

## Corrections Psychiatry

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## One Year in the Wisconsin Department of Correction

- Outline
  - Mission
  - Inmate population
  - Treatment
  - Most surprising things in my first year



## Department of Corrections Mission

- **Mission**  
The Division of Adult Institutions protects the public through secure and humane treatment of inmates committed to its custody and affords inmates the opportunity to gain skills and insight into their criminal behavior that are needed to support a crime-free life upon release to the community. The Division of Adult Institutions (DAI) administers the correctional facilities within the prison system. There are also a limited number of inmates at the facilities who are under the jurisdiction of the Division of Community Corrections.

## Goals

- Promote public safety and offender success from admission to custody through re-entry and supervision in the community;
- Provide safe and secure correctional institutions for the public, staff, and offenders;
- Provide productive inmate programs and work activities;
- Maintain positive institution living and work environments;
- Responsibly manage human and fiscal resources; and,
- Maintain cooperative working relationships with the external environment.

## Bureau of Health Services

- The Bureau of Health Services is a bureau within the department that is charged with providing health care to inmates.
- Psychiatric services are provided through this Bureau.
- Psychological services are not administered through the Bureau of Health Services.

## Bureau of Health Services

### Draft Mission Statement

The purpose of the health care delivery system is to provide needed health care for individuals in a correctional facility which is cost effective and meets community standards appropriate to the correctional environment.

## What is Different About the Correctional Setting

- The fundamental difference in mission is an adjustment for people coming from a non-correctional environment such as a hospital or community mental health center. While the goals of the practitioner are the same, the system has a different set of priorities.
- The goal becomes giving the best possible care with limitations on resources and while maintaining the goals of the organization overall.

## What Does the Law Require the State to Provide to Inmates?

- In 1976, the United States Supreme Court ruled that failure by a correctional system to provide minimally adequate health care violates the Eighth Amendment prohibition of cruel and unusual punishment.
- Subsequent rulings have clarified that inmates' constitutional right to health care extends to mental health care for those with *serious mental illnesses*. These rulings establish minimum standards; they also indicate inmates do not have the right to the best care available in the community.

## Wisconsin Law

- Wisconsin statutes and administrative code do not set specific requirements for mental health care in correctional facilities.
- However, s. 302.385, Wis. Stats., requires DOC to base its standards for health services on those issued by a recognized professional organization. DOC has consulted the standards of several organizations and reports that its policies and practices are based primarily on those published by the National Commission on Correctional Health Care (NCCHC). DOC does not, however, establish policies that fully meet those standards when staffing, budgetary, or other limitations would prevent compliance.

## NCCHC Accreditation

- NCCHC also offers accreditation to facilities that substantially comply with its standards. No DOC facilities are accredited at present, although WRC was accredited in 2006.

## Money

- Taxpayers are footing the bill for mental health care in prison. While most people would agree that there are advantages to providing the best possible treatment to inmates, there simply isn't enough money to go around.
- Often improvements happen when there is a mandate by the court to provide a different level of service.
- Significant improvements such as increasing mental health staff or improving facilities (for example, providing space for treatment groups) are often very costly.

## Questions?



### Basic Mental Health Caseload

- Adult inmates in Department of Corrections (DOC) custody, including those with mental illnesses, are housed in 20 maximum, medium, and minimum security institutions; 16 minimum security correctional centers; and the Wisconsin Resource Center (WRC) operated by the Department of Health Services (DHS).
- In June 2008, 6,957 inmates were identified as mentally ill, including 299 housed at WRC. (Total number of inmates is 22,451).
- Expenditures for inmate mental health care totaled approximately \$59.8 million in fiscal year (FY) 2007-08.
- Data taken from the Legislative Audit Bureau Report.

### How was "Mentally III" Defined?

- The term mentally ill in this case represents a wide range of illnesses and severity of illnesses from;
- time limited difficulties with adjustment to prison life and insomnia to
- severe, treatment resistant psychotic disorders and people totally disabled by psychiatric illness.

### Developmental Disabilities

- There is a subset of inmates with borderline intellectual functioning and a smaller group with mild mental retardation.

### Not Included

- The method for gathering this information on mental illness in the LAB report did not include an estimation of the incidence of substance abuse and dependence in this population.
- Various estimates exist for this information but the range is 60-90% depending on the criteria used.

### Growing Population With Mental Health Needs

- DOC's inmate population increased 3.9 percent, from 21,610 in June 2006 to 22,451 in June 2008.
- The number of inmates with mental illnesses increased 14.3 percent, from 6,084 to 6,957.
- In June 2008, 20.9 percent of inmates were classified as having mental health needs but not seriously mentally ill, and 10.1 percent were classified as seriously mentally ill,
- Mental illnesses were more than twice as common among female inmates.

### Treatment

- Within DOC mental health treatment is provided by psychology and psychiatry staff.
- For the remainder of the presentation I will focus mainly on psychiatry as this is the area that I supervise. Psychological Services provides the largest portion of care to inmates including assessments and non-pharmacologic treatments.
- Most referrals to psychiatry for care are made by psychological services.

## Treatment

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- Coordination of care between psychiatry and psychology is a high priority, and an area where DOC is actively working to improve.
- Collaboration has some surprising obstacles. For example, many institutions have limited office space, requiring that the two disciplines be housed in different buildings.

## Psychiatry

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## Psychiatry

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- DOC employs about 34 part time psychiatrists.
- All inmates on psychotropic medications are evaluated and followed by psychiatry.

## Qualities of a Good Correctional Psychiatrist

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- Has good communication with security, medical, and psychology staff
- Seeks out and values collateral information
- Consults written records outside of psychiatric notes
- Can integrate treatment and security perspectives
- Able to set limits in a clear, consistent and unconflicted manner

## Inmates as Patients

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- As clinicians we treat people who are ill. Compassion for people who are suffering is probably why most folks went into the field.
- It is important to see patients as patients and not as inmates. Clinicians need to treat people and not be “custodians” for “inmates”.

## Biggest Challenge

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- To remain objective.
  - Transference
    - Negative
    - Positive

### Excessive Negative Transference

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- When a clinician sees a patient in an excessively negative light.

### Causes of Excessive Negative Transference

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- Inmates are at times threatening, it is difficult to maintain objectivity if you are afraid.
- There is, by definition, a high percentage of people in prison who have antisocial personality disorder.
- Some people in prison have done truly terrible things.
- Being lied to by inmates can cause staff to become excessively defensive about not being "duped" again.

### Excessive Negative Transference is a Problem Because:

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- Inmates have a high rate of mental illness and clinicians are there because they need treatment.
- Some inmates are earnest, positive, likable...some are not.
- It is possible for a person to be unlikable, unpleasant, threatening, violent or manipulative and still have a psychiatric disorder that requires treatment.

### Excessive Positive Transference

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- This is when a clinician, in an effort to provide treatment, views a patient in an excessively positive light.

### Excessive Positive Transference

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- Inmates by definition are people who have committed crimes.
- The rate of Antisocial Personality Disorder is very high in the prison population.
- Psychiatrists are in charge of a valuable commodity for the prison black market; drugs.
- Psychiatrists are lied to by inmates at an alarming frequency.

### Formulary

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## Formulary

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- DOC's formulary is limited.
- Virtually everything is available, however prior approval for a variety of drugs is required.
- Drugs that are not on the formulary and require prior approval include abusable drugs, drugs that have generic or less expensive equivalents, and drugs that may be dangerous in the prison environment.
- Inmates who are on expensive medications while in prison often don't continue them when they leave prison.

## Examples of Non-Formulary Drugs

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- Seroquel
- Valium

## Examples of Non-Formulary Drugs

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- Valium
- Ritalin

## Examples of Non-Formulary Drugs

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- Topiramate
- Duloxetine
- Wellbutrin XL

## Telepsychiatry

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## Telepsychiatry

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- Staffing the prisons can be difficult.
- Psychiatry Shortages Exist in some areas where we have large prisons.
- Telepsychiatry provides a way to supplement hours to some places where there is a shortage.

## Telepsychiatry

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- 200-300 appointments per month.
- Limited to patients with less serious psychiatric problems.
- We also use it to provide consultation to psychiatrists on difficult cases.
- We hope to use it in the future to minimize transportation costs for inmates who have to travel for their psychiatric appointments.

## Surprising Things About Corrections

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## Surprising Things About Corrections

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- Coming from a community setting, it was surprising to see that inmates have better access to care than many impoverished people in our society. Particularly mental health care.
- Waiting lists to see psychiatry for a non-urgent appointment are now less than 3 weeks in all our institutions.

## Surprising Things About Corrections

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- It is an enormous system that employs a very large number of people.
- 23,000 inmates
- 11,000 employees

## Conditions

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Prison is a really terrible place to be.  
Cells are small. The average cell size in the US is 8x12 feet. This space contains a sink a toilet and two bunks. It also contains a randomly assigned room mate.  
In maximum security inmates may be locked in their cells most of the day.  
"Property" allowed is minimal, no TV, no Radio, few books...

## "Movement"

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- Practical concerns become much larger issues in prison, particularly in maximum security. Every time an inmate or staff person "moves" there may be significant participation by security.

### Great Staff

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- Staff in prisons have a difficult job which often requires self sacrifice and bravery. They do not get enough credit for this in the media or popular press.

### Questions

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