

**SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH  
STATE DIRECTOR JOHN H. MAGILL**

**GREENVILLE MENTAL HEALTH CENTER  
EXECUTIVE DIRECTOR AL C. EDWARDS, MD**

**Summer 2012**

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

**DMH HOSPITALS  
AND  
NURSING HOMES**

**Columbia, SC**

G. Werber Bryan Psychiatric Hospital

William S. Hall Psychiatric Institute (Child & Adolescents)

Morris Village Alcohol & Drug Addiction Treatment Center

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

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

**Anderson, SC**

Patrick B. Harris Psychiatric Hospital

Richard M. Campbell Veterans Nursing Home

**Walterboro, SC**

Veterans Victory House (Veterans Nursing Home)

**DMH HISTORY AND DEMOGRAPHICS**

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

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

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

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

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

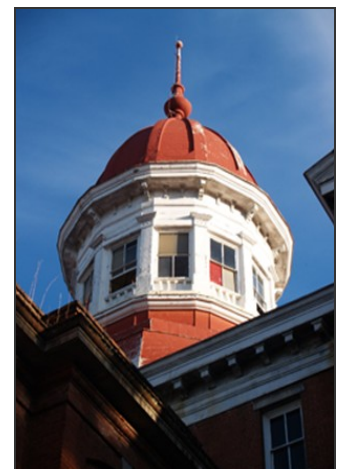
The 1950's saw the discovery of phenothiazines, "miracle drugs" that controlled many severe symptoms of mental illness, making it possible to "unlock" wards. These drugs enabled many patients to function in society and work towards recovery, reducing the need for prolonged hospitalization. Government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

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

38,000,000 clinical contacts.

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

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



Babcock Building Cupola



## GREENVILLE MENTAL HEALTH CENTER

124 Mallard Street  
 Greenville, SC 29601  
 (864) 241-1040

County Served: North Greenville County

## GREENVILLE MENTAL HEALTH CENTER

Services for people with mental illness in the Upstate region of South Carolina were first provided by traveling clinics in Greenville and Spartanburg in 1924. The Greenville Mental Hygiene Clinic opened its doors to the public on September 18, 1950, in the City Curb Market building.

In 1966, the clinic, in response to the passage of the Community Mental Health Services Act, applied to become a comprehensive community mental health center for Greenville County. The application was approved, and the Greenville Mental Health Center moved into new facilities at 715 Grove Road in March, 1969.

In cooperation with the Greenville Hospital System

and the City of Greenville, land was acquired with a long-term lease to build a new mental health center where the Greenville General Hospital once stood. In 2001, groundbreaking ceremonies were held at 124 Mallard Drive and the doors to Greenville Mental Health Center (GMHC) were opened for business on January 13, 2003.

Today, GMHC is the face of public mental health in the local community. The Center provides outpatient mental health services to North Greenville county residents: children, adults, and their families.

Under the leadership of Executive Director Al C. Edwards MD, GMHC offers a full array of outpatient ser-

vices, including individual, group, and family therapy, multi-systemic therapy, psychiatric services, school-based services, emergency services, out of home placement, case management, and more.

GMHC collaborates extensively with the Department of Juvenile Justice, the Department of Social Services, the Julie Valentine Center, and other businesses and agencies within the community.

During Fiscal Year 2011, GMHC provided over 88,000 services to more than 6,600 clients.

All DMH facilities are licensed or accredited; GMHC is nationally accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

GMHC OFFERS A FULL ARRAY OF OUTPATIENT SERVICES, INCLUDING; INDIVIDUAL, GROUP, AND FAMILY THERAPY, MULTI-SYSTEMIC THERAPY, PSYCHIATRIC SERVICES, SCHOOL-BASED SERVICES, EMERGENCY SERVICES, OUT OF HOME PLACEMENT, CASE MANAGEMENT, AND MORE.

<i>Numbers at a Glance for Fiscal Year 2011</i>		
	<i>Greenville Mental Health Center</i>	<i>DMH Statewide</i>
<i>Adult Outpatients Served</i>	4,292	59,427
<i>Child Outpatients Served</i>	2,363	30,058
<i>Total Outpatients Served</i>	6,655	89,485
<i>Population</i>	225,714	4,625,364
<i>Clinical Contacts Provided</i>	88,582	1,175,482
<i>School-Based Schools</i>	18	388
<i>Children Served by School-Based Programs</i>	950	12,064
<i>Supported Community Living Environments</i>	142	3,395





Julia (Judy) S. Bishop,  
Board Chair

“I FEEL THE CENTER IS DOING A GREAT JOB IN THE VENUES IT IS IN, ESPECIALLY HOMELESS SERVICES AND SCHOOL-BASED SERVICES.”  
**BISHOP**

## JULIA (JUDY) S. BISHOP, BOARD CHAIR

Board Chair Judy Bishop, a self-described ‘full-blooded Greenvillian’, has personal interests in being on the GMHC board. Her brother, who was diagnosed with schizophrenia, died in his forties as a result of his psychiatric illness. Also, her 32 years as an elementary school teacher brought her into contact with numerous children in need of mental health services.

According to Bishop, “People typically don’t think about the toll taken by mental illness until they come into close contact with, and are person-

ally affected by, someone with mental illness.” For these reasons, she speaks out whenever the opportunity presents itself to spread awareness and advocate for mental healthcare.

Bishop, a major proponent of the GMHC, believes the clinicians perform valuable services to their clients. Having been on the board for 11 years has given her an appreciation for the depth of services offered at GMHC. “I feel the Center is doing a great job in the venues it is in, especially homeless services and school-based ser-

vices,” she said.

One of Bishop’s chief concerns is the steady reduction of state appropriations. “I am amazed and in awe at what the Center is able to offer, especially in light of recent budget cuts. It all goes back to the dedication of the staff. For the amount of funding we receive, GMHC has one of the highest service volumes of the DMH Centers,” she said.

In Bishop’s own words, “We’re trying our best to keep the Center afloat and morale high.”

## AL C. EDWARDS, MD, EXECUTIVE DIRECTOR

After Presbyterian College, Al C. Edwards attended the University of South Carolina School of Medicine and finished as a member of its second graduating class. He began in internal medicine, switched to psychiatry, and did his residency at Hall Institute. As part of his commitment to the National Health Service Corps, he spent four years at the Department of Corrections. He served as director of mental health services for the SC Department of Corrections. He was later appointed Chief of Forensic Services at William S. Hall Psychiatric Institute (WSHPI) and associate director of the WSHPI Medical School. In 1993, he accepted the position of GMHC executive director, which enabled him to return to his home town.

Dr. Edwards instills in his staff that clients of GMHC will receive as good or better care than is available anywhere else in the community, and he firmly believes they are meeting that goal. “Frequently, when folks with mental illness go to an emergency room, most of their problems are ascribed to their mental illness, so co-existing physical conditions may not be diagnosed. A major factor in achieving mental health requires assurance that all of a person’s health care needs are met. We try to integrate primary healthcare and behavioral healthcare. Our nurses and doctors actively look for health issues with our patients while caring for their psychiatric needs,” he said.

A long-time dream of Dr. Edwards’ has been to co-

locate mental health and primary health care in the same offices, possibly by bringing family practitioners into the GMHC. With a new medical school planned for the upstate at the Greenville Hospital System, an opportunity to provide dual services may evolve as residency students rotate through different disciplines, possibly at GMHC.

The new medical school may benefit the Center in another way. The Upstate has historically had more difficulty attracting psychiatrists than Columbia and Charleston. “As many people tend to remain where they train, I fully expect some of the doctors that finish their psychiatric residency program in Greenville to remain in the Upstate,” Edwards said.



Al C. Edwards, MD,  
Executive Director



## SUSAN CAMPBELL, MD, CHILD PSYCHIATRIST

Child psychiatrist Dr. Susan Campbell is a consultant for GMHC. She is a part of the school-based team that serves some of the Title I schools in Greenville County. School-based therapists meet with children during school hours in local schools.

Once a week, the therapists meet with Dr. Campbell and a GMHC nurse to discuss cases and do treatment planning. Dr. Campbell also prescribes medications if needed. While she has been a part of the school-based team for 10 years, she has worked with children at GMHC about 24 years.

Susan grew up in Moonville, and attended Furman University and the Medical University of South Carolina. She completed her Psychiatry residency and Child Psychiatry fellowship at Duke Uni-

versity.

In addition to her work at GMHC, Dr. Campbell also works one day a week at Furman University's Student Mental Health Services.

Yet Susan finds the school-based services most exciting. "Many parents have a difficult time bringing their children in consistently for appointments. They may not be able to leave their jobs, have transportation issues, or may have health challenges of their own. By meeting the child in a school setting, he or she can be seen every week, or more if necessary. School-based services remove the burden of keeping appointments from families allowing center staff to meet with a child when needed – not just when a caregiver can make the arrangements.

Medication, when required, is a major benefit. Many medicines in use today were not available just 20 years ago. Diagnostic skills have also evolved during that period. "I think we recognize some illnesses now that we did not recognize 20 years ago, and we're getting better at diagnosing things early. There's some thought that if we can catch and treat the more malignant diseases early on, we might be able to attenuate the prognosis.

I had a wonderful professor at Duke who always said, 'You'll get disheartened if you think you are going to cure everyone, but if you help one child and make a difference in the life of that one child, you've helped that child and their future children.' So I look for that one."



Susan Campbell, MD,  
Child Psychiatrist,  
School-based Services

SCHOOL-BASED SERVICES REMOVE THE BURDEN OF KEEPING APPOINTMENTS FROM FAMILIES ALLOWING CENTER STAFF TO MEET WITH A CHILD WHEN NEEDED.

## BRIAN MARKS, CLIENT AFFAIRS COORDINATOR

Brian Marks came to work at GMHC in 2000, with a bachelor's degree in Social Work and a minor in Art. As the Client Affairs Coordinator (CAC), Marks has arranged numerous community outreach educational programs, interprets for Spanish speaking clients, and coordinates Prevention Partners Health Bulletins and Screenings. He initiated and helped implement Crisis Intervention Trainings (CIT) for local Law Enforcement. Greenville now has more than 75 officers certified in CIT.

Marks is a talented artist who is passionate about the GMHC Art of Recovery (AOR) program. The program offers art classes for clients of all ages. Starter kits have been provided to artists to hone their artistic and entrepreneurial skills. Artists participate in silent auctions and recently raised almost \$800 for the Haiti Hurricane Relief Fund.

The GMHC AOR committee frames and promotes original artwork, displaying them in the Open Hearts Gallery, located in the GMHC center

lobby. It also exhibits in community coffee shops, churches, and advocacy organizations. The GMHC AOR program showcases remarkable talent and does a world of good in boosting self-esteem and creating confidence and a sense of purpose for GMHC's gifted clients.

As Brian says, "Art therapy is a way for people who can't find words to express their feelings. It gives people an opportunity for self-expression when words may fail them. Art is a tremendous therapeutic tool."



Brian Marks,  
Client Affairs Coordinator

GMHC AOR  
WEBSITE:  
[openheartsgallery.com](http://openheartsgallery.com)

## CHRISTINE CARLBERG, MA, FORENSICS INTERVIEWER



Christine Carlberg, MA,  
Forensics Interviewer

THE SUPPORT AND RELATIONSHIP BETWEEN DMH, GMHC, AND JVC HAS STRENGTHENED AND CONTINUES TO BENEFIT THE ENTIRE COMMUNITY.

In 2004 the Julie Valentine Center (JVC), formerly known as the Greenville Rape Crisis and Child Abuse Center, and the GMHC established a partnership to continue providing forensic interviews at the JVC. Through this collaboration, the JVC contracts with GMHC for full-time forensic interviewer Christine Carlberg. The interviews, which are provided for both Greenville and Pickens counties, are paid for by the State Office of Victim Assistance and Medicaid.

Carlberg earned a Bachelor of Science degree from the Pennsylvania State University and a Master of Arts degree from Reformed Theological Seminary in Jackson, Mississippi. She also trained at Corner House, a nationally recognized training facility for forensic interviewers. Her previous employment includes: a community mental health center in Mississippi, Charter Hospital Systems, and the Mississippi Children’s Advocacy Center.

In 2007, she joined the

GMHC Forensic Department. To date, she has conducted more than 1,800 forensic interviews in both South Carolina and Mississippi, and is frequently called to testify in court.

Carlberg works with children, adolescents, and developmentally-delayed adults conducting forensic interviews for investigations. She regularly interfaces with DMH’s Assessment and Resource Center in Columbia, which is a child abuse evaluation and treatment center. Together, Carlberg and the ARC staff assist clients and their caregivers, helping them traverse the multiple systems they encounter during the investigation.

Carlberg described her work saying, “Forensic interviews have a semi-structured protocol. It is a non-leading, non-suggestive way of gathering information to assist with an investigation. Typically, I meet with a non-offending care-giver to gain background information and then conduct the interview. Interviews are

video-taped and I write up a report with my assessment and recommendations. The information may be given to the Department of Social Services, law enforcement, or the solicitor’s office, and all those involved in the case.

I interview children from the age of two up to age 18 and developmentally-delayed adults. The majority are female between the ages of seven and 11.”

Often, the only evidence in a child abuse case is the child’s statement. These interviews preserve evidence at the time the child is disclosing, making them a vital part of the overall investigation of child abuse.

Without this partnership, the JVC would not have been able to maintain the forensic interview program. In addition to providing a service that is desperately needed, the support and relationship between DMH, GMHC, and JVC has strengthened and continues to benefit the entire community.

## APRIL M. SIMPSON, MA, PROGRAM DIRECTOR



April Simpson, MA  
Program Director

April M. Simpson was born and raised in Greenville, and received a bachelors degree in Psychology and a Master’s degree in Rehabilitation Counseling from South Carolina State University. She worked two years as a counselor at the Vocational Rehabilitation Center in Charleston. She was hired at GMHC as a therapist in the Senior Adult Division. About

a year later, Simpson was promoted to chief counselor in Community Rehabilitative Services (CRS).

Today, Simpson stays busy as program director of four GMHC programs: the Homeless Program, the Housing Program, Rehabilitative Psychosocial Services (RPS), and Intensive Case Management Services.

In the Homeless Program, professionals go into the community to find and assist homeless, mentally ill persons with finding shelter, food, clothing, financial resources, mental health treatment, and decent housing. The staff provides on-site assessments and counseling.

**(continued on page 7)**

## APRIL M. SIMPSON, MA, PROGRAM DIRECTOR (continued from page 6)

The Housing Program partners with Upstate Homeless Coalition (UHC) and Homes of Hope. Currently, 70 clients and their families are served and receive intensive case management. GMHC and UHC were pioneers of the “Housing First” model in South Carolina.

The RPS program places persons with serious and persistent mental illness into different types of group therapy. Groups are based on

level of cognitive functioning and are offered five days a week.

Additionally, Simpson supervises Intensive Case Management Services. Clinicians in this program serve about 15 clients each, due to the clients’ intense needs. Services provided typically include housing placement, dealing with family issues, assistance with shopping, and encouragement of medication compliance.

“Five years from now, I want to be doing what I’m doing, fine-tuning and growing the division. It’s a management position, but I have relationships with the clients and I’m involved with them. They see me daily; I’m in their homes; I help them in a variety of different ways. I enjoy both sides – management and direct contact with clients. I stay busy and I love what I do,” Simpson said.

THE RPS PROGRAM PLACES PERSONS WITH SERIOUS AND PERSISTENT MENTAL ILLNESS INTO DIFFERENT TYPES OF GROUP THERAPY.

## WILLIAM J. SLOCUM, MIRACLE HILL GREENVILLE RESCUE MISSION DIRECTOR

Community partnerships are vital to GMHC in its mission to support the recovery of people with mental illness. Director Edwards is grateful for the mutually beneficial partnership that has grown between the Center and Miracle Hill Greenville Rescue Mission.

Miracle Hill Ministries is a private, non-profit organization funded by individuals, regional and national foundations, churches, businesses, and social agencies. Since its beginning as a soup kitchen in 1937, Miracle Hill Greenville Rescue Mission (Greenville Rescue Mission) has expanded its services to provide food and shelter on any given night to more than 600 men, women, and children, in its children’s home, adult shelters, or foster care.

Director of Miracle Hill Greenville Rescue Mission Bill Slocum, an employee of 19 years, first served as the director of the Miracle Hill

Children’s Home before coming to the Rescue Mission in 1999. He’s formally trained in Ancient Languages and Theology, and his 16 years spent as a pastor and Bible teacher helped prepare him for the challenges he faces at Miracle Hill Ministries.

GMHC and Greenville Rescue Mission serve many of the same clients. Together, Slocum and GMHC’s Special Services Coordinator Mary Kay Campbell established cooperative guidelines about 9 years ago.

Slocum also works closely with the staff of the DMH facility Patrick B. Harris Psychiatric Hospital (Harris), which is a major source of referrals. When Harris has a client who needs shelter, Slocum reserves a bed based upon the anticipated discharge, if possible. For clients housed at Miracle Hill, the GMHC, Harris, and Miracle Hill staff perform what

they call ‘cooperative case planning,’ to determine a client’s progress, continued needs, and how to address specific issues.

As with many social service organizations, adequate and consistent funding is an ongoing concern. In Mr. Slocum’s words, “With the economy contracting, this community is in need of more housing. According to recent snapshot surveys, there are approximately 1,200 or so homeless people in Greenville county. Of that 1,200, approximately 250 are unsheltered homeless, those not living at the Rescue Mission, Salvation Army, or other safe temporary housing. Some are sleeping under bridges or in their cars. That’s the population that really concerns me. It’s fast growing with a large subset of families. We have too few family apartments. I hope one day to have enough housing options to keep all families intact.”



Bill Slocum, Director,  
Miracle Hill  
Greenville Rescue Mission

“I HOPE ONE DAY TO HAVE ENOUGH HOUSING OPTIONS TO KEEP ALL FAMILIES INTACT.”

SLOCUM



TO SUPPORT THE RECOVERY OF PEOPLE WITH MENTAL ILLNESSES.

**SC DEPARTMENT OF MENTAL HEALTH**

2414 Bull Street  
Columbia, South Carolina 29202

Phone: (803) 898 - 8581

[WWW.SCDMH.ORG](http://WWW.SCDMH.ORG)

**GREENVILLE MENTAL HEALTH CENTER**

124 MALLARD STREET  
GREENVILLE, SC 29601

(864) 241-1040

Hours of Operation:

Monday-Friday

8:30 a.m.—5:00 p.m.

County Served: North Greenville County

[WWW.GREENVILLEMENTALHEALTH.ORG](http://WWW.GREENVILLEMENTALHEALTH.ORG)

**RECOVERY SPOTLIGHT – BY MONTY**

Becoming really paranoid was the first indicator that I was having problems. My doctor told me that I did not eat, sleep, or bathe for five days when first admitted to the Patrick B. Harris Psychiatric Hospital.

I have had a couple of psychotic episodes. I would self-medicate with drugs or alcohol. When I stopped taking my prescribed medication my situation would get worse. The worst was when I attempted suicide by jumping off a highway bridge.

I would come to Mental Health day groups. I did not consistently stay stabilized until I entered a 12-step program. Even after being clean and sober for almost seven

years, I still battle with mental illness.

Counselors and doctors at GMHC have been instrumental in my recovery because of my access to services. I have Seasonal Affective Disorder and I can get help at GMHC.

I have had to overcome alcoholism, drug addiction, anger issues, self-hate, self-esteem issues, and quality of life issues.

To keep on the right path, I attend 12-step meetings on a regular basis. I keep in contact with counselors and doctors at GMHC. Through all the breakdowns in my life, GMHC has been there in one form or another to help. I have attended its day pro-

grams and have been a participant in Mental Health Court. Being in group therapy at GMHC doesn't necessarily solve my problems, but it gives me a place where I can honestly and wholeheartedly face my mental illness and accept it.

GMHC provides services to improve my quality of life as a person with a mental illness. GMHC also gives me opportunities to help myself by helping others.

With strong fortitude I work toward recovery. I have been through a great deal of life situations. The staff at GMHC have given me hope that I can have a joyous life. I have learned to advocate for myself, be responsible for

my own recovery, and trust the people that are here to help me.

Trust, hope, faith, perseverance, humility, honesty, willingness – these are only a few of the many gifts I have found here at Greenville Mental Health Center.



Monty