Key Implementation Action Elements For And Fulfilling Dimension, Depth, And Promise, At WeSH

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The following are a set of action elements. This then would fulfill, enhance, deepen, and extend WeSH ideals, DHS (PA) intentions, and WeSH policy.

The following should be studied, realized, and implemented. This is in addition to the awesome set of things already done, at WeSH.

1. The document “A Multifaceted Space: Aspects To Treatment In Social Work And Psychology”. This provides a dimensional view of various types of approaches, theory, means, and methods; to be put into practice by staff and by and with the individual. It is dynamite, pointing to so many things and resources; and indicating a boundless inner/societal/cultural space available per individual and connected life and initiative and presence.

1.1. Note that this includes as 1 of its 10 essential elements the following items which must be on the table, part of discussion and dialogue, enunciated topics, at the treatment team meetings level and in between in direct connection with the patient-client and treatment team and other staff: Merit A, B, C and Function A, B, C and Observationals Of Patterns A, B, C and Exceptions To These and Any Faults. Each And All of these – a truly and deeply representative set of them – must then make place in the record in the Individualized Treatment Plan (ITP), and directed as such by the Treatment Team Director to be so, and each of the treatment team staff and roles and the patient-client involved and included and consulted for this.

2. The ITP Interval Form, at treatment team, 30-day meetings and in between; and other notes as in (1.) and (1.1.) should be put into the ITP. As a referent for both the treatment team and the individual. This includes progress notes, reason changes how elements, and the other elements as in (1.) and (1.1.).

3. An Activated Social Work. See the Consumer Guide p. 5-6 (3 paragraphs, 2021); and, integrated with WeSH ideals. See “Document On Activated Social Work”. This is one of those key connected roles in real life, that paints paths and connect for and with the individual, and suggests realistic limits and parameters; and in an ideals (WeSH ideals), opportunity, potential, actual, and rights-based framework (see #8 below). Use of the Individual Social Work Project Form with an Activated Social Work.

4. A multidisciplinary treatment team and program. This, to WeSH credit, is already done. More from this multidisciplinary multirole team and program notes, interactions, and aspects should be incorporated to treatment team meeting discussions, enunciated. And as in (1) and (1.1).

4.1. A multimodal treatment team and everyday treatment theory and implementation is required. This needs to be enhanced and implemented for everyday, particular, general benefit, enhancement, and problems. This also should integrate with (1) and (1.1).

4.2. A multiaspect view of the patient-client must be one of the basis factors for the ITP, from month one. This is a requirement, and is not yet done. The aspects of the patient-client situation past, present, future that must be on the table and incorporated by the treatment team in consultation with the patient-client into the ITP are: medical, psychological, social, cultural, behavioral, familial, educational, vocational, and developmental. Then, this is set with other dimension factors and practices and means and views (as in (1)), all of which are written in the ITP. The ITP is a working document from week and month one.

5. The document "Components Of Treatment At WeSH". This enunciates the wonderful multi-point treatment program at WeSH, for the benefit of the treatment team and of the individual and their connections. This should be presented to each patient-client the first several weeks here, for orientation to the program; and should be repeated yearly, in full. Things mean more over time, or in different ways, or in enhanced ways as life proceeds toward greater insight and wisdom and value, or is deepened, or more expansive. Groups, for example, the multitype multicategory groups, are an exceptional part of the WeSH program. Their intended benefit and overall value and structure and flexibility-learning should be enunciated. This is respect and realism for the patient-client, the value WeSH team, and state and society.

6. A redesigned privilege system, around semantics grid, and mapped structure.

7. A Multidisciplinary Unit Director role or training on each unit. This properly contextualizes RN work versus logistics, interpersonal, psychological, social, societal, communal, traumas, justifications, realism, and so forth.

8. An operative rights-based framework integrated with WeSH Ideals Plus; including the Mission Statement, Values List, and Vision Statement, plus my several additions. All understood, premised, and enunciated. When, for example, each person has rights (admin, staff, consumers) then to be clear about observing and reinforcing those rights (each of the other, and others of each) becomes a clearcut way to then observe and practice a dimension approach to communal life here, the programs and groups, and each of the components of treatment; in a vast and connected mutlicultural, multi-type society, by the time one is finished.

9. For the psychiatry, a model such as the clearly enunciated document "Dimension Psychiatry Ideal Plus" and its referents must be incorporated. The monomodal remote unilateral unconnected uninformation isolationistic fault-only pathology-only biogenetics-at-core-driving-force colonialism enforced coercive model must be replaced with the Dimension Psychiatry Ideal Plus model. Realism, dimension, strength, flexibility, human and universal and connected insight, community, society, state, individual, group, potential, realization, and true profound modes of recovery are then available for the benefit of individual, staff, state, and society. It is not so with the monomodal remote unilateral etc. biogenetics model at all, if it has its unipoint coercive way, in spite of the 85 percent of WeSH programming and staff that yield invaluable insight and dimension and realism and connection and

potential and paths and concentration – this type thing already so significant in place at WeSH, and its type of true md biomedicine Dimension Psychiatry Ideal Plus, are key.

These elements form the set of transformative justice points the primary set, that I have, for WeSH, and beyond. The Vision Statement provides context and guidance for them (e.g. “WeSH will expand its role as an integral component of the mental health continuum...with an array of ...” treatment services and approaches, ... and a “No Wrong Door” approach....), in addition to the many interconnections with the Values List and Vision Statement in other documents and that one could imagine as tangible, dimension, and realistic.

In addition, elements such as (4, 4.1, 4.2) are required by PA State Law (Code 55 Chapter 5100 Sections 11, 13, 14, 15, 53). Consistent with and expanding on this – and necessarily a part of a humanized, rights-aware framework, contextualized, connected, realism, dimension program and treatment – are elements (1, 1.1, 2, 3).