Inappropriate Treatment for the mentally Ill Inmates: The Wrong Place to get Treatment

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Executive Summary
Mental disorders are common nationwide, affecting millions of people every year. Today about “8.8 million Americans” are suffering from Schizophrenia (Torrey 2010). Schizophrenia symptoms like imagining the things that are not real, can get worse if not interventions are taken. On the other hand, bipolar disorder is categorized by showing extreme emotions such as mania and severe depression which makes harder for the individual to deal with daily events.

Deinstitutionalization of state hospitals during 1956 contributed to the increase of the mentally ill in the criminal justice. Statistics showed that as a result of this reform during “1956 and 1996 … the number of patients… decline nearly 90%” at state hospitals and subsequently the number of inmates increased due to this event. Today there are approximately “24 percent of inmates” with one or more mental disorders compared with 6.4 percent during 1983 (Easley 2009) . Mental health problems increased during incarceration proving that services must be improved.

The main reasons programs have not been successful in treating the mentally ill inmates. People with mental problems are more likely to be arrested if they exhibit symptoms of the illness. This population is often charged with serious crimes than the general population. Fights and inappropriate behavior is a common problem for mentally ill inmates compared to other inmates. The mixture of inmates and the lack of trained staff is a factor that contributes to the programs failing to its mission.

The prison’s isolation cells are not appropriate cleaned for inmates to stay. A 2010 Article showed that prisoners “spent years locked up, 23 to 24 hours a day in small cells”. Body waste, can be found in cells representing potential health problems for the individual. The feeling of inferiority is always in the mind of mentally ill inmates bringing negative consequences like suicidal thoughts or death.

Community organizations and the prison system must maintain constant communication to better serve the mentally ill inmates. Available and flexible treatments can help mentally ill inmates from re-enter the correctional system. Better screenings when entering the jail system can reduce the number of mentally ill inmates. Better plans and constant follow ups for the inmate can prevent recidivism. Family involvement can help the individual emotionally. People with mental problems have the same needs as those with similar conditions, but who are being assisted by community organizations.
Introduction to the Problem

The lack of quality of mental health care has contributed to recidivism. State and the federal prisons have become the main place where mentally ill inmates are sent. There are approximately “24 percent of U.S. prison inmates …with…”a severe mental illness nationwide (Easley 2009). There is lack of communication between the correctional and community mental health services. As a result Adam Wilper, author of The Health and Health Care of U.S. Prisoners: Results of a National Survey, mentally ill inmates are not receiving appropriate treatment. In addition, inmates have chronic problems that need different professional interventions. The few professional interventions that currently take place are not sufficient enough to treat the population, for example when the mentally ill are kept isolated within the facility, studies have shown that the result is violence to the community after they leave prison. The prison’s mission is “punishment, not therapy” leaving the mentally ill vulnerable to the system (Cheryl 2009). Caregivers and jailers have different methods when treating the mentally ill in prison. Caregivers might be in the process of administering medication to the inmate but jailers will not give permission to take “the pill or get the shot right now”, for many reasons like transportation or scheduling. It is clear that the correctional system has power to negate treatment (Fitz 2007). Mistreatment and the lack of understanding from other prisoners and workers increase isolation for the mentally ill, which causes harm, suicidal thoughts, or death. Not enough professionals, the mixture of inmates, untrained guards, isolation, Drugs, and recidivism in prison leaves the mentally ill untreated and in danger. Mentally ill inmates should receive the appropriate treatment in prison. In fact, the whole system is not a healthy environment for this particular community of inmates.

What is a Mental Illness?
A mental illness is a medical condition that affects the individual’s thinking, feeling, mood, and their social health. Like any other diseases, a mental illness diminishes the capacity of coping with the daily stressors of life. There is not a cure but, it is a treatable illness and it is possible to improve the individual’s life by getting involved in community programs and taking medications. Mental illness can be defined as “major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, posttraumatic stress disorder (PTSD), and borderline personality disorder”(NAMI 2013). The first step to recovery is the recognition of the problem by the individual. There are “8.8 million people in the United States” suffering from Schizophrenia (NAMI 2013). The illness is characterized by hearing voices, delusions (imagining things that are not real), and abnormal emotions. Bipolar is similar to Schizophrenia but people with this illness have extreme emotions like mania and severe depression. After a symptom appears the individual or family need to see a psychiatric to determine if the individual has a mental problem. (See Appendix A for more information).

History of the Problem
A reform movement initiated by activist Dorothea Dix in 1840, allowed the mentally ill to receive treatment in state hospitals where services could be available twenty four hours per day. The institutionalization of mental hospitals was a solution for many families struggling with family members with mental problems. During 1950’s there was an initiative to close state mental hospitals because of the “poor living conditions, and human rights violations” (United for Sight 2013). Deinstitutionalization of state hospitals sent mentally ill patients alone in the community with not plan to follow. The increased in both state and federal prisons nationwide
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was a result of this reform. During “1956 and 1996 … the number of patients… decline nearly 90%” at state hospitals and subsequently the number of inmates increase do to deinstitutionalization (Adams & Ferrandino. 2008). There are approximately “2.3 million inmates” with mental problems waiting for treatment (Andrew, (2009). Statistics showed that, the situation has increased and is worsen over time with more people going to jail for mental problems ( Adams & Ferrandino 2008). Figure 1 showed the magnitude of the problem over time since 1840 to the 2000 year.

![Figure 1](http://coos.or.networkofcare.org/library/final_jails_v_hospitals_study1.pdf)

Note: It is clearly see that after the deinstitutionalization of state hospitals the number of inmates increased. This figure can be found at http://coos.or.networkofcare.org/library/final_jails_v_hospitals_study1.pdf

**Life Behind bars**

Thousands of people are incarcerated each year. For many inmates prison is a place where they were “not wanted” and feel disconnection (Ridgeway 2011). Mentally ill people suffer in silence. Non-mentally ill people would not think of harming themselves or others without reason. Prison makes it harder for the individual to follow their treatment or have any motivation to get better. Although it is not their fault, the illness that dominates them and the inadequate care they receive in prison makes the problem worse. Close attention is required to understand how “…anxiety, depression, paranoia…interfere with the inmates ability to follow institutional rules”, in order to help the person with their adaptation in and out of prison (Adam & Ferrandino 2008). For example inmates carry adaptive behaviors, when they are realse to the community that often are perceived by others as dangerous.

Nurses and psychiatrics play an important role in recovery of mentally ill inmates during incarceration, but they are not always happy with their job. Nurses and psychiatrics work together in prison and are responsible for finding medical histories; making health assessments,
prescribing medications, and helping staff understand the needs of the inmate. Nurses understand the problems inmates have, but like other people they consider them as “dangerous, violent, and manipulative... that they will maintain interaction with the patient at a superficial level”, in order to protect themselves (Perron & Holmes 2011). The times nurses spend with the inmates is not enough to understand the individual or even to figure out if they are mentally ill or not. There are approximately “3.5 hours per week for 100 inmates”, that mentally ill inmates have to see a professional for their illness (Gournay 2005). Prison is not a place where psychiatric nurses usually work full-time because they have other jobs in the community.

Mentally ill inmates are mixed with other inmates who can be more dangerous or susceptible to them. Normal inmates might not be aware of the person’s mental health problem or how to respond. A crisis can occur at any time any person close to the mentally ill can be harm or in some cases become the victim. Violence towards mentally ill inmates is the result of being in jail mixed with other inmates. Rape is a big problem that has become “America’s most ignored problem” in the United States, where the victims are usually people with mental problems (Dumond 2003). Rape brings “posttraumatic stress disorder, anxiety, depression” consequences that affect mental health (Dumond 2003). As Torrey incorporated in his book The Insanity Offence, the story of a seriously mental ill inmate who was in the forensic program, but who later was transferred to a homosexual cell where he was raped. Victims tend to commit suicide to avoid social stigma and pain. Murder for mentally ill inmates is high compared to other inmates. In Mississippi a 43 year old male diagnosed with paranoid schizophrenia was “beaten to death by his eighteen year old cellmate” who was there for armed robbery and murder (Torrey 2000). In New Jersey a sixty-five year old mentally ill retired stockbroker was raped and killed by his cellmate, who had a history of rape and violence (Torrey 2000). Other cases have shown mentally ill being treated like animals, for instance officers who determined to offer food to the mentally ill in order to follow the rules.

Guards and other staff in prisons are not hired as psychiatric nurses but they are forced to deal with mentally ill inmates. Guards do not know how to respond when inmates are out of control, so they use punishment as the solution. The inability to think and make the right decisions is the problem mentally ill inmates’ face day by day. Mentally ill people are more likely to physically or verbally assault police officers or guards. One example of these took place at the Ohio Correctional Center, with a mentally ill inmate who was there because he stole a bicycle and was not behaving according to the rules. Guards reported that it was difficult to work with him because of his aggressiveness to them, “by spitting on staff members and throwing body waste, which forced the guards to isolate him (Steadman 1995). On the other hand there are inmates who act as if they suffer. This creates an atmosphere of stress for the correctional guards, and a disadvantage for the severely ill. This confuses the guards because they have no way of knowing who is mentally healthy or who is not. It is clearly seen in these pictures one and two that Oregon guards used force to be safe and make the mentally ill to behave.
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Isolation from other inmates can be devastating for the individual. Staff working with the mentally ill often thinks that the right way to deal with these prisoners is by isolating them. This practice goes beyond punishment; it can be compare to torture. The correctional system usually has isolation cells that are not appropriately cleaned. A 2010 Article shoed that prisoners “spend years days locked up in small cells “, and most of the time cells have body waste, that can be potentially harmful for the individual’s health (Metzner & Fellner 2010). In addition when the individual is conscious he or she might feel inferior to other people, and some have suicidal thoughts or successful suicides. A federal judge mentioned that, “isolated confinement” is the mental equivalent of putting and asthmatic in a place with little air . . .” (Metzner and Fellner 2010). Studies have proven that isolation can destroy both, trust and motivation to get better.

Mentally ill inmates are categorized as “frequent flyers” that enter the system many times due to their illness (Torrey. 2010). Mentally ill inmates stay longer than the general population behind bars. According to Torrey author of More Mentally ill Persons are in Jails and Prisons than Hospitals, the average stay for New York inmates is 42 days compared with 215 for mentally ill inmates. Sentences can increase due to inappropriate conduct during incarceration. They are reintegrated to the community with no advice or place to go after. Many of these people “will rapidly deteriorate” only to re-enter jail because they participated in some kind or crime in the community (McVey 2001). More in depth, A 34 year old women have being charged with "12 felonies and 31 misdemeanors” and was in prison 49 times in just 40 months. This demonstrates that the prison system does not care about the individual in and out the system. The community constantly sees them as a danger that can hurt them or their families. Society can be really offended when they see mentally ill people out in the streets. They prefer to see them in jail where no one can be hurt.
Possible solutions

Better screenings in the jail system can reduce the number of mentally ill inmates from coming back to prison. It is important to identify the problem at the time of intake to know if it gets worse over time; it is also a great step toward individual recovery. Recognizing the severity for the patient with mental illness will help the professional to develop a plan to follow in and out of prison. After the individual is diagnosed, it is time to negotiate with the “…prosecutors, defense attorney’s. Community-based mental health providers” what is going to happen with the individual either in or out of jail (Steadman, H. J. Morris, S. M. 1995). It is understandable mentally ill people that are considered to be really dangerous to the community, and that need to stay in jail for better supervision, will not be able to qualify for these “diversion programs” (Steadman, H. J. Morris, S. M. 1995). On the other hand, for the patients who meet the criteria to receive treatment and reintegration into the community. In addition they will stay less time in prison only if they agree to continue the treatment.

Counseling can be the difference between negative and positive reintegration process. Correctional facilities offer “some counseling” to inmates” during and before reintegration, but care providers must plan the whole reintegration. The integration of social workers in the correctional facility will help in fulfilling the plan. Housing and jobs are important things an inmate will need soon after leaving jail. Constant communication with the individual and community organizations is needed to improve the community and individual’s mental health.

Not all mentally ill people live with their family. According to Lamberti there are clinical risks factors that contribute to incarceration that have been identified as “co-occurring substance abuse use disorders, treatment non-adherence, and homelessness” as well as the systemic factors such as “deinstitutionalization and fragmentation of services”. There is a communication gap between community organizations and jails where is more people with mental problems abusing drugs, and the streets are frequently where mentally ill individuals end up

Community organizations and clinics can also be part of the solution. Community resources for the mentally ill can prevent this people from end up in jail. Public health professionals can develop plans give Develop plans for each individual together with their family members will give the motivation to individual. In any critical situation people find themselves the most important thing is family support, because the individual sees that there are people who care for them.

Conclusion and Recommendations
Mental health problems among inmates have increased, and this demonstrates that services must be improved. Changes in both, within and outside of the system are needed. Reintegration plans to society is the right treatment for the mentally ill. Every day the number of inmates is increasing. Recidivism for the mentally ill is a normal thing to see within jail. Misunderstanding and the mixture of inmates is not an environment for rehabilitation. Good plans to take in consideration are:
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- Better screenings at the incarceration at the time of incarceration
- Improve counseling services
- Addressing the needs for each individual
- Community organization and prison communication is essential
- Family involvement
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Appendix A

Diagnostic criteria for Schizophrenia

A. Characteristic symptoms: Two (or more) of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated):

1. Delusions
2. Hallucinations
3. Disorganized speech (e.g., frequent derailment or incoherence)
4. Grossly disorganized or catatonic behavior
5. Negative symptoms, i.e., affective flattening, alogia, or abolition

Note: only one criterion A symptom is required if delusions are bizarre or hallucinations consist of a voice keeping up a running commentary on the person’s behavior or thoughts, or two or more voices conversing with each other.

B. Diagnostic criteria for 295.30 Paranoid Type
A type of schizophrenia in which the following criteria are met:

1. Preoccupation with one or more delusions or frequent auditory hallucinations.
2. None of the following is prominent: disorganized speech, disorganized or catatonic behavior, or flat or inappropriate affect.

Diagnostic criteria for 295.40 Schizophreniform Disorder

With good prognostic features: as evidenced by two (or more) of the following:

1. Onset of prominent psychotic symptoms within 4 weeks of the first noticeable change in usual behavior of functioning.
2. Confusion or perplexity at the height of the psychotic episode
3. Good premorbid social and occupational functioning
4. Absence of blunted or flat affect

Diagnostic criteria for schizoaffective disorder

1. An uninterrupted period of illness during which, at some time, there is either a major depressive episode, a manic episode, or mixed episode concurrent with symptoms that meet the criteria A for schizophrenia.
   Note: the major depressive episode must include criterion A1: depressed mood

2. During the same period of illness they have been delusions or hallucinations for at least
3. 2 weeks in the absence of prominent mood symptoms
4. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or general medical condition.

Specific type:
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**Bipolar type:** if the disturbance included a manic or mixed episode (or a manic or a mixed episode and major depressive episodes)

**Depressive type:** if the disturbance only includes major depressive episodes