Mentoring is a fundamental form of human development where one person invests time, energy and personal experience in assisting the growth of others. The mentor helps prepare individuals for greater productivity or achievement in the future.

The South Carolina Department of Mental Health (DMH) Mentoring Program was designed, developed, and implemented by the Division of Evaluation, Training, and Research in February 2004. The program materialized to address concerns by DMH leadership, that, over the next three to five years, the agency would lose much of its senior leadership to attrition.

Unfortunately, that projection has become a reality, and may worsen as budgets shrink.

The goals of the DMH Mentoring Program are to hone first-rate management skills in mentees; open doors for employees, allow opportunities for upward mobility within the agency; and provide opportunities for plateaued managers to grow and be challenged. (Continued on page 10)

The 2009 graduating class of the DMH Mentoring Program

SCDMH Deaf Services Program Featured in National Newsletter

By Roger Williams, Director
DMH Deaf Services

The South Carolina Department of Mental Health’s Deaf Services program was featured recently in a special issue of Mental Health Weekly, a national behavioral health newsletter, for its progressive approach to meeting the needs of individuals who are deaf or hard of hearing and have mental health needs.

Since its inception, the Deaf Services program has combined an innovative use of technology with an emphasis on cultural and linguistic accessibility, resulting in a steady decline in cost per patient, and an increase in the number of patients served. Recent improvements include the addition of children’s services, the launch of peer support services, and the use of videophones to enable patients and staff to communicate directly using American Sign Language.

The program also serves as an internship site for students from all over the country, and works to provide support to the USC School of Medicine’s Rehabilitation Program as it develops training for professionals who want to work in this area.

The program, which began in 1989, was named as a finalist in the Innovations in American Government Awards in 1999. Since that time, it has continued to pioneer services for the deaf and hard of hearing community; South Carolina is one of the few states reaching out to this group in the mental health arena.

For more information about Mental Health Interpreter Training, visit www.MHIT.org.

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When I reflect on the early days of my first career with the Department of Mental Health in the late 60s and early 70s, I think about those DMH employees who affected me positively; they set professional standards that I have tried to emulate every day since those formative years. These employees became my heroes, and I want to tell you about them.

First was Dr. William S. Hall, who came to DMH in 1938 as an assistant physician at the State Hospital and rose to serve as state director from 1964 until 1985. One of the first to be inducted into the South Carolina Hall of Fame, Dr. Hall’s legacy is well documented, so I do not need to recount his exploits. Rather, here is what he said about his vision for patient care: “Here, in the Department of Mental Health, is the arena for the doers and the dreamers. Old ways and old philosophies which time has tested and found valid … new techniques, new programs and fresh ideas … research that each day adds to our knowledge – all of these and more are the modern mental health arena. A total program, always reaching, always responsive – this is our goal. For it is for the patient.”

Helen Danner, who worked at the State Hospital from 1967 until 1984, played a major role in the lives of our patients and the many people who worked for her. She was chief of social work services and was in charge of what was then called Remotivation Service, where I also worked. Remotivation Service included a number of programs designed to help the hundreds and hundreds of chronic mentally ill patients in our care respond to treatment, with the ultimate goal of one day returning to their communities. She was a talented and capable social worker; she motivated the staff, supported us, and always encouraged us to do our best for the patients.

Jack Kornegay, who began his employment at DMH in 1959 under a National Institute of Mental Health grant at the Greenville Mental Health Center, transferred to the State Hospital in 1969, where he worked until 1984. Jack, too, was a social worker in Remotivation Service, and was like an older brother to me. In addition to our work, we spent a lot of time together, fishing and having fun. After Helen died, Jack and others made repairs to a vacant house next door to Providence Home, where many of our discharged male patients went to live. Helen had requested that some of the money from her estate be handled by Jack for the welfare of discharged clients, and her family honored her request. This home was named The Danner House, in honor of Helen.

Dr. Bob Prince, who worked at DMH from 1967 until 1988, is another hero of mine. Dr. Prince was a traveling psychiatrist who provided services primarily to mental health centers. As is still true, our system then was short of psychiatrists, but Dr. Prince was willing to travel to these different locations, seeing as many as 100 patients in a day. He had the assistance of nurses and social workers like me who would screen patients and identify the main factors that psychiatrists would need to consider when renewing their medications.

Dr. Zolton Agardy, who led Beckman Center during the 70s and 80s, was another interesting and hard working psychiatrist. Trained in Hungary as a surgeon, he fled the Iron Curtain and came to the United States. Upon doing so, he discovered his medical license was not sufficient, so rather than repeating his surgery residency, he decided to do something different – psychiatry. During the 70s he served as Beckman’s center director and as medical director, and was also medical director for the Self Hospital Psychiatric Unit. Dr. Agardy was a catalyst who brought people together and who made work fun. He was a real father figure, mentor, and friend to all of his staff, especially to a young social worker like me, who was just getting started.

Dr. J. Obert Kempson is also a hero to me. Dr. Kempson served as chaplain at the State Hospital and worked for the DMH from 1933 until 1981. A pioneer, Dr. Kempson created the first clinical pastoral education program in the Southeast, helped to establish national standards and certification for instructors and students, and served as the first president of the Association of Mental Hospital Chaplains. Dr. Kempson was very active in the Lutheran Church, advocated for services for the aged, and helped local hospitals establish chaplaincy programs. Throughout his life, Dr. Kempson was devoting to caring for and serving people; he continually took on new challenges, initiated programs, built support, upgraded standards, and motivated others. He was an inspiration to me and great to work with.

I know that many of you also have heroes, fellow mental health employees who are, or were, excellent role models and who have inspired you by their example. It’s through the dedication and commitment of our heroes that the South Carolina Department of Mental Health continues to be one of our state’s leading agencies and one of our nation’s most visible champions of Recovery. If you have time, I encourage you to share the stories of your heroes with the Images staff. Thank you for all that you are doing for people with mental illnesses. (Reprinted from the April 2008 Director’s Column.)
Dedication: DMH Employees Continue to Give Despite Tough Times

By Tracy LaPointe
Office of Public Affairs

As we all know, times are hard; everywhere, it seems, needs are greater than ever, and resources scarce. DMH employees are certainly no strangers to helping their neighbors in need in their daily work, but their generosity does not stop there. Here are highlights of a few of the charitable activities DMH staff have coordinated and/or participated in over the recent months.

Staff at Lexington County CMHC’s various offices provided food baskets for 20 families in the community during the holiday season. Job losses have left more families struggling to make ends meet, and shrinking community resources have had to be stretched further to cover this growing number of people in need. “Over the past year, we here at Lexington Mental Health have seen more and more patients coming into our facilities hungry,” said Jennifer Sharpe, community relations director. “It’s hard enough for those with mental illnesses to concentrate on recovery in good economic times…imagine the struggle of dealing with hunger as well.”

Charleston Dorchester MHC’s Adult Services clinic in Charleston held its annual holiday party for patients. Staff coordinate all food and drinks, which are donated by local restaurants and Board members. This year’s celebration included a performance by The Plantation Singers, a local gospel group. The Center also continued its tradition of putting up “Angel Trees”, whereby local businesses provide patients with items that they ask for, including gloves, hats, socks, and scarves. Children at the Center received toys from the Charleston Dorchester Motor Cycle Group. Headed up each year by Earl Preston, a trades specialist at the Center, the group collects funds and toys to make the holidays happier for the kids and their families.

The Charleston Support Team, a collaborative effort between the City of Charleston, the South Carolina State Firefighters’ Association, and the Center, rode in the Charleston and Summerville Christmas parades. The group, a full-time counseling unit dedicated to the emotional health and wellbeing of Charleston firefighters and their families, rode in style in a 1960 fire engine, lovingly restored by Chief Gerald Mishoe, of the SC State Firefighters’ Association and other local firefighters.

At William S. Hall, patients were treated to a holiday performance by the choir at W. J. Keenan High School. Many staff members spent lunchtime listening to the music.

Employees at DMH also helped make the 2009 United Way campaign a success, contributing more than $44,700 to the yearly fund drive. Stewart Cooner, executive assistant for program management in the Office of Administrative Services, chaired the campaign. Cooner, with the help of dedicated Central Office committee members Karl Boston, Jeff Ham, Brenda Joyner, Allice McEachern, Erica Walsh, and William Wells, led the charge to raise funds during these difficult economic times. “This year’s campaign just goes to show, once again, how dedicated our employees are to helping others,” said Cooner. “In the midst of a recession, we effectively ended the decline in pledges. It’s a real tribute to our staff.”

DMH employees are dedicated to supporting those in need, especially when times are tough. Thank you to all staff who continue to coordinate these events, and to all who take part for your kindness!

For more information, visit these sites: http://charlestonoffsupport.blogspot.com www.uwasc.org
SC Department of Mental Health Employees Receive Awards at NAMI-SC Annual Meeting

By Alyce McEachern
Office of Public Affairs

Three SC Department of Mental Health (DMH) employees received the Mental Health Professional of the Year Award at the National Alliance for the Mentally Ill in SC's (NAMI-SC) annual meeting held November 13-14 in Charleston.

Maureen Phlegar, of the Charleston/Dorchester Mental Health Center (CDMHC), was recognized for her dedication to the people served by the Center, her excellent support of the Charleston/Dorchester Board of Directors, and her daily positive influence upon the operations of the Center and its staff.

“We call her Radar O’Reilly of MASH fame because she always seems to know what is needed and when,” said Deborah S. Blalock, executive director, CDMHC.

“Maureen has the best interest of the clients at heart and is never afraid to gently step on a few toes to make sure that CDMHC does not lose sight of its mission - ‘to support the recovery of those with mental illnesses’. She often comes in early and leaves late to make sure needed tasks are accomplished on time and in the needed fashion. No job is beneath her.”

“Maureen constantly takes on involved additional tasks without being asked - like coordinating CDMHC’s participation in the NAMI Fun/Run/Walk. I don’t think you could find one person at CDMHC who would not support her for this award. Maureen has been nominated for the outstanding CDMHC employee of the year for three years. She has accurately been described as a jewel!” Blalock said.

Vicki McGahee, CRCF coordinator in the Office of Quality Management, DMH Medical Director’s Office, was recognized for her exceptional job in facilitating the placement of patients into the limited number of residential vacancies and for her dedication to the people served by DMH.

Dave Cardwell, who has a son whom Vicki assisted in moving into a CRCF facility, said, “My wife and I wanted to express our appreciation to Vicki McGahee for her exceptional contribution in our search to find a CRCF facility for our son. Vicki also played an invaluable role of providing emotional support as Bev and I struggled to take care of our son.”

“Nationwide, the severe problem of a shortage of acceptable CRCF facilities with vacancies has not changed. Fortunately, Vicki has not changed in her dedication to overcoming seemingly insurmountable obstacles.”

NAMI-SC recognized Bruce Cannon, M.Ed., LPC, emergency director of Columbia Area MHC, for the depth of his experience and effectiveness in helping people access emergency care, “Bruce is considered the Center’s expert in providing Emergency Services and in the provision of mental health services in Emergency Departments,” said John Brown, director of Crisis and Forensic Services, Columbia Area MHC. “He does an excellent job supervising a large number of full-time and dual employment staff, who provide services at 10 Medical Park, Palmetto Richland ED, and the after-hours emergency telephone service.

“He is also recognized as having expertise in assessing a person with serious mental illness who is also developmentally disabled. Bruce has offered training to staff in Suicide Risk Assessment, Crisis Intervention and interaction with the Probate Court, and Assessing the Developmentally Disabled,” said Brown.

Bruce was also recognized for his community service with the Boy Scouts. He has worked with the same troop for more than 20 years and has been especially valuable for taking time away from his Boy Scout troop to give presentations to NAMI family groups on identifying when problem behaviors by a person are the result of his or her mental illness or just “bad behavior”. Bruce is a strong advocate for family inclusion in people’s recovery.

Each year, NAMI - SC recognizes individuals and organizations that go above and beyond in advocating for people with mental illness and their families.

For more information about NAMI-SC, visit: www.namisc.org.
You got the need? We got the speed!

By J. Matthew Dorman  
Director of Special Operations  
Charleston Dorchester Mental Health Center

Those words are often heard in the halls and offices at the Charleston Dorchester Mental Health Center (CDMHC). This motto has served us well over the past two years, as we have continued to work towards becoming more efficient, as well as and attentive to customer service. Our customers – patients, family members, community partners, and colleagues need to know that we are going to do everything possible to provide the best care we can. Obviously, economics affect which services can be provided, but, at the end of the day, our customers do not accept economic excuses as an excuse for inefficient or ineffective services; for this reason, we don’t use them. We simply aim to give first class service.

As a result of the closure of the widely popular Tri-County Crisis Stabilization Unit and the psychiatric emergency room crisis, the CDMHC opened its Psychiatric Urgent Care Clinic (PUC) at 2100 Charlie Hall Boulevard March 2, 2009. This cost effective crisis program was designed to provide a resource for Charleston and Dorchester county residents in psychiatric distress, who might otherwise go to an emergency room for assistance. At its inception, the PUC project was open Monday through Friday from 8:00a.m. to 6:00p.m. Because our customers wanted us to expand this valuable service to include Saturday and Sunday, in May 2009, our staff met with Roper St. Francis Healthcare, a local provider of general hospital based services, to explore expansion options. After one meeting, Roper St. Francis Healthcare’s grant writer went to work on the idea, and CDMHC began to design an expanded PUC program, identify outcome measures, and project the program’s return on investment.

As often is the case, obstacles can lead to innovation. While designing the PUC expansion, we continued to notice that we were not meeting the needs of individuals in the rural areas of Charleston and Dorchester counties who were unable to get reliable transportation to the PUC. To address this problem we added a request to partially fund a full-service recreational vehicle project to the Duke Endowment grant. Because the Department of Mental Health had given CDMHC approval to purchase the RV just months prior, we believed, that with the addition of Duke Endowment funds, this project would have a much broader impact on the psychiatric-emergency room crisis.

The program design was simple: drive a full service “mental health clinic on wheels” to the Tri-County area and serve those that have difficulty accessing mental health treatment.

In October 2009, “We got the grant!” was heard throughout the Charleston/Dorchester area. Exhilarated and proud, our staff immediately began the task of pulling together the resources needed to implement the project by January 2010. Every detail was reviewed and discussed. We even went as far as giving both projects their own names: Weekend PUC and Highway to Hope RV Project. With the support of community stakeholders and the work of the staff at CDMHC, we are nearing our official start dates for both! These innovative projects aim to use the latest technology: both will use an electronic medical record, on-call physician coverage via webcam, and the Highway to Hope RV Project will use internet satellite technology.

As we make the final preparations on these projects, we hope to meet all projected goals. The goals for the projects mirror each other, in that both are designed to divert patients from emergency departments and psychiatric inpatient facilities. Clearly, much attention will be paid to data and outcomes. In all, the combined investment should result in the diversion of more than 260 clients from area emergency departments and psychiatric inpatient facilities, and a cost savings estimated at $279,000.

These two high profile projects have been placed in the capable hands of two of CDMHC’s finest, Esther Hennessee and Heather Lloyd. Hennessee, director of Emergency Services, will direct the Weekend PUC. She has been with the Department since 1997 and has worked in emergency services since 2000; her expert knowledge of psychiatric emergency services and years of community collaboration with area emergency departments and hospitals make her an ideal choice to take the lead on this initiative.

Heather Lloyd will coordinate the Highway to Hope project. She has been with the Department since 2000 and has worked with the Co-Occurring State Incentive Grant project, Mental Health Court, and Program Assertive Community Team services. She is considered by many to be an authority on community resources and an avid promoter of an atmosphere of recovery.

The challenges facing psychiatric healthcare are daunting and far more complex than most can imagine. Yet, despite many obstacles, the community healthcare leaders of Berkeley, Charleston, and Dorchester counties continue to find ways to address some of the area’s biggest challenges. Our two little projects will not solve the nation’s psychiatric emergency room crisis, but it may just have solved our community’s. For our customers, that’s as good as it gets.

Youngininer Named 2009 Mental Health Service Provider of the Year

By Alyce McEachern  
Office of Public Affairs

Teri Youngininer, a mental health counselor at the Charleston/Dorchester Community Mental Health Center, received the 2009 Mental Health Service Provider of the Year award from the SC Department of Juvenile Justice Dorchester County office.

Ms. Youngininer was recognized for her hard work and dedication toward making improvements in the lives of the youth of Dorchester County.

“Crossing systems can be a tricky job, but Teri refuses to acknowledge barriers to care. She is the kind of woman who lets nothing get in the way of providing for the families she serves,” said Deborah Blalock, executive director of the Charleston/Dorchester Community Mental Health Center.
What’s Happening at DMH?
The following mental health centers were recently notified by the Commission on Accreditation of Residential Facilities (CARF) that they have received another three-year accreditation: Greenville MHC, Sumter- water, CMHC, Anderson-Oconee-Pickens MHC, Coastal Empire MHC, Beekman Center for MH Services, Spartanburg MHC, and Aiken-Barnwell MHC.

Nicole Kulick, a sign language interpreter with the Deaf Services Program at Piedmont Center for Mental Health Services, has become the first person in South Carolina to earn the Qualified Mental Health Interpreter credential. In the field of mental health interpreting, the “Q” is the gold standard for interpreters, requiring attendance at a specialized training program, completion of a supervised practicum and successful passage of a comprehensive exam. As there is increasing recognition of the importance of qualified interpreters to serve diverse populations, Ms. Kulick’s achievement demonstrates her commitment to the highest level of professional standards. For more information about Mental Health Interpreter Training, visit www.MHIT.org.

The Art of Recovery is on display at the Wachovia Gallery of the Richland County Public Library through February 28, and will be on display at the Columbia Museum of Art May 5 through June 20.

Mark your calendar for April 18-24, when DMH will celebrate National Volunteer Week. In commemoration, we recognize the more than 7,000 volunteers who unselfishly give their time, talent, and resources to enrich the lives of our patients. To nominate a DMH volunteer of the month, visit http://scdmh.org/vol_nominate.html.

Governor Sanford proclaimed February 2010 as Vulnerable Adult Awareness Month throughout the state and encouraged all South Carolinians to support the worth and dignity of all individuals and work together to secure the right of all our residents to live free of abuse, neglect, and exploitation.

Is your center, hospital, or program holding a special event, or marking an anniversary? Is there developing news to share statewide? Let us know! Contact your local Images reporter, whose name is located on the back page of this issue.

Aiken Barnwell Peers Help Train Para-Professionals at Aiken Technical College

By Cynthia Smith, CPSS
Aiken-Barnwell MHC

On December 17, 2009, Tamara Smith, program a manager in Community Rehabilitation Services, and I participated in Developing a Curriculum (DACUM) at Aiken Technical College. A very detailed occupational analysis process, DACUM generates a job chart of the duties and tasks of an entry-level Human Service Para-Professional. The chart is used to directly align and plan a curriculum to best prepare future para-professionals for the human services field. Updating the curriculum for the Human Services program is necessary to ensure that it best meets local industry needs.

As a panelist, I provided input about the job duties and skills required to be a Certified Peer Support Specialist, including:

- facilitating groups (on topics such as triggers, early warning signs, and compliance)
- helping to develop plans of care
- providing direct client care
- promoting cultural competence
- providing crisis management
- providing family and client education
- networking to develop community resources, and
- administrative duties (including documentation and data collection)

I helped to define the skills and characteristics that candidates in this field need, including empathy, compassion, flexibility, organization, time management, and a recovery-oriented philosophy. I also shared information about the Wellness Recovery Action Plan and Psychiatric Advanced Directive.

In addition to helping detail professional duties and skills, the DACUM provided me with an opportunity to self-identify and decrease the stigma associated with mental illness. It was not only a great opportunity for those working in this field to provide valuable feedback to Aiken Technical College, but also an opportunity to enhance my professional network; I was able to obtain names and contact information for future presentations and community resources.

ETR Offers Supervisory Mini Series

By Sandy Hyre, RN, MSN
Division of ETR

The Division of Evaluation, Training, and Research (ETR) of the South Carolina Department of Mental Health (DMH) has designed and implemented a three part Supervisory Mini Series. Designed for new supervisors in DMH, the program was developed to address needs identified in annual needs assessments and employee satisfaction surveys. The purpose of the program is to provide new supervisors with the knowledge and skills needed to perform their duties and responsibilities competently.

The program is held twice per year, with each group meeting once a month for three consecutive months. The first month’s meeting deals with the role of the new supervisor and effective writing principles.

In the second month, participants learn the principles and practices of Human Resource Development in DMH. They also are given the “how-to” of the DMH hiring process.

In month three, they are taught the principles of time keeping, workers’ compensation, forecasting budgets, and the DMH grievance process.

All of the classes are very interactive and are built-in for questions, answers, and demonstrations.

Classes are held every other month to give participants the opportunity to apply the principles they have learned in their work settings. The program was designed so that one class builds on the next; the focus is on knowledge dissemination and skill development with the ultimate outcome of a competent supervisory work force.

Participants are required to complete evaluations on each section of the program; feedback from staff and their immediate supervisors has been very positive. Results of the evaluations are used to improve the program.

If you are a new supervisor or a new DMH employee in a supervisory role, this mini series is for you. Watch for email announcements advertising the program and be sure to sign up.
By Lloyd Hale
Charleston/Dorchester CMHC

Most people take “reality” for granted, but for a person dealing with schizophrenia, reality may not be what it seems to everyone else. Because of this, the disorder can wreak havoc on a person’s relationships and ability to thrive. Friends and relatives may not understand the condition and might distance themselves from the affected individual. This reaction often pushes the person to withdraw even further, causing symptoms to worsen.

For me, this way of life began when I was 13 years old. It was preceded by a behavioral change that involved straying from school and spending more time with friends who were using and abusing alcohol and drugs. By 15, I started a new and unusual habit - I was talking to myself regularly. At the same time, I wanted to avoid all communication with others.

I started obeying the commands my mind arbitrarily asserted, instead of having regular thoughts, such as, “Go outside and roll up the windows.” Even more confusing, these commands were stated in the voices of people I knew. The more isolated I became, the more frequently I had conversations with the voices in my head. Over time, the voices became stronger, and, to me, they became as real as conversations with a live person.

Because they were so authentic, I began to confuse the conversations in my mind with the ones I had with the people around me. I would act on and respond to the mental conversations as though they had actually taken place. In my mind, I would make a comment to someone, and later I would expect that person to remember it, but (in reality) he or she would not. Sometimes, I would imagine that a person had told me to do something, when it only happened in my mind.

Gradually, my thoughts became more negative. If I had an argument with someone (in reality), the quarrel would continue in my mind after we had parted ways. In the meantime, my anger would grow, and when I saw that person again, I would initiate a confrontation with him or her. This led to physical fights and an armed robbery charge that ultimately sent me to a juvenile facility. Upon stabilizing and serving my time, I was sent home.

When I went back to my former school, I was soon expelled. I was then given the opportunity to attend an alternative boarding school designed to offer troubled youth a second chance. Although I was able to pass to the next grade, I was also able to easily obtain and use illegal substances and alcohol. The voices did not seem to trouble me as much, but I did have feelings of paranoia, fear, and anger.

At the end of the semester, I returned home. There, I resumed alcohol and drug abuse, and the voices came back, louder than ever. Only once did I confide with someone - my mother - about my internal conflicts; she urged me to get help, but I did not.

I was again confined to a juvenile facility and later moved to the county jail, where my illness exploded. Because of my symptoms, I was constantly in trouble with others and was taken to isolation. The seclusion fed my paranoia and seemed to energize the voices; they were louder than someone yelling in my face. I was afraid to go to sleep and sudden noises terrified me. I couldn’t eat, and yelling in my face. I was afraid to go to sleep and sudden noises terrified me. I couldn’t eat, and exercised constantly to stay awake. When I was offered medication, I refused to take it because I thought it was part of a conspiracy against me. Anger also gripped me, and I spent some of my time planning to seek revenge after I was released. I had no visitors, and when I called my family, they would not answer the phone. I was completely cut off.

There were desperate and dark nights in the jail, and I found some solace in prayer. In calmer times, my mother had encouraged me to pray and trust in God. I tried my best to do just that. Finally, I was moved to the state mental health facility in Columbia, where I began to get well. For almost a year, I was provided with treatment options and medication by doctors. At that time, I was diagnosed with schizophrenia. Consistently, professionals were available to talk with me, and they offered me feedback and information about my illness. For the first time in my life, I began to understand myself and my symptoms.

Enthusiastically, I joined numerous group sessions to find the help I needed and completed over 50 courses in subjects such as anger management, symptom management, medication management, independent living skills, and coping skills. To ward the end of my hospitalization, I had a hand in developing a mental health newsletter entitled “Trail Blazer” which included information about mental health issues, poetry on recovery, and stories about available jobs and classes.

While hospitalized, I also met and talked with other patients and likened this to “looking into a mirror.” I met a number of people who were highly intelligent and professional and also dealing successfully with symptoms just like mine. I was greatly encouraged by this. Until that time, I had only thought of mental illness in negative terms of simply “being crazy,” but after discovering that doctors, judges, and nurses could have the same problems and recover, I too had hope.

When I was released, I moved into a residential care facility in the low country. Since I had received living-skills training in the hospital, I was ready to start living. A counselor took me under his wing and placed me in social settings where I could apply those skills. I learned how to pay bills, look for a job, schedule doctor’s appointments, ride a bus, and buy groceries. I studied for and received my GED. I found a full-time job with benefits and endeavored to become completely independent. When the time was right, I moved out of the home and into an apartment. Living on my own was an exceptional challenge for me since I was so young when my problems started, but I proved to myself that I can do it.

Today, I work with the mental health services as a certified Peer Support Specialist. Through contacts at work, I learned of the many programs that SC SHARE offers. I immediately became involved in their Recovery for Life, Conflict Resolution, and Wellness Recovery Action Planning (WRAP) programs. According to my philosophy, the more tools and instruments I can master, the more proficient I will be in helping others - in the very same way I was helped.
Irwin Phillips’ Emergency Fund Provides Needed Assistance to DMH Patients

By Sue Perry
Office of Community Resource Development

Eviction notices, mortgage foreclosures, utility cut-offs, adult dental assistance, eyeglasses, hearing aids…the list goes on. In these difficult financial times, we have become familiar with such financial hardships. But where can DMH patients turn for assistance with these emergency needs in a time of shrinking resources? The Irwin Phillips’ Emergency Fund is one DMH resource dedicated to providing help.

In his Last Will and Testament, Dr. Irwin E. Phillips, a physician at the South Carolina State Hospital in the 1960s, bequeathed part of his estate to the SC Department of Mental Health, to be used for the comfort and convenience of patients. The Will also named the SC Mental Health Commission as Trustee.

In March 1999, DMH established a fund in Dr. Phillips’ name and developed guidelines and procedures according to his wishes. The Irwin Phillips Emergency fund uses only the yearly interest from the original endowment, ensuring a living legacy. Expenditures are only made for the comfort and convenience of patients on an ongoing basis. Due to his dedication and generosity, he still provides for patients’ urgent needs today.

Once a patient emergency is identified at the local level, the associated center or hospital’s Community Resource Developer gathers the necessary background information, statement of charges, list of local resources contacted, and necessary DMH forms, and submits them to the DMH Central Office of Community Resource Development.

A dedicated committee of volunteers, comprising clinical and administrative staff, meets monthly to review the applications on an individual basis, though critical needs often require emergency meetings. Due to committee members’ expertise in various areas, patients can often receive assistance from resources outside of the Fund. And in some cases, a critical need may be addressed by the Fund because the patient has exhausted other resources.

The Irwin Phillips Emergency Fund is one DMH resource dedicated to providing help. The Irwin Phillips Emergency Fund provides up to $5,000 in assistance to patients on an ongoing basis. Due to his dedication and generosity, he still provides for patients’ urgent needs today.

For more information about the Irwin Phillips’ Emergency Fund, please call (803) 898-8582. The Irwin Phillips application is available via the DMH Intranet, in the Forms section under Volunteer Services. Only center and hospital Community Resource Developers may submit these forms.

Remembering DMH’s Clinical Pastoral Education Program

By Alyce McEachern
Office of Public Affairs

Shortly after the SC Lunatic Asylum (later renamed The South Carolina State Hospital) opened in 1828, the superintendent recommended offering religious services for patients.

The services complemented the “moral treatment” philosophy espoused at that time—a belief that kindness and little or no confinement or physical punishment could cure the mind. Physicians believed that patients would improve most quickly in a caring atmosphere, where they were encouraged to engage in activities such as gardening, handicrafts, games, and religious services.

The asylum’s board of regents determined there was a need to appoint a chaplain who could provide these regular services. They felt a chaplain who had daily contact with the patients, who could get to know them and gain their confidence, could help them to recover.

In 1844, the Reverend Elias B. Hort, a Lutheran pastor serving Ebenezer Church in Columbia, was hired as the first chaplain for the facility, where he remained until his death 20 years later. Records indicate that from 1863 to 1933, 10 chaplains followed Reverend Hort, and that chaplaincy services had only a few brief breaks.

The Reverend J. Obert Kempton, who served as a DMH chaplain from 1933 until 1981, developed the first approved Clinical Pastoral Education (CPE) program in the southeast at the SC State Hospital in 1946. State Director John H. Magill said, “He was a pioneer; Reverend Kempton helped establish national standards and certification for instructors and students, and served as the first president of the Association of Mental Hospital Chaplains. He was devoted to caring for and serving people by taking on new challenges, initiating programs, building support, upgrading standards, and motivating others.”

Over the years, DMH established eight accredited CPE programs in various hospitals and community mental health centers throughout the state. In 1983, DMH established its Academy for Pastoral Education, the offices of which were housed in the Chapel of Hope on the SC State Hospital campus. Reverend Thomas A. Summers, chief chaplain and director of Clinical Pastoral Education at the Hall Institute since 1966, was named director of the Academy and pastoral services consultant for DMH.

Reverend Summers began his clinical pastoral training as a chaplain student at the SC State Hospital in 1960, as a young United Methodist minister. He retired in 1999.

As patients began moving from inpatient facilities into the community, the Academy curriculum and placement of students became increasingly community oriented,” said Reverend Summers. “This was a very exciting time because it allowed the pastoral students to learn more about the community needs of patients and the role of congregations in the care of the severely mentally ill.”

As part of their training in pastoral care, students with mental illnesses, chaplaincy students became involved in DMH inpatient hospitals and community sites. Patients at Bryan Psychiatric Hospital could worship every Sunday at Faith Chapel, located on the Crafts-Farrow State Hospital campus, and patients at the SC State Hospital attended services at the Chapel of Hope.

Today, even amidst budget restraints, DMH maintains a chaplaincy services presence, though it is diminished in its staffing.
Field Trip: On the Road with the State Director

By Melanie Ferretti
Office of Information Technology

On December 16, 2009, I was given the opportunity to observe a day in the life of our State Director, John H. Magill. As we drove from Columbia to Rock Hill, he shared his eclectic taste in music; I was pleasantly surprised to learn of his fondness for Motown and Jazz.

Our agenda comprised three items: meet with a few hospital directors in the Catawba area to discuss crisis mental health services and the Duke Telepsychiatry Project, attend a dinner meeting with several prominent citizens concerned with the activities of the DMH, and attend the Catawba Mental Health Center Board meeting.

At each stop, Mr. Magill addressed a few of the top issues currently faced by the DMH: Telepsychiatry, Electronic Medical Records (EMR), budget cuts, the progress of the sale of the Bull Street property, and a current bill that would place DMH in the Governor’s cabinet.

Thanks to a generous Duke Endowment grant, DMH has implemented the Telepsychiatry program in 15 area hospitals, where it has been a great success and received a great deal of positive feedback. The 15th hospital, in the Clarendon Health System, was added December 21, 2009; DMH plans to extend the Telepsychiatry program to all 61 hospital emergency rooms (ERs) across the state.

Using Telepsychiatry, psychiatrists are available 24 hours a day to conduct video consultations with inpatients and emergency department patients who come to ERs, allowing professional hours a day to conduct video consultations with patients. Ginger Worth, director of the emergency department at Springs Memorial Hospital, is an advocate of the Telepsychiatry Program and quick to sing its praises. “Telepsychiatry is a win-win for the mental health community, for the patients, the emergency room, and the hospital. We are able to evaluate patients properly, due to the availability of psychiatrists the community would not normally have, and the return on investment has been greater than expected,” she said.

Another important issue Mr. Magill provided an update on is the EMR. The need to implement the EMR is great, but acquiring and adapting to new technology is often a long and difficult process. To date, the DMH has successfully implemented the outpatient EMR in 10 community mental health centers and William S. Hall Psychiatric Institute, and is currently upgrading hardware to expand it to additional centers this year. Barry Lloyd, EMR Manager said, “EMR is critically important because it improves client care. Handwritten notes are hard to read and easily misplaced. Electronic notes are much more readily accessible.” Only centers within the DMH EMR System and the DMH Division of Quality Assurance have access to client records. HIPAA standards are strictly adhered to and encryption is used to secure web sites.

Everyone, understandably, had questions about DMH’s budget situation. How will the Agency cut another 5 percent from its budget? Mr. Magill, along with Senior Management staff, is working to find areas to cut that will have the least impact on patient care.

With regard to the sale of the Bull Street property, Mr. Magill explained that the Mental Health Commission has signed a non-binding Letter of Intent with Hughes Development Corporation of the state. DMH plans to extend the Telepsychiatry program to all 61 hospital emergency rooms (ERs) across the state. DMH Division of Quality Assurance have access to client records. HIPAA standards are strictly adhered to and encryption is used to secure web sites.

A New Author in DMH

By Sandy Hyre, RN, MSN
Division of ETR

The South Carolina Department of Mental Health (DMH) has many talented staff, with diverse interests and talents. One of those individuals is Sheila Mills. Many of us know Sheila through her work with the PRTF Waiver. But, did you know that Sheila recently published her first book, Crossing Your Jordan in Faith-Stop Wading, Start Walking?

Shelia says that her book “is a testimony of our ability to walk in a renewed strength and with an unshakeable faith in the midst of life’s detours.” She goes on to say the book was “birthed somewhere along my life journey of victoriously overcoming childhood emotional trauma, tenaciously moving forward in the midst of life’s messiness and putting on the armor of faith to reach my place of destiny.” The book provides the reader with a road-map to live a fulfilled and purposeful life, if that is the path he or she chooses. Sheila challenges the reader to reflect on what the Israelites struggled with prior to crossing Jordan, what they did to prepare for the crossing, and finally what they did during and after the crossing. Her hope is that readers will use this as a model to mold their lives.

Congratulations to Sheila on her journey into authorship; we wish her much success in this and all of her future endeavors.
Work In Progress Director Honored at Philanthropy Day 2009 Luncheon

By Melanie Parker, Work In Progress

Rosemary B. Hedden, executive director of Work In Progress, was honored at the 2009 National Philanthropy Day Luncheon by corporate sponsor Emore Development Resources.

Work In Progress is a Midlands area non-profit organization, which provides job placement and ongoing support for people with mental illness, by collaborating with businesses to help them hire available work candidates. Now in its twelfth year, Work In Progress has helped place, coach, and support more than 600 individuals with mental illness in meaningful jobs. Regular contracts with the S.C. Department of Mental Health (through Columbia Area Mental Health Center) and S.C. Vocational Rehabilitation indicate the confidence the community has in Work In Progress. Founding Director Hedden has assisted individuals in achieving their vocational goals for more than 34 years.

The United Way of the Midlands awarded a Partners in Compassion grant to Work In Progress in 2008, allowing Hedden to lead in the creation of a complete organizational assessment and strategic planning process, assisted by Emore Development Resources.

“Rosemary is one of those rare individuals who is both utterly devoted to the individuals she serves as well as a consummate professional. Working with her for a year reaffirmed my confidence that the nonprofit sector, or ‘third sector,’ of our society is the catalyst for successful democracy,” said Holli S. Emore, CFRE, principal of Emore Development Resources.

Mentoring (continued from page 1)

The primary purpose of the program is to develop a cadre of potential leaders within DMH to relieve the anticipated void; it is also designed to provide participants with sage advice from mentors, focused feedback, and networking resources, enhancing collegiality and building loyalty to the agency.

Mentors are selected based on their knowledge and expertise in a given topic, and comprise either hospital or center directors, or their designees, who have expressed interest in the program. Mentees are selected by their center or hospital director, using pre-established criteria. The program is strictly voluntary for all involved.

Given the current climate, this program is more important than ever for DMH. As we face budget constraints, it is prudent to identify and groom leaders within our own organization, ensuring that the agency will continue to provide quality services to those entrusted to its care, and will be led by individuals who have a vested interest in the organization and its mission.

The Mentoring program was designed to use strictly in-house resources and remains a budget neutral endeavor. Since its inception, the program has graduated more than 120 mentees, some of whom have been promoted to center and hospital directors, assistant center directors and directors of divisions within center or hospitals.

The class of 2009 was the sixth graduated class, and one of the largest to date; it was graduated October 23, 2009. ETR wishes these professionals much success in all that they do at the DMH.

Want To Know More?

To learn more about the DMH centers, hospitals and programs in Images, visit www.scdmh.org!
Celebration of Hope: AOP MHC Celebrates Mental Health Awareness Recovery Day.

By Judy Hassam
Anderson-Oconee-Pickens MHC

Anderson-Oconee-Pickens MHC (AOP MHC), Mental Health America (MHA), and The National Alliance for the Mentally Ill (NAMI) co-sponsored Mental Health Awareness Recovery Day in the fall of 2009. The event focused on wellness and the personal accomplishments of people in recovery and was held at AnMed Health Hospital.

Kevin Hoyle, executive director of AOP MHC, gave opening remarks along with Jane Crisp, regional director of MHA, and Joseph Feleppa, director of AnMed. The Mayor’s Office of Anderson issued a Proclamation of Recovery declaring the day as Mental Health Awareness Day in the City of Anderson.

Geoff Mason, deputy director of DMH Community Mental Health Services, addressed the state DMH office’s commitment to recovery. Several of us gave recovery snapshots; I spoke as a self-identified provider, Monica Moorhead spoke as a family member, and Harvey McPaul gave his perspective as a patient. We are all positive witnesses to the strength of the human spirit and effectiveness of strategies in living a life of wellness and hope.

Agencies Collaborate to Fight Child Abuse

By Nicole N. Williams, Victim Advocate
DMH Assessment and Resource Center

On December 18, 2009, the Department of Mental Health’s Assessment and Resource Center (ARC), a division of Hall Institute, hosted its annual Richland County Multidisciplinary Team (MDT) awards luncheon. Each year, MDT members vote for the teammate who exemplifies the mission of the team, and goes above and beyond in the fight against child abuse. Columbia’s Police Chief, Tandy Carter, attended the ceremony to honor Columbia Police Department Sergeant George A. Drafts, who received the 2009 MDT Participant of the Year Award. ARC Program Director Allison Foster, Ph.D., presented the award, commending Sergeant Drafts for “taking a very active leadership role and re-defining the Special Victims Unit.”

The ARC, a DMH Blue Ribbon Program, is a nationally accredited Children’s Advocacy Center and coordinates the Richland County Child Abuse Investigation MDT. The MDT consists of agencies in Richland County charged with investigating child maltreatment. In addition to Hall Institute’s ARC, the partner agencies include:

- Columbia Police Department
- Irmo Police Department
- Fifth Circuit Solicitor’s Office
- Forest Acres PD
- Richland County DSS
- Richland County Sheriff’s Department

Members of the team meet regularly to review active cases and ensure a collaborative approach to the investigation and prosecution of child abuse. The MDT’s mission is to strengthen and protect children, families, and the community through an interdisciplinary team approach, emphasizing early intervention, coordinated investigations, and collaborative action plans addressing alleged physical and sexual abuse of children.
Images is the newsletter of the S.C. Department of Mental Health.

The S.C. Department of Mental Health provides services to the mentally ill citizens of South Carolina through 17 community mental health centers, four psychiatric hospitals, and three nursing homes, two of which are for veterans.

The S.C. Department of Mental Health does not discriminate in any way in the delivery of services nor the employment of qualified persons.

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