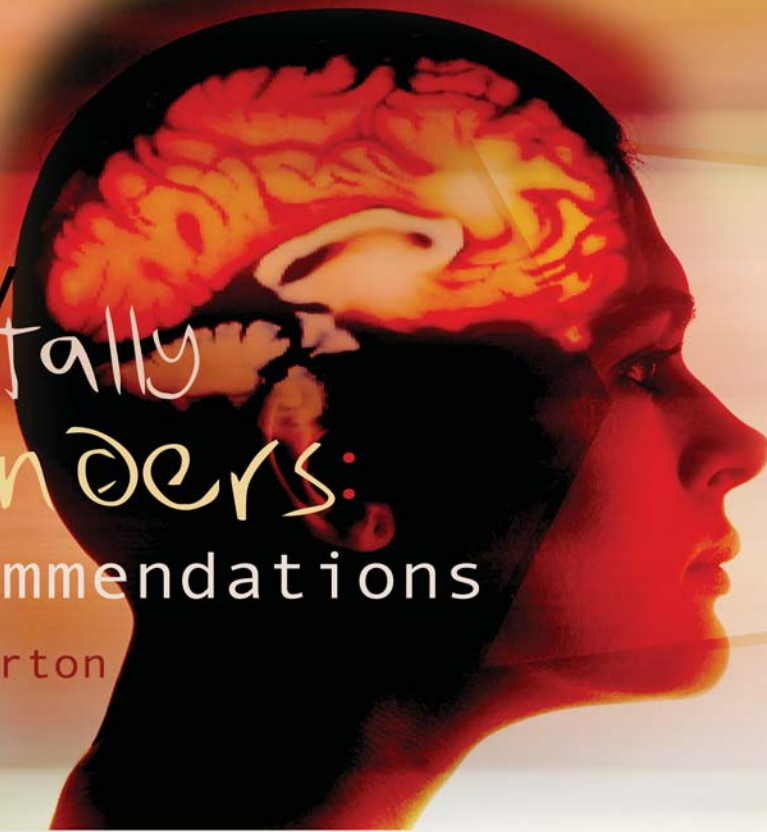


Successfully Managing Mentally Ill Offenders: Thoughts and Recommendations

By Steven C. Norton



The mentally ill offender presents a complex set of problems for correctional institutions and staff. These offenders require specialized services, increased staff and unique regulations. Correctional populations continue to increase, with the concomitant increase in numbers of mentally ill offenders.

Basic Demographics

Mentally ill offenders comprise a diverse group of inmates. One of the initial difficulties in discussing the mentally ill offender is one of definition. Different research studies incorporate different categories of mentally ill offenders, and different statistical summaries incorporate different categories. This creates obvious problems when comparing various studies and groupings in an attempt to develop a cohesive picture.

Typical groupings of mentally ill offenders have included those with major mental illnesses. Such mental illnesses have been defined based on the diagnostic system of the American Psychiatric Association *Diagnostic and Statistical Manual, Fourth Edition (DSM-IV)*. This system has a five-axis/level structure. The most significant disorders are on the first axis and are termed Axis I disorders, which include schizophrenia, bipolar disorders and major depression, among others. Mentally ill offenders are at times identified by these Axis I disorders.

Substance abuse disorders of all types are also included on Axis I. Mental retardation is another diagnosis of many incarcerated individuals and incorporates those inmates with substantially lower intellectual abilities than average. Personality disorders are a diagnosis also commonly found within correctional populations. Personality disorders are by definition chronic personality characteristics that are dysfunctional in nature, but involve choices and decisions somewhat under the individual's control. Mental retarda-

tion and personality disorders are both placed on Axis II of the DSM-IV diagnostic system and generally would not be considered major mental illnesses.

For the purpose of this article, mentally ill offenders will be defined as those with an Axis I disorder. These major mental illnesses do not include substance abuse disorders, mental retardation or personality disorders. However, many mentally ill offenders have substance abuse, mental retardation and/or personality disorders as significant components of their overall psychological organization. This combination and multilayered diagnosis adds greatly to the difficulties in the management of mentally ill offenders.

The numbers for mentally ill offenders reflect the confusion in terminology, with estimates ranging from 8 percent to 17 percent of the total inmate population. Taking a middle approach to these estimates and using 10 percent of the total inmate population provides a reasonably accurate estimate of the number of mentally ill offenders. There are currently 1.9 million individuals incarcerated in U.S. correctional institutions. A 10 percent estimate identifies 190,000 mentally ill offenders — a significant population group.

The number of mentally ill offenders is increasing for a variety of reasons. Historically, those individuals with a mental illness who committed a crime were often placed in a state hospital system or simply released back to the community. As the state hospital population decreased due to the de-institutionalization movement and closure of the hospitals, these individuals found themselves incarcerated rather than hospitalized. Mentally ill offenders in the past 10 years are also much less likely to simply be released for alleged or committed crimes. Courts are reluctant to simply drop these charges, which then increases the number of convictions and incarceration rates for mentally ill offenders. This statement is not an implication of a higher crime rate for mentally ill individuals, but rather a reflection on the courts' move-

ment toward conviction and the public's demand for higher accountability for mentally ill offenders.

As most correctional staff are fully aware, mentally ill offenders are incarcerated in a variety of institutions. The public and politicians (and at times the courts) often mistakenly assume that when a mentally ill offender is incarcerated, the individual is placed in a specialized mental health treatment unit. While such specialized units exist, the majority of mentally ill offenders are housed in general population units. Efforts within several systems are under way to develop more treatment units and transitional housing, which may eventually change the demographic picture of where the mentally ill offender is housed.

Implications for The Correctional System

Correctional systems have been given a major responsibility to provide custody and care for the mentally ill offender. The implications for the system compound an already difficult task of providing custody and care for all inmates.

Mentally ill offenders, while one of the smaller populations within the total correctional system, can be one of the more time consuming groups for correctional staff. Mentally ill offenders require the existence of specialized mental health treatment programs and treatment providers. Programs must be in place to identify inmates with a mental illness upon initial placement within the institution. Methods to funnel mentally ill offenders to appropriate services must also be available; this method should be in place throughout the offender's time within the system. The mentally ill offender needs to be monitored for treatment compliance and relapse prevention, as well as meeting active treatment needs. A treatment program should be more than just a medication program, although available and accessible medication programs are essential. Mental health treatment programs need to be implemented by staff who are properly trained and have sufficient numbers to adequately provide mental health services. Systems that provide inadequate care for mentally ill offenders, more often than not, have adequate program potential but lack sufficient staff to implement the programs.

Correctional officers interact and manage the mentally ill offender on a daily basis. This level of contact is far more extensive for these officers than any other member of the correctional staff. Mentally ill offenders can present odd and unusual manners apart from the general population offender, requiring a different approach for the correctional officer. Correctional officers may need additional training on interacting with mentally ill offenders, a basic under-

standing of major mental illness and the ability to recognize warning signs of impending mental health problems. As an example, while working in a state prison system, a unit correctional officer noticed that one of the mentally ill offenders had not been to eat in the main cafeteria for several days and was appearing increasingly stressed. A subsequent meeting and brief assessment identified an offender with significant mental illness in need of crisis intervention. This effective intervention was due to an observant and knowledgeable correctional officer. Depending on the facility, correctional officers may at times be partially responsible for encouraging compliance with prescribed medications. This also implies an understanding on the part of the officer of the need of medications for the mentally ill offender.

Correctional officers and other correctional staff must be aware that at times, inappropriate behaviors of mentally ill offenders are the product of the mental illness. This suggests the need for flexibility in responding to mentally ill offenders, while balancing the needs of the system and holding mentally ill offenders accountable for their actions. The polar approaches of completely ignoring the mental illness and sanctioning the mentally ill offender the same as general population offenders, or the approach of allowing mentally ill offenders to use their mental illness as an excuse for noncompliance will both create unnecessary difficulties. The appropriate use of sanctions and consequences is important for the proper function of any correctional institution and is important for the mentally ill offender. Extended periods of time in segregation may not be effective for the mentally ill offender and can markedly exacerbate symptoms of mental illness. Interventions may require flexibility and creativity, apart from approaches used with general population offenders, to maximize treatment effectiveness for the mentally ill offender.

One final aspect of managing mentally ill offenders that can have a marked impact on a correctional system is allowing general programs to be available and accessible to mentally ill offenders. At one prison in Texas, the mentally ill offenders were housed in a separate unit that was on a small hill apart from the main compound. Mentally ill offenders rarely came off the "hill" and only staff who were assigned to the unit went up the hill, resulting in limited accessibility to general programming. The successful management of mentally ill offenders includes making programs, which are available to general offenders, available to mentally ill offenders as well. This includes recreational, religious, educational, medical and work programming. Finding productive time is a difficult task for any correctional system, and "diverting" limited jobs to mentally ill offenders who may have a less than efficient approach to the job, adds to the difficulty. However, keeping mentally ill offenders productive and active leads to improved mental health and less management difficulties in the long run.

Effects on the Mentally Ill Offender

Mentally ill offenders can be affected by incarceration in different ways from general population offenders. These negative effects include harassment and conflicts with other offenders (they are often seen as easy marks), crowded and noisy living conditions, multilevel problems that

impact every aspect of their incarceration, rules and regulations that can be strict/unbending/difficult to follow, prolonged isolation and boredom that can exacerbate already fragile personalities. Mentally ill offenders may be separated from their traditional support systems, often their parents, who have given them enough stability to function in the community. Finally, the stress of incarceration, substantial to anyone incarcerated, is also felt by the mentally ill offender.

There are aspects of incarceration, though, that can serve to be of benefit to mentally ill offenders. Often, when discussing this concept with other professionals, the resulting opinion is one of doubt. The benefits for the mentally ill offender are not advocating for incarcerating mentally ill offenders simply to gain treatment benefits, nor is it a statement that mentally ill offenders do not require extra programming as outlined above. However, it is not a stretch to say that many general population inmates receive some benefit from incarceration. These benefits include substance abuse treatment, medical/mental and health/dental care, job training and job skills, educational opportunities and the basic habilitation effects of being held accountable for negative and criminal behaviors. If these benefits apply to the general population inmate, do they not also apply to the mentally ill offender? Additionally, for mentally ill offenders, incarceration may be the first time they have ever had access to consistent mental health care or even been adequately diagnosed for their mental illness. Incarceration can provide structure in terms of meals and a place to sleep; “three hots and a cot,” while prison slang, in reality may be more than many mentally ill offenders have had prior to incarceration. Correctional institutions provide structure and uniformity; this routine helps structure the mentally ill offender, somewhat akin to providing external structure when the internal structure is lacking. Finally, the number of times family members of mentally ill offenders reported having lost communication with the mentally ill offender is substantial. The ability to reconnect to family and community is an important benefit for mentally ill offenders.

Recommendations

Correctional systems will always be faced with the challenge of managing mentally ill offenders. Below are some basic recommendations to improve this management and provide effective resources for the mentally ill offender:

Develop policies that address mentally ill offenders from time of initial intake through their entire sentence. (There are some correctional systems that have also been held legally liable for managing mentally ill offenders for a brief period, even after leaving the institu-

tion.) Policies must be developed to adequately assess, treat and manage crises involving mentally ill offenders. Guidelines for appropriate regulations and policies are available from many sources such as the American Correctional Association and the American Association of Correctional Psychologists.

Once developed, programs and policies need to be maintained and implemented. Appropriately trained staff in sufficient numbers must be available to manage mentally ill offenders. Having a policy that is either not followed or not followed adequately is problematic. Although it is important for mental health professionals to be cohesive members of the correctional staff, and providing general services when needed, continually diverting mental health staff from mental health work can be problematic as well.

Provide training and resources for all staff and especially correctional officers. This training should be on the basics of mental illness, interaction approaches with the mentally ill offender and the benefits of providing programming for the mentally ill offender. The more active and involved correctional staff are with a program, and the more input they are encouraged and allowed to have on the development of policies and programs, the more successfully the program will be implemented.

Mental health treatment resources should be effective, efficient and based on sound research. Treatment interventions that are effective with community populations may be totally ineffective or even negative, with correctional populations. Mental health staff need to be aware of and provide “best practice” interventions. Systems should encourage correctional mental health staff to connect with like-minded professional groups to increase access and visibility among the profession.

Flexibility of programming is essential. Programming needs to be available and accessible for the mentally ill offender, as with every offender. General program interventions can be of benefit for all offenders. Productive time is both a treatment and management plus. Flexibility also needs to be upheld for disciplinary sanctions. While the mentally ill offender should be held accountable for rule violations, decreasing segregation time or allowing a transitional/stepwise release from segregation (for example), can be beneficial and important for the mentally ill offender.

Mentally ill offenders are an increasingly prominent component of correctional systems. Successful management of the mentally ill offender requires additional services, unique practices, and adherence to some basic guidelines and suggestions. But if this is done, effectively managing mentally ill offenders is an attainable outcome.

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