

THE COMMISSIONER COMMENTS

It is not an easy task for me to decide upon and put down on paper my comments concerning the progress and problems of the Department — what we have been calling over the years the “State of the Department Address.”

Last year a cloud of pseudo-controversy hung over the Department. We passed through the crisis — and I thought the picky problems were over.

But another cloud has been created by misguided antagonists and again the quality and quantity of our work lies in the shadow.

We have to struggle to find the right words in defense of the Department, our programs, our employees, our goals — the very reason for our existence — the patients who depend on us — daily.

We struggle to find the right words but common decency and diplomacy deny us the luxury of total defense. As professionals we can only hold out a shield of truth against the barrage of falsehood, rumor innuendo, half-facts and twisted logic.

- All too often the truth stands naked before such a colorful assault.

I do not feel much optimism. This past year, taken as a whole, has done little to sustain my enthusiasm nor make me comfortable with the limited progress within the Department, our facilities and programs.

I refer to the “expose” in the *State* newspaper on Sunday, October 3, 1976 — a full page presentation of what is now called “enterprising investigative reporting.” This is the cloud I mentioned earlier.

Well, I want to try to put this into proper focus. What was in the paper was this Department’s complete and documented response to a series of 32 complaints alleging patient abuse which was the result of Senator Thomas Smith’s collaboration with two former nursing supervisors at Crafts-Farrow State Hospital. Of those 32 points only 16 were in the category of patient abuse.

No one regrets patient abuse more than I do. It is intolerable. But it happens, and no matter how firmly we deal with this matter by immediate dismissal or prosecution of any employee who abuses a patient, it will happen. This is not an excuse for in the final analysis there can be no excuse for one person, any person, abusing another — be it a patient or a fellow employee, one’s neighbor — I could make the list endless.

But isn’t this one of the unwanted traits of society. This calls to my mind the words of a paragraph of Reinhold Niebuhr, “Man’s capacity for justice makes democracy possible, but man’s inclination to injustice makes democracy necessary.”

There are some bleeding-heart types out there who tell me they can’t accept the fact of patient abuse. Well, I can’t accept it, but I have to. I

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know of 50 Departments of Mental Health in all of our states and countless plush and private psychiatric facilities who also do not like it.

What can we do? We can do what we have always done, be alert to the potential for patient abuse, be totally objective in evaluation of employee performance especially at the direct care to patient level; educate and re-educate, orient and re-orient our employees and our supervisors; make the physical safety and comfort of our patients our constant concern and deal severely with those who violate our work rules and regulations. We can't make everybody saints, but we can make them believers.

The thought of patient abuse sickens me and I will do all in my power to see that it does not happen.

Each year I have tried to say something happy and encouraging to make SCDMH employees feel wanted and appreciated. I'll try to do that again this year, for they deserve it. But, of greater importance, I hope that this Address will make people understand the difficulties under which we have been forced to continue functioning.

Let's take a brief look at the past year, which, as I have said, showed limited progress.

Village "A" is nearing completion, and our projection at this point is that it will be operational in the last quarter of Fiscal Year 1976-77, probably beginning about April. The Village System was one of the main focal points of this dream we have called our 10-Year Plan — the "New Direction" of the Department of Mental Health. Village "A" will be a 304-bed intensive treatment psychiatric center and it will serve the 15-county Midlands area.

Our initial planning back in 1968-69, and the adoption of the Village concept in 1970 projected the construction of four such psychiatric villages with the other three to serve the Piedmont, the Pee Dee and the Lower Coastal areas of the State.

We are now in the architectural contract phase for Village "B" in Anderson in the Piedmont and we have \$50,000 allocated, but not as yet available, for the planning for Village "C" to be located between Florence and Darlington. There has still been no action in the Lower Coastal area.

One of the desirable features of what we adopted as the Village concept was and is flexibility. Six years have transpired since we chose the Village direction in an effort to modernize and decentralize our major psychiatric facilities.

Many things have changed since that time. We are fortunate we are able to modify our thinking, our direction, to keep in step and keep our programming directed toward meeting the needs of the patient.

South Carolina State Hospital was surveyed for accreditation and the

Special Diets to Employees	420
BYRNES AND WILSON	
Regular Diets to Patients	113,927
Special Diets to Patients	159,870
WILLIAM S. HALL INSTITUTE	
Regular Diets to Patients	89,130
Special Diets to Patients	10,035
Regular Diets to Employees	86,816
Special Diets to Employees	392
Guest Meals	510

ENGINEERING DIVISION

The Engineering Division is charged with the responsibility of maintaining all hospital property and of insuring that the patients are housed and treated in a safe physical environment. This is a tremendous challenge in view of the very old buildings now being used and the destructive nature of the patient population. During the Fiscal Year 1975-76, the Division attempted to systemize the preventive maintenance function through the use of computerized maintenance schedules. This appears to be progressing very well and holds much promise. We have set a goal of avoiding costly repairs through the use of preventive maintenance and fixed responsibility for the upkeep of all equipment and structures.

The Division undertook a major project in the renovation of the Allan, Preston, Saunders, Cooper, and Lieber Buildings. These structures were air-conditioned and heated through a contract with a private firm and concurrently were renovated, modernized and humanized by the Engineering Division. Some of the improvements were improved lighting, installation of more aesthetic floor tile, separation of the beds by partitions and lockers, and removal of heavy steel grills at the nurses' stations. These buildings are now much more suitable for patient treatment and positive gains are already being experienced in the treatment programs.

In addition to the renovations, all patient care areas were surveyed for needed repairs, painting, and other maintenance, and it is hoped that this can be kept current. In the future the Division plans to schedule all such maintenance so that each area is painted and maintained on a set schedule, thus most effectively utilizing Engineering resources.

SECURITY DIVISION

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