

When Corrections Intersects With Mental Health

*What you have done for the least among you..
...you have done for me...*

Matthew 25:40



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WHEN MENTAL HEALTH... AND CORRECTIONS INTERSECT...

Incarcerating People with Mental Illness: A Challenge for Corrections

Over two million individuals are incarcerated in the United States, the highest number in our history. The prison system is bursting at the seams in each state, including the state of West Virginia, with 6000 adults in prison, 985 juveniles in detention centers or prison, and a fluid number over 3000 adults in the regional jail system.

The dollar and cent costs have destroyed many, if not all, WV County budgets at nearly 50 dollars a day in the regional jails per county inmate. The state's cost is nearly 20 thousand dollars per adult prison inmate a year and 80 thousand a year for juvenile offenders incarcerated. As great as these dollar figures are, they pale in comparison to the human cost, the cost to victims in many cases, both financial and emotional, and the cost to families, both in relationships and going without a potential income provider to say the least. There is also the impact to society of this individual's creativity and the gifts they can no longer offer society.

Research indicates that at least 16% of adult offenders are in need of mental health services, and this can be considered a conversation number. That is especially true when compared to the fact seven out of ten juveniles in detention centers have been diagnosed with mental illness.

Another alarming statistic to be considered are the studies that reveal that at least 25%, and as high as 87% of prison inmates report having experienced a head injury or trauma before becoming an offender. This is a substantial and extremely high rate of injury when compared to the national average 8.5% of non-offenders.

Are mentally ill persons more apt to commit a crime than those without mental illness? No! Absolutely not. However, if drugs and/or alcohol are involved for those suffering a mental illness, the chance of that individual becoming involved in criminal activity becomes much greater.

As a result, criminal activity takes place by perhaps underage purchase, possession; and/or consumption of a controlled substance for juveniles and adults will experience much of the same except for the age factor. Both juvenile and adults will possess and abuse the substance both legal and illegal. With the temporary relief received from these products, addictions become almost automatic and compound the problems for the individual. Many of these self mediating individuals will spiral out of control resulting in the loss of

employment, operating vehicles while impaired, and turn to different forms of criminal activity such as thief, robbery, domestic and other forms of violence and abuse.

Those suffering of mental illness can get better. However it can be quite expensive going from place to place looking for the proper health care diagnoses and treatments. The situation only intensifies when an individual has little or no support system in place. Often family members and friends do not understand mental illness. Family and friends can also be the ones who have become victims, or tried to help and failed, creating a strained or fractured relationship with the individual. Perhaps adding to the problem, crisis intervention is not always available, especially in rural areas and rural communities. Therefore, many individuals may only receive treatments after they enter the corrections systems.

The problem with this situation is many judges are not always interested in the root cause of an offender's behavior, but with the seriousness of the individual's current offence. With that being the case, the offence committed may be minor and the offender may not spend enough time in a facility to be diagnosed and "dry-out" or "come clean" so to speak. During their short stay in a regional jail they may never see a mental health professional or be referred to a local mental health clinic for treatment. Therefore, when their sentenced period of time to be incarcerated has been satisfied, the individual will be released and return to the streets and their previous behavior pattern often to become a repeat offender.

Many of the community mental health clinics and mental health professionals wish to work the 9am to 5pm Monday to Friday workdays. Another factor to consider is the lack of qualified and trained health care professional's nationwide. However those with mental health issues experience problems around the clock. This means that without intervention or assistance from an outside source, such as family or friends, several of these individuals will commit an offence and end up in the jail system or the criminal prison system.

Although it is true one must be responsible for their actions, be held accountable for their behavior, in many cases it would appear many individuals are being punished for being mentally ill, not by their won choice, when justice could be better served if the individual were indeed receiving mental health therapy rather then just incarceration the individual.

When mental health intersects with corrections, do you know what to do for the individual? Many, including law enforcement officers do not have the knowledge or skills to properly diagnose mental illness when confronted with it either. Officers may be forced to deal with abusive individuals or those trying to commit suicide or other types of different behavior than what are considered normal.

Security is of greater importance at this time, and the mentally ill may be forced to pay the price for their illness and the security of others.

As perfect example could be the case which took place in Memphis Tennessee sometime in the final months of 2005, while playing out live on a nationally covered "TV News Alert Program", a SWAT team shoots a man to death for wielding a knife, and threatening suicide on the streets of his neighborhood in Memphis Tennessee. This man was suffering from mental illness and everyone who knew him was aware of his illness. Apparently this man either stopped taking medication, or perhaps self-medicated with substance or multiple substances, for whatever the reason, it was not clear at the time. However, after some time, the officers became weary of the holdout situation with this man. Finally the man lunged forward wielding this knife in a threatening manner toward a police officer and he was shot and died in the middle of the street, while the helpless looked on in disbelief while watching this sad story unfold on national television news programs. Situations like this do not always have to end this way. Was this an excessive use of force? Were the officers aware of this individual's mental history? Have the officers ever received any training in recognizing symptoms of mental health problems? Did they know what to ask for assistance from mental health professionals to defuse this situation? Perhaps a question that should be asked of each city and each police officer: What was learned by this individual's death? Are the police officers and each city better informed and prepared to handle a similar situation today without the loss of life?

Considering this sad incident in the example mentioned above and many others that are thankfully less dramatic unfold across our Country and our State all too often leaves the situations crying out for additional training and awareness for all levels of police officers, correctional officers, and administrative staff.

Several individuals with mental health issues will be diagnosed incorrectly, or not be diagnosed at all. However, those who are not forced to receive treatment unless deemed to be a physical threat to themselves or to others. For an individual to be a threat, it means being a threat "right now", not ten minutes ago or ten minutes from now.

Police officers being the first responders and through training about mental health issues become aware of the many forms and signs of mental illness would reduce the risks of injury or loss of life. This would reduce the risks for the mentally ill individual and assist the safety of the police officers and general public as well.

Another positive side of police officer training in mental health would be their ability to recognize if the individual they encounter should be taken to a mental

health crisis center for treatment, or be taken to an expensive jail cell where treatment often is delayed for extended lengths of time.

The Problem of Incarcerated People with Mental Illness:

By their very mission and nature, jails are not designed for treating individuals with mental illness. The main focus and mission of jails is security for society, for the facility's staff and for the inmates themselves.

Although some inmates may be incarcerated for two years or more, the jails are meant to hold individuals for only a short period of time. By posting bail, an individual can be released in only a few hours. On the other hand, if the individual can not post bail, or because of the nature of their offence bail can not be set by the court, that individual will remain incarcerated until he/she has their day in court. Of course if they are found innocent of the charges against them they are released. If found guilty of the charges they may remain in the jail system until room can become available in the prison system, which can also be a long wait.

An individual suffering from mental illness and brought to a jail may be incarcerated for a lengthy period of time before diagnosed with an illness. While it may be suspected by the jail staff or even reported to the jail staff by family, friends or clergy, the individual will be observed and perhaps held in a protective custody cell which may also include a suicide watch on the individual. It certainly appears the actual mental health treatments these individuals receive while being incarcerated is very limited at best. However, in fairness to the jails and their staff, the treatment very well may be greater than what the individual was receiving before their arrest and incarceration. But is that good enough, or do the individuals deserve better? The jail system also must diagnose who is actually suffering with mental illness and those who may only pretend mental illness with the hopes of avoiding going to prison or receive different accommodations and so forth.

An example of this situation transpired in one of WV's Regional Jail during the winter months of 2006-07. A particular individual known to this community and especially to his Church community as suffering from Schizophrenia begin to exhibit the signs of experiencing problems in the early days of November 2006. Efforts of convincing him to seek medical assistance were unsuccessful. At this time the man was estranged from his family, he set fire to the mattress while staying in a local motel room. This incident took place in the mid November 2006. His explanation for his actions was, "I wanted to see God! You know you can see God in the flames of fire."

Within minutes of setting the fire this man was arrested, charged and placed in the WV Regional Jail System. The deacon of his Catholic Church was his only visitor for the months to come while he remained incarcerated. During the deacon's visits, it was repeatedly brought to the attention of the Regional Jail staff and councilor this individual suffered from Schizophrenia and justice would better be served by this person being committed to Sharp Mental Hospital in Weston than remaining incarcerated in jail.

There was not any visible change in this individual's condition observed during the individual's stay at the Regional Jail. He continued to flood his cell with water and urinate trying to create a rainbow, again in an effort to see God in the rainbow. All this individual's actions were under observation and duly noted by the Regional Jail staff, however they chose not to act on the evidence and the testimony of the Catholic deacon. It was not until the beginning of April 2007 this individual was removed from the jail and taken to the Sharp Mental Hospital, four months plus after setting the fire to the mattress.

Those who suffer from Schizophrenia experience great difficulty negotiating in life, especially when they become irregular in taking medication for the illness. However, when regularly medicated and receiving counseling, the chances are much greater those individuals will remain on their medication and that is not always an easy task especially for those without a good support system of family and friends.

Unfortunately, for many individuals who suffer mental illness, especially Schizophrenia, once they have recovered and have reentered society without a support system in place, will quickly fall back into the pattern of forgetting to or choosing to not continue with their medication and counseling. This only leads to the increased probability they return to the jail and corrections system once again. This is the case of the individual mentioned in the example above. Over the past twenty years or so, this man has spent time in jails and psychiatric hospitals in 4 or 5 States, usually on the pace of two year periods each time. Often this is with only two years or less between the stay in facilities.

Although the stories of those incarcerated with mental illness are numerous, and often sad, for the years they may spend in the correction systems with minimal assistance, there is always the other side of the coin, when for the individual's best interest they should perhaps be in the jail system for an extended period of time in an effort to stabilize the person. However, because of their offence they may only be held for a few days where they avoid the detection or diagnoses by mental health professionals of suffering mental illness. Officials and staff may very well be aware the individual has something going on in their life, but the hands of the officials are tired in their efforts to address the issues, as are those

of the family, if the particular individual is not wanting help or willing to accept any assistance from health care providers and so-forth.

This statement can perhaps best be explained in the following story of a young lady who has spent most of her recent years in the jail systems in both WV and PA after growing to adult-hood in the Pittsburgh Pa. suburbs. The DWI Office of Prison Ministry received an unusual call from a broken hearted father asking for assistance in his efforts to keep his twenty-seven year old daughter in jail until she can receive mental health treatment. This father believes that his daughter will lose her life without proper treatment, and perhaps his concerns are well grounded considering her situation and dangerous actions.

The father begins his daughter's story by stating she had exhibited difficulties while in high school and had been diagnosed with bi-polar disorder when she was approximately sixteen years old. She did receive inconsistent care during this time; however graduated high school then attended two colleges, finally graduating from the second college with a degree and also an addiction to illegal drugs. While away from home she was self medicating with addictive drugs and thus beginning of her many experiences of the jail systems started while in college.

According to the young lady's father, she had been in jail so many times and so many places he had lost count. It was not clear how or why she had relocated to Wheeling, WV, however she is now very well known by the local law enforcement officers, the regional jail staff, the various court systems, including the Drug Courts. This is not to mention that she is also well known by the local outreach centers and shelters who have also tried to intervene on her behalf, however the young lady either refuses the assistance or simply discontinues the assistance once she begins. After reaching agreements with the Drug Courts to enter addiction treatment facilities, she would just walk away after a few days. These actions usually resulted in her incarceration for a month or two without mental health treatment.

This cycle of in and out of correctional facilities has continued along with her negative and destructive behavior to the point that during the first nine months of 2007 she received at the least ten different charges and arrests for minimal or low level offences resulting in very short jail terms.

While not incarcerated and unfit for employment, because of drug addiction, this young lady has turned to living on the streets of Wheeling and offering herself as a prostitute to support the cost of her drug addiction. As if the drug addiction were not dangerous enough to threaten her life, her life on the street has taken a very violent turn resulting in her being beaten on several occasions and shot with

a pellet gun at least once. Perhaps on her next encounter she may not be a survivor.

This is a very painful situation for this young lady, no doubt. However, she is not the only one who is suffering in this situation. Her parents are beside themselves over this happening to their daughter and feel so helpless in the process. The same is true for those who have come to know her in the community of Wheeling, including those who are involved with the shelters and outreach groups, to local law enforcement, the Courts and the Regional Jail Chaplain and staff.

It would appear at this time, because of the current laws; everyone is forced to stand on the sideline watching for the train wreck they know is going to happen. The only options to avoid this tragedy would be if she would commit a more serious offence that would result in her being sentenced to prison for a length of time, or she start to accept the fact she needs assistance and grab hold of one or more of the hands which are out reached toward her.

At this point one is forced to ask the question: "While standing by and watching this young lady spiral out of control into a place where her very life is in danger, would this be cause enough for intervention? After all, doesn't the laws state that if a person's an emanate danger to themselves or to others, at that point action could be taken by law enforcement authorities? She is certainly a danger to herself just by her actions.

Contributing Factors for the Intersection of Mental Health and Corrections

In 1963 Congress past a Mental Health Bill to deinstitutionalize the mega sized mental health hospitals which had become nothing short of a warehouse for those suffering from some form of mental illness. With the passage of the Bill, the large centralized hospitals would become down sized or closed, being replaced by local community based clinics. The clinics were to be funded for an eight year period of time by the Federal Government, then ownership and funding must be generated by state and local governments or organizations.

This is an admirable enough goal when one takes into account the basis behind this Bill. With the closing of the mega hospitals and opening of much smaller local clinics, those to be treated in the clinics would be close to family, friends and in surroundings that are familiar to them, verses staying in a hospital miles from home in unfamiliar surroundings, alone and away from family. Unfortunately, the reality of this situation has been the explosion of over crowding in the prison systems with those who suffer mental illness in one form or another.

Examples of statistics:

Deinstitutionalization (85% plus decrease in psychiatric hospital beds) Kentucky's oldest and largest facility now only has 120 beds. This is a similar situation for most all states. WV had over five thousand beds in State Mental Hospitals until the late 1970's or early 80's. These facilities have been closed or down sized to approximately two hundred twenty beds now available in WV's facilities. Ohio and Pennsylvania have followed this same pattern of down-sizing.

Community mental health clinics and crisis centers have come to replace the hospitals, and the State has taken the funding for hospitals and spent it elsewhere, and an example could be in the building of or enlarging prisons. The down-sizing of the mental health facilities is an effort to keep those with mental illness in their own community and near their families and surroundings they know, However, this may work better in theory than in practice. For those dispensing treatment very well may not be available when needed, or accommodations may not serve the needs of those who are ill. Therefore, often the individual needing help will find that help in the corrections system.

Although the statistics are not clear for WV at this time, in the State of Ohio when those being treated for mental health issues are released from the corrections system, they will receive a two week supply of their medication to use until locating a mental health professional on the outside. The only problem with this is it usually requires a minimum of six to eight weeks to gain the first scheduled appointment with a doctor. This situation leaves the individual short on medication by at least four weeks, usually longer.

Certainly this leaves the individual with more than enough time to enter into a crisis situation, leading to, at least of all, running a fowl of the law and becoming incarcerated once again.

Nationally, the rate of recidivism for all offenders, mentally ill or not, is over 50%. Recidivism of adult offenders in Ohio is 38%. Reports for WV's recidivism have a range from 50% to 75% depending on the sources of information available. The recidivism for juveniles is at best 50%.

The following are a few of the current statistics for those incarcerated and being treated for mental illness while in a facility of the State of Kentucky. These numbers can be relevant for most all rural states including Ohio and West Virginia.

1. 16% for jails, state prisons, and those on probation
2. 7% for federal prisons

3. 7 out of 10 youths sent to prison have been diagnosed with a mental illness

Other Agencies that become involved:

1. Police Departments (they become a street corner psychiatrist, or Crisis Intervention Teams)
2. Mental Health Courts
3. Psychiatric Hospitals (decreased availability, short stays, difficult to enter)
4. Community Mental Hospital Clinics (drastically limited resources. Some of these facilities can do very good work and others perhaps not so good)
5. Probation and Parole (mental health treatment can be a condition of the court, and others such as 12 Step, the AA/NA, or similar programs)
6. Jails (become mental health "emergency rooms" because the police usually get involved and don't know what is going on, or what to do with these individuals)
7. Prisons (many states now have special units for mental health)

Serious Mental Illnesses-Information of the US Population in General:

1. Schizophrenia (1% of population 18+, it is particularly debilitating. Negotiating life is difficult)
2. Bipolar (8 to 10%, goes from manic to deep depression, actions can resemble drug abuse)
3. Major Clinical Depression (5%)
4. Anxieties/Phobias (13%, panic attacks, or perhaps a form of bazaar behavior)
5. Substance Abuse (9%, alcohol and math are the largest substances of the day. However, prescription drug abuse has become a major issues)

Suicide-General Information:

Three generations later can still suffer from the effects of a suicide in the family.

1. The % Rates of general population (10.4/100,000)
2. Suicidal Statements (all statements of the thoughts of suicide are serious and should be treated as such)
3. Demographics (age, gender, race, past attempts, mental illness. Actually, none are exempt)
4. Myths (talking will plant the seed, suicides always leaves notes, determined to kill self)

Mental Illness, Suicide and Jail/Prison: Jails and Prisons are very different:

Types of Suicide: Manipulator, Gambler, Intent

1. White men more so than women will commit suicide
2. Older white men are most at risk
3. Young black women are the least at risk
4. Younger people who have just done something that is really embarrassing for them and/or their families may attempt suicide half heartedly, but actually do so.

Jails: Short term stays, may differ from one facility to the next, whether local or state, suicide rates are 900% of the national average of those on the outside. Many suicides happen within 24-48 hours of arrest.

Prisons: Usually long term stays; convicted felons suicide rates are 150% of the national average of those on the outside.

Specialized units in the prison system may provide the most adequate mental health treatment for the individual, for most jails and hospitals are only short-term stay facilities.

Survivor guilt by correctional officers is always common following a suicide

Exemplary Programs for Correctional Mental Health and Suicide Prevention.

Attributes of Exemplary Program:

- Identification
- Training
- Assessment
- Monitoring
- Housing
- Referral to Professional
- Communication
- Intervention Reporting/Review

How do you know when an adult/juvenile needs help?

At times, there are warning signs that a person exhibits when asking for help. The following list, although not complete, includes many of the most common signs of depression and some of the causes that can trigger the onset of depression.

- Depression-crying, looks sad, lack of emotions or verbal expressions
- Talks of feeling stressed and unable to cope
- Talks of inability to go on
- Family breakup/family problems
- Conflicts with other offenders, staff or outside support network
- Talks of suicidal thoughts
- Increasingly talks about death and dying
- Giving things away
- Feeling helpless/hopeless/worthless
- Loss of interest
- Difficulty concentrating/thinking
- Negative legal outcome, loss of an appeal or denial of parole, divorce or loss of child custody
- Talks of being bullied, taken advantage of or needing protection
- Excessive guilt over the offense and inability to reconcile what has happened
- Death of a loved one

How can you help?

Often, an individual experiencing Depression or Bi-polar may confide their thoughts to a visitor, family member or volunteer clergy during a conversation, when they will be reluctant to say the same thing to a councilor or staff member of a correctional facility. These comments by the individual should always be taken seriously and not overlooked or ignored. This is certainly important if the individual has revealed intent to harm themselves or others. Asking the individual about the subject of suicide does not plant the thought in an individual, however it does give the opportunity for the individual to reveal their true thoughts.

How can you do this?

- Be honest
- Stay in regular contact through mail, phone and visits
- Do not make promises you can not keep
- Send cards, pictures or short notes
- Ask individuals about any problems they may be experiencing during visit
- Be supportive
- Offer hope
- Talk openly
- Express concern
- Take any suicide threats seriously

It is important and can not be over stated, about taking the threats of suicide or thoughts of harm to themselves or others very serious. This is often the individual's way or crying out for help and should not be ignored. As a visitor or volunteer to a facility, you should not leave the facility until speaking with a staff member about the situation. This should take place after the conclusion of any scheduled visit with the individual and not necessarily in the individual's presence, but certainly before leaving the facility. If this information has been revealed to you by mail or phone, the procedure to follow is:

- Call the institution, requesting to speak with the Shift Captain
- Make sure you speak with someone in person
- Identify yourself and relationship to the individual
- Provide the individual's name and institutional number if available
- Discuss any concern that you have regarding the safety of the individual

It is always better to be safe, than sorry. If you are to make a mistake about the individual's intent, always error on the side of life. This individual may be unhappy about the situation; however they will be alive to thank you later.

Information resources for materials in this document:

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**Useful websites concerning mental health in general,
suicide and correctional mental health:**

schizophrenia.com
nimh.nih.gov (National Institution for Mental Health)
samhsa.gov (Substance Abuse and Mental Health)
wrongdiagnosis.com

mentalhealth.org/suicideprevention

ncchc.org (National Commission on Correctional Health Care)

nami.org (National Alliance on Mental Health)

1000deaths.com/SOLOS (Survivors of a Loved One's Suicide)

Nmha.org (National Mental Health Association)

Consensusproject.com (Mental Health and Criminal Justice Consensus Project)

Correctionalhealth.org/resources/journal/10-1/Phillips.pdf (Kentucky Jail Survey)

Griefwork.org (Catholic website of pastoral approaches to grieving)

DBSAlliance.org (Depression Bi-polar Support Alliance)