Disclaimer

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• This webinar was developed from the perspective of an advocate, not a healthcare professional and is not intended to provide medical or clinical advice.
Inherent Challenges of COVID-19 and Prisons

- COVID is an airborne virus where prevention is addressed through masks and social distancing.
- Prison overcrowding with the possibility of multiple incarcerated individuals per cell.
- Staff also can be in close contact with incarcerated individuals for discipline, treatment, or safety reasons.
- Many prisons are closed environments.
Impact of COVID-19 Behind Bars

• Reported Positive COVID-19 Tests and Deaths Among State Prison Populations Total Jurisdictions: 44

Total Positives: 33,361 Incarcerated Individuals, 8,956 Corrections Staff

Total Deaths: 408 Incarcerated Individuals, 23 Corrections Staff

https://covidprisondata.com/
Background Information on People Receiving Treatment for Serious Mental Illness (SMI) in State and Federal Prisons

- 30 percent in California prisons receive some form of mental health treatment; 21 percent in New York; 20 percent in Texas

- Three percent of federal prisoners identified as SMI requiring treatment

• The intersection of the large number of people with SMI in prisons and jails with the best practices to prevent COVID-19 creates enormous problems for corrections staff and for prisoners.

• But as will be discussed later, there are ways to address the housing and treatment of people with SMI in jails and prisons for the benefit of both the staff and those incarcerated.
Mental Health Treatment Behind Bars -- Challenges

Labels Frequently Overused to Negatively Define People with SMI

- “Malingering”
- Anti-social disorder
- Refusal to comply and punishment

Staff Bias Affects Handling of Prisoners with SMI

- Racial tensions
- Gender identity and sexual orientation
- Criminal history and perceptions

Resource limitations

Inappropriate settings for therapeutic care
Most common mental health treatment is psychotropic drugs, but there are significant challenges

- Reliance on drugs alone and lack of access to therapy including group and individual counseling which may be more effective in addressing many conditions as well as interactions with authority and other prisoners.

- Limited formularies often result in use of older medications which often have worse side effects.

- Lack of consultation with specialty trained psychiatrists or other mental health professionals in Diagnosis and Treatment.

- Continuity in treatment can be disrupted with movement from one location to another.
Typical disciplinary actions
• Revocation of privileges (phone, visitation, mail)
• Solitary confinement – long- and short-term
• Transfers to other facilities
• In – Prison Criminal charges against prisoners

Alternative: Creating Incentives for addressing behavior issues
• Staff training and interactions
• Commissary incentives
• Lower security status
Role of Staff in Disciplinary Actions Involving People with SMI

- Handling disruptive behavior
- High security interactions (cell extractions, use of force teams)
- Racial bias
- Role of trauma
Risk of suicide among people with SMI

- Suicide is a threat to all persons involved in corrections. The rates of inmate suicide are far higher than the national averages, and even higher still for special populations (https://nicic.gov/suicide-in-corrections)

Practices employed to prevent suicides

- “Safe cells” and suicide watch
- Other interventions
Dangers of solitary confinement for prisoners with SMI

• Possible Long-term psychological damage

• Exclusion from programming, mental health treatment and medical care

• Possible retraumitzation and humiliation associated with use of restraints

• Suicide risk may be increased

• Impact on recidivism

• Features such as hallucinations, voices and delusions may intensify

Solitary Confinement Cannot Be The Answer
Categorical exclusions from solitary confinement

• Court decisions excluding people with SMI from extended solitary confinement
• BOP Care Levels
• Supermax prisons and efforts to minimize impact on prisoners with SMI
Challenges to providing mental health treatment in correctional settings

- Typical mental health treatment practices can be difficult to replicate in a correctional environment while also maintaining order, reducing violence, and preventing harm (including suicides).

- Difficulty attracting qualified mental health staff and challenges of training security staff.

- High costs of providing needed interventions.
Look for where there have been problems

- What has been the historical interaction of the correctional system and inmates with SMI in your jurisdiction?

- Where might the cracks in the safety net be in your jurisdiction (looking broadly at all topics, housing, treatment, employment, etc.).
The rights of incarcerated individuals with SMI to treatment and to be free from cruel and unusual punishment have been recognized around the country.

Expand diversion of people with SMI out of the correctional system, beginning with law enforcement but also including judicial reforms, expansion of community services and need for housing and employment.

Need for different approaches to presence of people with SMI in correctional facilities, including the use of solitary confinement.
Some options For Crafting Solutions

- Tweaks to the current model of treatment
- Engage your state’s health agencies
- Develop capacity to address SMI in all areas of contact (Police, Courts, Prisons, and Re-entry)
Recommendations for Increasing Capacity

- The importance of building alliances to increase capacity.

- Need for a full system review to identify gaps.

- Designate the essential components to support a working system.
Essential Components of any Solution

- Inclusion
- Package Services
- Participation of Law Enforcement
- Importance of Housing
- Data Collection
Thank You

SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

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