

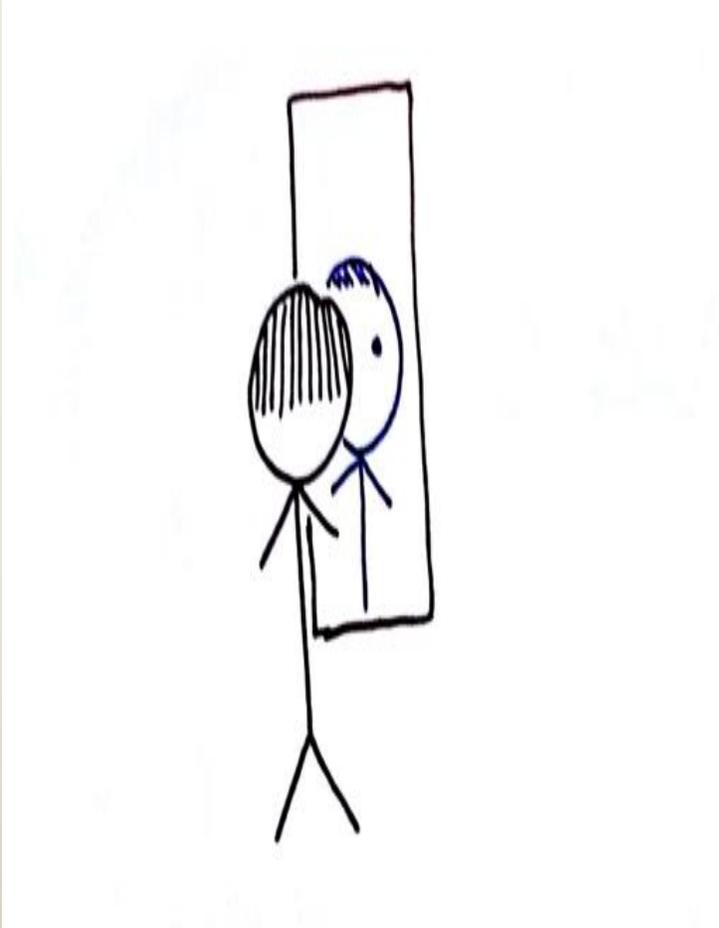


Social Injustice: Incarceration & Mental Health

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Objectives

- 1. The extent & nature of commonly found MH issues in correctional settings;
- 2. What correctional MH can and cannot do;
- 3. Common problems, limitations and pitfalls for MH practitioners working with this population;
- 4. An overview of specific vulnerable populations, including incarcerated HT victims; and
- 5. The importance of supporting inmate MH beyond the clinicians' walls



Background

The United States



The Extent of the Issue

- We have 5% of the world's population, yet 25% of world's prisoners
- Approximately 20% of inmates have a serious MI, and 30-60% have a SUD
- Estimated that about 5% of US population will be incarcerated at some point during their lives, many with MI
- (Aufderheide, 2014)

The Extent of the Issue

- 2004-2005 data show that the number of those with MI in jails is 3x higher than those with MI in hospitals:  Jails are the new MI hospitals (Torrey et al., 2010).
- 40 % of those with a severe MI have been incarcerated at some point of their lives (Aufderheide, 2014).
- 50% of those incarcerated have a MI (Hoke, 2015;James and Glaze, 2006).
- Over 75% of inmates with MI have prior convictions (Frontline, 2005; Hoke, 2015)



What's behind this?

- *Closing of MH hospitals and units**
- *Self-medicating high among this population**
- *Criminalization of MI**

Defining terms

Mental Health

- A state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people and the ability to adapt to change and cope with adversity (US Surgeon General Report, 1999)

Mental Illness

- A significant disruption/dysfunction in one's affect, behavior, and cognition- and how they interpret reality and the world around them.

Defining terms

Corrections

- Jail
- Prison
- Halfway Programs

Who

- Prisoner
- Inmate
- Patient
- Client



MH Disorders in Correctional Settings

Some General Categories

- Psychotic Disorders
- Bipolar Disorders
- Depressive Disorders
- Anxiety Disorders
- Trauma-Stressor Related Disorders
- Substance-Related and Addictive Disorders
- Impulse Control and Disruptive Disorders
- Personality Disorders

Common Disorders Seen in Corrections

- Bipolar Disorder
- Substance Use Disorders
- Impulse Control /
Disruptive Disorders
- PTSD
- Depression
- Personality Disorders
- Psychosis/Schizophrenia
- Adjustment Disorder
- SI/Attempts

MH Treatment in Corrections: Who provides it?

- Psychiatrists -MD
- Primary Care Doctors - MD
- Psychologists –PhD, PsyD
- Psychiatric Nurse Practitioners –APN, CRNP
- Physician Assistants -PA
- Social Workers- SW

What is provided?

- Screening for SI and present psychiatric issues
- History of past MH issues , past or present treatment
- Segregation: Disciplinary or Administrative
- Psychotropic medications
- Individual or group counseling



How to gain access

- Mandated time period to be followed up on and entered into the system
- Inmate can request to be seen
- Family member request
- Court-ordered
- COs and other staff can make a referral



Treatment

Can accomplish:

- Treat an untreated problem
- Stabilize a condition
- Provide continuity with outside treatment
- Control symptoms
- Prevent new or worsening issues
- Allow for reflection/insight/hope/feedback

Does not accomplish:

- “Cure” the disorder
- Works quickly
- Serve as a means of behavior control
- Work wonders on Personality Disorders
- 100% effective
- Instant recovery
- Provide continuity



Problems, Limitations and Pitfalls

Social (In)Justice

- Mass incarceration
- Targeted populations
- Limited resources
- Archaic laws
- Inhumane treatment: Solitary confinement
- Bail issues
- Questionable probation requirements
- Wrongful convictions
- Post-incarceration problems
- Unequal legal representation
- Uneven/inconsistent sentences
- Loss of certain rights: voting, work, housing
- Death penalty
- Victimization of certain populations

Medication

- Formulary
- Nature of psychotropics
- Inappropriate “use” among the population: Seroquel, Neurontin, Wellbutrin
- Med pass concerns



Psychotherapy/Counseling

- Works well/ better in conjunction with medication but time constraint
- Transient nature/ high turnover of population in some settings
- Resources : who pays for this?
- And who gets the therapy?

Continuity of Care

- Gaps in treatment
- Revolving prescribers
- Gaps in care before, during and after incarceration



Nature of the population

- A wide range of personalities
- A wide range of behavioral disorders and levels of severity
- Comorbidity
- Dual -diagnosis
- Non MI health problems
- Concerns about safety related to types of crimes

Nature of the population

- Unknown factor
- Transient
- SUD
- Personality Disorders
- Large numbers
- Linguistic and cultural diversity

What and who gets incarcerated?



Prostitution

Drugs

Solicitation

Sex trafficking victims

“Prostitutes”

Pimps

Traffickers

Johns



Trafficking in Correctional Facilities

An inmate stated that she had been charged with prostitution, but had been under the control of a trafficker named Black who was now demanding that she use her time in prison to recruit other inmates into their circle. She showed Meekins the first of what would turn out to be dozens of letters, in which he wrote:

“We need a team of like 8 solid bitches who not on no jealous shit and we cannot go wrong,” Black wrote. “Baby I know there are hoes in there with you and I know you know real people so make it happen.”

- Binzer: <https://www.correctionsone.com/human-trafficking/articles/247728187-Prison-inmates-Easy-targets-for-human-traffickers/>

Trafficking in Correctional Facilities

There was an incident where females were trying to recruit other females—vulnerable females at the institutions—to get them involved in sex trafficking once they were released,” said Sandra Kibby-Brown, an operations officer in the Indiana Department of Corrections. “These were usually females who had no support upon their release—no family and friends.”

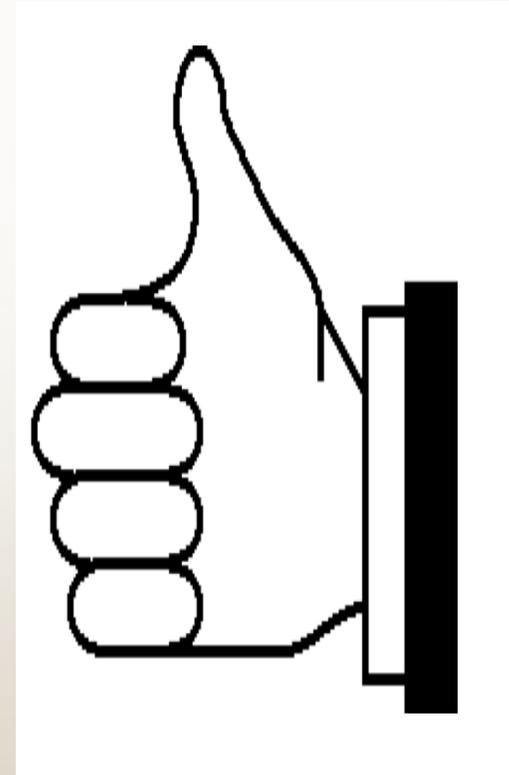
- <http://inpublicsafety.com/2017/04/the-prison-pipeline-fighting-human-trafficking-from-inside-prison-walls/>

Trafficking in Correctional Facilities

- And even inside, there can be sex trafficking “rings” set up where people barter sex for money on the books, protection, cell phones, and other items.
- Pimps and Johns put money on the books and can call the shots for the inside from the outside.

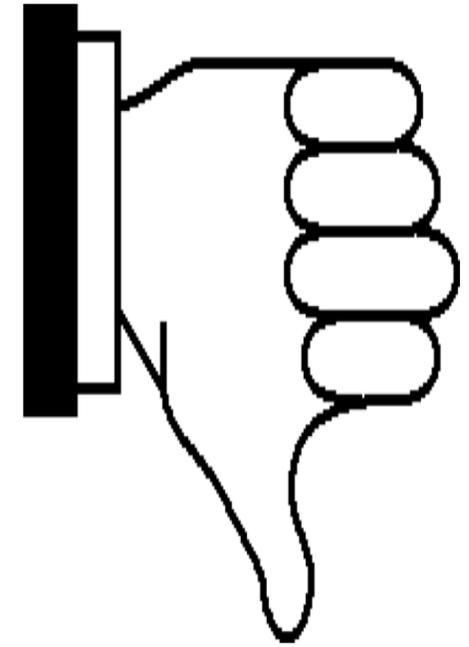
The Good

- Away from being trafficked on the outside
- Education about being trafficked
- A chance to recover from drug use
- Counseling: Universality
- A respite from the streets and the life
- 3 hot and a cot
- Dawn's Place in Philadelphia
- GEMS in New York



The Bad

- Not being recognized as a victim
- Lack of screening
- Lack of services and resources
- Poor transition services
- **POOR DISCHARGE** : A PPS example of State Street
- Women are incarcerated at a much higher rate than the pimps and/or johns
- Old girl network
- COs and jail/prison staff not trained to recognize HT



It's the cost of doing business



The Ugly

- Being recruited from the inside
- Being sexually assaulted/trafficked by staff and other inmates: PREA of 2003
- Lack of qualified clinicians and services that directly address the issues and trauma of sex trafficking
- Prison record



Healthcare provider staffing

- A wide range of personalities
- Transient
- Lack of orientation
- High turnover in some places
- Stressful environment
- Concerns about safety on the job
- Unknown factor
- Working with correctional staff: how they fit in



The Role of Corrections

How do corrections and healthcare coexist?

- The focus of incarceration/ prison system: to keep the public safe, and serve as punishment for those committing crimes.
- The focus of healthcare: to provide care and treatment to those in need.

What is reasonable to expect from our prison systems?

Other Challenges

- Incarceration can create MH problems: Prisons are bad for MH
- Abuse from inmates who are not mentally ill
- Prisons have become dumping grounds for many with behavioral disorders
- Social perception that everyone with MI is a danger to society. MI is not a criminal offense.
- Limited resources to provide services



So
What is the Good?
What is the Bad?
What is the Ugly?

Madness

In Florida prisons, mentally ill inmates have been tortured, driven to suicide, and killed by guards.



<http://www.newyorker.com/magazine/2016/05/02/the-torturing-of-mentally-ill-prisoners>



More recently:

<https://www.usatoday.com/story/news/nation-now/2018/09/02/texas-woman-died-denied-treatment-jail/1182381002/>

What can be done?

- Diversion courts for mental illness
- Diversion courts for prostitution
- Ensure reasonable access to MH services in the facility
- Educate and train all staff about mental illness
- Provide adequate support groups and appropriate psychoeducational groups to inmates
- Support prescribers in rationally prescribing medications
- Provide opportunities for MH and correctional staff to connect and work together
- Ensure that employees who express concerns about anything have a safe and confidential way to share their concerns with Prison administration
- Work with outside agencies- NAMI, local MH organizations, churches, etc. - to help support inmates both inside and outside of incarceration.
- Develop transitional programs

What else can be done?

- Ask the right questions upon admission
- Have a plan and policy
- Know what helps victims and what doesn't

- Look at the big picture:

Physical exam

Tattoos

D&A use hx

Incarceration hx

Employment hx

What are the right questions?

- *Have you ever/been forced to have sex?
- *Can you leave your work or job situation if you want?
- *When you are not working, can you come and go as you please?
- *Have you been threatened with harm if you try to quit?
- *Has anyone threatened your family?
- *What are your working or living conditions like?
- *Where do you sleep and eat?
- *Do you have to ask permission to eat, sleep or go to the bathroom?
- *Is there a lock on your door or windows so you cannot get out?

What else can we do?

- Be mindful of cell assignments
- Work with and train staff and COs about HT
- Be non-judgmental
- Be careful in group therapy
- Watch for “Captains Sav-a- Ho”
- Look for money on the books
- Bring in survivors to address the women
- Treat medical issues

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Questions/Comments?