Mentally Ill Offenders:
Who is "My Keeper"?

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Course Description

Described as the #1 challenge facing corrections today, the population of inmates with mental health diagnoses has been increasing in both size and acuity. Solutions require a comprehensive, multi-disciplinary approach that diverts mentally ill persons from jail, coordinates appropriate treatment, and provides the right physical environment for those who require a secure setting.

A roundtable of multi-disciplinary experts representing diverse perspectives will explore meaningful approaches for meeting these objectives across the criminal justice continuum - and how these goals and expectations are shaping policy, practice and design. What is the current state of affairs? Are there evidence-based best practices for improving the juxtaposition of corrections and mental health? How can the design environment improve the health, safety and service delivery for those affected? What should the new paradigm for serving mentally ill persons in contact with the justice system look like and what will it take to get there?

Learning Objectives

1. Educate the audience on the extent of mental health in the justice system based on national research and trends

2. Understand the debilitating impact that the traditional correctional environment has on the wellbeing of inmates with mental health diagnoses

3. Learn about comprehensive, trans-disciplinary approaches for better serving mentally ill offenders across the continuum - law enforcement, courts, and corrections

4. Discuss comprehensive, trans-disciplinary approaches for better serving mentally ill offenders across the continuum - law enforcement, courts, corrections, mental health.

Who is “My Keeper”?

Who is “My Keeper”?

We all are

- Elected Officials
- Justice System Leadership
- Law Enforcement and Corrections
- Medical and Behavioral Health service providers
- Facility Planning and Design Team

Are we getting better?

Improving perspective

- An evolving understanding of “mental health”
- Increasing knowledge based on research and empirical study
- Focus on how design environment impacts people
- “Keepers” with concern for persons in their care

Telling the story

Laura Maiello-Reidy

Dr. Richard Wener

Kevin Murrett, AIA, NCARB

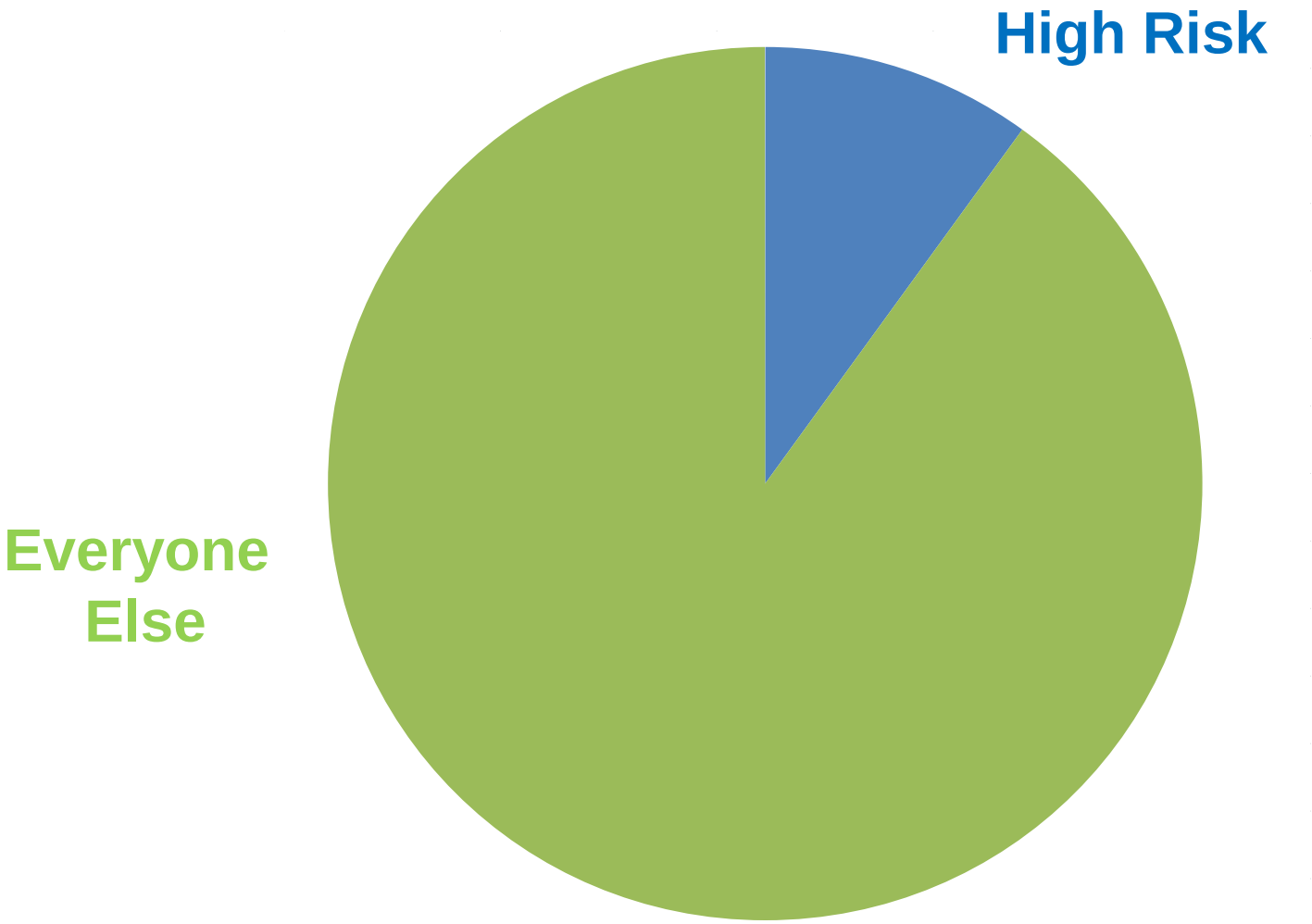
Dr. Elizabeth Ford, MD

Moderator: Brett Firfer, AICP

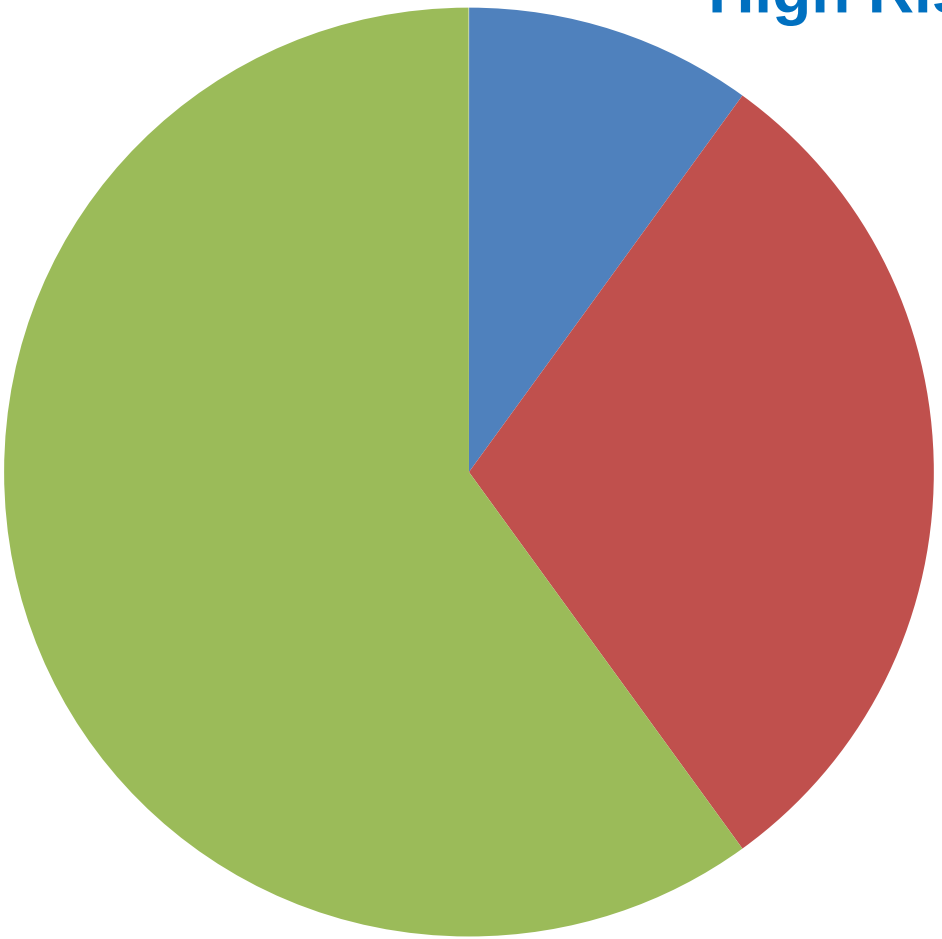
Laura Maiello-Reidy

An evolving understanding of “mental health”

The old jail profile



The new jail profile



“Prisons are not constructed in view of being converted into County Hospitals….And yet, in the face of justice and common sense, Wardens are by law compelled to receive and not to refuse [mentally ill] subjects in all stages of mental disease and privation.”

Dorothea Dix, 1842

History lesson

In early colonial times, jails and prisons were used to house the mentally disordered population – in “inhumane and uncivilized” conditions

Advocates argued the mentally ill did not belong in jails and implored states to fund construction of psychiatric hospitals.

By 1880 there were 75 public psychiatric hospitals and most mentally ill inmates were transferred to them:

For one hundred years (1880 – 1970) there was broad consensus that the mentally ill belonged in hospitals, not jails

What happened?

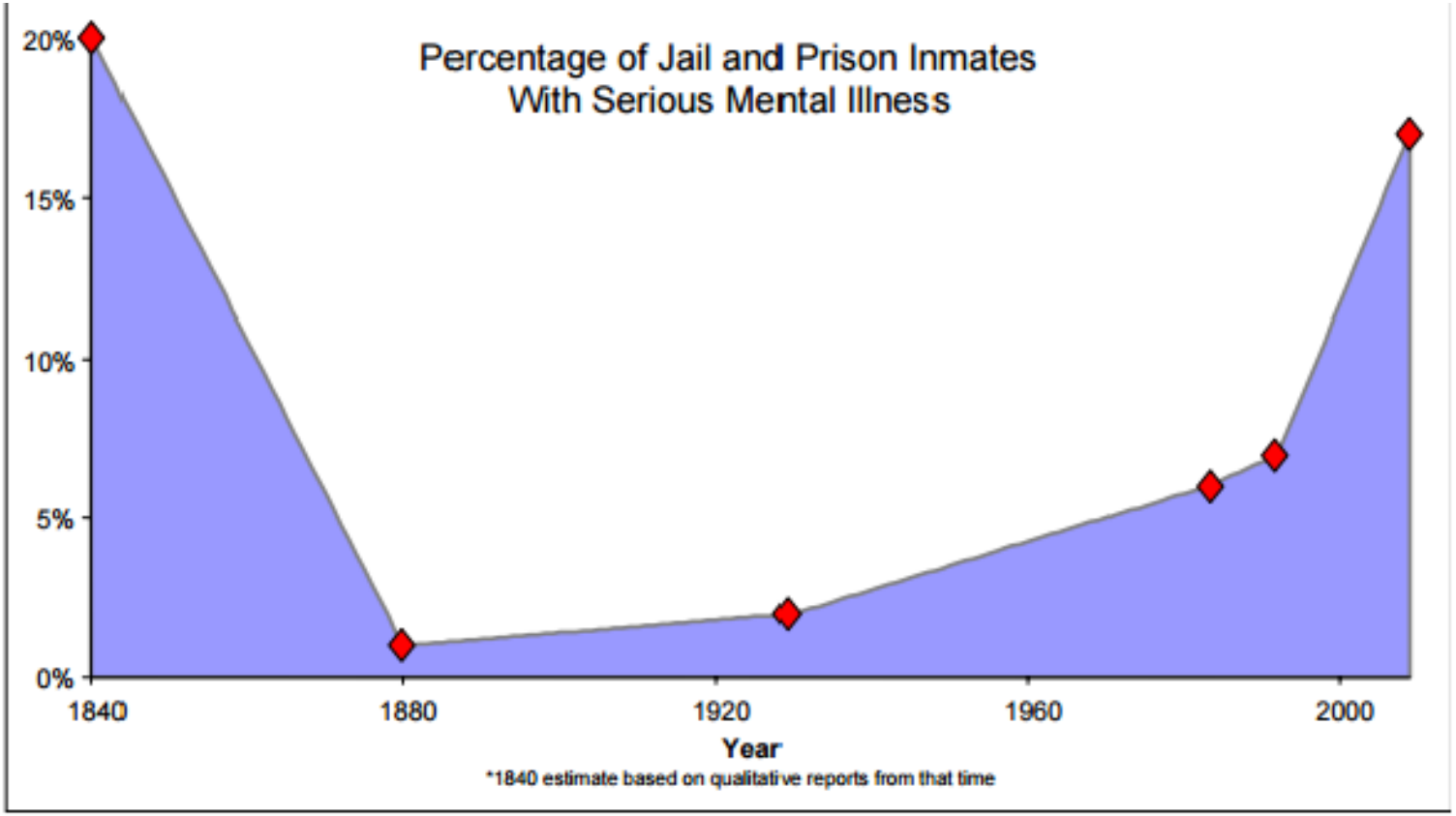
Deinstitutionalization

Thorazine, Medicare and Medicaid coverage, and a community-based treatment approach led to the **emptying of psychiatric hospitals**

However, without proper community follow-up, **many patients relapsed** – some committing nuisance offenses or felony crimes, and many were arrested

The **effects on jails and prisons** were felt as early as the 1970's and got progressively worse with each decade

Prisons and jails fast became America's "new asylums"



Source: Why America's Largest Mental Health Institutions are Prisons and Jails, Tanya St. John, Arundel Lodge Behavioral Health, August 6, 2016

How big is the problem?

Ask anyone in the field and they will tell you, **"*mental health is the Number 1 challenge facing corrections today*."**

20 – 30% of jail inmates have a serious mental illness (SMI) - Studies have shown that the percentage of jail inmates with some type of mental health disorder is as high as 70%

According to one study, **prisons and jails hold more individuals with serious mental illness** than the remaining large psychiatric hospitals in 44 of 50 states and D.C.

Added complexities: Increasing acuity levels; co-existing substance abuse/dual diagnoses; homelessness; neglected medical needs; revolving door

The human toll

Longer lengths of stay – as much as 7 times longer, than their counterparts

Deterioration in psychiatric/mental health condition

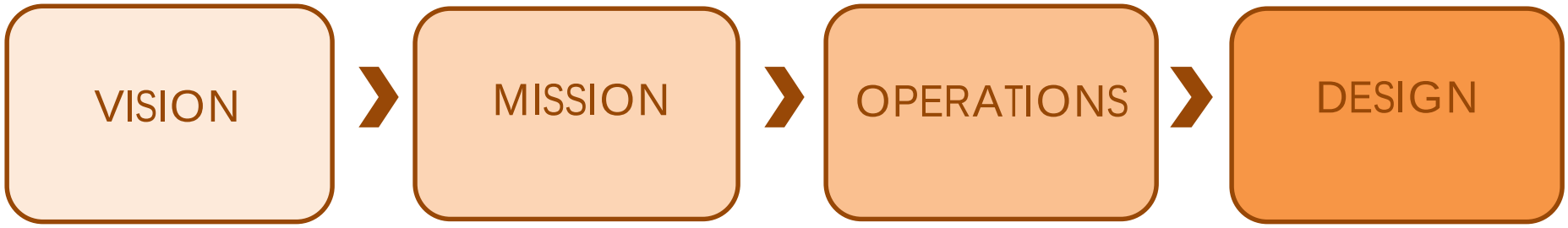
Disruptive or physical behavior, sometimes resulting in isolation - which worsens symptoms

Disproportionate number of jail/prison **suicides**

Disproportionate **recidivism** rates

Increased **liability** and increased **taxpayer costs**

So who is the keeper?



Best practice systems approach

Alternatives to incarceration for mentally ill offenders first and foremost

Law Enforcement **Crisis Intervention Teams** (CIT) to diffuse situations instead of arrest

Intake screening and post-booking alternatives to divert less serious offenders from jail

Mental Health Courts referral and treatment

Dedicated space for the mentally ill

Reentry plan and community referral/resources

Best practice design approach

One size doesn't fit all: inmates with mental illness do not adjust well in large, mezzanine style housing units

A continuum of housing environments with treatment and services: safety/stabilize; socialize; re-integrate; release readiness

Environment matters: safe, non-threatening, therapeutic, healing living conditions. Normative features: sunlight, softer colors and materials, good acoustics

Dr. Richard Wener

Increasing knowledge based on research and empirical study

We know that

Mentally ill individuals are more likely to end up in jail-prison (often because of their mental illness)

…especially when other options for treatment are not available

Once in jail-prison…

Mentally ill individuals are more likely to be in solitary confinement

…which can cause deterioration in their ability to adapt

Environment Can Affect Mental Illness

Environmental conditions affect level of distress, depression

- can exacerbate existing mental illness
- especially with poor treatment options

Jails and prisons have those conditions in excess

- crowding, noise, fear, boredom and more…

Stress and Coping

We all experience stress, but have means of coping

In prison or jail, stress is multiplies and coping mechanisms are largely unavailable

Psychiatric services in jail-prison?

Jails-prisons are not set up as treatment facilities

- Mission is containment & control
- Correctional staff not MI professionals

Mentally ill detainees

Mentally ill detainees seen as unpredictable, dangerous

Unpredictability is enemy of good staff-detainee interaction & safety

…which leads staff to be fearful, keep distance

…reduces social contact and services

Detainee less likely to feel safe, protected

Works against modern “direct supervision” systems of management

Mentally ill detainees

Research shows that stress levels and impacts and affected by:

- Time of exposure
  - In prison exposure times can be very high
- Levels of stressful condition
  - In prison levels can be extreme
- Multiple sources (stress is cumulative)
  - In prison can be exposed to many at same time
- Low levels of control over exposure
  - By definition, control is low in prison
- Low levels of predictability
  - Many stressors are highly unpredictable in prison.

NO SHORTAGE OF ENVIRONMENTAL STRESSORS IN PRISONS & JAILS

…TAKE YOUR PICK

Lack of Privacy

Crowding

Isolation

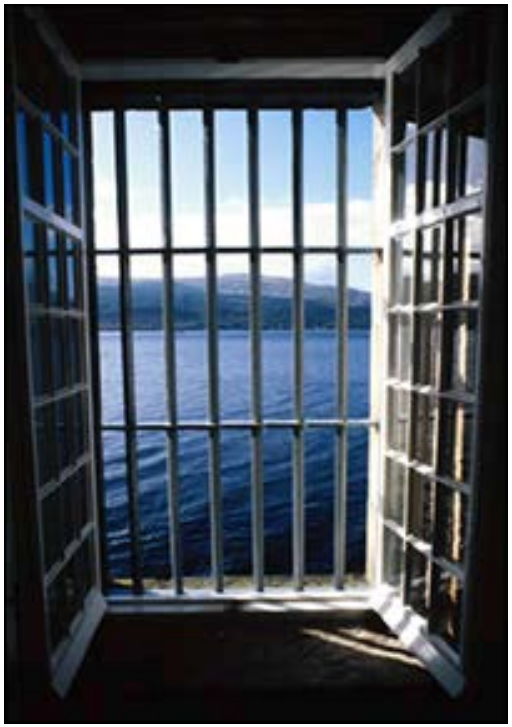
http://www.dcs.qld.gov.au/About_Us/The_Department/Custodial_Corrections/Capricornia_Correctional_Centre/index.shtml

Noise

http://www.24x7updates.com/FullStory-News-More_Noise_is_equal_to_More_Chances_of_Heart_Attack-ID-200675.html

Lighting – (too much, too little, lack of daylight)

View & Lack of Access to Nature



http://www.asphistory.com/gardens/garden3.JPG

Threat of Violence

Conditions that foster poor sleep (epidemic sleep disorder?)

Moreover, normal coping strategies are lacking

- Social contacts (friends, loved ones)
- Changing/leaving the situation or environments
- Engaging in activities (sports, exercise, meditation, foods)
- Access to nature
- Privacy – limiting access to self
- Medicating (self or prescribed substances)

All these are limited or missing in prison and jail

So, expect impacts of stress to be severe…

- Physical illness – cardiovascular and other
- Reduced cognitive abilities, concentration
  - ability to learn, grow, solve immediate social and long term personal problems
- Reduced ability to tolerate frustration
- Reduced helping behavior
- Increased irritability, aggression
  - more risk of violence, dysfunction
- Increases depression, learned helplessness
- Increase sleep problems

Conditions for mental illness in jails-prisons

- Often inhumane or, at best, not supportive of positive treatment
  - In part, because of fear of unpredictable behavior of detainees

Remote surveillance provides reduced protection – **Not** direct supervision

https://www.dailynews.com/2016/05/16/2-la-county-deputies-convicted-of-jail-beating-cover-up/

Fear of detainees demonstrated in operation

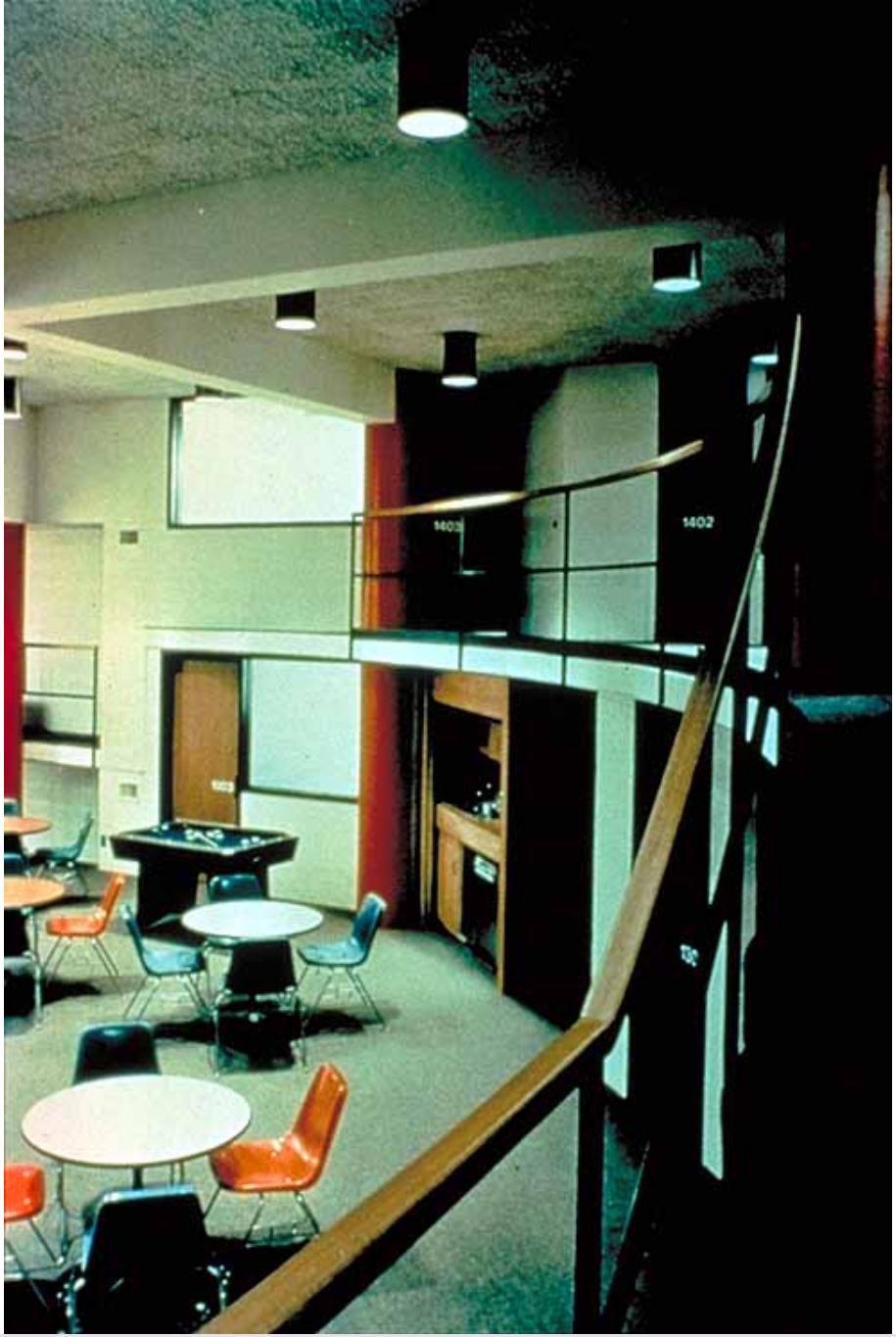
Hard, barren, degrading conditions

More Humane Conditions can help…

Offering:

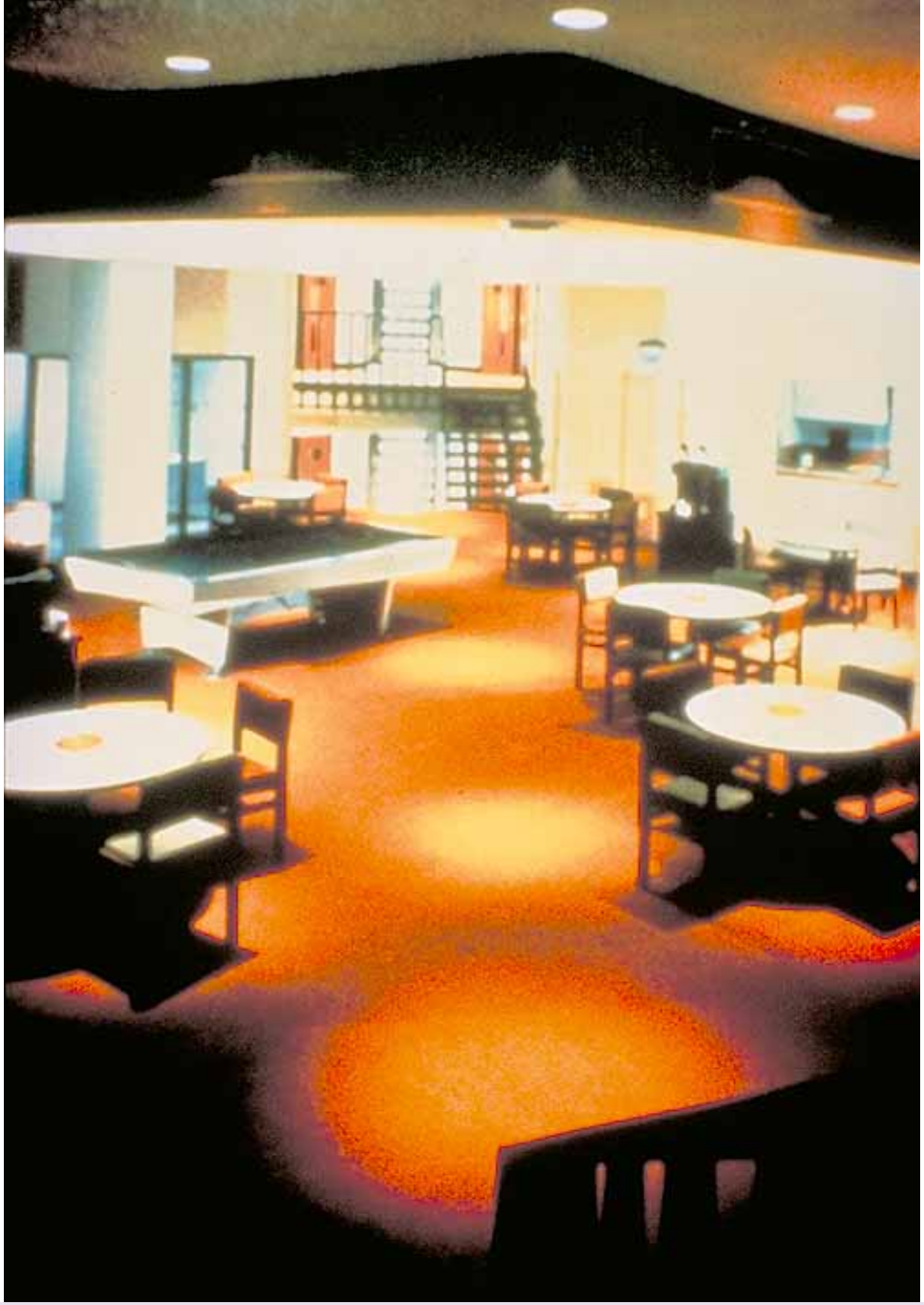
- “normative” design
- more direct human contact
- reduced stress
- Increased access to nature and activities

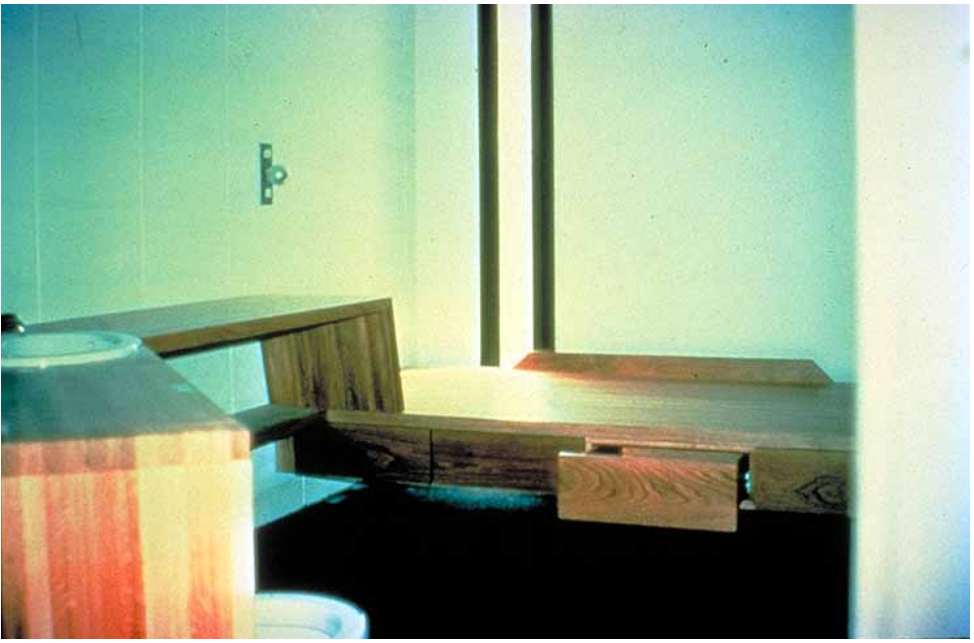
Chicago



New York

San Diego





Contra Costa County, CA

- Other prisons in other countries that take similar approach
    - Norway, Austria, others

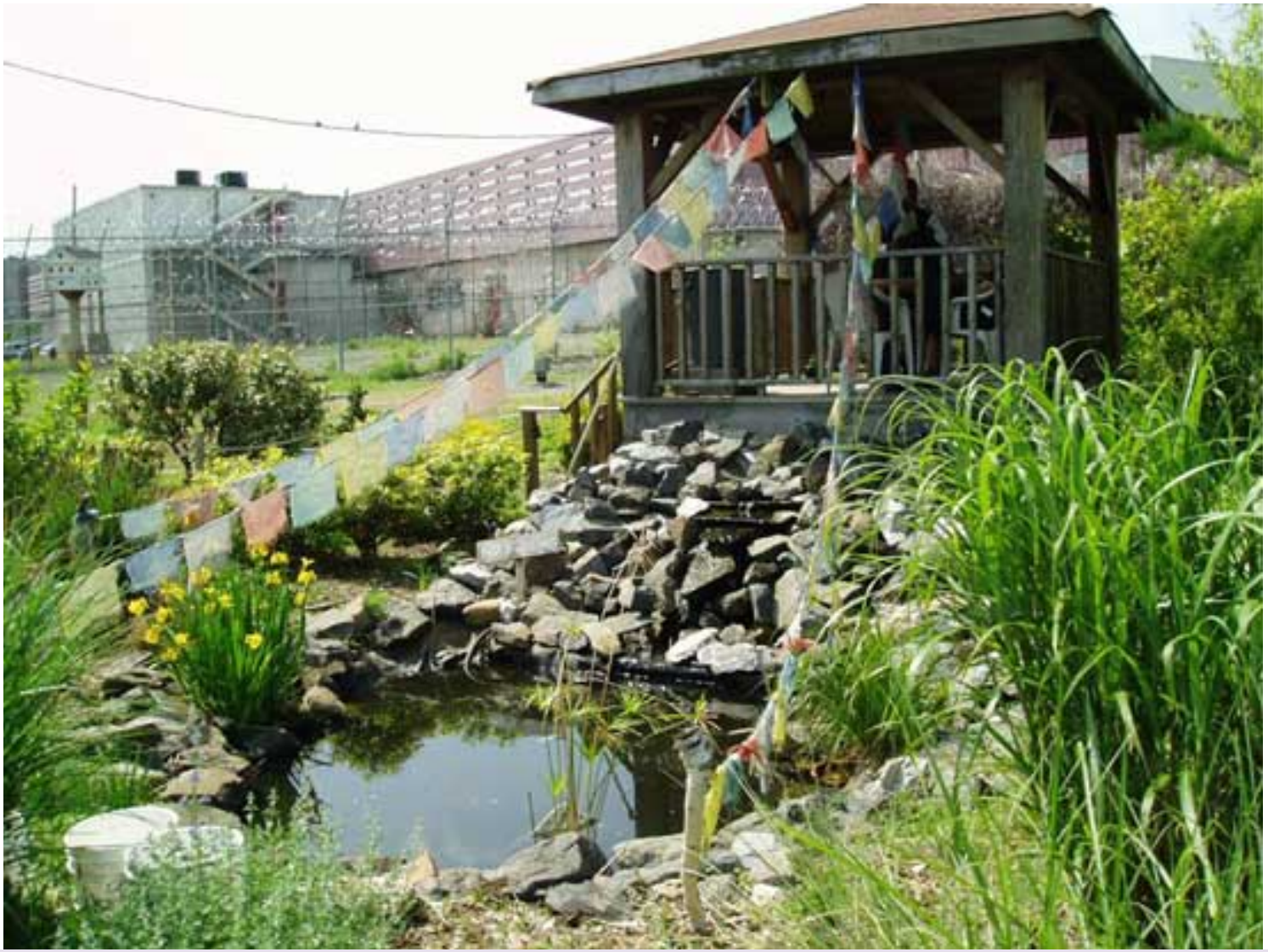
Go even further


© Rex Features

Iowa Women's Prison

Iowa State Prisons

Rikers

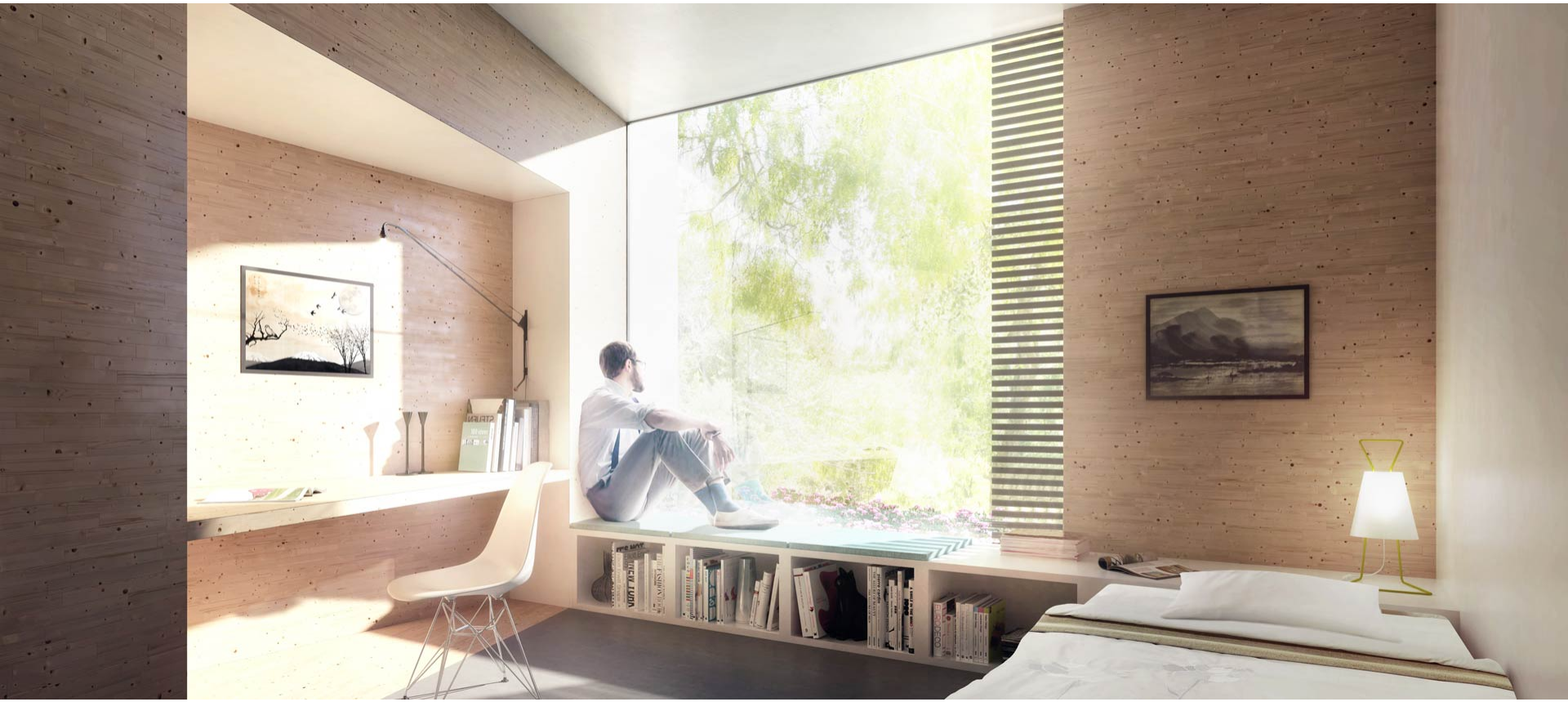


Focus on how design environment impacts people

Kevin Murrett, AIA, NCARB


Sensational Secrets of Infamous Mad-House EXPOSED!
BEDLAM
Starring
BORIS KARLOFF
with
ANNA LEE
BILLY HOUSE · RICHARD FRASER · GLENN VERNON
IAN WOLFE · JASON ROBARDS · LELAND HODGSON

Mentally Ill Offenders: ***Who is "My Keeper"?*** **Kevin Murrett, AIA**



Mental hospitals are very misunderstood places. There is a certain **stigma** not only attached to being a patient in a mental hospital,

but to the whole field of mental health to begin with…

The people are not **crazy**.

They are not **nuts**.

They just needed a little extra help and a safe, relaxing place to recuperate from their problems.

Life can be overwhelming and sometimes we just need to heal.

Three clients the environment needs to serve

- Mentally ill patient/inmate
- Staff: Corrections officer/clinician/case manager
- Family member/visitor

As a designer you need to **imagine what it's like to be mentally ill**

As a designer you need to **imagine what it's like to be mentally ill**. It's not one thing but includes

Inability to think logically,
process information and sensations
the way normal people do.

Inability to think logically,

process information and sensations

More affected by the environment

Space

Sound

Light

Color

Temperature

Experience emotional extremes of

delusional **euphoria**

self **harm**

harm to others they perceive as **threats**

and **suicide**.

Limited Sensory Abilities

Vision

Hearing

Smell

Taste

Touch


THE
ARCHITECT

Focus on four areas of design

Safety

Color

Light

Sound

Focus on four areas of design

Safety

Color

Light

Sound

Durability of the Environment

Weaponization

Self Injury

Escape

Ligature Risk

Resources

Veterans Administration
Behavioral Health Design
Guidelines

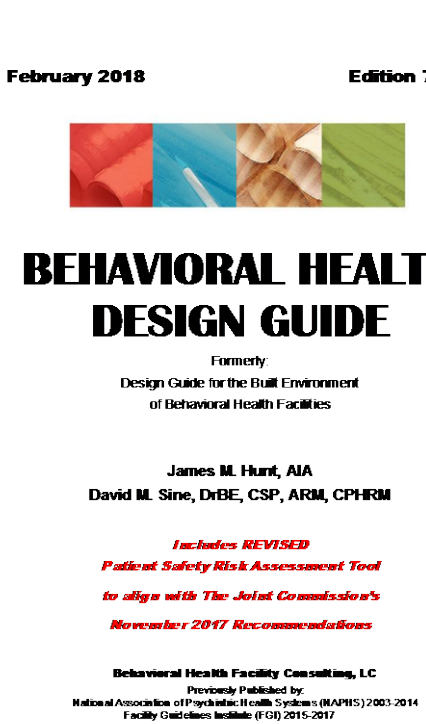
cfm.va.gov

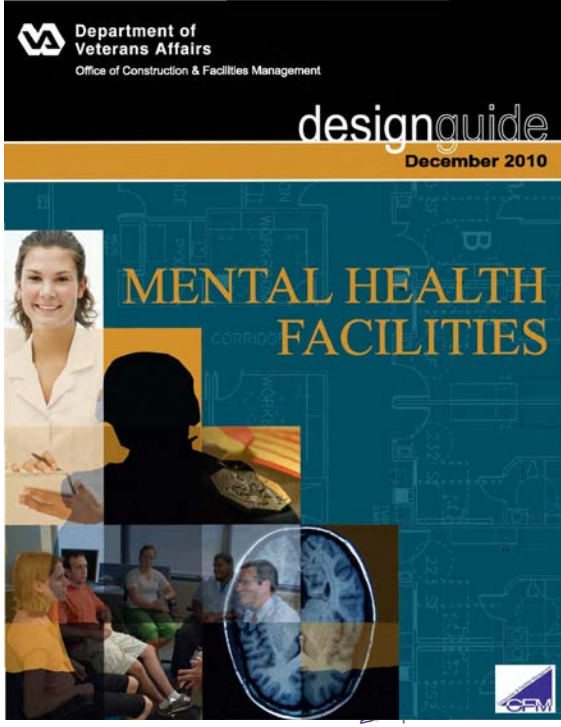
NYS Office of Mental Health
Patient Safety Standards

omh.ny.gov

Behavioral Health Facility
Consulting LLC
Behavioral Health Design Guide

bhfcllc.com





Focus on four areas of design

Safety

Color

Light

Sound

Soothing

Natural

Textures and Patterns

Age Appropriate

Regionally Relevant

Focus on four areas of design

Safety

Color

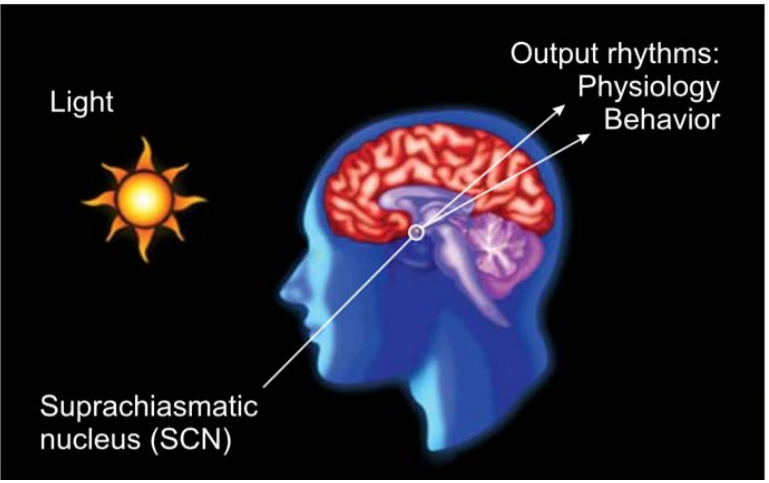
Light

Sound

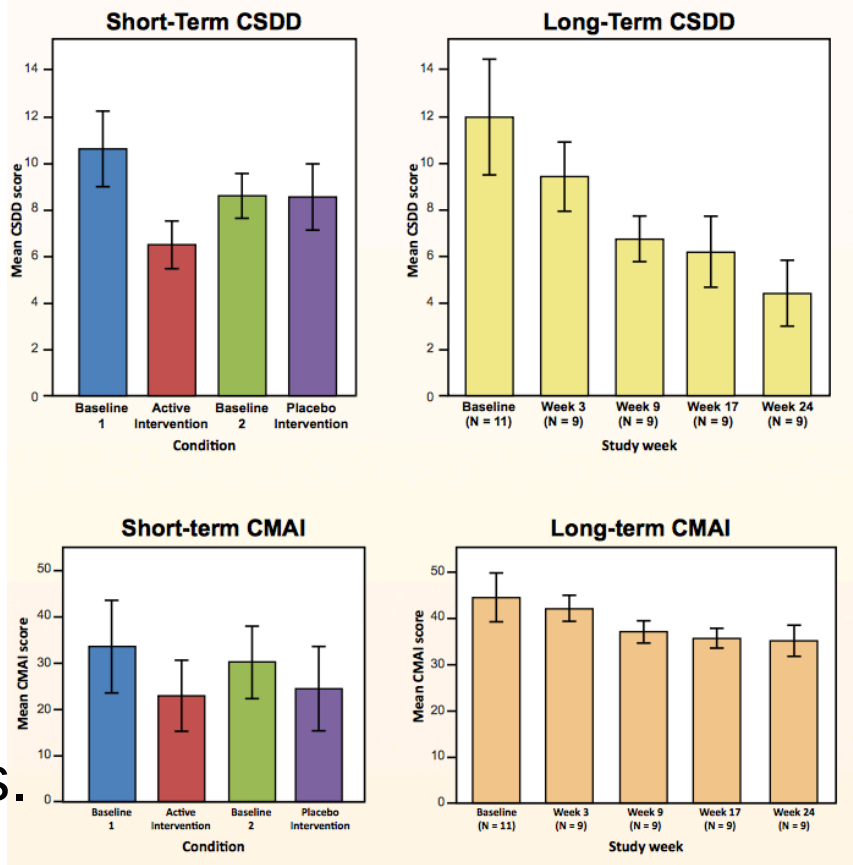
Lighting's Effects on Sleep, Mood, and Behavior

"A tailored lighting intervention … results in reduced depression and agitation, improved sleep, and better quality of life for both patients and caregivers."

Rensselaer Lighting Research Center



Compared to baseline and the placebo short-term lighting intervention significantly improved sleep quality (PSQI), depression (CSDD), and agitation (CMAI) scores.



Light and Health Alliance

24-hour lighting scheme including high circadian stimulation during the daytime and low circadian stimulation in the evening.

- Reduced agitation
- Improved alertness
- Reduced levels of medication
- Improved sleep

Focus on four areas of design

Safety

Color

Light

Sound

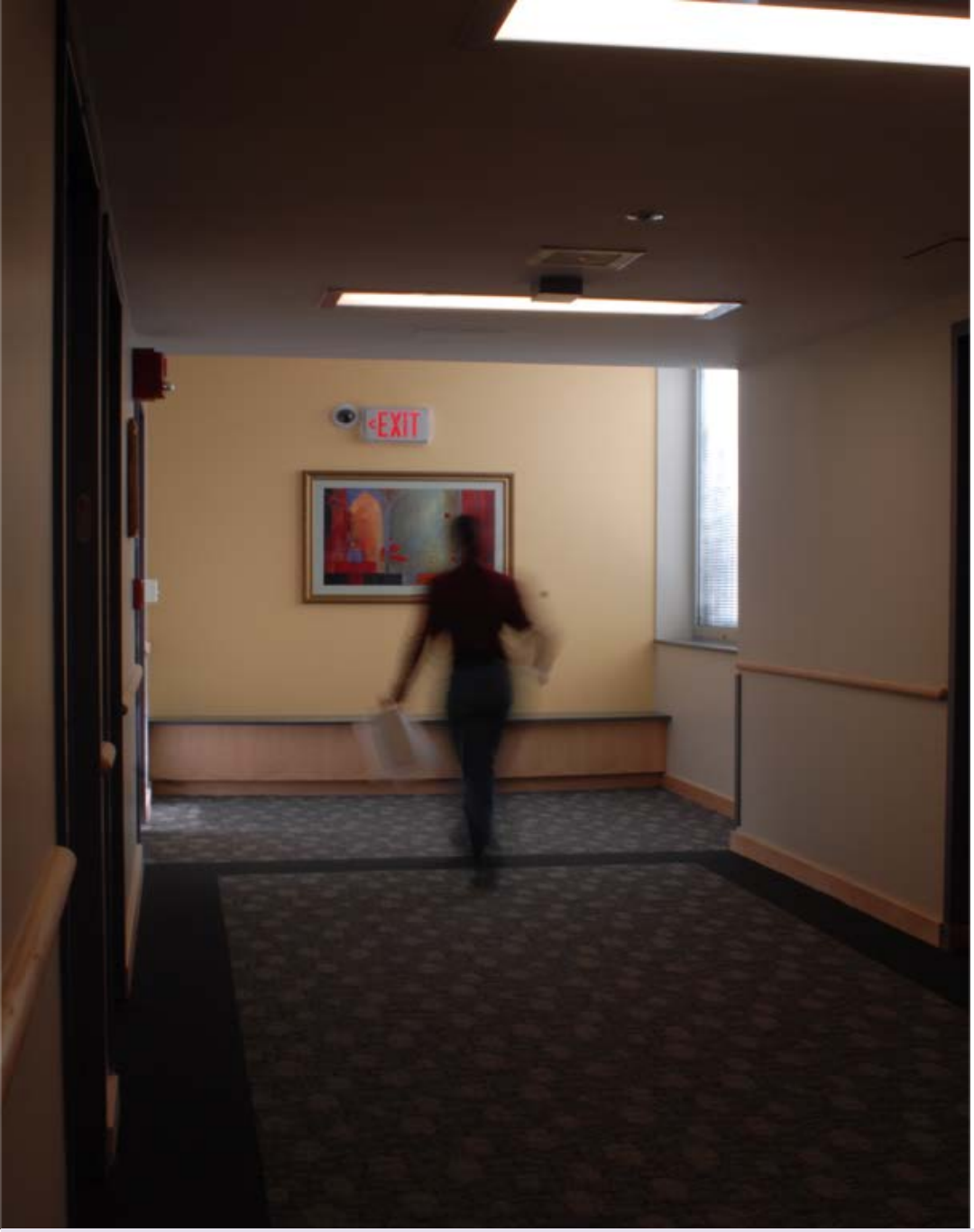
Sound Absorption

PA and Alarm Systems

Mechanical Systems

Televisions / Audio

Therapeutic Sound

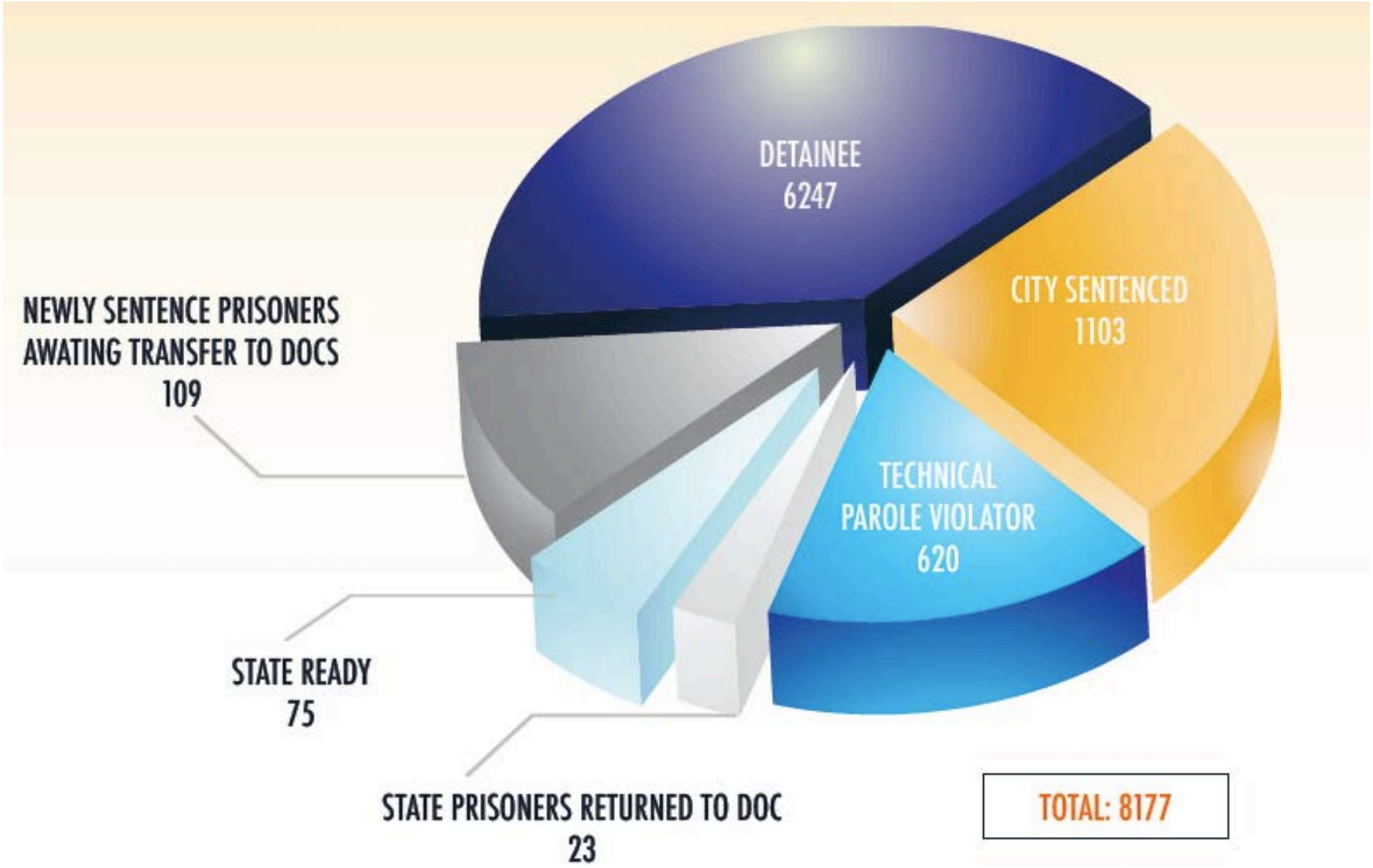


Architectural Resources

“Keepers” with concern for offenders in their care

Dr. Elizabeth Ford, MD

Moving into the light: Mental health reform on Rikers Island



https://www1.nyc.gov/assets/doc/downloads/press-release/DOC_At%20a%20Glance-entire_FY%202018_073118.pdf

Jail Demographics

NYC Department of Correction, 2018

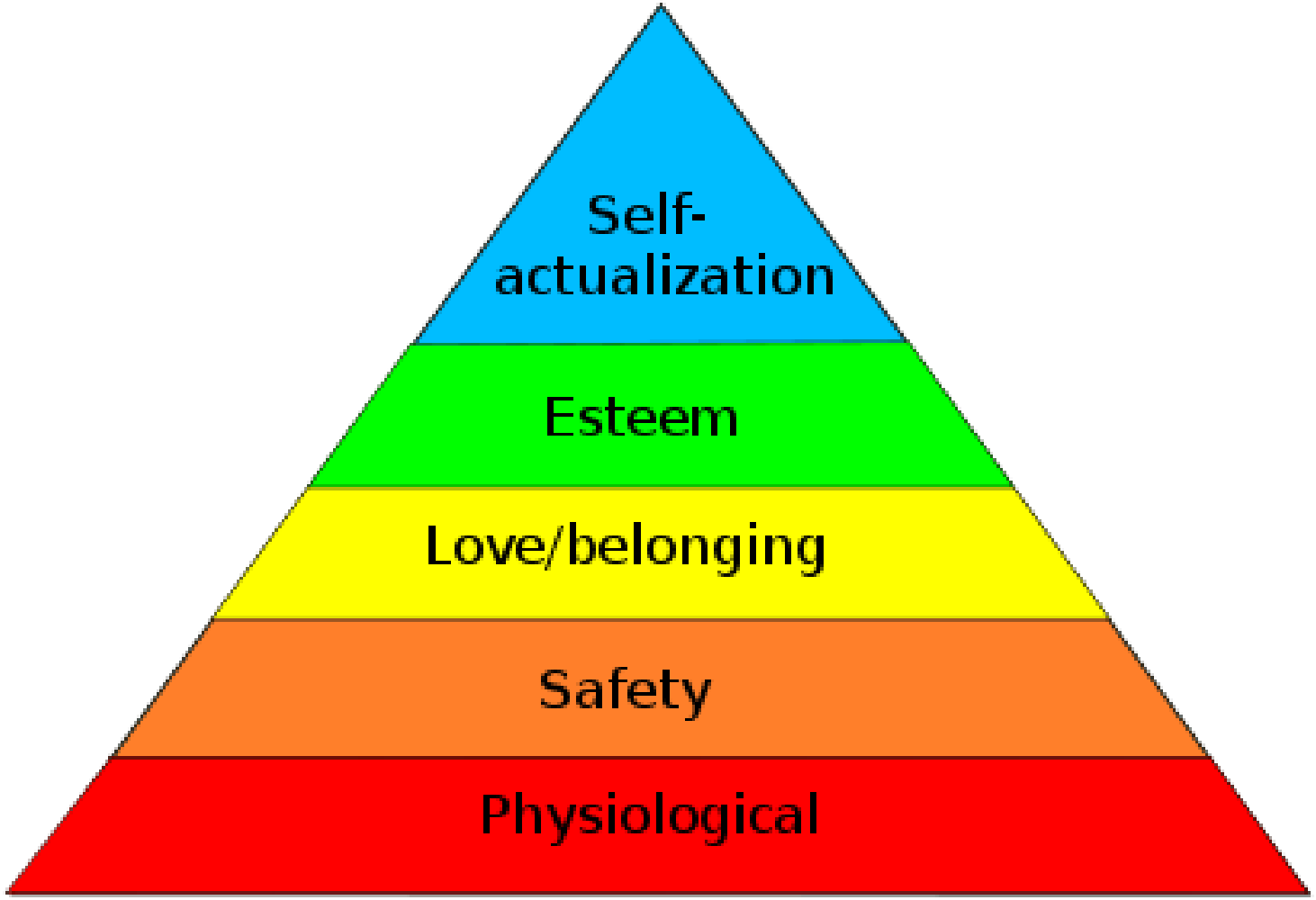
- 49,000 admissions/yr
- 50,000 discharges/yr
- 18 years and older*
- 93% male; 88% Black or Hispanic
- 35-40% charged with violent felony

NYC Health + Hospitals, 2018

- 40% of jail with MH treatment during incarceration
- 14% of jail with SMI
- 75% of SMI in specialized housing
- 80% of MH service charged with felony

Vision

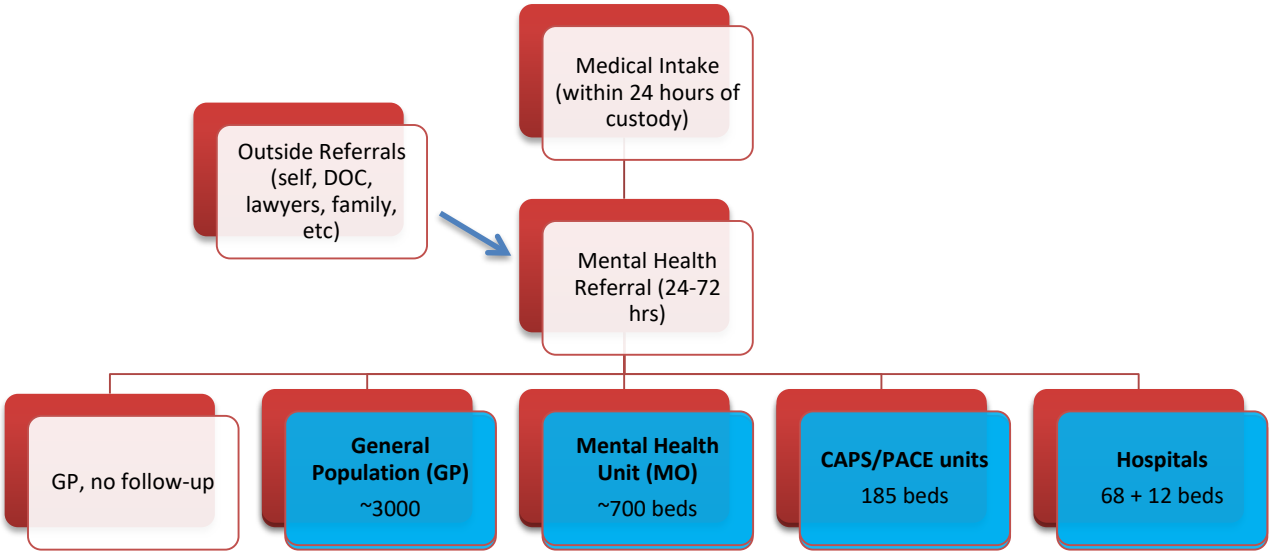
- Create a flexible, innovative, patient-centered and team-based mental health service to provide the highest possible quality of mental health care
- Recruit and retain high quality staff
- Establish a dynamic learning environment that inspires curiosity, professional growth, and increased clinical competence
- Build a robust network of supervision and staff support
- Reduce the impact of incarceration on mental health



Maslow, A. 1943. “A Theory of Human Motivation.” Psychological Review

CHS Mental Health

Admission Workflow



= Patients with MH diagnoses in need of treatment

GP vs MO

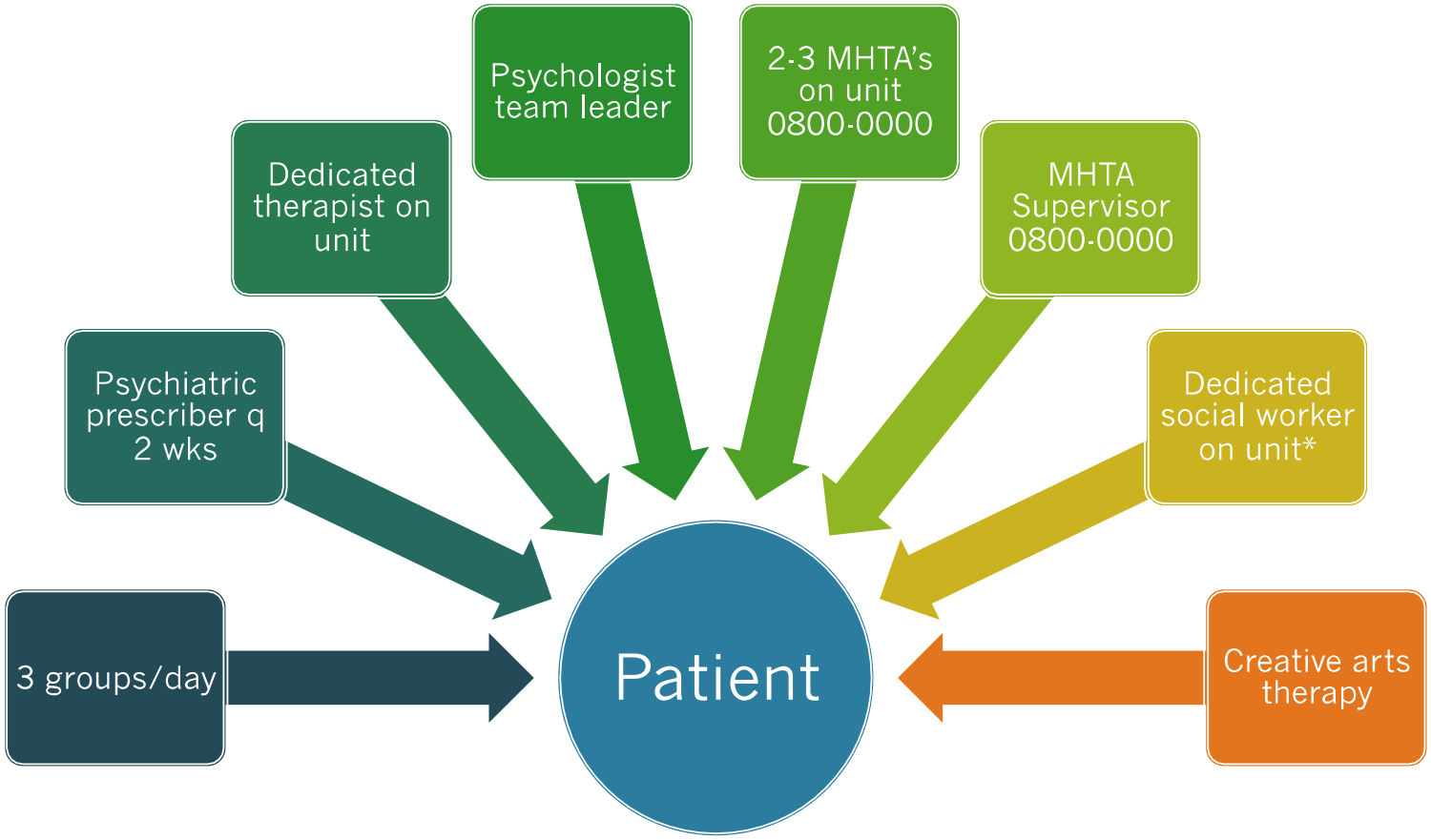
- General Population (GP) Clinics
  - Outpatient clinic model
  - 1 clinic per jail
  - Patients are brought from housing unit for visits with clinical staff
  - Psychiatry visit at least once/month
  - Mental health clinician visit one to two times a month
- Mental Observation (MO) Units
  - Mixed outpatient/residential treatment model
  - Clinical visits occur on the unit
  - Groups and other onsite services
  - 18 MO's distributed over 6 jails
  - Mental health controls admission and discharge

P.A.C.E.

Program for Accelerating Clinical Effectiveness

- 18-35 bed units with therapeutic design
  - Light, open space, offices on units, private individual therapy spaces; most with private group space
  - Modeled after Bellevue's inpatient psychiatry units
- Specialized referral process
- Programming all day long
- Multi-disciplinary clinical staff, including nursing
- Steady clinical and custody staff; team-based training and care
- Rewards and incentives for good behavior and treatment adherence

PACE Unit Team Model



- #1 - Bellevue Hospital Return Unit (1/2015)
- #2 – Acute Care Unit (2/2015)
- #3 – Diagnostic Assessment unit (6/2015)
  >> Intellectual/Developmental Disability (1/2018)
- #4 – State Hospital (730) Return Unit (9/2016)
- #5 – Women (3/2017)
- #6 – Re-Entry focused in EMTC (2/2018)
- 6 more pending

PACE data through June 2018*

Outcome Metric	Baseline (2014 CY MO)	Goal	Current
Medication Adherence	30-63%**	50% increase	65-96%
Use of Force Injury Rate	2.15/1000 person-days	50% reduction	1.81/1000 p-days
Self-Injury Rate	1.92/1000 person-days	25% reduction	0.32/1000 p-days
30-day re-hospitalization rate	3.4/1000 person-days	25% reduction	0.64/1000 p-days

* For male units

**Adherence in month prior to PACE or hospitalization for each new patient in 2016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- Mobile patient care teams
- Crisis intervention teams (C.I.T.)
- Substance use treatment services
- MH/SUD screening for every youth
- Social work/re-entry planning
- Training and continuing education for psychiatrists, psychologists, social workers and art therapists

Is it working?

- Self-injury rates have been cut in half since 2015
- < 1 suicide/year
- Reduction in Uses of Force on Mental Health units
- Reduction in hospital utilization by 50%
- Limited (no?) need for forced medication
- Clinical expertise to meet the clinical need
- Expansion of mental health service outside of formal treatment for illness

Questions?