



SOUTH CAROLINA STATE HOSPITAL, COLUMBIA UNIT, COLUMBIA, S. C.  
Aerial photo by W. T. (Bud) Shealy—June 1962

treatment teams had to be extended over three shifts instead of two with the necessity of coping with increasing numbers of new and chronically ill patients.

Although encouraging, the building program slowed down with only half of the needs met. And the buildup in treatment personnel was not great enough to cope with the increasing admissions. So, while most other states began to reduce their hospital populations, that of South Carolina continued to increase at the rate of some 100 per year. Indeed, for three years after the building program was initiated, the patient population increased at the annual rate of 200.

Then, beginning three years ago, the increase in the patient population slowed to almost a standstill, and the past year brought the first significant decrease in the average daily population since 1885 (slight decreases in 1914 and 1944 did not establish or accompany trends).

The patient decrease during the past year was small, but followed two years of virtual stabilization of the patient population after nearly 40 years of buildup averaging about 100 per year.

Another striking aspect of this three-year population stabilization is that the achievement was effected despite skyrocketing admission rates. In the past four years admissions soared upward nearly 1,000, or an average of 250 more each year. Had the hospital not been able to treat literally hundreds of additional patients each year with some measure of success, an alarming buildup of the patient load would have resulted.

There is no certainty that the patient population will continue to decrease. It may rise again. By the usual yardstick, the hospital has not yet reached the level of staffing and treatment adequacy that would be expected to lead to a drop in the patient population.

Certainly this is no time to rest on our laurels, but rather a time to redouble efforts to improve the hospital at all levels so advancement may be made toward the still distant goal of providing reasonably adequate treatment to all the patients. Community based services should also be accelerated as South Carolina moves toward a well balanced and total attack on our number one health problem—mental illness.

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