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.

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 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. Since the 1820’s, South Carolina state-run hospitals and nursing homes have treated approximately one million patients and provided over 150 million 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 use 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. Since then, the Centers and clinics have served more than three million patients, and provided more than 42 million clinical contacts.

Today, DMH operates a network of 17 community mental health centers, 42 clinics, four hospitals, 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.

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

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

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)
Coastal Empire Community Mental Health Center
1050 Ribaut Road
Beaufort, SC 29902
(843) 524-8899

Counties served: Allendale, Beaufort, Colleton, Hampton, and Jasper

The Coastal Empire Community Mental Health Center (CECMHC) began operations in 1966, serving Beaufort, Colleton, and Jasper county residents. Soon thereafter, Hampton and Allendale counties were added to the catchment area. Since 1967, CECMHC has provided over 1,600,000 services/outpatient contacts to adults, children, and families who are impacted by mental illness.

Frederick R. Livingston was the first center director; under his leadership, clinics were opened in all five counties. He was succeeded by Dr. Carr, Dr. Warwick Dean, Dr. Archie Hooten, Russ Hughes, PhD, Ramon D. Norris, M.S., and Jenna Moorehead, MSW, respectively. Center Director Jenna Moorehead transferred into the position from the Pennsylvania private sector in 2015.

Thirty years ago, there were 43 employees center-wide. Today, CECMHC employs approximately 100 full-time employees, including three adult psychiatrists and one child psychiatrist, with full-time operations in six clinics. CECMHC provides adult services, active child and adolescent programs, and operates two Psychosocial Rehabilitation Centers. In FY14, CECMHC provided 70,170 services to 3,350 children and adults.

CECMHC is accredited by the Commission on Accreditation of Rehabilitation Facilities.

Moorehead believes partnering with other organizations and agencies in the community is important to providing mental health services and that working with hospitals and local mental health advocacy groups, such as National Alliance on Mental Illness (NAMI) and Mental Health America, is key. The local chapter of NAMI is central to the Center’s success in supporting the recovery of those with serious mental illnesses. Several of the Center’s board members are active members of NAMI.

Beaufort County has a very progressive human service alliance; 60 to 70 people attend coalition meetings quarterly to discuss county issues and to share information. The coalition forms working sub-groups aimed at community planning. CECMHC is involved in the sub-group whose goal is championing improved access to mental health services.

Moorehead stated, “Building and maintaining relationships in the community is essential to continued growth and success of the Center. Collaborative efforts with hospitals and other offices or agencies in each of our counties will strengthen the delivery of all services provided. By working together, we can speak openly about mental health concerns in our community to raise awareness, reduce stigma, and facilitate appropriate service and support.

At Coastal Empire, we are fortunate to have dedicated staff. Their commitment to providing quality services impacts the recovery process of each individual who comes through our door.”
THOMAS MILLER, DPM; MARY MACK, MSN - BOARD MEMBERS

Podiatrist Thomas Miller, DPM, a member of CECMHC’s Board since 1987, currently serves as Chair. Dr. Miller has seen the devastating effects mental illness can cause - a close family member of his struggles with schizophrenia. He has also witnessed the positive results that effective treatment and medication can have. Recovery is possible.

When Dr. Miller’s family moved to Beaufort, he found limited medical services for those with mental illness and began working to find out what could be done to get needed services. He was instrumental in founding the Beaufort chapter of the National Alliance on Mental Illness (NAMI), a grassroots, self-help, support and advocacy organization for people with mental illness, their families, and friends. He was also involved in the development of the psychiatric unit at Beaufort Memorial Hospital, which currently has 14 beds. “By being on the Board of CECMHC, I’m able to keep my finger on the pulse of what is happening,” said Dr. Miller.

Mary Mack retired from Beaufort-Jasper Comprehensive Services, where she was the deputy executive director from 1986 until 2005. Following her retirement, Mack joined CECMHC’s Board of Directors and currently serves as Treasurer. She is also the proprietor of the Red Piano Too Art Gallery on St. Helena Island.

“I’ve worked 30 years as a registered psychiatric nurse, nine of them at CECMHC. My passion is art and my love is healthcare,” said Mack.

“I believe the overall community view of the center is positive. Capacity may be seen as an area of weakness, but the services provided are highly praised. The reality is that, as budgets get squeezed, Center efforts have been directed away from the ‘worried well’ and aimed primarily at those who have chronic and persistent mental illness,” she said.

People need to understand the perils of an under-funded mental health care system to understand that taking care of the mentally ill is the ethical and economically sound thing to do. If mental health care is unavailable, problems do not just go away, they shift. For example, more people go to emergency rooms for help, many become homeless, and others may end up incarcerated. These consequences are tragic and more expensive than providing care up-front.

In light of the budget cuts DMH has experienced over the past few years, both Mack and Dr. Miller work to promote public support of mental health care. “As more cuts are made, the mentally ill, particularly the homeless, will become more apparent in the community, which in turn, will focus attention on the needs of the Center. You can look at what has happened in other states to see what happens when mental health care is not adequately funded,” said Miller.

“There will always be people in the community unable to take care of themselves; there has to be a mechanism in place to take care of them. Otherwise, society will break down,” said Mack.

JUDITH TREADWAY, MD - PSYCHIATRIC SERVICE CHIEF

Judith Treadway, MD, came to work for CECMHC in 1993 as a senior psychiatrist. In March of 2003, she accepted the position of Psychiatric Service Chief.

An adjunct faculty member for the Osteopathic Medical School of Mesa, Arizona, she is a preceptor for medical students completing community rotations in the Lowcountry. The other CECMHC psychiatrists assist with this program. Dr. Treadway believes that Psychiatry is as much an art as a science; she feels she
Judith Treadway, MD - Psychiatric Service Chief

knows less about the brain than when she started practicing. She says it is wonderful that we have the new medications, but given the complexity of the human mind, it is a shame that the focus in training programs is not as much on therapeutic skills as it was 20 years ago.

After graduating medical school in England, Dr. Treadway joined Operation Raleigh as a volunteer expedition doctor for six months. She was involved in two phases in remote parts of the Bahamas and in the rain forests of Honduras. She completed her residency at the University of North Carolina at Chapel Hill in community administrative psychiatry. To earn her US citizenship, she was sent by the government to work for a few years in the Appalachian Mountains of remote eastern Kentucky.

A big challenge of CECMHC is deploying its psychiatrists into such a large catchment area. The doctors travel between 200 and 300 miles per week, which can lead to fatigue. Also, being in different clinics each day can be disorienting. The offices can be somewhat different and there are different staff in each clinic with whom the psychiatrists work. Dr. Treadway noted that the new internal telepsychiatry program has alleviated some of the time lost to travel.

Additionally, in an effort to keep doctors from getting too isolated, they meet weekly face-to-face. The collaboration is highly valued. They discuss cases, administrative issues, and receive supervision. It is a time they can “let off steam.”

She says it is like group therapy for the doctors.

One of Dr. Treadway’s wishes is for more high management community care homes; she noted the limited number of placements available. She would also like to hire another child psychiatrist.

According to Dr. Treadway, one of the unique things in the Beaufort office is the Rapid Access Clinic, which holds slots to schedule aftercare appointments for people coming out of a hospital or moving into the area. The clinic is held once a week. For patients who are chronically and persistently mentally ill, the Rapid Access Clinic gets them in so their current prescriptions for medications do not lapse.

Carola Eldridge - Board Member and CAC

Since 2006, Carola Eldridge has generously volunteered her time to serve as a CECMHC board member. Since 2009, Eldridge has also served as the CECMHC Client Affairs Coordinator (CAC). CACs are former or present patients of DMH, who are encouraged to voice patient perspective during key meetings and policy sessions, and strive to overcome stigma in the community, giving hope to patients, staff, and families that people with mental illnesses can and do recover.

As part of her duties at CECMHC, Eldridge is the Art of Recovery liaison and has set in motion an initiative called Client Enrichment Series, in which local artists hold art classes for patients on some Saturdays. The art classes have been very successful; patient response in terms of enthusiasm has been remarkable, and Eldridge hopes to expand the Client Enrichment Series to include other forms of creativity, such as music, writing, ceramics, and others.

Eldridge volunteers with NAMI and is a trained facilitator of NAMI Connection Recovery Support Group, a support group where people living with mental illness learn from each others’ experiences, share coping strategies, and offer each other encouragement and understanding. Support group meetings allow participants to let their guard down for discussion since, as Eldridge says, “We’re all in this together.”
G. Nathan Fancher was born and raised in Newport, TN. He acquired his master’s degree in clinical psychology from Radford University in Virginia, and upon graduation in 2000, he worked with the Psychology department of Buckingham Correctional Center in Virginia.

In 2002, he joined DMH by way of the Beckman Center for Mental Health Services, providing counseling services in clinics in Greenwood and Abbeville counties. In 2010, he became a clinician with CECMHC, serving first as an area coordinator for the Allendale area clinic, then later as the area coordinator for the Hampton area clinic. In 2015, he became the CECMHC Detention Center Liaison.

At the Beaufort County Detention Center Fancher performs crisis intervention and stabilization services, mental health assessments, suicide evaluations, and court-ordered evaluations. He coordinates care with case managers when patients are incarcerated to ensure they stay current on their medications.

According to Fancher, DMH patients are typically arrested for misdemeanors, such as disorderly conduct, trespassing, etc. While there will always be those who keep coming back, his primary goal is to reduce recidivism.
Janice York - Homeshare Coordinator

For 26 years, Janice York has been a dedicated employee of the CECMHC. She began working at the Clubhouse, now called Harrington Place, and in 1994 came to the Beaufort Clinic to establish and coordinate the Homeshare program.

Homeshare is an innovative placement option for psychiatrically disabled individuals in need of a stable living environment and reintegration into the community after hospitalization. Patients in Homeshare are matched with caregivers in the community who are willing to share their homes and work with the Homeshare team to meet the needs of the patient.

CECMHC Homeshare program currently has 21 patients, and 27 providers. In the Coastal area, there is no shortage of people willing to be providers, take the required training, and have someone with a chronic mental illness living in their homes. This may be surprising, since Homeshare patients are typically symptomatic most of the time. The first patient placed has been in the program for more than 19 years. “It’s a good program with a very low recidivism rate. It enables patients to live in the community and, most importantly, the patients have the feeling of being part of a family,” said York.

John Aiello, PhD - Volunteer/Client Advisor

Dr. Aiello, born in upstate New York, completed his undergraduate studies at Clarkson University in Potsdam, NY, and his graduate studies at Syracuse University. After receiving a Ph.D. in Computer Science from UCLA, he embarked on a 27 year career in the communications industry. Retiring to Georgia, he became a professor at a local college where he enjoyed a second career as a classroom instructor and department chair. After 17 years in the education field, the last seven as Dean of the Business School, Dr. Aiello retired once again. He resides in Beaufort with his wife, Rebecca, and has been volunteering at CECMHC since 2009.

Dr. Aiello’s involvement with mental health is “four pronged.” First, he has close family members with mental illness and has experienced first-hand some of the obstacles families face when trying to get help for a loved one in need of mental health treatment. Second, he volunteers at the Center to give back after gaining so much from the CECMHC. Third, he is the board secretary of the Beaufort Chapter of NAMI, where he and his wife both teach the free family-to-family course. And fourth, he has become the center’s first Client Advisor.

Some patients do not always get the assistance they need due to lack of transportation and employees of other agencies do not always have the patience it takes to work with patients with mental illness. As Client Advisor, Dr. Aiello eliminates these obstacles by personally taking patients to agencies and walking them through application processes and helping them fill out necessary forms. He helps patients successfully apply for Social Security Disability Insurance, Medicaid, food stamps, etc. This is a passion of Dr. Aiello because so many DMH patients have difficulty expressing themselves. He hopes to be able to expand this service by training other volunteers to be Client Advisors in other parts of the catchment area.

“At Coastal Empire Community Mental Health Center the mental health professionals are caring and make the patients and family feel like part of the team,” said Dr. Aiello.

CECMHC appreciates the efforts of all its volunteers, if you would like to volunteer please call 843-524-8899.
My name is J.B. I was diagnosed with schizoaffective disorder and bipolar affective disorder on separate occasions. I first fell ill at 23 years old. I was able to work for about 30 years as a secretary in New York City. I never took medication until I moved to Pennsylvania in 1991. While there, the doctors put me on antidepressants. They helped, which allowed me to earn my bachelor’s degree in elementary education.

I have been coming to Magnolia Place, a CECMHC Psychosocial Rehabilitation Program, for about four years. I did not want to be there at first, but slowly I came out of my shell and interacted with other people off and on. I refused to get involved in activities because I was fearful of not being able to apply myself and concentrate on the task at hand.

One staff member said to me that they believed I could do anything that I chose to do. I still resisted, but I never forgot those words.

Over the years I have had multiple hospitalizations and shock treatment. Full of fear, I came back to Walterboro to live with my daughter. Magnolia Place staff pointed out my strengths to me over and over, but I concentrated only on my weakness. I knew I had a lot of work in front of me if I wanted to get well. Staff was always willing to sit and talk with me about my fears and doubts. Many times I felt hopeless and could not see my way out. Would I ever be well again?

I faithfully took my medication. Staff noticed I was beginning to stabilize and started involving me in helping in the canteen. At first, I was so timid. Finally, my fears fell by the wayside, and I began to feel self-confident. Then staff asked if I would like to volunteer at the hospital. Oh! I was so afraid of these new responsibilities. I have been volunteering for about three months at the front desk. These accomplishments have helped me to feel I can do other things.

I am driving myself to places I need and want to go. I plan to enroll this January to work on obtaining a master’s degree in theology. God was instrumental in my recovery. I’ve had to start leaning on Him more and more. My recovery was a combination of taking advantage of all Magnolia Place had to offer and the deep belief that, through Christ, I could do all things within reason, as He strengthens me.