SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

ANNUAL REPORT 1976-77



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UNIT IV

The primary goal for Unit IV has always been to render the most Goals: The primary goal for the most effective patient care possible, and to continue to improve services to patients and their families.

How Accomplished:

A. Setting up the environment for the patients: Two new wards in Unit IV were established. A new female community prep ward for Unit IV was established in Cooper Building, as well as a new male community prep ward. Both are twenty (20) bed wards.

B. Establishing treatment programs: New on some wards were programs on Socialization, Ethnic Conflict, Self Awareness, Reality-Orientation and Current Events, Individual Counseling and Milieu Enhancement Program, Level Contingent Therapy

Group and Community Education Group.

A new occupational therapist and a music therapist joined our unit. which led to the establishment of an occupational therapy clinic and a music therapy clinic. Also new to the unit was a clinical dietician, who has occasional treatment groups and discussions on various wards with patients and employees regarding diets and food preparation.

The new Levels Program provides incentives for patients to assume responsibility for continuing improvement of self-care skills and realistic

discharge planning.

The program committee has continued to meet on occasions so that we might continue to make consistent, coherent plans in establishing treatment programs and to formulate suggestions on how to improve on our current programs.

Chaplaincy conducts religious resource groups.

C. Establishing relations with the counties that serve Unit IV: Community mental health workers made monthly trips to the unit for pre-discharge planning. A number of unit employees from all disciplines have gone on trips and attended meetings for the area staff and to boarding homes which serve our area.

The unit dietician talks with the patients and their families whenever a patient goes on a pass or is to be discharged regarding

that patient's diet and special menus.

The unit social workers have participated in the development of a memorandum of agreement with each of the mental health centers in the Pee Dee area, which outlines the mutual expectations between the unit and the various centers and clinics required by departmental policy. The unit social workers have been developing an intensive family

treatment program, in cooperation with the various communities, to bring about a better family involvement.

D. Securing places in the community in which patients without families might stay after release from the hospital: Our aftercare social services has continued to work with five (5) boarding homes used by our unit for placement of patients. Two (2) homes were recently discontinued. One boarding home was expanded from forty-six (46) beds to ninety beds. Another large forty-four (44) bed facility has been established and is working very closely with the Unit IV Aftercare Coordinator. Another boarding facility just outside the Pee Dee area will soon be a source of placement for some of our patients.

Also, we are continuing to work very closely with C.O.I.L. Project to provide training for patients in coping with community problems that

they may face upon release from the hospital.

E. Establishing training programs for Unit IV personnel: Unit IV physicians have continued to have a Physicians In-Service Education twice a month, in which the emphasis is on current journal articles or current psychiatric educational tapes.

An in-service education meeting where unit food service person-

nel and the unit dietician attend is held monthly.

Almost all social work service staff members have participated in one or more training programs directly related to their work.

In addition, the regular weekly sessions on Wednesday afternoons have been used for administration and in-service for social work service staff. Again, social service in Unit IV has continued to serve as a field instruction site for the training of graduate social workers attending the South Carolina State College.

With the addition to the unit's nursing staff in Unit IV of a program nurse specialist I, who serves as coordinator of the unit's program and continuing education for nursing personnel in Unit IV, continuing edu-

cation has been provided for all unit nursing personnel.

Also, many nursing personnel in our unit attended staff development courses, (i.e., Self Defense, C.P.R., Orff Schulwerk Psychophysiological Therapy Workshops, Venipuncture, Introduction to Alderian Psychology, etc.).

The Activity Therapy Department in Unit IV held their own inservice for the entire unit, as well as attending and sponsoring many in-services, seminars, workshops and meetings, (i.e., Physical Therapy Techniques, Manual Communications, SCOTA meetings, Silk Screening, Behavior Modification, Levels Program, Statistics, Censory Integration Workshops, etc.).

The unit psychology director and a doctoral candidate in our psychol-

ogy department in the unit meet weekly on an individual basis with ogy department in the opposition of the control of Psychologists in Unit IV have been encouraged to avail themselves of the training courses offered by the Staff Development section and all

have done so extensively during this fiscal year.

F. Improvement of environment for patients: Activity therapy had bulletin board put on each ward in the unit and in the halls of each building. Central air-conditioning and heating has been installed. Renovations were completed last year to the unit, which greatly contributed to a better living environment for our patients. Such improvements were an addition of new paintings on the wards and lobbies, lowering ceilings and having new lighting systems installed on the wards and offices, partitions made to divide the docmitories for patients so that they might have more privacy, new lockers and locks and keys for each patient, new curtains on the wards, wards were painted, new plants and new dayroom furniture added to the wards. Also, all grill doors were removed. Washers and dryers for the wards were obtained, and activity therapy has established a pilot good grooming project. Unit barbers and beauticians now supply the wards with toilet articles and supplies for good grooming.

Activity Therapy acquired much needed equipment for the patients (i.e., record player, two pool tables, stereo recorder, cassette player, air

hockey game, bumper pool table, ping pong table, etc.).

Unit IV patients again established their own vegetable garden behind Saunders Building.

Unit IV is the only unit with its own greenhouse. Patients from Unit IV have become very enthusiastic about this particular project.

G. Establishing more effective harmony between the various disciplines so that their energies will not be dissipated by interdisciplinary clashes: Each week the physicians and nurses have a conference of what has taken place over the weekends within the

The physicians continue to meet twice a month for in-service education and discussions. Activity therapy for Unit IV meets once a week with their discipline, as does the unit psychology department. The meeting for all unit personnel is still held twice a month. Unit IV key personnel meets once a week for a meeting, and also meet once a week to go on grand rounds of the unit. There is a monthly nursing meeting, as well as three separate meetings where the director of Unit IV nursing

meets with ward clerks, and employees of nursing. H. Addition of new personnel to the Unit: We presently have nine (9) psychology personnel, five (5) physicians, (one of these physicians came to the unit on July 1, 1977), one (1) clinical dietician has joined our staff, nine (9) social workers, one (1) chaplain and one (1) chaplain trainee, three (3) vocational rehabilitation counselors, six (6) activity therapy counselors, (including new to the unit one occupational therapist and one music therapist), one (1) barber and one (1) cosmetologist, one hundred twenty-three (123) nursing personnel in Unit IV, including eleven (11) RN's, five (5) LPN's, and a new nursing clerk typist.

Future Goals of Unit IV:

A. Establishing treatment programs: Activity Therapy would like to develop the hortitherapy program and utilize the unit greenhouse to the fullest; to develop the cosmetology and barber program in Unit IV; to establish another Occupational Therapy Clinic; to establish another music therapy clinic; to develop a comprehensive "Activities of Daily Living" program; psychology would like to try to complete psychological evaluations on all long term patients so that every patient in the unit will have one in their folder; psychology will continue to develop treatment procedures using dynamic and behavior modification techniques; the clinical dietician would like to make time for a modified diet patients group; to develop an intensive family therapy treatment program; to plan to reinforce the Levels Program in the unit through more concentrated nursing involvement; nursing would like to teach patients basic skills; nursing would like to establish appropriate social behavior for the chronic long term patients; to establish small classes in reading and writing for group learning and provide instructions on a one on one basis; chaplaincy wishes to begin more community preparation groups with psychology personnel.

B. Establishing relations with the counties which service Unit IV: Social services would like to learn more about the reasons for readmissions; to get all social workers more involved in working with patients families; to develop a more intensive family treatment program to bring total family involvement into working with as many patients as possible.

C. Securing places in the community that the patients without families might stay after release from the hospital: To develop another boarding home facility just outside the Pee Dee Area; to develop more and better boarding home placements; to have an additional social worker who could devote at least half of his time working with the families in the community; to acquire an addition to the travel budget to enable more social workers to get out to the families in the communities.

D. Establishing training programs for Unit IV personnel: To have psychology in Unit IV in-service training sessions on a unit-wide basis; to establish more in-service and staff development for social workers on a

regular basis; to provide educational programs in specialized areas of regular basis; to provide educational opportunities of provide quality patient psychiatric nursing to all nurse educational opportunities of psychiatric nursing to all flat surger educational opportunities that will care continuity; to offer each nursing standards; to involve each care continuity; to oner each summary standards; to involve each employee give the CEU's to meet nursing standards; to involve each employee give the CEC's to make a second at least every six months, with formal continuing education at least every six months.

ith formal continuing cuates the Unit: To place more chronic patients. Reduction of census in the Unit: To place more chronic patients

outside the hospital.

F. Improvement of environment for patients: Provide fitted sheets to make beds more neatly; have paved ramps from buildings to laundry make beds more heary, areas within the building; have paved area; to develop the court yard areas within the building; have paved parking area and beautification of visitors entrance to Ward 180; to have Ward 186 fenced in area enlarged; to improve the barber and beauty shop environments; to provide a more pleasant homelike atmosphere with a maximum of privacy for the patients; paved walkways between the buildings; installation of pay phone on Ward 188.

G. Establishing more effective harmony between the various disciplines: If funds become available, nursing personnel would like to have

more workshops and seminars within the unit.

H. Improvement and establishment of office space and environment for personnel: A lounge area for visitors and employees with vending machines for hot food and sandwiches; office space requested for unit dietician on the unit; Active Therapy needs to obtain space for another occupational therapy clinic; Activity Therapy needs to find office space

for art therapy groups.

I. New positions required for more effective treatment of patients: Social services needs one social worker to work full time in the community; Social services needs one social worker to work half time working with the families and the other half in the hospital; activity therapy needs another music therapist; activity therapy needs two recreational therapists; activity therapy needs to obtain a recreational therapist II position; nursing requests nine (9) R.N.'s and thirty-two (32) LPN's in order for medications to be administered by licensed personnel only; psychology needs more psychologists so that the present staff is not overextended; need a fulltime student chaplain trainee to assist the unit chaplain.

CHILD-ADOLESCENT UNIT

"Change" is probably the best word to characterize the last year of the Intensive Child-Adolescent Hospital Community Care Program. Primarily change has occurred in three different areas: the physical plant, the services rendered, and the staff. Many of these changes have been made in a later than the staff. been made in relation to the two hallmark events of the past year for