

Megan Shelton:

Whole health begins with mental health. And I'm a firm believer in that. I've worked at Ephraim McDowell for 22 years now. All of my time has been on behavioral health. I started out back in 1998 as a staff nurse on night shift.

Lesli Petrie:

I had a background in education with a master's degree in rehabilitation counseling, and I just wanted, instead of working in the school system I wanted to do a hospital setting.

Heather Summers:

I've become interested in behavioral health, actually during college. I did my undergrad at Center here in town.

Lesli Petrie:

I think it's important because I think it goes undetected in a lot of folks until it's to a more severe point.

Heather Summers:

For mental health issues or self-harm, you might have increased, depressed mood, problems with sleep or appetite. Then sometimes that can get worse and people can actually start having thoughts of wanting to hurt themselves.

Megan Shelton:

We have 20 beds. 13 of those are adult beds ages 18 to 64, and then seven of those beds are for geriatrics and that's going to be so you're 65 and older.

Lesli Petrie:

An average length of stay, adults, probably being four to seven days, a little bit longer for geriatric patients just based on their needs and what they're going to need, once they leave the unit.

Heather Summers:

We have an interdisciplinary team approach. We have psychiatrists, counselors, social workers, activity therapists, nurses, and we really all try to work together to provide our care to our patients.

Megan Shelton:

Our counselors and our therapists do a great job at setting up after care. We always make sure that when someone leaves the unit, that they have a follow-up appointment of their choice, we try to get their buy-in as to how, where they want to go for follow-up for counseling and outpatient, and then maybe even their primary care physician.

We also make sure that they have the right medications and that they understand those medicines.

Lesli Petrie:

People are good at covering their true feelings. Some families members don't even know that their loved one is having those thoughts. And then when you talk to the person, once they come into our facility and you start questioning them about suicide, and when did they start thinking about it? It could have been a year ago and no one has really even tapped into that with the individual.

Megan Shelton:

People need to realize that they are not alone. There is hope and there is help.