

SOUTH CAROLINA
DEPARTMENT OF
MENTAL HEALTH

ANNUAL REPORT
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- (1) Better community involvement at the community level to see families in the community; more referral groups for relatives; greater development of alternate-care facilities; increase discharges to these facilities; working with personnel in alternate-care facilities to enable them to work better with patients from mental hospitals.
- (2) Provide in-service education on various activities to nursing staff of Unit III.
- (3) Provide more off-campus activities for patients
- (4) Have peer review for Unit III ATS staff
- (5) Work to better improve the environment in unit to help in milieu therapy
- (6) Have nursing personnel become more active members of treatment teams
- (7) Nursing personnel will work to help patients preparing for discharge to be able to cope with problems encountered outside the hospital
- (8) In the future we plan to implement the newly approved Point System to be a modification of the Primary Social Learning Program. This was felt to be necessary due to the shortage of space in our unit in which to develop various programs. The Point System is felt to be applicable to a wider variety of patients than the Primary Social Learning.

In conclusion, we have made a successful program of treatment. We foresee no major changes in the program, except minor changes to strive to improve the programs to serve the needs of the patients. All services feel that an increase in personnel would greatly enhance our effectiveness in treating patients.

UNIT IV

The primary goal for the unit was to render better patient care. The way in which this was accomplished was by the following methods:

A. *Setting Up the Environment for the Patients:* A male admission ward, consisting of twenty (20) beds was established in the unit. This was felt to be an important step because it allowed newly admitted patients to be acclimated to the hospital prior to being on a regular treatment ward. It also allowed efforts to be concentrated more effectively on immediate treatment and goal planning for these patients.

A female security ward was discontinued, and a female admission ward was established. It was felt not to be as adequate as the male

twenty bed ward, but it was felt to be as effective as possible with the number of wards and bed census.

Recreation rooms were established in both the Saunders and the Allan Buildings in Unit IV.

A patient garden was established by the recreational therapy department in the back of the Saunders Building.

Closed, semi-closed and open wards were set up so patients could advance through these wards as their condition improved.

B. Establishing Treatment Programs: We have established approximately eleven (11) social work service groups, thirteen (13) psychology groups, eight (8) activity therapy groups, six (6) nursing groups and four (4) chaplaincy groups. There are also ward government meetings, daily point programs, goal planning workshops and five treatment teams.

C. Establishing Relations With the Counties Which Serve Unit IV: We have visited with all of the mental health clinics in our counties. We have had visits from aftercare workers from all of the centers serving our areas. All of the DSS offices in our county areas are visited by members of our personnel on a weekly basis. We have gained membership on a number of inter-agencies in the community and there has been regular attendance by members of our staff in one particular meeting. Joint workshops from various mental health centers have been held.

D. Securing Places in the Community that the Patients Without Families Might Stay After Release from the Hospital: We have worked closely with one particular mental health center on the development of sheltered home projects. We started a boarding home consultation service from one particular mental health center.

E. Establishing Training Programs for Unit IV Personnel: Goal planning workshops for the unit personnel were established. Social Work Service for Unit IV was approved as a field instruction site for the training of graduate social workers attending the University of South Carolina College of Social Work. One monthly meeting of all unit personnel, one weekly meeting of all unit key personnel, and a bi-monthly meeting of all Unit IV physicians and a nursing in-service training program for the unit were established.

F. Reduction of Census in the Unit: A reduction of census in the unit during the fiscal year 1974-1975 from 206 male patients to 192 male patients at the present time, and from 142 female patients to 132 female patients, was accomplished.

G. Improvement of Environment for Patients: We have placed pictures and plants on the wards and have had new and colorful bedspreads, curtains and lockers placed on the wards. We have had the grill work taken down from the wards where they were not

required. We have had decorations and parties for the various holidays on the wards and pay telephones were established in the lobbies of each building in the unit for the patient's use.

H. Establishing More Effective Harmony Between the Various Disciplines So That Energies Would Not Be Dissipated by Interdisciplinary Clashes: A weekly key personnel meeting was established, which consisted of the heads of each discipline in the unit and there was also established a monthly meeting of all Unit IV personnel.

I. Additions of New Personnel to the Unit: We have had two new physicians join our unit, along with one psychologist, two social workers, and thirty-two nursing employees, (this figure for nursing employees includes L.P.N.'s, R.N.'s, Mental Health Specialists, clerks, etc.).

GOALS FOR UNIT 4

A. Establishing Treatment Programs:

1. More uniform distribution of psychologists on wards in order to provide more adequate time for the implementation of programs, and adequate documentation of these, with a goal towards having one (1) psychologist for each two wards and assignment of three new clinical counselors to the unit. Also, we would like to have a doctorate level psychologist to assist in the implementation of programs of the psychology department on the unit.
2. Establishing a greater variety of therapeutic outlets, such as resocialization and reality orientation groups, group therapy groups, etc.
3. Restructuring of token economy and point programs.
4. Establishing the extent of the objectives by individualizing the behavioral modification procedures to the unit needs of specific patients, as well as in regard to personal grooming and social interaction.
5. The extension of psychological testing providing for assessments of patients needs.
6. Screening patients according to the level of care they would need and placement in the less restrictive environment possible, and structuring goal planning activities towards that environment.
7. Initiate activity therapy on the security ward, Ward 184, Saunders Building.
8. Begin leisure counseling programs.
9. Expansion of community preparation groups.
10. To provide at least One Hundred Twenty (120) patients in the unit with rehabilitation services for the fiscal year 1975-1976.
11. To increase the amount of individual psychotherapy.

B. *Establishing Relations With the Counties Which Serve Unit IV:*

1. Establishing quarterly meetings between the unit and the mental health centers.
2. Establishing mutual goals between the community and the unit staff.
3. Getting to know the goals and problems of the community, as well as communicating the unit's goals and problems.
4. Initiate a referral form to the community mental health centers for follow-up activity therapy service programs.

C. *Securing Places in the Community That the Patients Without Families Might Stay After Release from the Hospital:*

1. Assignment of one social worker for full-time boarding home placement.
2. Continuing development of the sheltered home projects.

D. *Establishing Training Programs for Unit IV Personnel:*

1. Begin periodical In-Service Training programs for Unit Activity Therapy Service staff.
2. More extensive training in didactic procedures to enhance the special skills of the psychologists, such as demonstration groups, individual supervision of instructions, sessions with advance degree staff members, etc.
3. Improvement of goal planning programs.

E. *Reduction of Census in the Unit:*

1. Developing more community resources for patients without families.
2. More concentrated effort towards securing adequate medication and dosage for patients as rapidly as possible.
3. Establishing closer ties with the community and families to facilitate rapid placement of the patient.
4. Securing more personnel for more active treatment.

F. *Improvement of Environment for Patients:*

1. Establishment of central air-conditioning and central heating system, with the lowering of the ceilings in the unit.
2. Covering of the yard fence for the security ward, 184, in Saunders Building, so patients might be able to go out on the yard.
3. Establishment of a smaller admission ward for female patients in the unit.
4. The placement of some equipment which is in need of replacement, (such as the pool table the patients use in the recreation room of the Saunders Building and the television set for patients on the male security ward in Saunders Building).

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.