When Mental Illness Goes to Prison

NC-CURE *(Citizens United for the Rehabilitation of Errant's)*

Disclaimer: We are not mental health experts, the information we report derives from years of working with offenders, their families and correctional staff. Through these relationships, we believe, we have a unique perspective to the impact the criminal justice system has inside the prison walls. and beyond.

Correctional System Challenges

Our nation's prisons are supported by our judicial system. Prisoners, are managed by the enforcement of rules and stringent security protocols. Those entering the prison system with Serious Mental Illness (SMI) are not treated any differently or give mitigating consideration, for their mental impairments.

Medical Experts acknowledge, that people with SMI, often lack the cognitive ability to comprehend instructions and rules (the basis used to manage prison population). The prison experience, may be so overwhelming, that the stress can trigger psychotic events. A person suffering from episodic-mania, or psychosis, often acts out due to their illness . These types of behaviors, can prompt severe punishment, for months, if not years, in solitary confinement.

PROCESSING

Central Prison - Processing Facility

Diagnostics /Classification
Sentencing Guidelines determine custody levels
Judgment/ Commitment
Orientation-go over policy/rules , Custody levels are assigned for: Minimum , Medium or Closed Custody.

Medical Evaluation
Social History and Psychological, (If suicidal or mental illness is Indicated) they will be evaluated in an observation unit.

NCDOC Prison Facility

Prisoner Transport
Depending on the Custody level , SMI inmate may be housed in a maximum (Closed) security facility among the most violent of criminals.

*Note: Even when mental illness is evident prior to incarceration, treatment may not be provided. Likewise, if treatment is court ordered, this does not guarantee treatment will be provided.

Serious Mental Illness In Prison

Symptoms In Certain Cases :

- Anosognosia -without awareness of mental illness
- Impaired judgment and diminished capacity
- Lack of emotional control and acting out
- Vulnerability to stressors
- Stress can trigger the onset of prolonged psychotic events
- Reduced ability to pay attention
- Slow response to instructions and commands
- Deficient coping skills
- Uncontrollable outbursts and bizarre behavior

Adverse Effects of Psychotropic & Antipsychotic Medications

- Loss of coordination
- Impaired thinking
- Loss of appetite or increased appetite
- Excessive thirst
- Frequent urination
- Blackouts
- Slurred speech and/or blurred vision
- Hallucinations (seeing things or hearing voices)
- Changes in vision and hearing
- Drowsiness and Dizziness
- Seizures
- Persistent muscle spasms referred to as tardive dyskinesia

Disproportionate Risk for Failure

David is 27 , diagnosed with Asperger's , ADD, Bipolar disorder , Sentenced to 15 years for a Sexual Offense. David has no immediate family in North Carolina.

- David is transferred to Maury CI (Closed Custody facility)
- David's impairment limits his ability to communicate
- He is befriended by an inmate who promises protection
- Unaware , he just became prey to a violent sexual predator
- David's "protector" brutally rapes him multiple times
- Heavily medicated, he becomes deeply depressed
- He has adverse side effects from psychotropic medications
- Medications are discontinued against his mothers wishes
- Months later, David gets a kitchen job, he is proud & happy
- David is caught serving extra bread to inmates in chow hall
- He is written up, has a hearing and is sent to segregation

Correctional Protocols & Mental Illness

1) Families of SMI inmates complain that mental health grades are modified when treatment is discontinued. A (M3) grade can be changed to (M1). This modification prevents the SMI inmate from receiving medical/sentencing credits. With difficulty in completing programs and maintaining prison jobs, earning good time credit is virtually unattainable (Remember, David lost his job, he will be challenged to find another, in addition to keeping it).

2) If David had been evaluated as "qualified disabled ", he would be eligible for an accommodation plan under ADA Federal regulations. However, because his mental health grade was changed to (M1), he will never qualify .

3) Due to David's, mental heath impairments, he lacks the ability to understand the grievance procedures or his due process. If David was aware, he could have requested an advocate at his hearing and may have avoided segregation and/or, losing his kitchen job.

4) David is challenged in navigating the system and at risk for failure .

24% with recent history of Mental Illness in state prisons (only 34% of which will receive treatment)

Behavioral Health Disorders and Criminal Justice Populations

- High rates of mental illness, substance abuse, and co-occurring disorders in jail and prison populations
- > 700,000 CJ offenders reenter communities from prisons per year (DOJ, 2009)
- ~2/3 of inmates meet criteria for SA or dependence, but < 15% receive treatment after incarceration
- 24% inmates in State prisons have a recent history of mental illness; only 34% receive treatment after entering incarceration

SAMHSA

As of 12/5/14, there are 4,664 prisoners (approximately 12% of the population) currently receiving some form of mental health intervention, as indicated by their Mental Health Grades.

***This figure does not represent the SMI inmates, who were discontinued from treatment or those undiagnosed**

Research & Planning, 08/2007 (Mental Health Diagnoses in the Prison Population)

Table 1: Mental Health Status of Inmates in Prison at Year End: 2002-2006[9]

Calendar Year End: December, 31 20xx	MH CONCERN Female	NO MH ISSUE Female		MH CONCERN Male	NO MH ISSUE Male
2002	1,249	948		9,035	21,866
	56.9%	43.2%		29.2%	70.8%
2003	1,314	983		9,469	22,143
	57.2%	42.8%		30.0%	70.0%
2004	1,474	992		9,949	23,338
	59.8%	40.2%		29.9%	70.1%
2005	1,539	1,091		10,166	23,814
	58.5%	41.5%		29.9%	70.1%
2006	1,580	1,141		10,553	24,450
	58.1%	41.9%		30.2%	69.8%

Overall, the percentage of inmates with a mental health concern has increased slightly over the five year period (31% in 2002 compared to 32.2% in 2006). The growth is driven largely by slow but steady increases in the male population with mental health concerns. The percentage of female inmates with a mental health concern has decreased slightly in each of two most recent years, but has remained well over 50% in each year. Comparatively, the percentage of female inmates with a mental health concern has consistently outpaced those found in the male population (five year averages of 58.1%

MI Management Problems Identified

- Lack of continuity administering psychotropic medications
- At greater risk for punishment, breaking prison rules
- Deficiency of programs to treat co-occurring disorders
- Inadequate time allowed for psychotherapy
- Insufficient monitoring and ongoing evaluation
- Facility transfers interrupt continuity of care
- Mental Health prescriptions expire before reordered
- No coordinated treatment plan with case workers
- Inadequate screening during processing to detect SMI
- ADA accommodation policies not implemented
- Officer unaware of SMI inmates or effects of psychotropic and antipsychotic drugs.

Elements for Practical Solutions

- Initial Processing–Comprehensive Assessment
  - Mental health history from family (if available)
  - Consideration of prior medications
- Eliminate placement in (Closed) maximum facilities
  - Mitigation for special placement custody levels
- Allow prompt access to mental health personal
- Individualize, monitor and evaluate treatment plans
- Keep accurate medical records (to ensure continuity of care)
- Maintain mental health grades, through to release
- Screen SMI prisoners for ADA accommodation plans
- Adopt standardized mental health accreditation

A Matter of Social Justice?

Michael Kerr, diagnosed schizophrenia, Died 3/12/14, alleged cause of death dehydration Facility- Alexandra CI.

Timothy Helms, Mentally Ill inmate, died 9/5/10, cause of death, blunt force trauma to the head. ,459 days in isolation , Alexander CI.

Reuben Conley, age 71, developmentally disabled, Maury CI, 2014. Mr. Conley has (60) infractions punishments include , chemical restraints , five point restraints, and isolated confinement.

Johnny Lewis, Mentally Ill inmate died 5/2009, of an apparent suicide at Maury CI. (the autopsy revealed multiple broken bones).

Jamal Gurley, schizophrenia "Safe Keeper" CP, (due to his severe mental illness he has not been convicted). In an altercation with staff, Gurley's , was hit with a baton, his arm was broken but was not discovered four several days.

Motivation for Change ?

- Human Rights Principles & Core Values
- Prevent Suicides , Injuries & Wrongful Deaths
- Avoid the High Cost of Litigation & Media Exposure
- Reduce Risk of Civil and Criminal Liability
- Ensure Public Safety & Prevent Recidivism
- Provide Protection for the Most at Risk Inmates, their Fellow Prisoners and Staff Alike
- Reduce Recidivism with Effective Treatment Plans
- Promote Humane Treatment of Prisoners with SMI
- Effective and Enforced Policies for SMI Prisoners
- Public and Faith-based, Oversight Board

We Can Do Better

Due to cuts to mental-health care budgets across the country, there are now 10x more Mentally Ill Americans in jails and prisons than state mental-health facilities (and the number is growing). We recognize that our prisons have become our *de facto* psychiatric institutions, simply due to the collapse of the Mental Health System. Placing this burden on the prison system is unfair to mentally ill prisoners, correctional staff and the taxpayers. However, these are the cards we have been dealt for now and we simply must find a way to do better.

I can't scoop up my son from this bipolar ravine and carry him to firm ground; he must first reach out his hand. The experts tell me that he must come to terms with his own illness, even though part of that sickness robs him of his judgment. It's like demanding a blind man run through the forest without running into the trees. (Author unknown)

Source & Reference Citations

TAC (Treatment Advocacy Center)
http://www.treatmentadvocacycenter.org/problem/anosognosia

Informational Video(s) On Anosognosia:
https://www.youtube.com/watch?v=uj6ozlzA45o
http://vimeo.com/13277920

CSGJC (Council of State Governments - Justice Center)
http://csgjusticecenter.org/

NCDPS (North Carolina Department of Public Safety)
https://www.ncdps.gov/

NCCHC (National Commission on Correctional Health Care)

www.ncchc.org/cchp-mh

NIMH (National Institute of Mental Health)

http://www.nimh.nih.gov/health/publications/mental-health-medications/index.shtml