

## **MENTAL HEALTH ADVOCATES**

**SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH**

**State Director John H. Magill**

**Spring 2013**

DMH  
OPERATES A  
NETWORK OF  
SEVENTEEN  
COMMUNITY  
MENTAL HEALTH  
CENTERS,  
42 CLINICS,  
FOUR  
HOSPITALS,  
THREE  
VETERANS'  
NURSING  
HOMES, AND  
ONE  
COMMUNITY  
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 2012, South Carolina state-run hospitals and nursing homes treated over 938,000 patients and provided over 149,100,000 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.

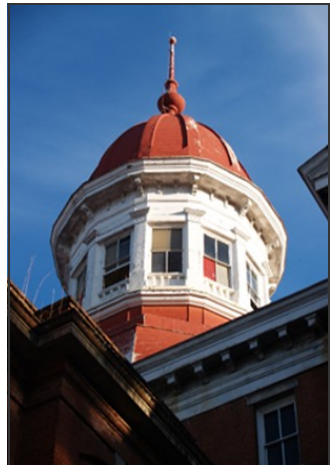
The 1950's saw the discovery of phenothiazines, "miracle drugs" that controlled many severe symptoms of mental illness, making it possible to "unlock" wards. These drugs enabled many patients to function in society and work towards recovery, reducing the need for prolonged hospitalization. Government 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 2,890,000 patients, providing over 39,600,000 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 FY12, DMH outpatient clinics provided more than 1,179,000 clinical contacts and DMH hospitals and nursing homes provided more than 515,250 bed days. Last year, DMH treated nearly 100,000 citizens, including approximately 30,000 children and adolescents.

DMH HOSPITALS AND NURSING HOMES	
<b>Columbia, SC</b>	
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	
<b>Anderson, SC</b>	
Patrick B. Harris Psychiatric Hospital	
Richard M. Campbell Veterans Nursing Home	
<b>Walterboro, SC</b>	
Veterans Victory House (Veterans Nursing Home)	

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



Babcock Building Cupola

## DMH COLLABORATES WITH MENTAL HEALTH ADVOCATES

It takes collaboration with many public and private agencies and organizations to meet the needs of those with mental illness.

This publication profiles a few of the people and organizations with missions similar to that of the South Carolina Department of Mental

Health: to support the recovery of people with mental illness.

### BILL LINDSEY, NAMI SC EXECUTIVE DIRECTOR

Bill Lindsey is the executive director of National Alliance on Mental Illness South Carolina (NAMI SC). He identifies his first and foremost affiliation with the DMH as his son, who has bipolar disorder and is served by the Agency. Additionally, he is on the Board of Directors of the Columbia Area Mental Health Center and serves on the Returning Veterans Policy Academy.

Lindsey was born in Atlanta and raised in Atlanta and surrounding areas. He graduated from the University of Georgia and moved to Columbia in 1977. Lindsey's interest in the area of mental health began in 2001. His son, who was attending Clemson on scholarship, began experiencing problems with mental health in the spring of his sophomore year. Lindsey counts himself as fortunate that he happened to have a friend who was leading a support group at NAMI who encouraged him to attend a meeting. He notes that it typically takes people about 10 years from the start of their connection to mental illness before they "find" NAMI, despite the organization being the largest mental health grass roots nonprofit in

the country. Over the years he became more involved with the organization, taking many of the education and support group classes and deciding he wanted to try and make a difference within the organization. He joined the Mid-Carolina NAMI board, serving in the positions of secretary and Board president. Eventually, he joined the NAMI state planning council as well. He decided to join the state office in 2005 and has been director of NAMI SC since 2007.

Lindsey had no idea growing up that this was the direction his life would take. Of the path his life has taken he notes, "It's good because I'm passionate about it from a personal level but it's good that there are some people out there that try and make a difference for those that don't have a voice or lobbying group behind them." He feels he has helped elevate public recognition of NAMI. As director of Program Operations he developed a relationship with MUSC to start provider education programs. This endeavor has helped him in the area of advocacy both with the State Legislature and the Media since he knew firsthand what was being done

locally by the organization. Additionally, Lindsey is instrumental in promoting and expanding a nationally known training program, Crisis Intervention Training (CIT) in South Carolina. The training focuses on teaching law enforcement first responders how to de-escalate people who are in the midst of a mental health crisis. The training covers variety of disorders, including PTSD. It is a win-win solution, as it both aids the person in crisis while simultaneously keeping law enforcement personnel safe. The attendance of the programs has skyrocketed.

NAMI is sponsoring a piece of SC legislation in addition to its ongoing advocacy efforts for the DMH budget. H-3366, S-117 addresses communication. Patients are given the opportunity to sign a form designating a family member or loved one as part of their treatment. This bill goes a step further, in that it gives clients a clear opportunity to sign this form. Last year, NAMI sponsored the Jason Flatt Act, which passed the legislature and was signed into law by Governor Haley on May 14, 2012. This act requires school teachers and guidance counselors to attend



Bill Lindsey, NAMI SC  
Executive Director

NAMI'S FREE  
CRISIS  
INTERVENTION  
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NAMI SC HAS THREE MENTAL HEALTH AWARENESS WALKS EACH YEAR IN COLUMBIA, GREENVILLE, AND BEAUFORT.

BILL LINDSEY, NAMI SC EXECUTIVE DIRECTOR (continued from page 2)

a two hour course on suicide awareness and prevention. This is very important, since suicide is not talked about enough and can be preventable.

NAMI SC has three mental health awareness walks each year in Columbia, Greenville, and Beaufort. The key purpose of the walks is to raise awareness of mental illness. Secondary is fundraising to assist the local affiliates in continuing their services.

Lindsey says the future of NAMI is continued growth. This year NAMI has initiated "Parents and Teachers as Allies". It is similar to provider education; teachers and counselors will get training on mental illness with a student client perspective. The demand for this program is huge and NAMI is looking at ways

to fund its expansion. All the programs NAMI provides are free, so finding sponsorship is a key component of ensuring these resources continue to be available for the citizens of South Carolina.

Additionally, the Crisis Intervention Training will continue to expand. "In Our Own Voice" is a speaker's bureau where clients who have journeyed through mental illness and have achieved success speak to rotary clubs, schools and churches around the state. Provider education continues to be a focus, with class length shortened to five weeks to allow more classes available each year. NAMI's fastest growing program is a support group called NAMI Connections, which is for people with mental illness. It began in 2007 and now the

Mid-Carolina chapter of NAMI runs five of these groups per week. The original concept was similar to AA, in that if someone was having a problem he or she could find a support group to attend that day. The groups are peer-led, taught on a NAMI model and facilitated by folks who have lived it.

Lindsey has a passion for people and political issues and this serves him well as the director of NAMI. He was in the retail business arena for many years and notes, "You don't get the same feeling or the return that you put out as you do when you see that you are helping someone. Especially when it's people who might not have anyone out there doing it for them if you aren't doing it."

BONNIE PATE, SC SHARE EXECUTIVE DIRECTOR



Bonnie Pate, SC SHARE Executive Director

Bonnie Pate serves as executive director of SC SHARE (SHARE), a local non-profit organization with the mission of supporting the recovery of people with mental illness through education, advocacy, and navigation. SHARE receives most of its funding from the DMH via contract or proviso.

A Columbia native, Pate spent many years working in Marketing in Atlanta, Georgia, but returned to the area in 1998, when she became director of SHARE. Her first exposure to recovery was at the age of nine, when her father went to an inpatient

treatment center for people with alcohol addiction. She watched as her father got better, and became well known with others who had faced addiction, talking about recovery and sobriety. She even accompanied him to Alcoholics Anonymous (AA) meetings, so, as she explains, "Recovery never had a negative connotation to me."

But it was not only her early observance of recovery in action that guided Pate in her career; she credits her own in that regard. In 1979, she received treatment from Morris Village treatment center, DMH's inpatient substance

abuse treatment facility. "If I had not gone into recovery, I would not be here," she explained.

She is proud to have helped SHARE build a real plan and identity for itself, taking the basics of the "12 steps" and developing a workbook expanding on those principles, for example. "We wanted to make the 12 step process more open," explains Pate. As SHARE expands, she hopes to increase community outreach. Her dream is to send teams out to reach individuals in need in rural areas and talk

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## JOY JAY, MHA SC EXECUTIVE DIRECTOR

Spartanburg native Joy Jay is executive director of the South Carolina chapter of Mental Health America, a non-profit advocacy group that partners with DMH on numerous projects.

Jay joined the Mental Health movement in 1988, when she became volunteer coordinator for the MHA Aiken chapter. By 1989 she was director there. She went on to work with Mental Health Partners in Columbia, a privately funded group that undertook many creative, innovative projects, including housing and employment.

Jay realized how much she loved her work with clients, and in 2001 became executive director of MHA-SC. "MHA embodies the spirit of advocacy and service to people with mental illness," Joy explains. "We work with groups like Lexington Mental Health Center (with housing) as partners, we build on our common goals."

This attitude of coalition helped MHA-SC develop legislative goals and build groundwork for collaborations that still exist today, and housing is definitely her passion. "I am passionate about housing because I truly feel that a safe, reliable home results in a focus on recovery," she explains. "It is amazing to watch folks flourish and get their lives back when they know they have stable housing."

MHA's dedication to housing

has resulted in more than 600 people in our state being in some form of housing. In fact, in May of 2012, MHA-SC opened Williams Place in Columbia. The 15 unit housing complex was a collaborative effort, as MHA worked with the State Housing Authority, Health and Human Services, and DMH.

In addition to advocacy, MHA has evolved to become a direct service provider, serving as the largest representative payee in South Carolina. It also offers day programs in Columbia and Beaufort, group homes, and other services. MHA-SC is on the front lines.

Jay reflects on the past and recognizes the changes in Mental Health, citing unbelievable improvements in medications and minimization of side effects, and the move of clients from institutional settings to the community. She notes, however that Mental Health has lost some ground, primarily due to lack of funding as well as stigma. "Misinformation and stigma, especially in housing, are still serious problems we must address," she says.

Looking to the future, Jay hopes to see advances in the Peer Support movement and its expansion. She believes strongly in the benefit of peer navigators, who guide clients through the system. She hopes to see MHA-SC continue to build a continuum to move people from long term

hospitalizations to the community. "The infrastructure is there," she explains, "but we need services to go along with it. I want to get folks who have been hospitalized for a long time into short term group homes and then permanent community housing."

She is just as passionate about advocacy: "I really want to re-launch and expand suicide prevention services, especially in light of our returning veterans," she explains. "I also want to expand our Don't Duck Mental Health program. It is one of my favorites." This program features a duck named I. C. Hope, who teaches children about mental health. "We have got to get out there to kids and let them know that it's OK to talk about mental health," Jay said.

Jay explains her personal philosophy: "I admire resilience. We have to realize that people with mental illness have the same hopes as everyone else, and they have much to teach us, if we will listen," she says, "You don't feel sorry for people in need, you feel empathy. Mental illness can happen to anyone, and getting that right door can change someone's life."



Joy Jay, MHA SC  
Executive Director

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## BONNIE PATE, SC SHARE EXECUTIVE DIRECTOR (continued from page 3)

to them about recovery goals – to work directly with people in their communities.

In addition to her role as executive director at SHARE, Pate serves as volunteer director and board chair of Faces and Voices in Recovery (FAVOR), a non-profit addiction support organization formed in 2006. The group, funded in part by a grant from the South Carolina Depart-

ment of Alcohol and Other Drug Abuse Services, has five chapters across South Carolina, and was built by substance abuse recovery advocates.

When asked what she hopes to see for the future of mental health and substance abuse recovery, Pate says, “I want to see services come together. Professionals must share their knowledge and work as a

team, listening to and respecting one another. We should all have the same knowledge.”

“There is nothing to be ashamed of,” says Pate, explaining her personal philosophy of recovery. “We must never go back to making clients feel that they are helpless. Everyone needs help in some way, but recovery is real and I’ve seen it firsthand.”

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## DIANE FLASHNICK, FFSC DIRECTOR



Diane Flashnick,  
FFSC Director

Diane Flashnick is director of the Federation of Families for Children’s Mental Health of South Carolina (FFSC). The only non-profit organization in South Carolina that advocates solely for children and adolescents with mental health needs and their families, FFSC has worked with DMH since its inception.

The FFSC’s wide range of activities includes a yearly commemoration of Children’s Mental Health Awareness Week. For many years, on National Children’s Mental Health Awareness Day (as designated by the Substance Abuse and Mental Health Services Administration (SAMHSA), the FFSC has held a rally at the State House to raise awareness and disseminate information about children’s mental health issues and service needs to the public, and to fight the stigma associated with those issues.

Flashnick is a natural advocate. The Columbia native co-owned a photography busi-

ness for 18 years, but fell into the field as she advocated for her son. “Since his birth, I noticed differences,” she said. “He received a diagnosis of ADHD at age 8, and I’ve been an advocate for him through high school. He’s now 31, and a successful business owner.”

Working to ensure her son received the services he needed led to participation in Columbia Area Mental Health Center’s Parents’ Support Group, where another member told her about a job – a project the National Alliance for Mental Illness of SC had written and was funded by DMH to support families of children with mental health issues. She was hired, and began launching parent support groups throughout South Carolina. When the project moved to Mental Health America of SC, there were 20 state wide.

With her knowledge of the Individuals with Disabilities Education Act (IDEA) and

Individualized Education Programs (IEP), Flashnick went to work for ProParents. The family support network grant evolved into its own 501c3 – the FFSC. Flashnick served on the board and applied to be the executive director.

The FFSC was initially solely grant-funded, but has since begun to receive continuing federal funding from SAMHSA and NIMH, as well as foundations and donations. Its focus is to supply training, education and support to parents of children and adolescents with mental health needs and to teach parents how to advocate on behalf of their children at the community and state level.

Children, adolescents, and their families served by FFSC are involved with many child services agencies. As such, the organization has branched out to provide information to the Office of Exceptional Children, DHEC, DSS, DMH, Juvenile Justice and others.

## DIANE FLASHNICK, FFSC DIRECTOR

The FFSC's future goals include becoming a Medicaid provider. "There is a tremendous need for services," explains Flashnick, "and it has been proven that families relate to and learn from their peers."

Flashnick reflects on her values: "I've always loved a challenge, and boy did I get a good one. Every day is a challenge – seeing how we are going to meet the challenge of what children and families need, especially in the last

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two or three years, as child service agencies have taken such financial hits. But we are dedicated to creating a system of care for the children and adolescents we serve."

## DR. SHILPA SRINIVASAN

Dr. Shilpa Srinivasan has an impressive resume. She is a member of the faculty of the University of South Carolina (USC) School of Medicine, where she is an associate professor of Clinical Psychiatry in the Department of Neuropsychiatry. She also holds adjunct positions in the Department of Internal Medicine - Division of Geriatrics. A self-proclaimed "clinician at the core," she is a board-certified geriatric and general psychiatrist, and serves as assistant training director of the Geriatric Psychiatry Fellowship Program, a cooperative between Palmetto Health and the USC School of Medicine. Dr. Srinivasan is also former president of the SC Psychiatric Association. She has worked with DMH, serving as geriatric psychiatry consultant at CM Tucker Nursing Care Center, where she provided psychiatric consultations.

Born in Bangalore, India, Dr. Srinivasan's expectations for her career were high. For her, becoming a physician was the first step. "I pursued a career in psychiatry because it not only involves a strong understanding of the human mind/body interface, but it is also a specialty that allows an

individual the chance to expand from the Science of medicine to the Art of medicine," Dr. Srinivasan said. "Communicating with individuals about their problems and building a partnership in care is fulfilling to me."

Dr. Srinivasan completed Medical School in Hungary including rotations in the United States. She completed her Psychiatry residency at Tulane University School of Medicine in New Orleans, Louisiana. She then worked as a psychiatrist in Community Mental Health before returning to pursue a fellowship in Geriatric Psychiatry at LSU Health Sciences Center in New Orleans.

Dr. Srinivasan was in New Orleans in 2005 during Hurricane Katrina. When Katrina hit, there was literally no home to return to. She and her husband came to his home state of South Carolina, where they had support and friends. "The city and the medical system welcomed us with open arms," she said. "I was fortunate to be able to complete my fellowship from LSUHSC New Orleans via collaboration with William Jennings Bryan Dorn VAMC in Columbia."

Dr. Srinivasan has three career focuses: teaching, treating, and research, the "academic trifecta," as she calls it. "One of the strengths of the academic program and department of Neuropsychiatry here at the School of Medicine is the robustness of the ties it has with state public and private institutions; it provides an amalgam of activities," she said. "I am fortunate to be able to develop and expand that skill set into avenues of research and education that really allows for the use of clinical skills in a fashion that promotes progress and not redundancy."

"Mental healthcare providers in all areas have a common vision: access, provision, and parity, crossing all demographics and boundaries," she said. "However, we face the very real challenges of financial pressures, access to care, and service provision."

Still, she sees strengths: "We are fortunate here to be able to work as a team. It's like we tell our patients – 'You need to work with your healthcare team, don't go it alone.' In the same way we have to fortify our system by being a team, just as we fortify our patients."



Dr. Shilpa Srinivasan

HEALTHCARE PROVIDERS IN ALL AREAS HAVE A COMMON VISION: ACCESS, PROVISION, AND PARITY, CROSSING ALL DEMOGRAPHICS AND BOUNDARIES."

## GLORIA PREVOST, P&A EXECUTIVE DIRECTOR

Gloria Prevost is the executive director of Protection and Advocacy for People with Disabilities—SC (P&A). P&A is connected to DMH in that people with mental illness are one of the groups for whom P&A provides advocacy both on an individual and systemic level. She has been director of P&A for the last 15 years.

Prevost is originally from Louisiana. She graduated from LSU and received her Master of Social Work degree from Tulane University. After completing her graduate studies, Prevost worked with adolescents in an inpatient unit before going into private practice in New Orleans. She worked as director of a hospital social work department within the Virginia Department of Mental Health, Developmental Disabilities and Substance Abuse. Later she assumed the additional role of patient advocate at the hospital. She moved from those responsibilities to the newly created position of State Human Rights Director for the department. When Prevost's husband went to work for the Joint Commission in Chicago, she accepted a position with the Illinois DMH. She later worked at the Illinois Guardianship and Advocacy Commission before moving to P&A in South Carolina.

P&A was designated as the protection and advocacy system for South Carolina in 1977, by then-governor, James Edwards. The state wide organization grew out of a Charleston regional advocacy organization founded by

Louise Ravenel. Once the federal government mandated that each state have a P&A network, the Charleston group became the first P&A in South Carolina and was tasked with serving the entire state. Although the initial federal mandate applied only to people with intellectual and developmental disabilities, South Carolina decided its P&A would serve people with all disabilities. The state funded money toward this endeavor, considered a very progressive stance at the time.

In 1986, the federal law was expanded to include people with mental illness who lived in institutions, and in 1990 the law was expanded again to include people with mental illness who lived in the community. P&A advocates for the rights of South Carolinians of all ages and disabilities.

Prevost believes there should be a healthy tension between a service provider and an advocacy organization; she also feels strongly that having an advocacy perspective has been a better professional fit for her.

P&A for individuals with mental illness originally focused on investigating abuse and neglect in institutions. With the increased movement into communities across the country the P&A system nationally, and in South Carolina, addresses issues in community settings as well as institutional ones. DMH has supported the need for advocates to ensure quality of care

in the hundreds of residential care facilities around the state through a contract with P&A for the Team Advocacy Project. Priorities of P&A include addressing abuse, neglect, and exploitation; and, in accordance with the landmark Supreme Court Olmstead decision, protecting the right to live in the community in the individual's place of choice.

P&A very strongly supports choice, self-determination, and involvement of people with disabilities in all service agencies. Prevost sometimes hears, 'We're placing so and so' and asserts, "I would like to think that none of us are placing someone; we are assisting someone to choose where he or she wants to live."

Prevost states that P&A has an ongoing challenge to be better known across the state.



TO SUPPORT THE RECOVERY OF  
PEOPLE WITH MENTAL ILLNESSES.

### SC DEPARTMENT OF MENTAL HEALTH

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Gloria Prevost,  
P&A Executive Director

The P&A website was recently revamped to make it more user friendly and P&A has increased its use of social media.

P&A encourages self-advocacy, which aligns it in mission with SHARE, MHA, and NAMI.

Prevost's sense of commitment, responsibility and recognizing the inherent value of all human beings regardless of ability has shaped her work and life.