoration in CFS and their criminal charges have been dismissed.

A judge can civilly commit a patient for several reasons. The most common is Grave Disability, which means that a person cannot take care of one's own health or safety needs in the community due to mental illness. Sometimes, this is because a person stopped taking medications, broke the law, or experienced such severe mental health symptoms that one was not able to take care of oneself. Individuals may also be civilly committed if they have tried to hurt themselves or someone else.

Patients Committed from the Community

A Community Designated Mental Health Professional (CDMHP) files a petition that describes why the person needs treatment. A court hearing is held. During the hearing, the CDMHP tells the judge why the person needs treatment at WSH. Based on testimony and law, the judge decides if the person meets commitment criteria. The judge usually commits a person for up to 90 days of treatment.

Once at WSH, the patient's treatment team decides whether more treatment is needed after 90 days. The ward psychologist interviews the patient and writes the court petition. After that, a court hearing is held at WSH and the psychologist gives information about the patient's progress. The patient can also testify. After hearing all the information, the judge will make a decision. Commitments after the initial 90 days are up to 180 days of treatment. However, this does not mean that the patient will be at the hospital for that long, because patients who make significant progress can be discharged at any time.

Patients Committed from the Center for Forensic Services

Individuals who have completed a competency evaluation or competency restoration in CFS and have been found not competent are often civilly committed after their criminal charges have been dismissed.

A WSH psychologist files a petition that describes why the individual needs treatment. A court hearing is held. The psychologist tells the judge why the patient requires treatment at WSH, and the patient

can also testify. The judge makes a ruling based on the testimony. Sometimes during these hearings, the judge will hear evidence about the crime the individual allegedly committed. Based on testimony and law, the judge decides if the person meets commitment criteria. Commitment can be either 90 or 180 days. The person's treatment team can then decide if the patient requires more treatment after the first commitment period is over. As noted above, if the person requires more treatment, the ward psychologist will interview the patient and write the court petition. However, this does not mean that the patient will be at the hospital for that long. Patients can be discharged at any time if their treatment team believes treatment has been successful.

A person's index offense, or the crime that led the person to be committed, can also be a factor. If the crime is a felony, the patient can be civilly committed if the judge finds that he or she did commit the crime and may commit similar crimes due to their mental illness. Also, if the crime the person committed was a violent crime (a crime that involved physically hurting another person) he or she may have extra legal conditions to meet in order to be discharged.

“

Nothing in the world is worth having or worth doing unless it means effort, pain, difficulty... I have never in my life envied a human being who led an easy life. I have envied a great many people who led difficult lives and led them well.

– *Theodore Roosevelt*

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Program Introductions

Psychiatric Treatment and Recovery Centers (PTRC)

Recovery centers are a centralized approach to delivering services, where patients and staff come together to participate in services. Services are individualized to promote recovery, increase wellness and the patient's ability to thrive in the world. Decisions regarding particular services are driven by the needs of the people served. Services are provided in a culturally sensitive environment and are strength-based. Services include individual interventions, group therapies, courses and activities designed to help manage symptoms, develop personal skills and enrich quality of life.

For individuals with serious and persistent psychiatric symptoms, groups use recovery-based interventions in order to reach patients' goals. Social learning and behavioral change through education and experiential activities assist individuals to become more likely to succeed in their next phase of life. The focus is on normalizing roles and relationships, which can include preparing for and finding work or other related productive activities. Individuals learn to use healthy decision making in their lives, with the goal of feeling respected and valued. Individuals engaged in recovery can explore a number of challenges, including past and present difficulties, losses and how to live with residual symptoms of their mental illness.

There is an increasing emphasis on physical wellness, exercise, diet, and health promotion, because patients affected by mental illness often need to address physical health issues. Many of these programs use a psycho-education approach to promoting change. Smoking cessation, weight loss, and general health education are now more widely promoted.

A Typical Day in the Central and South Campuses Patient Treatment and Recovery Center

Patients in the PTRC wake up at around 6:00 a.m. complete their morning hygiene activities, and are in line for medications at 7:00 a.m. After breakfast, patients attend classes and group sessions. They return to their wards for lunch, medications and a time to relax.

After afternoon classes, patients return to their wards and attend a daily community meeting. Dinner is served at 5:00 p.m., followed by evening activities on the ward. These can include basketball and yoga, movies, karaoke, bingo and art in the Art Center. Medications are administered at 8:00 p.m. and patients are usually asleep by 10:00 p.m.

Patient Treatment and Recovery Centers (PTRC): East Campus

The programs at East Campus, also known as PTRC East, are designed for patients who are 55 years or older and for males who need treatment that specializes in traumatic brain injury or psycho-social rehabilitation.

East Campus patients, staff and clinicians work together to determine class activities, schedules, and treatment models, such as hands-on projects or discussion sessions. Classes include arts and crafts, exercise, dealing with depression, GED and general education, computer skills, achieving personal goals, discharge planning and preparation, medication education, and coping skills.

A Typical Day in East Campus

A patient's day in PTRC-East begins around 6:00 a.m. Following breakfast, they participate in treatment programs such as exercise, yoga, gardening, book club and music.

Some patients earn the opportunity for grounds privilege. Others stay on the ward and relax or attend to personal needs. After lunch, active-treatment programs are led by psychologists, social workers and rehabilitative services staff. Throughout the day, a psychologist, psychiatrist, physician and social worker, along with nursing staff, are available for consultation. Following dinner, patients can relax or use ground privileges. Snacks are offered before bed.

“

If there is no struggle,
there is no progress.

– *Frederick Douglass*

”

Habilitative Mental Health

Program Introduction

The Habilitative Mental Health Treatment Program (HMH) serves up to 30 clients with intellectual or developmental disabilities with co-occurring mental health needs or severely challenging behaviors, who are enrolled for services with the Developmental Disabilities Administration. The clients have been civilly committed due to grave disability, being unable to care for themselves, or have been found to be at risk of harming themselves or others. Many of the HMH clients have challenges interacting with others, have low frustration tolerance, impulse control difficulties, challenges with maintaining acceptable social behavior, and concerns with skills to manage stress. Many of the HMH clients also have physical health problems, including metabolic and neurological issues.

A habilitative approach is used to meet the unique challenges of this client group, which teaches new developmental skills, such as learning activities of daily living, coping skills for managing stress and frustration/anger, job readiness/vocational skills, recreational skills, and self-management skills to live as independently as possible after discharge to prevent re-hospitalization.

The ultimate objectives of HMH are to increase the clients' personal and social competencies, improve physical health, and to help the client to learn skills that they can use after discharge to a less restrictive setting in the community.

A Typical Day in Habilitative Mental Health (HMH) Treatment Program

During the usual week, most clients in the Habilitative Mental Health (HMH) treatment program wake up and complete their morning routines such as eating breakfast and completing hygiene tasks. They then attend active treatment in our Vocational SITE (Seeking Independence Through Employment) program. Vocational SITE opportunities for HMH clients include working in the Java SITE, Laundry Crew, Recycling, or the Grounds Crew. Clients who do not go to Voc SITE, attend active treatment on the ward, which includes helping in the Fashion Center. Lunch is served at 11:30 a.m. and then the clients return to Vocational SITE or ward-based active treatment from 1 to 3 p.m. After returning to the ward, afternoons are spent relaxing in rooms, the day room or in the courtyard. After dinner, more active treatment

is offered in activity groups, building social and self-management skills, and recreational opportunities. Some clients may participate in outings off grounds in the local community, where they learn skills through staff accompanied activities, such as shopping, going out for a meal, or attending a movie. Activities on the ward include card games, movie nights, exercise groups, choir, gardening, playing bingo, and watching various sports events on television, among others. Counselors are available to clients at all times.

“

Life is not easy for any of us.
But what of that? We must have
perseverance and above all confidence
in ourselves. We must believe that we
are gifted for something and that this
thing must be attained.

– *Marie Curie*

”

Visitor Information

Central, South and East Campuses and Habilitative Mental Health Visitor Information

Visits and communication with family members and significant others are encouraged as they play an important role in treatment. Visiting hours vary with each program, but generally are from 9 a.m. to 9 p.m. daily. However, most of the patients participate in active treatment activities from 9 to 11 a.m. and from 1 to 3 p.m. It is recommended that guests refrain from visiting during those hours.

Visitors should call ahead to schedule a meeting with a patient's treatment team or to participate in the patient's treatment conference. These meetings need authorization from the patient. All guests must sign in at the nurse's station on the treatment unit they are visiting.

For visiting questions and restrictions, please call (253) 582-8900. Habilitative Mental Health visitor information and guidelines is available to clients and family members and will be provided at the first visit. Please contact the assigned social worker prior to your first visit.

Prior to your arrival, please contact ward staff for parking instructions. Parking and visitors entrances are limited.

Due to privacy and confidentiality laws, cameras are not allowed on the campus of Western State Hospital. Also, it is a federal offense to bring any type of weapon or illegal drug onto the hospital grounds.

Conditions for Patient Treatment and Recovery Center Visits

- The treatment team must ensure there is ample staffing and space to accommodate the visit.
- Minors are not allowed on the treatment units.
- Visitors may bring pre-approved items to give to the patient, including non-perishable, factory sealed food items.
- Visitors are not allowed in patient rooms, shower areas or bathrooms or in the exercise yard. They are not allowed to share patient meals that are provided by the treatment unit or hospital.
- Visitors must use the staff bathroom and will be monitored by employees when in the staff-only area.

- Unless pre-approved on the visiting form by the treatment team, visitors should have only courtesy communications with other patients on the treatment unit and are prohibited from either receiving or giving anything to patients other than those they are visiting.

Patient Privacy and the Release of Information

Protecting patient privacy is vital to the hospital's mission and helps increase the patients' satisfaction and sense of dignity. It also helps ensure patients receive the most effective care possible.

Patient privacy generally refers to a patient's right to:

- Decide what personal health information can be shared with others
- Decide how that information is shared and with whom
- Not have information about them discussed in areas where others can overhear

To help protect patient rights, the federal government passed The Health Insurance Portability and Accountability Act (HIPAA). HIPAA mandated that Congress and federal and state agencies pass laws to protect the confidentiality of every patient's records. Due to these laws, hospital staff cannot share any patient information with family members or friends without first having a patient-signed Release of Information (ROI) Form.

If an ROI is not in place and a family member or friend wishes to contact a patient, they can call the switchboard at (253) 582-8900 and leave their name and the name of the person they want to contact. Hospital staff cannot confirm that family members or friends are patients at the hospital. The information left will be given to the appropriate staff member.

Personal Food Storage

Visitors are allowed to bring in food to enjoy a meal with the patient in a private space on the ward, unless prohibited in the patient's care plan. The hospital does not have the ability to store prepared foods, so leftovers will need to be taken from the hospital or thrown away. Visitors may be asked to avoid providing patients with high sugar-content items, caffeinated drinks or other food inconsistent with the patient's well-being. Snacks should be healthy. Patients cannot keep food in their rooms.

Volunteer Services

Western State Hospital Volunteer Services supervises community members and staff who volunteer at the facility and oversees donations to patients and programs.

- Ongoing Volunteers: Adults (18 or older) interested in volunteering can call (253) 756-2722. The office will provide applications and background check forms.
- Community Groups and Performers: Organizations or performers interested in offering a one-time show or event should contact Volunteer Services at (253) 756-2722. Participants are required to complete applications and background checks. Patients enjoy music and other performances as well as bingo parties hosted by community groups.

Questions Frequently Asked by Family and Friends

Q: Can we bring favorite snacks and foods from home? What kinds? Are there limits?

A: Yes. If you are going to bring a meal, please only bring enough food for sharing during the visit. The hospital cannot store perishable food and patients are not allowed to keep it in their rooms. Healthy foods are recommended. Check on a patient's dietary restrictions before bringing food to the hospital.

Q: Can we bring money for our patient to use in the vending machines?

A: Money for a patient needs to be deposited into his or her hospital account. The ward treatment team's social worker can assist you in making these arrangements.

Q: Can we bring vitamins and nutrition supplements from home?

A: No. The pharmacy provides these items when needed by physician's orders.

Q: Can patients call for outside food to be delivered, like a pizza?

A: This activity would require approval from the ward treatment team.

Q: Can we bring preferred toiletries?

A: Contact the ward social worker to determine if items are allowed.

Q: How long will our family member be in the hospital?

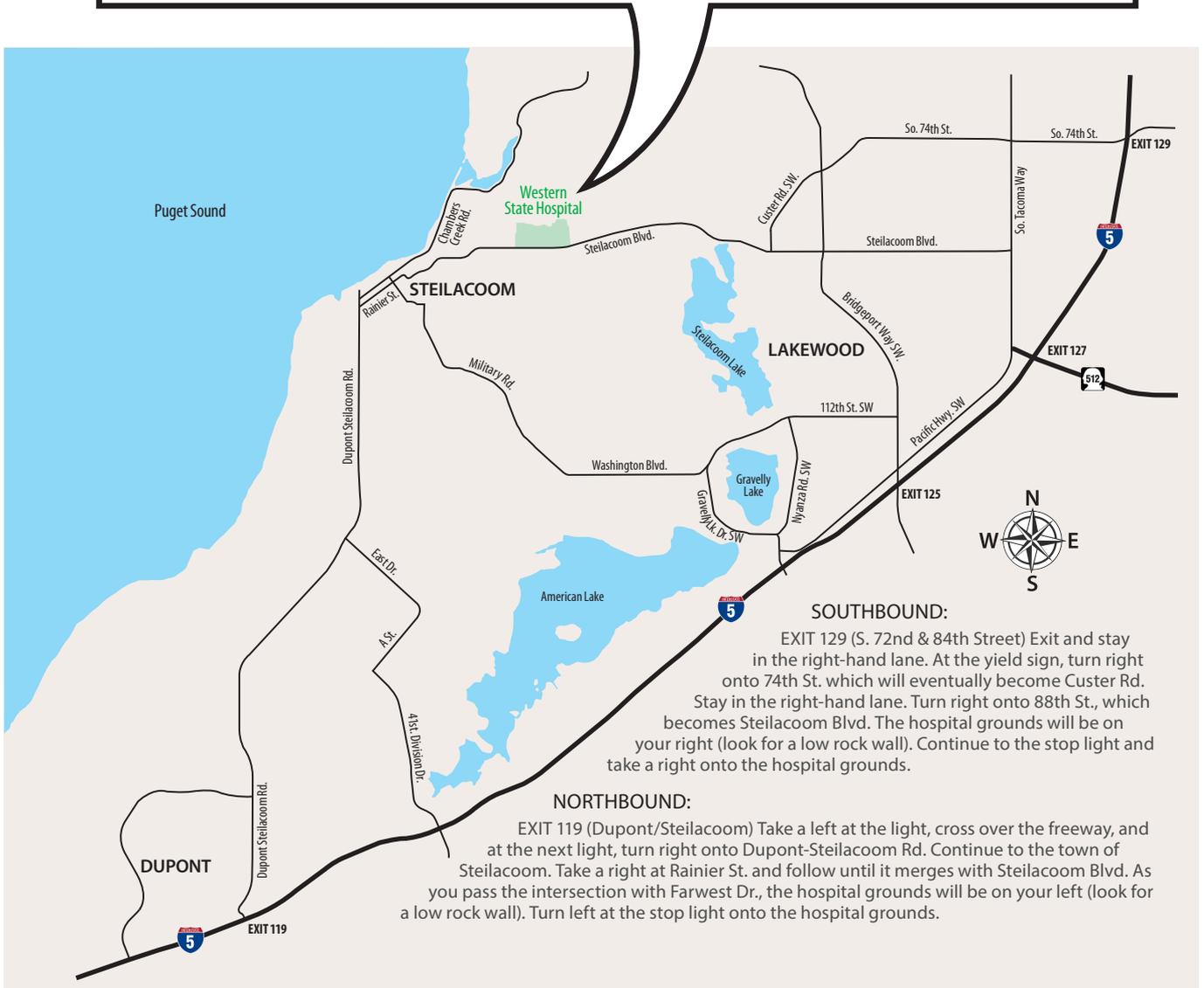
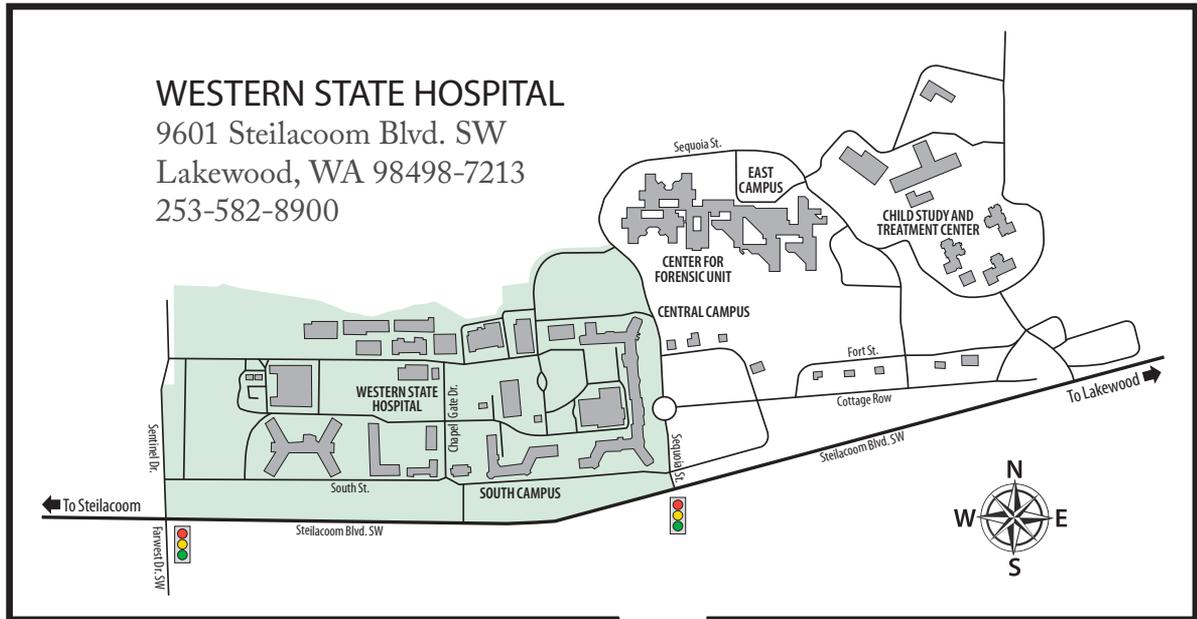
A: There is no definite answer, as this is dependent on the patient's response to therapy.

Q: Where will the patient live once discharged?

A: The treatment team, in partnership with the discharge team, makes arrangements for discharge. A social worker can assist you in providing information with regard to specific options and plans when it is time for a patient to leave the hospital.

- Q: Can patients come home for the weekend or overnight for holidays?
- A: Patients are allowed a gradual increase in privileges when they participate in their treatment programs. Contact the treatment team's social worker to discuss home visits.
- Q: Can we take our family member out to dinner?
- A: Yes, but the hospital clinical management team must approve all Authorized Leave requests.
- Q: Who can we call if we have questions?
- A: The social worker on the treatment team can help answer your questions. They represent your family member or friend.
- Q: How do we get directions to the right treatment area?
- A: Call the specific ward or the switchboard at (253) 582-8900 for directions.
- Q: Can we provide electronic items to our family member like cell phones, cameras, or laptops?
- A: No cameras are allowed on the grounds. With the approval of the treatment team, a basic cell phone without photo capabilities may be provided. Laptop computers also require prior approval, but internet connection is not allowed. The hospital takes no responsibility for these items in the event they are damaged or misplaced.
- Q: When can I talk with my family member's doctor?
- A: Contact your ward treatment team about the possibility of attending a treatment conference, during which you'll have the opportunity to meet all members of the treatment team and contribute to the conference, as well. Patients must first give permission for you to attend.
- Q: How can I see the medical record for my family member?
- A: Patients must first sign a Release of Information form stating who is allowed to see these records. The ward social worker can assist you.
- Q: Can I bring in a birthday cake or other celebration treats for the whole ward to enjoy?
- A: Birthday cakes are provided to each ward monthly to celebrate birthdays.
- Q: Can I bring in gifts, flowers, food treats to thank the ward staff?
- A: No gifts, please. Flowers for the ward, if not in glass containers, may be acceptable, but check for specific requirements. We request that you do not bring food treats to the ward. Cards and letters of appreciation are always enjoyed by staff.

Directions to the Hospital



NAMI

The National Alliance on Mental Illness (NAMI) is a nationwide, non-profit organization that assists individuals and families touched by the challenges of mental illness. Washington has 22 independent NAMI affiliates. Each affiliate offers a mix of no-cost services to meet local needs.

Most of the 22 NAMI Washington affiliates hold weekly, peer-led and recovery-support groups for individuals with mental health diagnoses. These groups are called NAMI Connection. Many of the local affiliates also offer NAMI Family Support Group for family members, caregivers and friends supporting or caring for a loved one with mental illness. All groups are confidential and group leaders are trained by NAMI to keep the discussions focused and emotionally safe.

NAMI Classes: Real World Mental Health Education

Family-to-Family: A 12-week course for families, partners and friends of individuals with serious mental illness. The course focuses on the emotional responses families have to the trauma of mental illness.

Peer-to-Peer: A 10-week recovery education course open to any adult with a serious mental illness. Peer-to-Peer emphasizes recovery from mental illness as a feasible, supportable goal and challenges the stigma associated with mental illness.

Basics: A six-week course developed specifically for parents and other family caregivers of children and adolescents who have either been diagnosed with a serious mental illness, a serious emotional disturbance, or who are experiencing symptoms but have not yet been formally diagnosed.

Homefront: A six-week course for families, caregivers, and friends of active-duty military members and veterans with mental health conditions. Based on the nationally recognized NAMI Family-to-Family program, NAMI Homefront is designed to address the unique needs of families, caregivers, and friends of those who have served, or are currently serving, our country.

NAMI Community Education Programs

In Our Own Voice: A unique public education presentation that offers insight into the hope and recovery possible for people living with mental illness. Trained individuals living with mental illness lead a brief, yet comprehensive interactive presentation.

Other Programs: Though not all of these programs are available at every NAMI Affiliate. Larger affiliates often have an even wider range of services such as youth groups, club house programs, crisis intervention training, suicide awareness groups, and lecture series. Call a local NAMI Affiliate to find out what help is available nearby. Contact information is listed on the following pages.

NAMI Offices:

NAMI's Main Office

NAMI Washington
7500 Greenwood Avenue N.
Seattle, WA 98103
206-783-4288
www.namiwa.org

NAMI Chelan/Douglas Counties
509-393-0437
www.namicd.org

NAMI Clallam County
360-452-5244

NAMI Eastside (King County)
425-885-6264
info@nami-eastside.org
www.nami-eastside.org

NAMI Greater Seattle (King County)
206-783-9264 or 800-782-9264
supportlink@nami-greaterseattle.org
www.nami-greaterseattle.org
www.namiskc.org

NAMI Jefferson County
360-385-1716
namijeffco@yahoo.com
www.namijeffcowa.org

NAMI Kitsap County
360-415-5800
info@namikitsap.org
www.namikitsap.org

NAMI Kittitas County
509-925-5048

NAMI Lewis County
360-880-8070

NAMI Pacific County
360-783-1610

NAMI Palouse
208-835-3071

NAMI Pierce County
253-677-6629
info@nami Pierce.org
www.nami Pierce.org

NAMI Skagit County
360-424-5802
namiskagit@gmail.com
www.namiskagit.org

NAMI Snohomish County
425-339-3620
nami.snohomish.county@gmail.com
www.namisnohomishcounty.org

NAMI South King County
253-854-6264
namiskc@qwestoffice.net

NAMI Southwest Washington
360-695-2823
info@namiswwa.org
www.namiswwa.org

NAMI Spokane
509-838-5515
office@namispokane.org
www.namispokane.org

NAMI Thurston/Mason Counties
360-493-6021
namitm@live.com
www.namitm.org

NAMI Tri-Cities
509-946-8291
namitricities@gmail.com
www.namitricities.org

NAMI Washington Coast
360-268-2385
nami@nami-wacoast.org
www.nami-wacoast.org

NAMI Whatcom County
360-671-4950
nami@healthsupportcenter.org
www.namiwhatcom.org

NAMI Yakima
509-453-8229
office@namiyakima.org
www.namiyakima.org

Peer Counseling

Peer Bridgers

The goal of the Peer Bridger Program is to provide you with a Peer Bridger who can partner with you through preparation for discharge and during the initial period of community adjustment.

Peer Bridgers are Washington State Certified Peer Specialists who work for your local Behavioral Health Organization. They have personally dealt with a major mental health condition and are successfully managing their recovery. They have overcome many of the challenges facing people with mental illness discharged from a state hospital, making them uniquely qualified to support you on your recovery journey.

Peer Bridgers use their experience to provide support, guidance and hope to individuals dealing with mental health issues. Peer Bridgers may function as a role model, a mentor, a teacher, an advocacy coach, and an ally for the individuals they are working with.

Peer Bridgers provide assistance in establishing a circle of support in the community to support your transition out of the hospital.

Peer Bridgers can offer the following services:

- Social support and companionship.
- Teaching coping and community adjustment skills.
- Linkages with important community resources.
- Assistance with budgeting.
- Help with menu planning and shopping.
- Learning bus routes and other forms of transportation.
- Help following through with medical needs.
- Assistance with follow through on getting/keeping necessary entitlements and social services.
- Regular visits to talk, have coffee, and learn techniques for staying out of the hospital.

If you would like more information about this program please contact your Social Worker or your BHO Liaison.

Become a Certified Peer Counselor

Certified Peer Counselors work with their peers (adults and youth) and the parents of children receiving mental health services. They draw upon their experiences to help peers find hope and make progress toward recovery. Because of their own life experience, they are uniquely equipped to provide support, encouragement and resources to those with mental health challenges.

If you are interested in becoming trained and certified as a peer counselor, you can get updated information about qualifications, applications, and trainings from the DSHS Division of Behavioral Health at (888) 713-6010.

“

It is one of the most beautiful compensations in life that no man can sincerely try to help another, without helping himself.

– *Ralph Waldo Emerson* ”

Useful Websites

- American Diabetes Association: <http://www.diabetes.org/>
- Academy of Nutrition and Dietetics: <http://www.eatright.org>
- Anxiety and Depression Association of America: <http://www.adaa.org/supportgroups>
- Crisis Clinic: <http://crisisclinic.org/>
- Department of Social and Health Services – Washington: <https://www.dshs.wa.gov/altsa>
- Depression and Bipolar Support Alliance: <http://www.dbsalliance.org>
- Disability Right Washington: www.disabilityrightswa.org
- DSHS Mental Health and Addiction Services: <https://www.dshs.wa.gov/mental-health-and-addiction-services>
- DSHS Mental Health Fact Sheets: <https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/mental-health-fact-sheets>
- Mayo Clinic’s “Healthy Lifestyles:” <http://mayoclinic.org/healthy-lifestyle>
- Mental Health America: <http://www.mentalhealthamerica.net/>
- National Alliance on Mental Illness (NAMI): www.namiwa.org
- National Institute of Mental Health: www.nimh.nih.gov
- National Suicide Prevention Lifeline: <http://www.suicidepreventionlifeline.org/>
- Patient and Family Education Services, WSH: <https://www.dshs.wa.gov/bha/division-state-hospitals/patient-and-family-education-services>
- SAMHSA’s national helpline for individuals and families facing mental health and/or substance abuse disorders: <http://www.samhsa.gov/find-help/national-helpline>
- Substance Abuse and Mental Health Services Administration: www.samhsa.gov
- U.S. Department of Health and Human Services: <http://www.mentalhealth.gov/>
- Washington Recovery Helpline: <http://www.warecoveryhelpline.org/>
- Western State Hospital Homepage: <https://www.dshs.wa.gov/bha/division-state-hospitals/western-state-hospital>
- WRAP Info Center: www.mentalhealthrecovery.com
- Peer Support: <https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/peer-support>
- Schizophrenia Support: <https://www.nami.org/Learn-More/Mental-Health-Conditions/Schizophrenia>

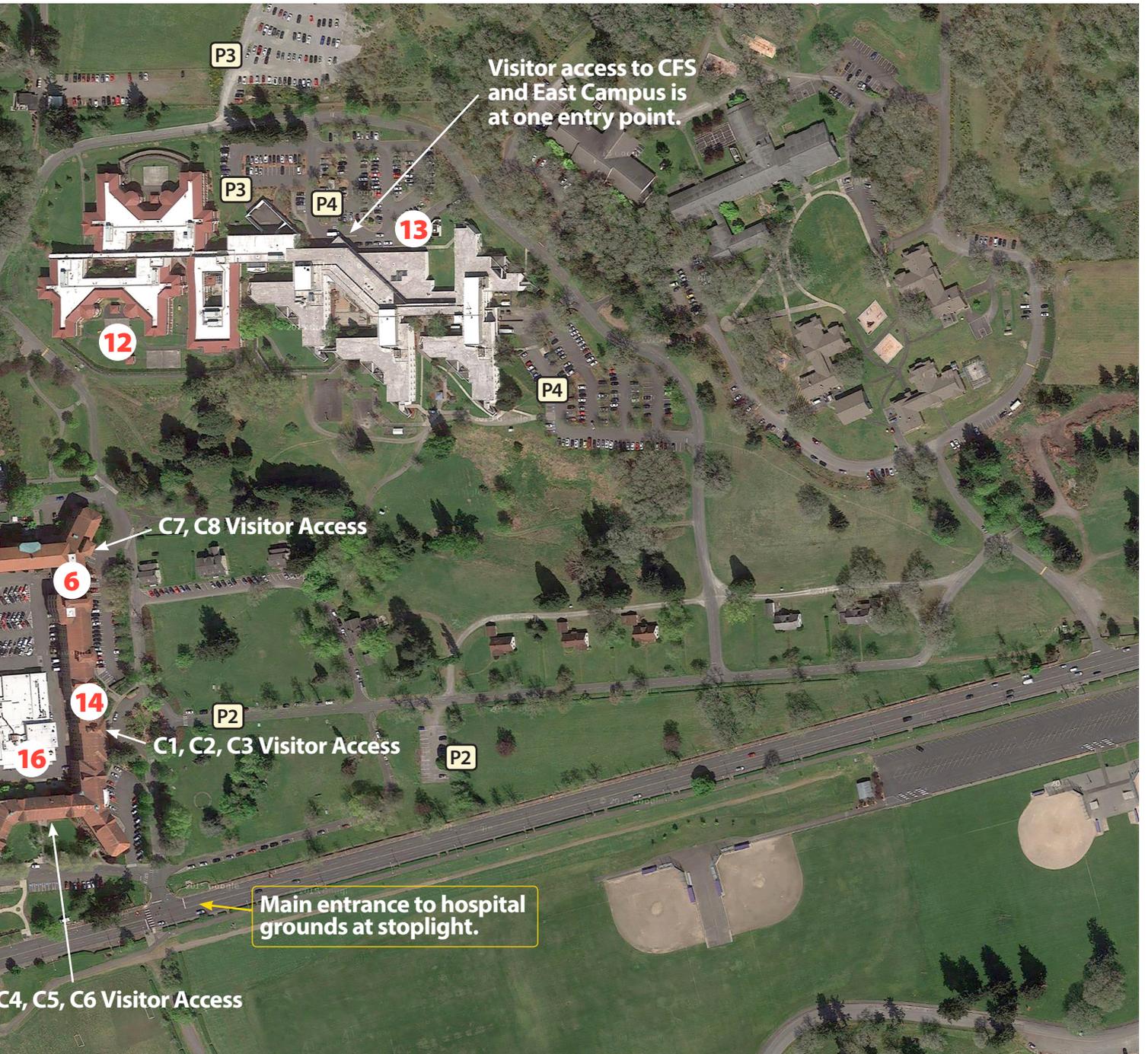
Aerial View of the Hospital Grounds



WESTERN STATE HOSPITAL

 Security fence

- | | | | | | |
|---|---------------------------------------|----|--------------------|-----------|---------------------------------------------------------|
| 1 | HMH | 8 | South Hall | 15 | Fashion Center |
| 2 | Family and Community Education Center | 9 | Chapel | 16 | Java Site |
| 3 | Infinity Center | 10 | Legal Services | P1 | Visitor Parking for South Hall |
| 4 | Art Center | 11 | Education Services | P2 | Visitor Parking for Central Hall |
| 5 | Library | 12 | CFS | P3 | Visitor Parking for CFS |
| 6 | Central Hall | 13 | East Campus | P4 | Visitor Parking for East Campus |
| 7 | PDR | 14 | Administration | P5 | Parking for visitor shuttle access and education events |



Visitor access to CFS and East Campus is at one entry point.

C7, C8 Visitor Access

C1, C2, C3 Visitor Access

Main entrance to hospital grounds at stoplight.

C4, C5, C6 Visitor Access



Washington State
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Transforming lives

The Washington State Department of Social and Health Services

DSHS 22-1645 (Rev. 1/18)