

Locked Inside:

Mental Health in Prisons

By
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"THEY ARE MORE inked up, deep rooted in criminality, have irrational behaviors, victimizing ... it's unfortunate," said "Iggy"* as he stared across the yard. An inmate in the Extended Outpatient Program (EOP), he reflected back on his 26 years in prison, reminiscing about the treatment towards inmates with mental illness. EOP inmates have had many coined terms applied to them, such as "J-cat." The origins of this term are unknown, but believed to have come from San Quentin Prison, applied to the "cats" (a 70s slang term) in 'J' Block, where the mentally ill were housed. Another urban legend refers to an old Department Operations Manual (DOM) listing mentally ill inmates under Category J.

Mental illnesses include schizophrenia, schizoaffective disorders, bipolar disorder, major depression, or brief psychotic disorder. Further research has added post-traumatic stress disorder (PTSD) and anxiety disorders to the list.

Since the 1960s, mental institutions have slowly shut their doors. Gone are the barbaric therapies of lobotomies and electroshock treatments. As the lack of health care for the mentally ill increased, many sought out refuge in self-medication: drugs and alcohol. The war on drugs, increase in violence, struggling health care, and mass incarceration has all contributed to the mentally ill seeking out the new asylums of incarceration.

The U.S. Bureau of Justice Statistics found that 75 percent of women and over 60 percent of men who are incarcerated, struggle with a mental illness.

*(all names has been changed)

Iggy described his two-decades-long journey through prison. An ex-gang member, he maintained the hardcore convict image. He developed prison habits of watching the door, avoiding proximity with others, and constant vigilance of his surroundings. Later he noticed other odd behaviors, including a fear of dirt. Iggy was finally diagnosed with obsessive-compulsive disorder (OCD), PTSD, and anxiety. Since then that diagnosis, Iggy decided he needed to change his life to handle his mental health better.

The largest psychiatric facilities in the United States are New York's Rikers Island, Chicago's Cook County Jail, and the Los Angeles County Jail. With the increasing mentally ill population increasing throughout the country, inadequate services being provided continues to be an epidemic. Those with a mental inmate are more likely to be misunderstood, mistreated, and most often unable to ask for what they need. The average stay for a mentally ill person in jails, prisons, and other places of confinement is found to be longer than for other inmates due to of disciplinary actions for not understanding or following rules and regulations or for acts of violence, or by being held for psychiatric hospitals. The mentally ill inmate costs more for staffing, medications, and lawsuits for mistreatment. When mentally ill inmates cannot function in the general population, they are quite often locked up in solitary confinement.

"Stevie" experienced this trauma firsthand, with his period of time in a crisis unit. After being diagnosed with major depression, and after several suicide attempts, he was sent to a mental health crisis bed. He observed that staff mistreated mentally ill inmates who refused medication. Increasing fear added to his major depression and suicide attempts, negatively impacting his mental health and furthering his trauma. Many inmates develop a mental health problem while in confinement. "PTSD due to being in the SHU [segregated housing unit] is not uncommon," added Iggy.

Iggy said it was a personal choice to want to get better and to break the cycle of institutionalization and criminal thinking. Reviewing his choices, his childhood, and negative

experiences, he was prepared to move on with his life. Arriving to at EOP facility has been a strong component in his recovery. Though not all EOP programs are the same, his current experience at the Mule Creek Infill Complex (MCIC) has improved the freedom he has felt in being able to unlock his mind. "The staff at EOP ... after two decades of high anxiety and poor social skills... they provided me structure in managing my trauma and anxiety," he admitted.

Iggy took a deep, calm breath, and stated that he was ready to step down from EOP status. He was grateful to the MCIC recreation therapists and registered nurses who helped him develop coping skills for a normal life. Though there were a few like Iggy who found the help they needed, many inmates with a mental illness are still locked inside, both in prison and in their minds.

For people living with a mental illness, many significant factors affect the quality of their daily lives; poverty, homelessness, unemployment, substance abuse, physical abuse, family dysfunction, victimization, crime, and stigma. Having the criminal justice system involved further marginalizes them and disrupts services and treatment that already trying to help those suffering from mental illness. The criminal justice system was not designed or equipped to provide mental health services. Yet, the number of those with mental illness in prisons has increased, as well as the budgets for medication and for added staff.

One of the main reasons for the increase of persons with mental illness has been the combined effects of mass incarceration and the 3rd Strike Initiative. For many with mental illness this is their first contact with mental health services. "Tory" dealt with his depression—over the loss of his son in a car accident, two divorces, and unemployment—by being drunk most of the time. He eventually found himself incarcerated. Once on suicide watch, Tory received services that diagnosed him with major depressive disorder and anxiety; a common mental illness diagnoses amongst inmates. Being honest

with mental health staff has contributed to Tory's well-being, but, unfortunately, not everyone has been able or willing, to take advantage of the opportunities provided.

Besides the inmates who suffer from delusions and other serious mental illnesses, there are also those who fake their mental illness to escape from the general population or to gain favors. Says Tory, "I've seen many fake mental illnesses... they pretend to talk to themselves, skip their meds, act crazy, and try to make the officers think they are crazy to gain sympathy."

While specialized programs to help those suffering from mental illness in prison to decrease recidivism have been somewhat effective, the occurrence of people with mental illness within the system continues to increase. Prisons today are struggling in dealing with the mental health of a growing population of elderly inmates in general and, more specifically, the psychological consequences of inmates whose sentences exceed life expectancy. In addition, inmates with mental illness are at higher risk for HIV, STDs, hepatitis, tuberculosis, sexual violence, drug use, victimization, suicide, and more.

Those inmates who suffer a mental illness who are found eligible for parole also find themselves with an increased level of anxiety. Once released, they face the prospect of recidivism due to the lack of outpatient treatment, appropriate housing, income, and adequate support. Most mentally ill parolees have little educational opportunities, little to no nutrition assistance, and are often shunned by their communities, unable to participate in normal activities of a civil society. These barriers prevent reintegration into the community and further alienate those with mental illness. Even a system that means to help sadly does the opposite.

"Justin" is 33 years old and has been in the Enhanced Outpatient Program (EOP) for six years. EOP programs like the one at Mule Creek State Prison have benefitted Justin, while many other inmates

struggle with the regimented nature of the prison environment. Justin has observed officers write up inmates with mental illness for minor offenses, and this against the expressed concerns of mental health clinicians who believe that drawing negative attention to them does nothing to help.

Throughout the prison system, each program is run differently depending on the funding. Some programs, like the one at Valley State Prison in Chowchilla, have therapeutic groups that use Dialectical Behavior Therapy (DBT), Cognitive Behavior Therapy (CBT), mindfulness, and one-on-one counseling to provide excellent services for mentally ill inmates, while others are sorely lacking such a range of available positive therapies.

"It feels like it's more about the case management to get you off of EOP status than working with one's mental afflictions," noted Justin.

Often those whose mental illness has been untreated find themselves in solitary confinement. Many are isolated due to the commission of violent offenses, but also for contraband, drugs, oppositional defiance, or other mental health issues. The conditions in solitary are stressful to any inmate, and border on the inhumane. These can include lack of contact with others, time disorientation, lack of sleep, constant illumination, and hourly welfare checks. For the mentally ill, the 23-hour isolation might include staff clinician visits, which are usually conducted through the open tray slots. Under extreme stress (such as PTSD), the brain literally shrinks. The psychological effects of "SHU syndrome" and long-term confinement include hypersensitivity to external stimuli, hallucinations, panic attacks, cognitive deficits, obsessive thinking, paranoia, anxiety, and delusional conversations. The United Nations has already supported a ban on solitary confinement for anyone with mental illness.

"Mikey" spent nine months in the SHU. Suffering from bipolar disorder and manic depression, he couldn't adjust to the isolation, which further affected his mental health. At times when there was no

movement, Mikey's depression got worse. He also observed many of the lower-functioning inmates get transferred out because staff could not handle them. Many had given up on their self-care, including hygiene.

"Barry" is an 81-year-old who was diagnosed with "slight mental retardation" at age 8. After surviving both physical and sexual abuse during his childhood, he eventually found himself in prison. Attacked while working in CalPIA (the California Prison Industry Authority) by another inmate, Barry received a traumatic brain injury. Unable to get the mental health help he needed, he ended up in administrative segregation several times. This is not an isolated case. Hundreds likewise suffer within the state penal system.

Inmates with mental illness continue to be at the most disadvantaged in prisons. In America, as many as one in two with mental illness will be arrested at some point in their lives. In 2016, one in four victims of the nearly 1,000 fatal police shootings was suffering from mental illness. Investigations are ongoing in Alabama, California, Florida, and Illinois for the mistreatment of inmates with mental illnesses, as this issue continues to be a blight on our "civilized society."