

SOUTH CAROLINA
DEPARTMENT OF
MENTAL HEALTH

ANNUAL REPORT
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G. *Establishing More Effective Harmony Between the Various Disciplines:*

1. Establishment of bi-monthly meetings of all Unit IV personnel, (as opposed to the current monthly meeting).

H. *Improvement and Establishment of Office Space for Personnel:*

1. Central air and heating in offices and on wards.
2. Partitioning of office space.
3. Adequate planning of and developing of office space.

COURT PSYCHIATRY SERVICE

One of the goals for this year was to improve transportation for all personnel between the various buildings — Stoney, Cooper, laboratory and x-ray and the clinics in Byrnes.

In transportation very little if anything has been accomplished. Personnel are still using their own cars for transportation back and forth, to pick up drugs, to carry papers and so forth. There are times when transportation has just been non-existent for vital trips.

Next year's goal is to improve transportation. This is certainly our most pressing problem.

The goal in the nursing personnel area at the beginning of the year was to correct the problem of shortage of nursing personnel, particularly on the morning shift because there were so many patients in transit; there was a security problem in that two aides had to escort patients, and at times there were as many as eight aides in transit at one time.

There has been some improvement and we are back up to the number needed. At the present moment we are having no problems in this area.

There is no present problem in the area of security since the new visiting system was installed. Any security problems are transferred to Ward 297 in the Stoney Building.

Security has been accomplished by adhering strictly to the routine procedures and particularly in case of patients whose constitutional rights are being violated by transporting them back to the maximum security ward at the Stoney Building. This is done on an individual, case-by-case, basis at the request of the Unit Director, and the transfer is done by the Superintendent with the authorization of the Attorney General's Office in each case.

The fifteen day evaluation period has improved the processing of the patients in that they are not here long enough to become resistant and actually our census has dropped because of the short period of observation.

Certainly the evaluation of patients has gone at a very smooth rate, with no difficulty at all. The fifteen days observation period has not only reduced our number of patients on the ward, but has actually stimulated the swift processing of the individuals. The impression is that the medical records have also gone smoothly and there have been no problems presented by the fifteen days observation period; this has probably also been due partly to the cooperation from the Registrar's Office.

The best goal in this area would be to utilize all personnel in a clinical extent for evaluation to the point that we can use our social workers, clinical psychologists and possibly some nursing personnel for evaluation as "non-MD" evaluators. We have been doing this indirectly along the lines and as time goes on undoubtedly will have to increase it in this area.

Patient problems concerned two areas: (1) those who are residential patients, retained with a diagnosis of mental illness for treatment who are still on Cooper and Stoney Buildings wards, and (2) the patients who have been transferred to the wards we have on the Court Unit for security purposes and as punishment for them. It was noted that in both areas this was a violation of their civil rights.

In the area of patient's problems, the patients who are residential patients with a diagnosis of mental illness for treatment are now being processed through judicial admission according to the requirements of the new law. Soon as they are judicially committed within a reasonable period of time, they are transferred to the proper treatment unit for the treatment they need. There are exceptions to this, in that patients who are considered too dangerous to themselves and other people to be put in a regular treatment unit. The Superintendent has been retaining these with the authorization of the Attorney General's Office individually in each case. This also applies to patients who are considered a security risk and dangerous to themselves and others, who are put on the wards in one of the treatment units at the State Hospital, and here again at the request of the Unit Director, the Superintendent will get permission individually on a case-by-case basis for their transfer to Ward 297 and further retention there.

It is hoped that we will move to the new evaluation ward in which patients will be on the ward for evaluation purposes only, that they can, through the cooperation of everyone concerned — the social workers, psychologist, nursing personnel and doctors — be evaluated quickly and those who are psychotic and require treatment can be diagnosed in a short time, that is in three or four days and transferred to the proper treatment unit for the treatment that they need.

Correspondent visits — the correspondent comes in and often this is the only visit that is possible to make and it was agreed that the social workers could use their own judgment in determining whether or not the correspondent should visit the patient at the time of the interview, that is if the correspondent came from a long distance or was inconvenienced. It was also agreed that children would be permitted to visit as they do at the Stoney Building — whose visiting hours are set up by the Central Correctional Institution.

The correspondent visits have been accomplished by using the new security screens and by the excellent cooperation of the social workers and the nursing personnel whenever the correspondents have come to visit.

Since the fifteen day observational period, there have been no problems in this area. Therefore, if the system runs as smoothly as in the past there are no special goals for next year.

Recreational therapy — it was noted that this had been brought up previously and the types of patients we have are not amenable to activity or recreational therapy within the existing means of the department and the Unit.

Some possibility has arisen of beginning a recreational therapy program. This has originated in the psychological department and apparently a grant has become available if a proper program can be worked up and presented. This will be inquired into further to see if it can be followed through on; this otherwise remains the same, that is medication and no other therapy at the present.

The goals of the next year will be to provide some sort of recreational therapy for the residential patients as long as we have to take care of them.

AFTERCARE CLINIC

The S. C. State Hospital Aftercare Clinic was initiated June 15, 1961. The clinic was originally developed to provide aftercare services to certain patients of the S. C. State Hospital and the Palmetto State Hospital who were placed on trial visit or discharged status after a period of resident hospitalization. At the time of the clinic's inception only a few counties in the state had developed mental health services and only one county (Greenville) had a defined aftercare program for returned patients. Since then the mental health service program has grown to the extent that all counties currently have mental health services which includes some provisions for aftercare. These developments along with the S. C. State Hospital clinic assuming aftercare responsibilities for a new program brought about significant changes in the scope of the clinic's program during the 1974-1975 fiscal year.