

The Effect of Mental Health on Prisoners

Kate Downes

Sacred Heart University

Abstract

Research has shown a correlation between high cases of mental illnesses and disorders and inmates in prison. Prisoners are highly susceptible to gaining mental health problems while incarcerated or come into the system with previous issues. The prison system is inadequately treating their illnesses, and thus increasing the number of prisoners being re-incarcerated. Legislation regarding availability of resources and solitary confinement needs to be changed in order to provide adequate care for prisoners.

Mental Health Statistics

When examining mental health in prisoners and treatment given by prisons there first needs to be an understanding of what “mental health” includes. Mental health is defined by the Webster Dictionary as “a person’s condition in regard to their psychological and emotional well-being”. Everybody has mental health, whether it be healthy or poor. Mental illness or mental health disorder refers to a wide range of mental health conditions that affect thinking, mood, and behavior. The most commonly seen cases are depression, anxiety disorders, schizophrenia, bipolar disorder, eating disorders, and other addictive behavior.

The National Institute of Mental Health estimates that one in five adults in the United States experiences a form of mental illness in any year. The American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM) lists several hundred different specific mental illnesses and disorders (Capuzzi et al, 2019). For an individual to be considered having a mental illness, the symptoms generally must interfere with their social, occupational or educational functioning, thus resulting in more of these people susceptible to crime due to lack of occupation or education.

The causes of mental illnesses in people is unknown; there is no way to determine why some people might develop worse cases than others. However, there are several factors that can influence whether someone develops a mental illness. Genetics is one factor, which means that individuals who have a relative with illnesses are put at higher risk. Another is biology, brain chemicals interfere with mental health by causing a chemical unbalance. Environmental factors prior to birth can also affect mental health. If a mother consumed alcohol or drugs or was exposed to any chemicals or toxins while she was pregnant, it could have a detrimental impact on the fetus and impact its development (Capuzzi et al, 2019). Major factors include environmental and life experiences. If someone endures any traumatic experience they are highly likely to develop issues in their mental health; for example, serving any kind of sentence is a traumatic experience and life-changing for anyone.

Whether it be post-traumatic stress disorder (PTSD) or depression, how people cope with different situations can either help or hurt their mental health. Having mental illness can cause many unforeseen complications in an individual's life. It can cause family conflict, increased absences in school or at work as well as decreased performance in those areas, poverty, homelessness, various legal issues, drug or alcohol problems, and many more that people do not anticipate ("Mental Illness", 2019). Many of these occurrences listed can drive an individual to commit a crime. Their underlying mental illness could have caused them to be in that situation where they felt it was necessary to get by or they weren't in their right mind. There has been a significant association between criminal activity and mental disorders or health issues which I will discuss throughout this paper.

To further understand what type of mental disorders are commonly seen within people who commit crime and become incarcerated, a study was done in Italy to investigate what

variables inmates who have been referred to a high security forensic service (HSFS) facility have in common. The variables that were found significant were male gender, young age, low socioeconomic status, antisocial personality disorder, drug addiction and psychiatric hospitalizations. They are commonly seen in people who have multiple incarcerations, which will be discussed more in depth later in the paper. In Italy, Article 112 of the Decree of the President of Italian Republic in 2000 (Capuzzi et al, 2019) stated that prisoners who are suffering from any mental illnesses should be referred to inpatient care of mentally disorder inmates' facilities, which are located in only specific jails for proper evaluation. It is after their evaluation that it can be decided if the individual can remain in a prison or has to severe condition of mental insanity in which detention centers will harm them. That is when they are located to a high security forensic service for what hopes to be appropriate care to help their mental health issues in hopes of regaining society as a full person after serving their sentence (Capuzzi et al, 2019).

This investigation was conducted by doing a cross-sectional study of male prisoners who were admitted into the facility for inpatient care of mentally disordered inmates of Monza's jail (located in Monza, Italy) between August 2015 and January 2019. With no inmates excluded, they were put under psychiatrist evaluation and treatment, psychological evaluation as well as substance use evaluation and treatment to go along with it for up to thirty days in the facility. According to results from professionals, the diagnoses included "schizophrenia and other psychosis, personality disorders, bipolar and major depressive disorder and learning disabilities." (Capuzzi et al, 2019, p. 91). From a total of 159 inmates who were admitted, "127 (79.8%) of the subjects suffered from a mental disorder, including 46 with psychoses, 26 with mood disorders, 46 with personality disorders and 8 with learning disabilities." (Capuzzi et al, 2019, p.

91). These results show us that the most common diagnosis within the sample was psychotic disorders. Although it is a high security forensic service, this shows what the most common mental health issues are in the most violent of inmates. The findings suggest that “services of mental health should improve interventions inside and outside the prison environment, in order to prevent criminal recidivism and forensic admission in most vulnerable subjects.” (Capuzzi et al, 2019, p. 93). There is a seen need for mental health services within the prisons before going to high correctional facilities.

In 2006, the percentage of prisoners with at least one mental health disorder was 80% compared to 31% within the general population. In 2010 the National Prisoner Health Census reported that self-reported rates of mental illness in prisons were 2.5 times higher than those of the general population (Hancock & Smith-Merry Mckenzie, 2018). Statistics like these are found throughout various studies, showing that the number of prisoners with mental illness is significantly greater than that of the general public.

Legality

After looking at Italy’s laws regarding placement of prisoners with mental disorder, let’s look at the United States’ laws, policies, and legislation. In many cases regarding prisons and prisoners’ rights as human beings, many people believe that the courts are lackadaisical with standards when assessing a prisons conditions and what is legally mandated for humane treatment.

There are laws in place that protect prisoners who sustain physical and mental injury during their incarceration, but the courts make it extremely difficult for people with a mental illness to seek redress while still incarcerated. To prove psychological damage has incurred individuals are put through many examinations and must attend many lengthy legality meetings,

both of which brings more burden onto the already suffering. It makes it very difficult for the individual to maintain the stamina to go through the legal process which results in most cases being dropped before any verdict can be made. The Prison Litigation Reform Act give individuals the means to sue while in solitary confinement but makes it “unrealistic” leaving most prisoners to deal with the detrimental impact alone with little to none compensation for the harm made or aid given (Campbell, 2016).

In the many cases that have been brought to trial seems to result in the courts focusing on the individuals rather than the prison conditions. There should be uniformity across the country on how prisons will treat mentally ill prisoners and how to properly equip all prisons with the means to provide for them to ensure proper care.

In many cases, prisons are understaffed, only having a few medical doctors or therapists available for thousands of inmates. In 2006, the Commission found that only 1.6 percent of inmates nationwide were receiving 24-hour mental health care in 2000 (Cowdrey, 2006). Upon this Commission they also reported that segregation of mentally ill and other prisoners should only be used as a last resort if it is compromising safety. This is still a problem seen today, many health professionals do not want to work in prisons because of the stigma behind it as well as personal safety concerns and lack of funding for the staff. That stigma needs to be changed in our society and further reaffirm that prisoners deserve the same health care rights, if not more when they are in need.

Solitary Confinement

In the United States, there are no laws that explicitly address the issue of solitary confinement, although, international laws do. In the United States, it is discussed, and judicial decisions are made when prison conditions are challenged on a case by case situation in the

United States. This leaves long-term harm and susceptibility to those individuals who suffer from mental health since it can be a drawn-out period of time which results in most cases dropped before reaching a judicial verdict. In 1945, the United Nations Charter established the Universal Declaration stating that no one is to be subject to torture or to cruel, inhuman, or degrading treatment or punishment (Campbell, 2016). This was not applied explicitly to anything and ratifications were needed to be made. In 1955, the United Nations issued the Standard Minimum Rules for the Treatment of Prisoners, which includes all prisons across the globe, and says that solitary confinement is to be used “only in exceptional circumstances.” (Campbell, 2016). In short, the question is whether solitary confinement is cruel, inhuman or degrading to a human being and if so then it falls under the long-standing Universal Declaration that makes it prohibited. Yet, it is still seen in practiced in the United States, a country that is supposed to be at the forefront of pioneering human dignity. The National Commission on Correctional Health Care is an organization composed of correctional mental health and medical professionals. In 2016 they distributed principles to guide ethical conduct regarding solitary confinement. They stated that “placement in solitary confinement for longer than 15 days represents cruel, inhumane, and degrading treatment that is harmful to an individual’s health and that health care staff must advocate to remove persons from solitary confinement whenever their medical or mental health deteriorates” (Haney, 2008) Professionals opinions should be taken seriously when regarding this issue; they see first-hand the effects that solitary confinement has on a person. Health care professionals should advocate more for their patients in regard to changing laws on solitary confinement.

Symptoms of depression, anxiety, and guilt are significantly heightened during an inmate’s stay in solitary confinement. In a study done with individuals who were kept in solitary

confinement in the Washington State Department of Corrections in 2017, they found that high rates of serious mental illness and other self-harming behavior was much greater than those of the general prison population. (Reiter et. all, 2020). It was found that their symptoms persisted in the inmates for another year after getting out of solitary confinement during a follow up interview. A quote from an inmate who was in solitary confinement during their sentence was “This IMU has mirrors in the cell. The majority of them do not. And it gets really stressful when you can’t even see your own reflection...I mean when you can’t even look at yourself, you lose some of your self-identity” (Reiter et. all, 2020, p. 559) This is just one quote from one resident, but it gives an insight into what it is like to be in confinement and how even the simplest of things such as seeing yourself in the mirror can have such a negative impact on your mental health and self-perception for a long period of time.

Emphasis should be put on the importance of standardized instruments and methods in assessing inmates, using all resources available to provide a specialized plan for each case, not letting anyone go unnoticed. 95% or more of all incarcerated individuals will eventually be released back into the public, even those who have spent time in solitary confinement. (Cowdrey, 2016) It is important to express the need of care for each individual psychologically.

In a paper written by Melanie Campbell (2016), “Vulnerable and Inadequately Protected: Solitary Confinement, Individuals with Mental Illness, and the Laws that Fail to Protect” Campbell starts with a powerful case of a man, Kalief Browder who was incarcerated at the New York City’s Rikers Island jail. While incarcerated for three years Browder spent about seven hundred to eight hundred days in solitary confinement. While he spent two years in pretrial detention he had attempted suicide, by hanging himself while kept in solitary confinement. After visiting the clinic located in the jail, he was sent back to solitary and everything except a plastic

bucket was removed from the cell he was staying in. Browder unfortunately was so desperate that he used the bucket by breaking it and using the pieces he had sharpened to cut his wrists. After getting his charges dropped he was released from jail and only six months later he attempted suicide again. There is evidence in him trying to reemerge in society and make himself better; he got his GED, was taking classes in community college, had a job, and attended counseling sessions weekly. Campbell (2016) writes “he was unable to overcome ‘the side effects from what happened in there’ And, as his time post-release progressed, his ‘flashbacks to that time [were] becoming more frequent’ In a post-release interview, Browder stated: ‘Prior to going to jail, I never had any mental illness...I never tried to kill myself, I never had any thoughts like that’” (Campbell, 2016, p. 264) In 2015 Browder tragically hung himself from his bedroom window. The story of Kalief Browder shows the darkness that is found within prisoners, especially when kept in solitary for such a long period of time without proper care given. After this story gained popularity in the public, many more people came forward and filed complaints who had been imprisoned at Rikers Island as well. This story is only one of many of people coming out with mental illnesses that were caused while in their care. (Campbell, 2016)

Although that is just one case of one individual, many people suffer from the same or similar experiences from being imprisoned, especially while in solitary confinement; often, these people attempt suicide. Which raises the question: is solitary confinement humane? Is it right to punish someone with confinement under any circumstances? In the case of mental health and rehabilitation, it is not the solution to change behavior. I believe that not giving proper treatment such as counseling sessions to these people drives their illnesses to get worse.

There was a study held at the Pennsylvania Department of Corrections, an all-female state prison, to examine all inmates who have mental health or co-occurring disorders (CODs)

and prison misconduct to see if disciplinary actions are more or less severe with females with CODs. They found that inmates with CODs received disciplinary response to minor misconduct four times more often than those with singular disorders of mental illness or no illness at all. This raises the concern of whether correctional officers are properly trained on how to deal with prisoners who have mental illnesses that have already been diagnosed. Many mentally ill inmates have different rule-breaking patterns; it has not always been an issue with other inmates but instead self-imposed segregation and self-injurious behavior (Houser & Belenko 2015). Inmates should get special attention from guards but not in the way of more sanctions, but in the way of helping break the pattern of bad behavior with support from trained professionals.

Re-incarceration Rates

Another commonly seen issue with prisoners who suffer from mental illnesses and disorders are high re-incarceration rates. When individuals with poor mental health are released into the community after serving their sentence, they are more likely to disobey the law again and end up in jail for another or the same crime. Many do not receive adequate transition planning or resources for help for their mental health care upon release.

The United States has the highest incarceration rate in the world which is five times more than the rate of most countries (Domino et al, 2019). Assertive community treatment (ACT) gives assistance to those who have the most severe cases of mental illness. It was found that individuals who received treatment from ACT are 20% more likely to have returned to jail within one year than those who received forensic intensive case management (FICM) or no mental health care at all (Domino et al, 2019). Through investigation of these two programs they

were also able to figure out that those individuals who did not receive treatment stipulations as a condition of their parole were more likely to return to jail than those who did receive that stipulation (Domino et al, 2019).

It is up to the prison facility to give the prisoners all the resources that they need to be successful when re-emerging into the general public. Part of that is providing adequate mental health treatment leading up to and after release. If they are not treated within the system properly then they are at a greater risk of reverting back to old ways and ending back in prison. If they have been seeking treatment and they no longer have that treatment or resources for their illnesses once they get released from prison, they are at a higher risk.

Once individuals are released they have a charge on their report which they have to disclose for almost all things. Some of the biggest issues is getting housing, medical care, and a job with a record (Barrenger & Draine & Angell & Herman, 2016). Getting assistance through food stamps and Medicare isn't an option when there is a drug charge on an individual's record, thus resulting in the inability to get medication that is needed to maintain balance in their mental health (Barrenger et al, 2016). If prison facilities were to set up jobs, housing, and the ability to get their medicine ahead of release they will have a better chance of staying out of bad habits and in return, staying out of jail.

So what works to help transition people with mental illness back into the community after serving time in prison? In an article, Nicola Hancock, Jennifer Smith-Merry and Kirsty Mckenzie, interview 12 mental health staff members who worked in different sectors and are directly working in supporting mental illness affected prisoners go back into society after their sentence is up. There were five main common practices that occurred in each interview to maximize positive outcomes and decrease re-incarceration rates. These included "housing

secured before release; clearly defined and effective communication pathways; shared understanding of systems and roles; in-reach and continuity of contact, and consumers' pre-release preparation and knowledge" (Hancock & Smith-Merry Mckenzie, 2018).

Having secure placement when leaving prison gives the individuals a better landing point where they will not be reverting back to either poor and harmful relationships and placements that led them down a bad path before and will most likely do again. Otherwise, they are more susceptible to re-engage in criminal activity. Stability is good for mental health and with stability comes more reliability for treatment. It will not be a priority to someone to attend weekly meetings if they do not know where they are going to sleep that night. Arrangements should be made and confirmed with the help of the prisons staff before release.

Effective and outlined communication pathways gives individuals a place to call for support or if they have questions during their transition. It holds them accountable to obey all laws to be checked on but also checking on their mental health should be a responsibility of parole officers. If given indication of continued mental health disorders, they should give more resources for help during their transitioning time. Having clear communication will also leave no room for error or miscommunication on expectations; it requires them to have all information needed.

As outlined by their findings in their research, the authors found that more outpatient mental health visits and one or more fills of antipsychotic medications or other medication needed such as mood stabilizers within the first 90 days of release resulted in lower re-incarceration rates. Giving extra fills of medication ensures that they will not miss a dose if they forget or don't have time or the resources to get their prescription refilled. Many people think that since they are criminals they will abuse the extra medication but giving them extra fills just

gives them all the resources they need to keep on track by not missing a dose (Hancock & Smith-Merry Mckenzie, 2018).

Conclusion

Given that there is a clear correlation between high numbers of inmates with mental health disorders there should be an emphasis on providing proper and quality treatment and resources to all prison facilities. Because they are prisoners, people often forget that they have all of the same basic intrinsic rights as we do. Approaching the problem legally will ensure that correctional offices are abiding by all regulations. Not taking cases from prisoners regarding quality of care in prisons seriously and letting them get lost in the system with no retribution is unfair and unlawful as well, it compromises their practice. Examining the laws regarding solitary confinement also needs to be addressed.

First the debate of the whether the practice of solitary confinement is ethical or not needs to take place in the United States. I believe that secluding an individual in a single cell, with no interaction with anything or anyone outside of that cell for 23 hours of the day is not a way to treat a human being who is seeking retribution. The debate gets sensitive when discussing crimes those prisoners committed, but there is another way to treat those people in respect to the safety of everyone in the facility but still having their dignity remain. Sending people to solitary confinement during imprisonment as punishment, regardless of their sentencing is inhumane. Instead of giving resources to correct the behavior, they are sent to be alone which has proven to decrease their mental health which is usually the underlying reason for their misconduct.

If given adequate resources, treatment, and training to inmates as they served their time in correctional facilities the number of re-incarcerated individuals will decrease. Without proper mental health care most inmate's mental health gets worse, leading to more problems in prison

but especially when going back into the general public, they resort to their old ways because they did not learn how to deal with their issues. The first step towards that is providing training to qualified guards on how to properly treat prisoners who suffer from mental illnesses. Laws should be put in place for having certified therapists for an appropriate ratio of inmates to the professional and requiring consistent meetings.

As stated before having “housing secured before release; clearly defined and effective communication pathways; shared understanding of systems and roles; in-reach and continuity of contact, and consumers’ pre-release preparation and knowledge” (Hancock & Smith-Merry Mckenzie, 2018). will also help ensure the success of re-entering the general community which is the goal of all corrections facilities.

I think that it is important in regard to this subject to remember that even though individuals are behind bars, they still have the same rights as we do. Right to fair treatment and right to proper care needs to remain intact with all proceedings done by corrections facilities. It is also easy to make the argument that proper treatment leads to less crowded prisons, saving the taxpayer money. This is not an argument on justification to their crimes but an argument on justification on their well-being and rehabilitation.

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