

One Hundred And Twenty-Ninth
ANNUAL REPORT

OF THE

**South Carolina State
Hospital**

FOR THE YEAR ENDING JUNE 30, 1952



*Printed Under the Direction of the
State Budget and Control Board*

REPORT OF THE REGENTS

Columbia, S. C., July 1, 1952

*To His Excellency, James F. Byrnes
Governor of South Carolina:*

The South Carolina Mental Health Commission, the Board of Regents of the South Carolina State Hospital, submits herewith to you and to the General Assembly its one hundred and twenty-ninth report, for the fiscal year 1951-1952.

The year 1951-1952 will stand out as a memorable one in the history of the S. C. State Hospital. As a result of the work of the Joint Committee appointed to study public and private mental health facilities of South Carolina and of Your Excellency's eloquent appeal on the hospital's behalf in your annual message, there was appropriated for the fiscal year 1952-1953 \$5,000,000 for permanent improvements at the State Hospital, and the State Training School. This constitutes the most substantial appropriation of funds at any one time for the State Hospital for the purpose of its permanent improvement.

The Joint Committee on Mental Health, headed by Representative Werber Bryan of Sumter, made a thorough inspection of the hospital, with the members satisfying themselves, as anyone must be satisfied who visits the institution and sees its condition, of its very real and very great needs.

In addition, in response to Your Excellency's invitation, a large number of members of the General Assembly visited the hospital to make a personal inspection of at least a portion of it. Not one of them, we are persuaded, went away with a feeling that South Carolina could in good conscience delay any longer the initiation of a substantial building program for that too long neglected institution.

The \$1,000,000, appropriated to the hospital for permanent improvements by the General Assembly in 1946, was supplemented by Federal funds to the extent of \$613,609.11, providing in round figures \$1,500,000 of new construction as well as some additional equipment and repairs. This has now been exhausted—the money spent or allocated. No more Federal aid will be available until the teaching hospital at Charleston has been completed, if then.

During the current fiscal year Building No. 3 at the Columbia Division, used for the housing of tuberculous patients, was en-

larged so as to handle both males and females suffering from tuberculosis. This enlargement made available an additional 100 beds for other patients in an identical building, heretofore used for tuberculous patients.

The reconstruction of Building No. 13 at State Park, which had been partially burned, restored 100 beds to the capacity of that institution.

The Commission, recognizing the greater needs of the State Hospital and carrying out its understanding of the legislative intent, will devote most of the \$5,000,000 appropriated for the next fiscal year to construction at the State Hospital.

The worst situations at the hospital are the utterly inadequate buildings for the housing of disturbed patients and the almost equally inadequate central kitchen at the Columbia Division. In making its report the Joint Committee declared: "These improvements shall include among other things, a building to replace the Taylor Building and a central kitchen at the Columbia Division." Of the Taylor Building, condemned by health authorities years ago but still used to house disturbed male patients, the committee declared: "The entire building is unfit for use. In spite of this, the management at the hospital finds it has to waste money propping up the floors and otherwise trying to keep the building safe for the reason there is no other place to put the patients."

The Commission has, therefore, been devoting its attention to the design at the Columbia Division of a modern central kitchen, large enough to supply nutritious and palatable food to the 3,000 patients, and to the design of ward buildings large enough to take care of the disturbed patients of both sexes. In this study representatives of the Commission and of the hospital with the hospital's architects have visited State hospitals in Maryland, Virginia, North Carolina and Georgia, inspecting new construction. The Commission also has consulted the construction planning resources of the American Psychiatric Association and of the Division of Hospital Facilities Unit, Public Health Service.

Out of this study has come two designs for disturbed patients' buildings, as good as any such construction the members of the Commission have seen for this purpose and better, we believe, although less expensive than most of them. Each of these struc-

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tures will be duplicated for the two sexes and together will be capable of housing 608 patients.

Since the Taylor Building will be destroyed as soon as patients may be moved out of it, the actual capacity of the hospital will be increased, therefore, only by about 300 beds.

In studying the central kitchen needs, the Commission has abandoned any attempt to enlarge the existing kitchen and is now working on plans to construct a new combined kitchen and bakery attached to and adjoining the existing warehouse, which would also be enlarged by the addition of deep freeze storage facilities to enable the hospital to purchase advantageously frozen foods in carload lot quantities. These facilities, the Commission believes, should be large enough to provide for the normal growth of the institution and space will, therefore, be provided for the addition of other equipment, when such additions become necessary.

By moving the kitchen from its present location it will become possible to enlarge the existing congregate dining rooms, also an imperative need of the hospital.

These additions to the hospital plant will of necessity require the enlargement of the existing central heating system at the Columbia Division, since it has not been designed with any reserve capacity.

At the State Park Division the Commission plans to renovate Building No. 1, replacing existing electrical wiring and plumbing to meet at least the minimal standards of safety and sanitation. Structurally, this building is sound and when the work of renovation has been completed, the hospital should have in it not a modern but certainly a good building.

Some smaller projects—an X-ray building for State Park, which eventually would become a part of the infirmary, among them—are also contemplated. The X-ray equipment for this building will become available in the next fiscal year. Heretofore patients from the State Park Division, requiring X-rays, have had to be transported to the Columbia Division for this service. Such a practice promotes neither the efficiency of the hospital's operations nor the safety and comfort of the patients.

The construction program will, of course, contribute greatly to the hospital's improvement, but no one should delude himself that \$5,000,000 will make a modern mental hospital out of an

institution that has been neglected as long as the State Hospital has and has deteriorated to the extent that it has been allowed to deteriorate. Twenty years ago the State Hospital housed 3,407 patients. Now the hospital population has climbed above the 5,300 mark. The bed capacity of the hospital, by the Public Health Service standards, is only 3,584. The hospital is, therefore, 50 per cent overcrowded. Actually conditions in some areas are worse than these over-all figures indicate. Patients must be classified and grouped and the sizes of these groups vary widely. This overcrowding is just about equally divided between the Columbia and the State Park Divisions. To relieve it both institutions would have to be enlarged by more than 50 per cent. And while this enlargement was taking place, the hospital would continue its present growth at a rate of approximately 100 patients a year.

What has been begun in the appropriation of this first \$5,000,000—and the Commission is persuaded that not more than \$5,000,000 can be wisely expended in any one year at the hospital—must be continued before South Carolina can begin to feel that it has accomplished what it wants to accomplish for those of its citizens suffering from mental disease. And mental illness touches at one time or another virtually every family in South Carolina.

The chief emergency needs of the hospital after this \$5,000,000 has been spent will be in four areas: more bed space for patients, adequate recreational facilities for both divisions, additional active treatment facilities at the Columbia Division, and a modern medical and surgical hospital to serve both divisions.

The hospital of necessity is proposing to do little more than replace beds with this first surplus appropriation. Some of the overcrowding in those classifications where it is now worst will be relieved, of course, but the hospital when this work is done will still remain what it is today—one of the most overcrowded mental institutions in America. Other ward buildings, at both divisions, must be constructed. Recreation is a part of therapy in any mental hospital and adequate recreational facilities, both indoors and out, will contribute to the more rapid recovery of patients as well as make their stay in the hospital more comfortable and rewarding. The only indoor recreation area provided at the Columbia Division is a hall on the top floor of the Administration Building, the use of which must for safety's sake be too

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rigidly restricted. Even so, it constitutes an invitation to disaster for the lack of adequate exits.

Mental patients suffer in addition to their mental diseases all of the ills that bedevil normal humanity. They must be hospitalized for tuberculosis, for pneumonia, for fractures, for operations of every kind. A separate building designed and equipped as a general medical and surgical hospital should replace the present make-shift facilities.

Annual admissions to the hospital have climbed above 2,000 a year and the active treatment areas of the hospital were not designed to take care of this load. This is an indication that the people of South Carolina are coming to recognize some of the earlier symptoms of mental disease and many of them to seek treatment at a time when the prognosis is good. If adequate facilities for active treatment were to be provided, the hospital could get a larger proportion of its first admissions out of the hospital in a shorter time, restoring them to normal and productive life. The great economic waste involved in any prolonged illness derives from the fact that the ill person, who might be maintaining himself and at the same time contributing to the State in the form of taxes, is deprived by his illness of the capacity to earn a living much less to make any contribution to others or to the State. And mental illness, discovered too late, is for all practical purposes, a terminal disease, even though the end may be delayed by care and treatment for years.

The personnel problems of the hospital remain as heretofore unsolved. The staff of the hospital is underpaid and overworked. Where the hospital has 13 psychiatrists it should have 52 to meet minimum standards. Where it has 23 nurses it should have 255. And so, also, for every other category of service rendered.

The medical staff, however, cannot be built up even to what it was 20 years ago until salaries are raised to a point where psychiatrists can be attracted to the hospital. Medical salaries have been increased, of course, but not enough as yet to serve this purpose and thereby to increase, as should be done, both the quality and the volume of treatment afforded by the hospital.

The nursing and attendant staff cannot be increased until the work hours are reduced. The Commission earnestly requests that the General Assembly make available next year money sufficient

to allow for the institution of a three-shift day and a 48-hour work week.

The other major result of the report of the Joint Committee was the enactment of a new Mental Health Code, based on the model Mental Health Act, modified to meet South Carolina's conditions.

This Act, seeking to establish a sound basis, for the administration of all State institutions operating in the field of mental health, created the South Carolina Mental Health Commission, by the device of re-naming the Board of Regents of the State Hospital and giving it jurisdiction as the central mental health authority to prescribe necessary forms, promulgate rules and regulations, promote research. In addition, the Commission was empowered to regulate, license and inspect all private and other institutions, operating in this State, providing in-patient care, treatment or training for the mentally ill, mentally defective, epileptic, senile, drug-addicted and alcoholic.

The archaic and sometimes undesirable and harmful terminology of the old laws was replaced by language based upon a recognition that those suffering from mental disease and mental deficiency are, like the victims of physical disorders, simply ill or handicapped persons. The entire admission procedures were re-cast to facilitate the admission of persons to the hospital for treatment and to minimize the chances of psychic trauma which existed in some of the old procedures.

This Act was approved March 7, 1952, after the enactment of the General Appropriations Bill. No money was available, therefore, to finance the additional work imposed by it upon the Commission either during the nearly four months of this fiscal year or during the next fiscal year.

Some functions, however, had to be performed with or without money since the Act supplanted and repealed all the laws under which both the hospital and the State Training School had operated. New forms, accommodated to the new procedures, had to be devised, printed and distributed to the Probate Courts of the State. Work has accordingly been begun, with the advice and counsel of the Attorney General's office, on devising the new admissions forms required by the law.

As a makeshift, Dr. W. P. Beckman, superintendent of the State Hospital, was named State Director of Mental Health,

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combining this job for an ephemeron with the position of superintendent. It is recognized, however, that this can be only a transitory strategem. Each of these positions is a major job in itself, requiring the full time of separate organizations and personnel.

Included in the Appropriations Bill for fiscal 1952-1953 is an appropriation of \$28,000 for purposes paralleling the functions of the Central Office. The Commission is, therefore, asking approval of the State Budget and Control Board to use this sum for the purpose of setting up and operating the Central Office for a portion of next year with a skeleton force to perform those duties without which the new law would not function.

To the Governor, the General Assembly, the Joint Committee, the State Budget and Control Board, the Attorney General and other State departments, the Commission owes its thanks for services and assistance generously rendered.

To the employees of the State Hospital, it owes a debt of gratitude in the name of the people of South Carolina for a job well done under trying conditions.

Respectfully submitted

G. A. BUCHANAN, JR., *Chairman*

MRS. WILLIAM R. WALLACE

OLIN B. CHAMBERLAIN, M. D.

W. W. HARRIS

C. M. TUCKER, JR.

Board of Regents

South Carolina State Hospital

South Carolina Mental Health

Commission