

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

State Director John H. Magill

PATRICK B. HARRIS PSYCHIATRIC HOSPITAL

Hospital Director John Fletcher

Fall 2011

DMH
OPERATES A
NETWORK OF
SEVENTEEN
COMMUNITY
MENTAL HEALTH
CENTERS,
42 CLINICS,
FOUR
HOSPITALS,
THREE
VETERANS'
NURSING
HOMES, AND
ONE
COMMUNITY
NURSING HOME.

**DMH HOSPITALS
AND
NURSING HOMES**

Columbia, SC

G. Werber Bryan Psychiatric Hospital

William S. Hall Psychiatric Institute (Child & Adolescents)

Morris Village Alcohol & Drug Addiction Treatment Center

C.M. Tucker, Jr. Nursing Care Center - Stone Pavilion (Veterans Nursing Home)

C.M. Tucker, Jr. Nursing Care Center - Roddey Pavilion

Anderson, SC

Patrick B. Harris Psychiatric Hospital

Richard M. Campbell Veterans Nursing Home

Walterboro, SC

Veterans Victory House (Veterans Nursing Home)

DMH HISTORY AND DEMOGRAPHICS

South Carolina has a long history of caring for those suffering from mental illness. In 1694, the Lords Proprietors of South Carolina established that the destitute mentally ill should be cared for by local governments. The concept of "Outdoor Relief," based upon Elizabethan Poor Laws, affirmed that the poor, sick and/or disabled should be taken in or boarded at public expense. In 1762, the Fellowship Society of Charleston established an infirmary for the mentally ill. But it was not until the 1800's that the mental health movement received legislative attention at the state level.

Championing the mentally ill, South Carolina Legislators Colonel Samuel Farrow and Major William Crafts worked zealously to sensitize their fellow lawmakers to the needs of the mentally ill, and on December 20, 1821, the South Carolina State Legislature passed a statute-at-large approving \$30,000 to build the South Carolina Lunatic Asylum and a school for the 'deaf and dumb'. This legislation made South Carolina the second state in the nation (after Virginia) to provide funds for the care and treatment of people with mental illnesses.

The Mills Building, designed by renowned architect Robert Mills, was completed and operational in 1828 as the South Carolina Lunatic Asylum. The facilities

grew through the decades to meet demand, until inpatient occupancy peaked in the 1960's at well over 6,000 patients on any given day. From 1828 through 2011, South Carolina state-run hospitals and nursing homes treated over 947,000 patients and provided over 148,500,000 bed days.

In the 1920's, treatment of the mentally ill began to include outpatient care as well as institutional care. The first outpatient center in South Carolina was established in Columbia in 1923.

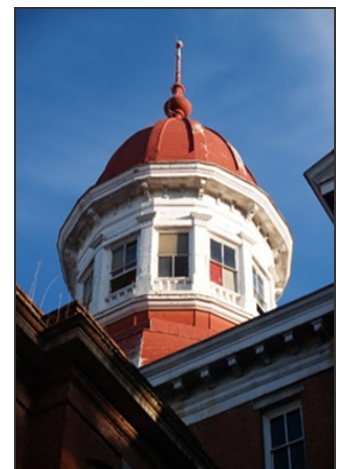
The 1950's saw the discovery of phenothiazines, "miracle drugs" that controlled many severe symptoms of mental illness, making it possible to "unlock" wards. These drugs enabled many patients to function in society and work towards recovery, reducing the need for prolonged hospitalization. Government support and spending increased in the 1960's. The South Carolina Community Mental Health Services Act (1961) and the Federal Community Health Centers Act (1963) provided more funds for local mental health care.

The South Carolina Department of Mental Health (DMH) was founded in 1964. In 1967, the first mental healthcare complex in the South, the Columbia Area Mental Health Center, was built. The centers and clinics have served over 2,800,000 patients, providing over

38,000,000 clinical contacts.

Today, DMH operates a network of 17 community mental health centers, 42 clinics, three veterans' nursing homes, and one community nursing home. DMH is one of the largest hospital and community-based systems of care in South Carolina. In FY11, DMH outpatient clinics provided 1,175,482 clinical contacts and DMH hospitals and nursing homes provided nearly 530,000 bed days. Last year, DMH treated nearly 100,000 citizens, including approximately 30,000 children and adolescents.

DMH
MISSION:
TO SUPPORT
THE RECOVERY
OF PEOPLE WITH
MENTAL
ILLNESSES.



Babcock Building Cupola



Patrick B. Harris Psychiatric Hospital

130 Highway 252 - Anderson, SC 29621
(864) 231-2600

www.patrickbharrispsychiatrichospital.com

PATRICK B. HARRIS PSYCHIATRIC HOSPITAL

Patrick B. Harris Psychiatric Hospital (HPH) is an acute care psychiatric inpatient facility located in Anderson, South Carolina. One of four hospitals run by the South Carolina Department of Mental Health (DMH), HPH is the only public psychiatric inpatient facility in the Upstate and serves 13 counties and the state's entire deaf population. The hospital provides intensive psychiatric diagnostic and treatment services.

In fiscal year 2011, HPH served 1,002 patients and provided 40,620 bed days. Since opening in 1985, HPH has admitted more than 92,000 patients and has provided over 1,227,000 bed days.

The mission of HPH is to utilize a team approach for treatment planning, implementation, coordination of total care, and continuity of aftercare. These services are provided with the least amount of patient restriction and maximum opportunities for each person's recovery. At HPH meeting patient and family needs is the top priority.

Medical treatments, therapy, meals, haircuts, laundry, and recreation are provided in-house. HPH community areas, gymnasium, swimming pool, and on-site library provide recreational opportunities.

HPH is divided into three lodges. Lodge "G" serves

male acute care psychiatric patients, lodge "H" serves female acute care psychiatric patients, and lodge "K" is an intermediate care co-ed unit. Common diagnoses on all three units are Schizophrenia, Bipolar Disorder, Major Depression, Anxiety Disorder, and Personality Disorder. Currently, the maximum occupancy at HPH is 121 beds. Based on 2011 statistics, the average length of stay at HPH for acute patients ranges from 21 to 28 days.

The facility is accredited by The Joint Commission, the Centers for Medicare and Medicaid Services, and the Department of Health and Environmental Control.

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COUNTIES SERVED		
ABBEVILLE	GREENVILLE	PICKENS
ANDERSON	LAURENS	SALUDA
CHEROKEE	MCCORMICK	SPARTANBURG
EDGEFIELD	OCONEE	UNION
GREENWOOD		

JOHN FLETCHER, HOSPITAL DIRECTOR



John Fletcher,
Hospital Director

John Fletcher began working for DMH in 1985 at the South Carolina State Hospital in Columbia. In 1999, Fletcher came to HPH as acting director while DMH began the search for permanent leadership. After six months, Fletcher enjoyed the hospital and the local area so much, he decided to put his name in for consideration for the position. In January 2000, he accepted the position of hospital director.

The operating philosophy at HPH is that “it starts at the front gate.” Fletcher ensures the facility is clean and well kept; staff supports one another and everyone works together to best meet patient needs by providing an environment of acceptance and personal dignity.

He is pleased to have so many

long-term employees; some have been working at HPH for more than 26 years. “You can’t buy experience like that,” said Fletcher. “At HPH we believe that you don’t work with the mentally ill to have a job, you work with the mentally ill because that is what you are ‘called’ to do.”

Fletcher is proud to be a part of the coalition of the Upstate hospitals, noting that building relationships often results in increased medical care options for HPH’s patients.

Fletcher’s vision for the future of HPH includes a strong telepsychiatry program, which could allow screenings to occur earlier for prospective patients. According to Fletcher, HPH could become a major telepsychiatry hub, especially with the Greenville Hospital residency training

program coming. As with most things, expansion in this field will depend on new or renewed funding sources.

“Ten years ago we rewrote our vision statement to be recognized locally, regionally, and nationally as a center of excellent care. At that time it seemed a pipe dream to be recognized regionally and nationally. But now that the hospital is partnering with a medical school and a residency program, as we start training physicians, we will evolve to that high standard of recognition. There is a strength that Mental Health can build upon through public-private partnerships. It’s the way to go,” said Fletcher.

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KAY L. SEYMOUR, DIRECTOR OF SOCIAL WORK



Kay L. Seymour,
Director of Social Work

Kay L. Seymour, LISW-CP, earned her Master’s of Social Work degree from the University of South Carolina School of Social Work, and received extensive hours of individual supervision in order to become a Licensed Independent Social Worker in Clinical Practice. She has served as the director of Social Work for the past 12 years and, prior to this, was with the South Carolina Department of Social Services. A lifelong resident of South

Carolina, she has spent the last 40 years serving the citizens of the place she fondly calls home.

The global mission of the Social Work Department is to function as a vital part of multi-disciplinary teams while ensuring the provision of the highest quality social work services to all patients, their families, the mental health centers in the geographical region served by Harris Psychiatric Hospital. Emphasis is focused on individual recov-

ery by assisting patients with the attainment of their full biopsychosocial potential within community and family settings.

“We serve as advocates for patients in an effort to destigmatize emotional and behavioral illnesses. Treating individuals with dignity and respect is a core philosophy demonstrated by the strong work ethic throughout the HPH Social Work Department,” said Seymour.

KAY L. SEYMOUR, DIRECTOR OF SOCIAL WORK

A vital function within the Social Work Department is the obligation to foster and advance the profession through the education of students in the field. HPH Social Workers work closely with the University of South Carolina and other educational

centers of excellence to provide internship placements for those obtaining a Master's in Social Work and related educational fields.

With the creation of the University of South Carolina School of Medicine,

Greenville Hospital System Campus, the Department of Social Work at Harris Psychiatric Hospital is privileged to expand its educational role to include medical students and eventually psychiatry residents completing assigned rotations at HPH.

GEOFFREY GABRIEL, MD, MEDICAL DIRECTOR & DIRECTOR OF PROFESSIONAL SERVICES

Dr. Geoffrey Gabriel's work is diverse. An active medical staff member, he has a faculty appointment with teaching assignments, and holds the rank of Assistant Professor of Clinical Neuropsychiatry and Behavioral Science at the University of South Carolina School of Medicine.

Dr. Gabriel enjoys science, and has worked in the fields of internal medicine and infectious diseases, geriatric psychiatry, psychiatry, and psychosomatic medicine. While working at the Veterans Administration (VA) in Wisconsin, he was contacted by a former colleague to come to South Carolina. After surviving a particularly snowy winter in Wisconsin, he was happy to accept a position. When he isn't working, he enjoys running, biking, and spending time with his family—watching his kids grow up.

According to Dr. Gabriel, the difference between a typical

hospital and HPH is that HPH deals with the most complex behavioral health cases. HPH staff doesn't try to discharge patients in three to five days; staff becomes familiar with the patients' histories and there is continuity of care.

Changes that Dr. Gabriel would like to see include increasing salaries of nurses whom he considers "exceptionally dedicated," opening more beds, restoring the Drug and Alcohol Addiction Treatment unit, and adding a Child and Adolescent treatment unit.

Gabriel believes drug and alcohol addiction treatment is desperately needed in the Upstate. Such treatment should be a high priority because persons with addictions affect "all spokes of the wheel," affecting multiple individuals: mom, dad, brothers, sisters, children, etc. Addiction draws in others who interact with the person with the disease. According

to Dr. Gabriel, "If you treat one addicted individual, you may ultimately be treating ten."

Child and adolescent psychiatric services are also extremely vital, with emphasis placed on prevention. The earlier treatment is given, the more likely it is to prevent more serious illness later.

Dr. Gabriel feels that state institutions are a logical place for conducting clinical drug trials and is taking leadership in developing a state research community/teaching facility. He agrees that this is a great time for residency training and collaboration of services. According to Gabriel, "With the medical school starting in Greenville we will have many more medical students rotating through HPH. It's a great opportunity."



Dr. Geoffrey Gabriel,
Medical Director & Director of
Professional Services

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DONNA POORE, DIRECTOR OF NURSING



Donna Poore
Director of Nursing

EACH YEAR,
APPROXIMATELY
150-200
STUDENTS FROM
THREE AREA
NURSING
SCHOOLS
COMPLETE
PSYCHIATRIC
NURSING
ROTATIONS AT
HPH.

On the Tuesday after Labor Day, in 1985, Donna Poore attended the first orientation class of HPH. She's been an asset there ever since. As director of nursing she is dedicated to maintaining quality nursing care in a safe and therapeutic environment.

Nurses provide direct patient care and patient education, including medication groups, diabetic teaching, coping skills, and more. The Recovery Center, in operation since 2004, provides patient education in an off-lodge setting, in a classroom. The program generates about 800 progress notes per quarter, and about 40 new patients a month participate in classes that teach how to live a healthy lifestyle.

To attract and retain quality nurses, Poore strives to provide training opportunities for her staff so they have the knowledge and skills to be the best they can be in their chosen field. Her goal is to ensure her nurses are in constant readiness for any validation survey (Joint Commission, CMS, DHEC, etc.).

If Poore could make a wish and change one thing at HPH it would be to increase the salaries of nurses. She feels that higher salaries would help her to recruit and retain quality nurses and bring the current nurses' salaries more in line with those in the private sector. Although licensed for 200 beds, HPH is currently funded for 121 operational beds; a combination of dwindling funding and difficulty maintaining adequate nurse staffing ratios currently limits the number of operational beds.

The latest program in the nursing department consists of two mental health specialists who have been assigned to do patient group meetings. Each specialist conducts six groups a day for a total of twelve group meetings. The specialists have been trained in group dynamics and meet with HPH psychologists weekly for ongoing training and feedback. The specialists identify specific patient needs and/or problems on each lodge.

HPH has agreements with a variety of colleges and universities to provide learning environments for student clinical rotations. Each year, for nearly 20 years, approximately 150-200 students from three area nursing schools, Clemson, Tri-County Tech, and Piedmont Tech, complete psychiatric nursing rotations at HPH. "There is an obligation to pass on knowledge and passion to the next generation of behavioral health professionals," said Poore. Though it takes time to teach students in the midst of a patient care environment, failure to invest that time could ultimately lead to a devastating shortage of behavioral health clinicians.

"The best thing about HPH is the staff's high level of caring for patients. I believe the community holds HPH in high regard and that the general consensus is that HPH is the place to go for psychiatric care," said Poore.

ACTIVITY THERAPY & RECREATION



Susan Williams
Activity Therapy Director

Led by Activity Therapy Director Susan Williams, HPH offers Recreation and Music Activity Therapy. Staff therapists conduct goal-oriented therapeutic groups, and assess and document patient progress.

Based on clinical needs, patients take part in Independent Living Skills, Music Ther-

apy, Gardening, Aerobics, Weight Lifting, Life Management, Sports, Crafts, Community Re-integration and more. HPH recreation specialists conduct monthly, hospital-wide, special events for patients, like volleyball tournaments, dances, carnivals, super BINGO games, and field days.

Another therapy program, Adult Community Education Skills, or ACES, takes patients on off-lodge trips to places like the zoo, the mall, and the bowling alley. According to Williams, the goal is to maintain an environment that provides the opportunity for patients to reach their maximum potential.

NAMI AND HPH CREATE A PRESCRIPTION FOR HELP, HOPE, & HEALING

Since 2003, The National Alliance on Mental Illness (NAMI) - Anderson, Oconee, and Pickens Chapter has partnered with HPH in teaching the Provider Education Course to its hospital employees yearly. Nurses, psychologists, mental health specialists, security personnel, dietary staff, maintenance, administration, and more have taken the course. The program teaches what it's like to be a person living with the symptoms of mental illness or the family member of someone who has a mental illness by presenting personal stories so that staff can become more caring, compassionate professionals.

In 2011, Provider Education Course students were impressed with what NAMI does to improve the lives of those with mental illness and

their families and wanted to be instrumental in getting NAMI information out to patients and patients' families. They suggested finding a way to let patients know how to get in touch with their local NAMI affiliate no matter where they reside in the state.

Since there are 17 affiliates in the state, it was determined that advertising one toll-free number to the NAMI-SC office and the state website would be the best course of action. The final result is a paper that looked like a prescription, containing the NAMI-SC logo, services available (support and education), the toll-free NAMI-SC phone number and the NAMI-SC website.

With approval from Hospital Director Fletcher, HPH pharmacists staple the notepad size, prescription-look papers

to the medication bags of patients as they are being discharged from the hospital. Patients now have access to a valuable community resource.

This idea has been shared with other hospitals in the Upstate as well as law enforcement and probate judges in Anderson, Oconee, and Pickens counties. NAMI Board Member Michelle Ready hopes that other agencies will participate and that the idea will eventually be implemented statewide, so that those in need will know to contact NAMI for help and information.

"We are very grateful for the partnership we have with Harris Hospital and look forward to many more productive years together," said Ready.



Michelle Ready
NAMI Board Member

HPH HISTORY

In 1970, the S.C. Department of Mental Health decided that the best way to alleviate overcrowding at the State Hospital was to switch to a community hospital concept. In 1974, it was announced that HPH would be constructed in the Upstate, containing an initial 206 beds for adults, the elderly, and children. Anderson County the geographic center of the Upstate catchment area at the time, was chosen as its location.

The \$16 million complex was constructed on a 70-acre wooded site located on S.C. 252, six miles east of the City

of Anderson. Construction was completed in 1984.

The 167,255 square foot healthcare facility was constructed as one building, but is divided into smaller components. Living units known as "lodges" accommodate four groups of 11 patients each and provide shared therapeutic space for normal daily living activities.

The 12,900 square foot maintenance facility includes an energy facility, maintenance center, laundry facility, and vehicle service, housed in separate buildings and located

remotely from the village complex proper.

In December 1981, the Mental Health Commission voted to name the hospital in honor of then Representative Patrick B. Harris, an advocate and champion for the cause of the mentally ill and handicapped in South Carolina. Affectionately known as "Mr. Pat," Representative Harris served as an esteemed member of the SC House of Representatives for 27 years. He died in 2001 at the age of 90.

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TO SUPPORT THE RECOVERY OF
PEOPLE WITH MENTAL ILLNESSES.

**SC DEPARTMENT OF
MENTAL HEALTH**

2414 Bull Street
Columbia, South Carolina 29201

Phone: (803) 898 - 8581

WWW.SCDMH.ORG

Patrick B. Harris Psychiatric Hospital

130 Highway 252
Anderson, SC 29621
(864) 231-2600

WWW.PATRICKBHARRISPSYCHIATRICHOSPITAL.COM

RECOVERY SPOTLIGHT – BY JACQUELINE

For me, mental illness progressed over time. It started fairly young when I started getting molested by my cousin, who I called uncle because he was that much older than I. Every year that it happened caused me to suppress my feelings of hurt guilt and shame.

I was seven and I just didn't know what to do, but one thing was for sure, there was definitely something wrong with my behavior in class. They called it needs improvement in self control. I always had that "talks too much" and "lacks self control" report after each quarter, which I dreaded because I feared a belt each time by my dad, who I love, but who thought whippings were the answer. He didn't know that

his little girl was going through something far deeper on the inside than anyone could know, living with torment.

I was always pretty smart, but I began displaying behaviors of a "class clown." For me, I think that making people laugh is somewhat a part of my fear of them disapproving of me, but I've learned how to do it so well I don't have to worry about how to make others laugh.

During trips to the Bahamas I made others laugh, but that's also where the molestation happened. So in essence, for me, the symptoms started around seven and I just dealt with my pain by smoking pot and drinking with friends.

People recognized I had

some 'crazy' in me but in N.Y. it was pretty normal-except in class, there it was not accepted. I was bullied a lot in school.

They noticed strange behavior recently, and, at the age of 31, I wrote grandiose thoughts on walls. I frightened people with threats, just like I did when I was growing up. There really hasn't been a time when I have not experienced difficulties but I see a light to getting better. My diagnosis is Bipolar.

Living with this mental illness is fine as long as I take my medicine. Taking my medicine helps relieve stress. I think it took all of the 30 years to experience an emotional breakdown to where

I've been noticed and able to get help. I can tell a difference in the way my brain functions when taking my medication.

My suggestions to others with mental illness:

1. Do not be ashamed.
2. Seek help.
3. Get relief through positive outlets, such as taking medication as prescribed by your doctor, talking with your therapist, or even talking to a Crisis Line.
4. Learn about your diagnosis.

The most important thing in your recovery is You.