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Mental Health in Corrections: The Continuing Dilemma

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Mental health programs and correctional facilities have never been a good fit. Mental health patients come to the attention of legal authorities by engaging in illness-driven, aberrant or even bizarre law-breaking behavior — not a good match for an institution that is run by rules and holds people accountable for their actions. Mental health staff are, by both training and professional necessity, required to look deeper into specific, individual issues and problems. They must be flexible and tolerant in their responses, and they think best in egalitarian terms of common human experience. None of these are a good match for the anonymous, quasi-military, hierarchical orientation found in most facilities and certainly not for the “us versus them” mentality still present in some institutions. Effective mental health programs require thorough, oftentimes consuming diagnoses, and application of research-based interventions in an understanding and supporting environment — conditions and resources not often found in correctional facilities.

Regrettably, the mismatch of mental health and corrections does not end there. When I took my first full-time job in the field in 1989, the facility had so little space for psychologists

that we had to create a round-robin schedule for office use, often traipsing from one office to the other, packed briefcases in hand, and occasionally having to perform our practice in a hallway or broom closet. The shortage of space at that time reflected the broader lack of institutional commitment to mental health populations and practitioners that is not unknown in some departments of correction today. The lawsuits continue and for a reason.

Neither the true practical role nor the true ideal role of mental health in corrections was understood in the past and such understanding is only beginning to emerge. In the past, the role of mental health practitioners was as confined as it was disdained. The work was mostly crisis intervention and a few intake reports. Practitioners were seen as “thug-huggers,” or worse. Now, better understanding of the impact of correctional mental health on the entire prison environment has led progressive institutions to increase practitioners’ responsibilities for staff training, program development, classification, group and individual inmate treatment, and specialized reports such as those for the board of prison terms and regarding sexually violent offenders.

In an ideal world, policy-makers and administrators would be even more proactive in developing the

major resources that mental health staff offer to an institution, and they would use the skills of these often well-trained staff members in much more productive ways. As it is, mental health staff are frequently under pressure to meet institutional goals — an unfortunate fact that is more a function of priority than of rationality. That is, correctional policies insensitive to the needs of mentally ill inmates and mental health staff were in place first, and thus carry the weight of longevity. But rational policies that direct more resources toward mental health programs, and administrators who consciously provide support to mental health practitioners, save time, money and institutional turmoil through their efforts.

It is true that in the past mental health professionals were often marginally trained, minimally motivated and questionably skilled. They might well be the young, on the way to someplace else; or the old, trying to capture one more source of retirement funding; or the disabled, dealing with alcoholism or private demons. Now, though, with the doubling and tripling of correctional populations, the call for knowledgeable mental health professionals has become so strong that it is seen within the field as a legitimate career aspiration.

Highly trained, motivated and skilled practitioners are readily found in virtually all correctional systems, and they often stand well prepared to assist administrators, other staff and inmates in creating safer, sounder work and living environments if only called upon.

Still, it is likely that the mismatch between mental health and corrections will persist well into the future. Offenders and the mentally ill both need institutions. The foundational problem is that they need different kinds of institutions — institutions that incorporate different goals, different philosophies, different policies and different kinds of interventions. Many believe that combining two such

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incommensurate institutions under a single set of administrative rules or in a single facility will result in just another of man's attempt to square the circle. However, the excellent set

of articles in this edition of *Corrections Today* should foster a more complete understanding of both the problems and the promise from the mental health side of these complex issues. ♦