

Mental Illness: A Guide for Correctional Employees



Oklahoma Department of Corrections
2016

Course Information:

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SME Annual Review By:	Janna Morgan, Ph.D., May 2016
Curriculum Revision/Date:	Valerie Hale, Training Specialist, EDU; Terri Vogt, APO II, EDU; 6JUN2016
Course Approval/Date:	Phil Gilstrap, Training Manager, EDU; 6JUN2016
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Approved Instructors:	Mental Health Professionals
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Data Sources:

ODOC Correctional Mental Health Services:

Robert J. Powitzky, Ph.D., CMHO and Mary Looman, Ph.D., Clinical Coordinator, January 2004

Janna Morgan, Ph.D., CMHO, May 2016

OP-140127 Mental Health Units, Intermediate Care Housing Units and Habilitation Programs

OP-060204 Offender Transfers

OP-140113 Health Assessments for Offender Transfers

Oklahoma Department of Mental health and Substance Abuse Services

The WHO MIND Project: Mental Improvement for Nations Development of Mental Health & Substance Abuse, WHO Geneva (World Health Organization)

"Mental Health Problems of Prison and Jail Inmates," Bureau of Justice Statistics, September 2006. BJS World Wide Web Internet site: <http://www.ojp.usdoj.gov/bjs/mhppji.htm>

Bernard E. Harcourt, *The Illusion of Free Markets: Punishment and the Myth of Natural Order* (Harvard University Press, 2011)

Newt Gingrich and Van Jones, "Mental Illness is No Crime" CNN Opinion, May 27, 2015

<http://www.cnn.com/2015/05/27/opinions/gingrich-jones-mental-health/>

Who Should Take This Course?

Material in this course is appropriate for all ODOC employees.



This course is specific to our agency, and will satisfy the mandatory yearly requirement for CLEET mental health training.

Course Objectives

At the end of this course, students will be able to:

- Define the term “mental illness.”
- Distinguish the difference in the levels of the ODOC mental health classification system.
- Apply appropriate crisis intervention skills for persons with mental illness.

What is Mental Health?

Mental health may be summarized as:

The ability to perform tasks that sustain life and relationships.

The ability to carry out responsibilities.

The ability to cope with conflicts and distress.

The ability to realistically perceive the motivation of others.

What is Mental Illness?



Mental illness can be defined as a bio-chemical brain dysfunction that causes the person to have a substantial disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality or cope with the ordinary demands of life, and that is manifested by substantial suffering or disability.

Types and Symptoms of Mental Illness



Symptoms May Have Other Causes

Do not assume that just because someone is acting oddly, it is due to mental illness. Since some other medical illnesses and medications as well as substance use has symptoms similar to those associated with mental illnesses, it is important that a physician evaluate the patient's health.



Mental illness is a complex set of symptoms and behaviors. Types of mental illness include:

Psychotic disorders

Mood disorders

Anxiety disorders

Personality disorders with
psychotic symptoms

Types of Mental Illness

- People who suffer from psychotic disorders may experience bizarre and disturbing thoughts - including hallucinations and delusions - that cannot be controlled.

Psychotic Disorders



Types of Mental Illness

- People who suffer from **mood disorders** have a state of mind that's excessively sad or excessively elated. Persons with mood disorders also have the highest suicide rate of all types of mental illness.

Mood Disorders



Types of Mental Illness

- People who suffer from anxiety disorders experience excessive or inappropriate fear and uncertainty.
- This disorder is the most common type in the U.S. affecting millions of people. Only about 25% of afflicted persons seek treatment for it.

Anxiety Disorders



Types of Mental Illness

- Personality disorders are deeply ingrained patterns of maladaptive behavior. Some of these disorders are commonly associated with other symptoms of mental illness or brain injury, such as psychotic symptoms or impulse control problems.
- People with these disorders may have a long-term history of substance abuse.

Personality Disorders with Psychotic Symptoms



Types of Mental Illness

- People with these disorders may be self-abusive and/or chronically hostile toward others, especially authority figures. They may have intense and highly changeable moods.

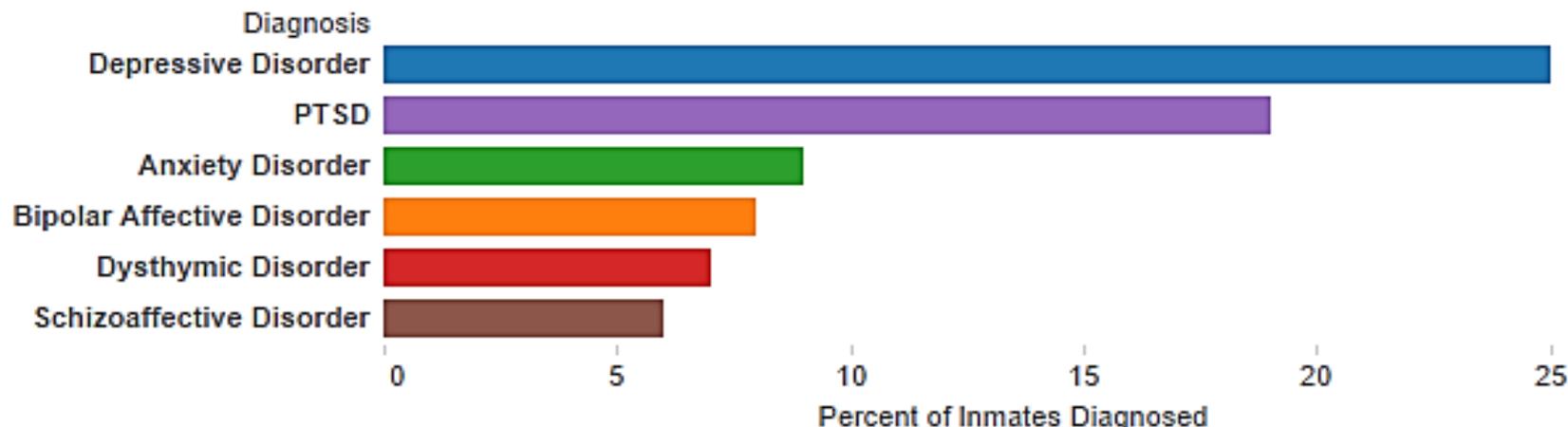
Personality Disorders with Psychotic Symptoms



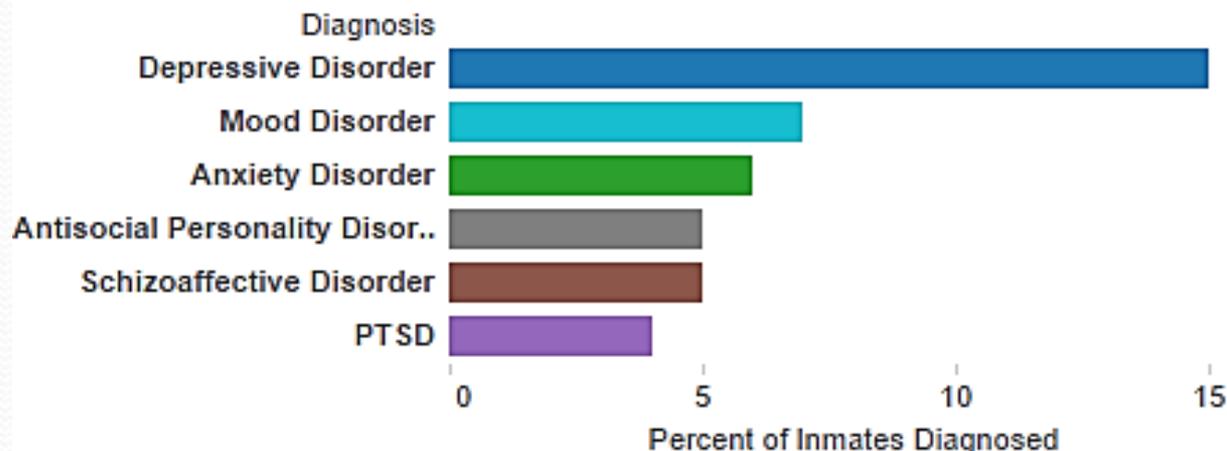
Mental Illness in Prison: a Gender Divide

Depression-related disorders were the most common mental illnesses diagnosed to male and female inmates in Oklahoma. The second most common diagnosis for women was PTSD, which affected women at about five times the rate of men.

Female Inmates



Male Inmates



Source: March 2015 data from Oklahoma Department of Corrections.

The behavior of persons with mental illness can differ from the population at large. The following symptoms have been observed in law enforcement settings, both on the street and within correctional institutions, and may provide a signal that the person needs mental health treatment:



Symptoms of Possible Mental Health Problems:

- Extreme behavior changes (from passive to aggressive, or vice-versa).
- Loss of memory or orientation – they may not recognize your authority, and they may not know who or where they are.
- They may have bizarre belief systems, including thinking that someone is plotting against them or saying bad things about them.
- May have grandiose ideas, e.g. “I am God”



Conditions of incarceration may increase the number and severity of symptoms for inmates with mental illness:

Crowded conditions

Lack of privacy

Concerns about personal safety

Loss of control over one's life

Loss of personal identity

Separation from family and friends

The Mentally Ill in Prison

“Today, in 44 states and the District of Columbia, the largest prison or jail holds more people with serious mental illness than the largest psychiatric hospital.”

--Newt Gingrich and Van Jones

“Mental Illness is No Crime” CNN Opinion

May 27, 2015

<http://www.cnn.com/2015/05/27/opinions/gingrich-jones-mental-health/>

Studies support the observation that prisons have become the default mental health system as more state hospitals and services close due to lack of funding. A large and growing number of prison inmates have:

A clear history of mental illness at intake

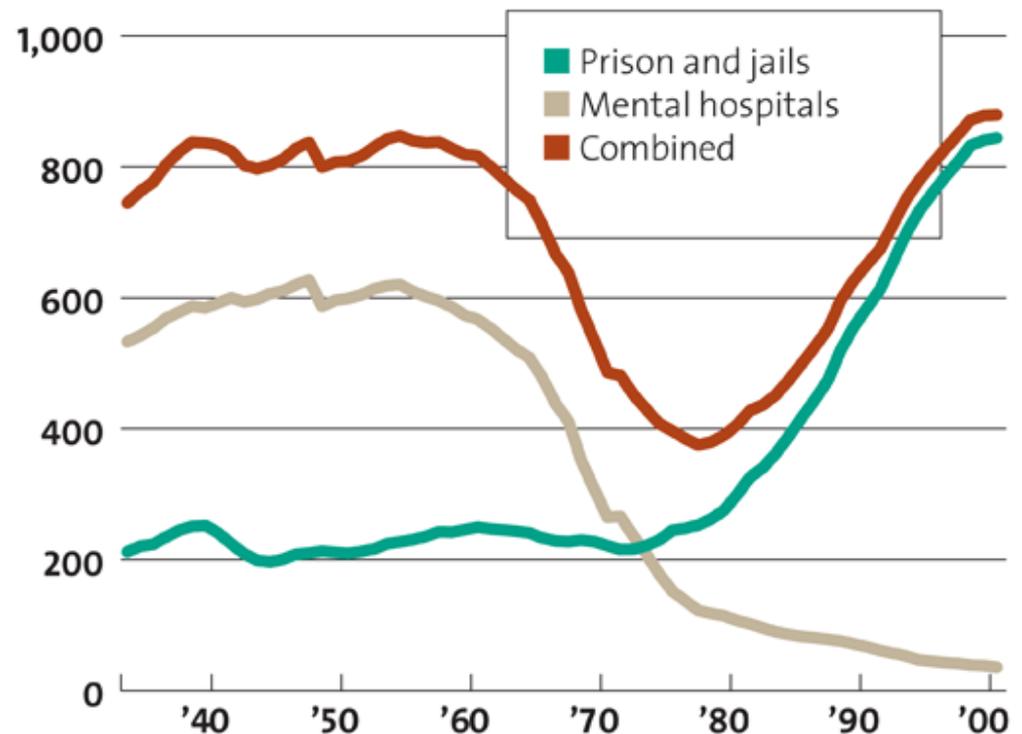
An underlying mental illness triggered by the prison environment

A mental illness combined with substance abuse that presents complex symptoms

Primarily as a result of the “de-institutionalization” of mentally ill persons in the late 1970s, the percentages of incarcerated inmates with mental illnesses have dramatically increased since 1998.

The cost of treatment is steadily increasing as well, which affects the level of resources available for quality care.

Locked Up. But Where?
Rates of institutionalization, per 100,000 adults



Source: Bernard E. Harcourt, The Illusion of Free Markets: Punishment and the Myth of Natural Order (Harvard University Press, 2011)

Did You Know?



VERA Institute of Justice, 2014
www.vera.org

- The percentage of persons with mental illness is much higher in prison than in the general population.
- Females in prison are about twice as likely to have a serious mental illness than males in prison.
- On average, mentally ill persons receive longer prison sentences for offenses than those without mental illness.

Mental Health

Inmates with mental health problems continue to be increasingly overrepresented in the ODOC populations compared to the community:

FY 2015 Prison Population	Number	Percentage
History or current symptoms of a mental illness:	16,533	57%
Current symptoms of a mental illness:	9,897	34%
Current serious developmental or cognitive disability:	307	1%

Note: No inmates were excluded from this analysis. Based on incarcerated population on June 30, 2014.

Mental Health Issues-- Violence

A common mistaken belief is that persons with mental illness are violent. According to Bureau of Justice statistics (2006) they are no more likely to be in **state** prison for violent offenses (49%) than those without mental illness (46%).

The predictors of violence for all individuals are:

- History of violent behavior
- Substance abuse
- Life style (adherence to treatment)

Once in the state prison system, mentally ill inmates are more likely to be charged with breaking facility rules, including assaults on staff or other inmates, compared to inmates without mental illness. They are also twice as likely to be injured in a fight while in prison than inmates without mental illness.

Table 16. Disciplinary problems among prison and jail

Type of disciplinary problem since admission	State prison	
	With mental problem	Without
Charged with rule violations*	57.7%	43.2%
Assault	24.1	13.8
Physical assault	17.6	10.4
Verbal assault	15.2	6.7
Injured in a fight	20.4%	10.1%

"Mental Health Problems of Prison and Jail Inmates,"
Bureau of Justice Statistics, September 2006.

Mental Health Issues—Substance Abuse

The Bureau of Justice Statistics (2006) reported, “High rates of both mental health problems and substance dependence or abuse among state prison and local jail inmates.” Of the mentally ill state prisoner population, they found:

- 39% reported a parent or guardian abused substances while they were growing up.
- 53% said they had used drugs/alcohol at the time of their offense.
- Higher rates of dependence or abuse of drugs than alcohol.
- More likely to report a binge drinking experience than inmates without mental illness (43% to 29%).

Type of substance	State prison	
	With mental problem	Without
Alcohol or drugs		
Regular use ^a	87.1%	77.2%
In month before offense	80.3	70.4
At time of offense	53.2	42.5
Drugs		
Regular use ^a	75.5%	61.2%
In month before offense	62.8	49.1
At time of offense	37.5	25.8
Alcohol		
Regular use ^a	67.9%	58.3%
In month before offense	61.7	52.5
At time of offense	34.0	27.5
Binge drinking ^b	43.5	29.5

“Mental Health Problems of Prison and Jail Inmates,”
Bureau of Justice Statistics, September 2006.

The Cost of Incarceration



The average cost to maintain an inmate in prison is \$48 per day. For someone on a prison mental health unit, the cost jumps to approximately \$175 per day. Providing appropriate mental health services to someone in the community to keep them from entering the criminal justice system costs approximately \$25/day; and, providing appropriate substance abuse services to someone in the community to keep them from entering the criminal justice system costs less than \$15/day.

Mental Illness and Offenders Under Community Supervision

Probation and parole officers supervise many offenders with mental illness. According to a National Institute of Corrections publication, “...research suggests that ‘people with mental illnesses are overrepresented in probation and parole populations at estimated rates ranging from two to four times the general population’ (Prins and Draper, 2009).”

<http://nicic.gov/mentalillness>



The implementation of mental health courts has increased the number of offenders under supervision with stipulations for mental health treatment.

Benefits of Responding to Mental Health Issues in Prisons

Providing Mental Health Care In Prisons:

For Inmates:

Addressing mental health needs will improve the health and quality of life of both inmates with mental disorders and of the prison population as a whole. By promoting a greater understanding of the problems faced by those with mental disorders, stigma and discrimination can be reduced. Ultimately, addressing the needs of people with mental disorders improves the probability that upon leaving prison they will be able to adjust to community life, which may, in turn, reduce the likelihood that they will return to prison.



Providing Mental Health Care In Prisons:

For Prison Employees:

Prisons are often difficult and demanding working environments for all levels of staff. The presence of prisoners with unrecognized and untreated mental disorders can further complicate and negatively affect the prison environment, and place even greater demands upon the staff. A prison that is responsive to, and promotes the mental health of prisoners, is more likely to be a workplace that promotes the overall morale and mental health of prison staff and should therefore be one of the central objectives of good prison management.



Providing Mental Health Care In Prisons:

For the Community:

Prison health cannot be addressed in isolation from the health of the general population since there is a constant interchange between the prison and the broader community, be it through the officers, the administration, the health professionals and the constant admission and release of inmates. Prison health must therefore be seen as a part of public health. Addressing the mental health needs of inmates can decrease incidents of reoffending, reduce the number of people who return to prison, help divert people with mental disorders away from prison into treatment and rehabilitation and ultimately reduce the high costs of prisons.



Supervising Mentally Ill Inmates

Are there things we can do to help the mentally ill individuals in the correctional system, while at the same time maintaining security by lessening the possibility of emotional outbursts and/or physical confrontations?



Absolutely! Remember that mental illness is a brain dysfunction, and realize that the affected person does not want this illness.

The most important thing to remember is that 95% of the time a person with mental illness will function well.

When symptoms of mental illness occur, accept the situation as it is, and assist the affected person in solving the problem safely and humanely. How do we do this? Remember the acronym:

SMILE

Mental Health Crisis Intervention

- S** → Safety first
- M** → Manage your own emotions and perceptions
- I** → Influential behavior creates a working relationship
- L** → Listen carefully and empathically
- E** → Explore alternatives for solving the problem or reducing stress



S → *Safety first*

Practice safe positioning. Keep your distance from the inmate, so that you can make a quick exit if necessary.



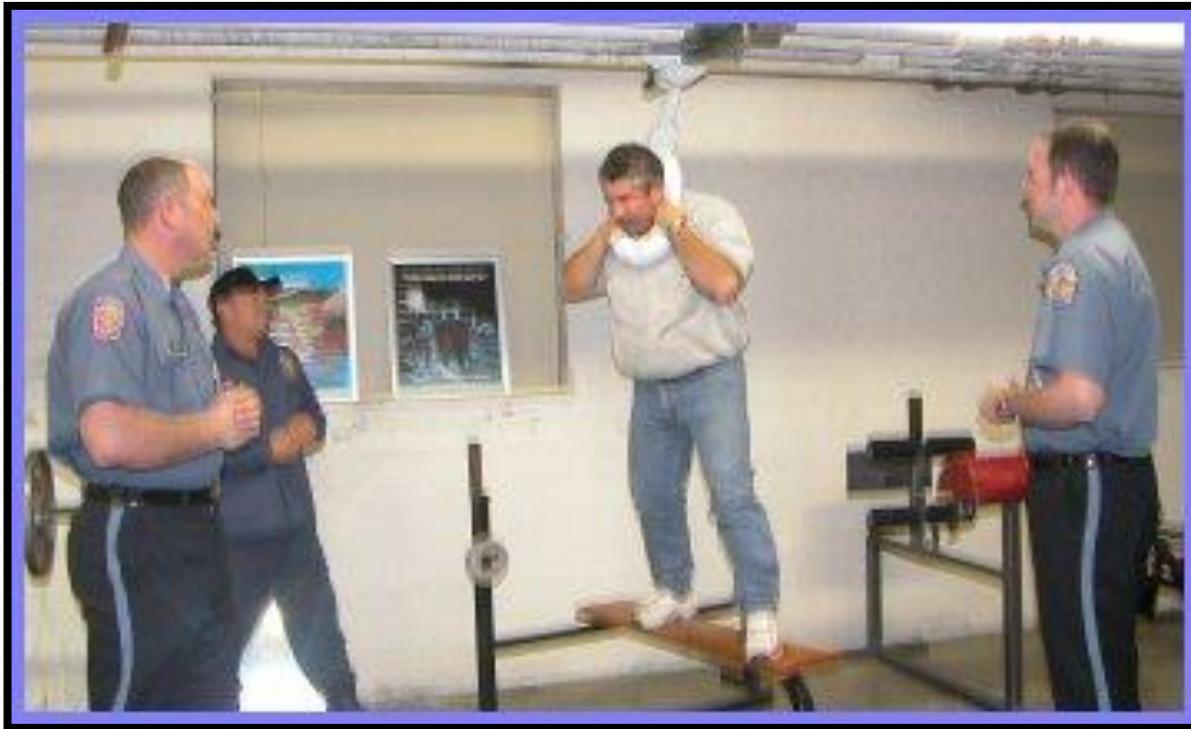
Facility



PPO Home Visit

S → *Safety first*

Call for backup, so that YOU can focus on the inmate, and the backup staff can focus on everyone else in the area.



S → *Safety first*

Call for a mental health professional.

Don't hesitate to ask for help from people who are trained in crisis intervention.

Write down the name of the inmate who needs assistance, so you can relay the information when you call.



S → *Safety first*

Stay aware of the person's behavior, and take the time you need to avoid assertive intervention.



S → *Safety first*

Home visits for Probation and Parole Offenders:

Offenders may refuse or forget to take their medication. If this happens, an offender with a mental illness may not recognize you, and may be threatened by your presence. Remind them of who you are and why you are at their home.



S → Safety first

Home visits for Probation and Parole Offenders:

- Be professional.
- Watch body language and hands in case they pick up a weapon.
- Do not sit down.
- Stay on your feet.
- Position yourself so there is a clear path to a door leading outside.



If the offender becomes agitated, speak in a friendly, calm manner.

If the agitation escalates and the situation becomes unsafe, leave.

M → *Manage your own emotions and perceptions*

- Maintain a non-judgmental attitude, and do not take offensive language or comments personally.
- Be aware of your own biases and do not allow them to influence how you behave toward offenders.
- Stay calm. Do not allow yourself to become angry.
- Employees can get into trouble when they think they are going to look bad, or their authority is being questioned. Remember that persons with mental illness are more concerned about what is happening in their world than in yours!

1 → Influential behavior creates a working relationship

- Maintain eye contact with the inmate.
- Speak calmly, slowly, distinctly, and respectfully.
- Use a friendly facial expression.
- Present open, caring, non-threatening body language.
- Validate the person's situation and feelings.



L → *Listen carefully and empathically*

- Whether the problem is real to you or not, it is real to the inmate. Ask the inmate, “What’s wrong?” Listen to what they tell you.
- Ask straightforward, simple questions, and be patient.
- Seek to understand the inmate’s feelings. It is the key to a solution.



L → Listen carefully and empathically

Listening skills are equally important when dealing with clients under supervision. If a confrontational situation develops, it's important to talk reasonably and in a non-threatening manner. The key is to manage the situation to avoid an escalation that will lead to violence. In fact, the intervention techniques discussed in this course apply equally to inmates and persons with mental illnesses who are under supervision.



E → Explore alternatives for solving the problem or reducing stress

- Identify the inmate's strengths that might assist in problem-solving.
- Ask how the inmate has attempted to solve the problem, and what he/she thinks might solve the problem.
- Discuss the consequences of each solution suggested.
- Stay focused on the immediate problem.



Mental Illness and Offenders Supervised in the Community

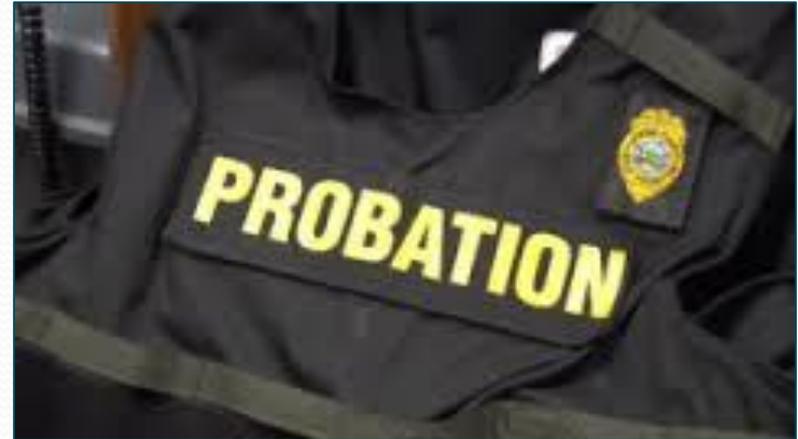
Community Supervision

Probation and parole officers do not always have an offender's mental illness information at the time of the first visit.

Offenders frequently have court-ordered mental health assessments, and often the probation and parole officer must locate community resources to get these assessments completed.

The "SMILE" steps listed in the mental health crisis intervention section apply to probation and parole offenders as well.

In addition, consider using the following case management strategies in order to be successful with these offenders:



Community Supervision

1. Establish a case plan with small, achievable steps and review it at each visit.

- Offenders with mental illnesses may be late to appointments with you, or miss them altogether. They may be overwhelmed with a court-ordered list of conditions, which confuses them further.



Community Supervision

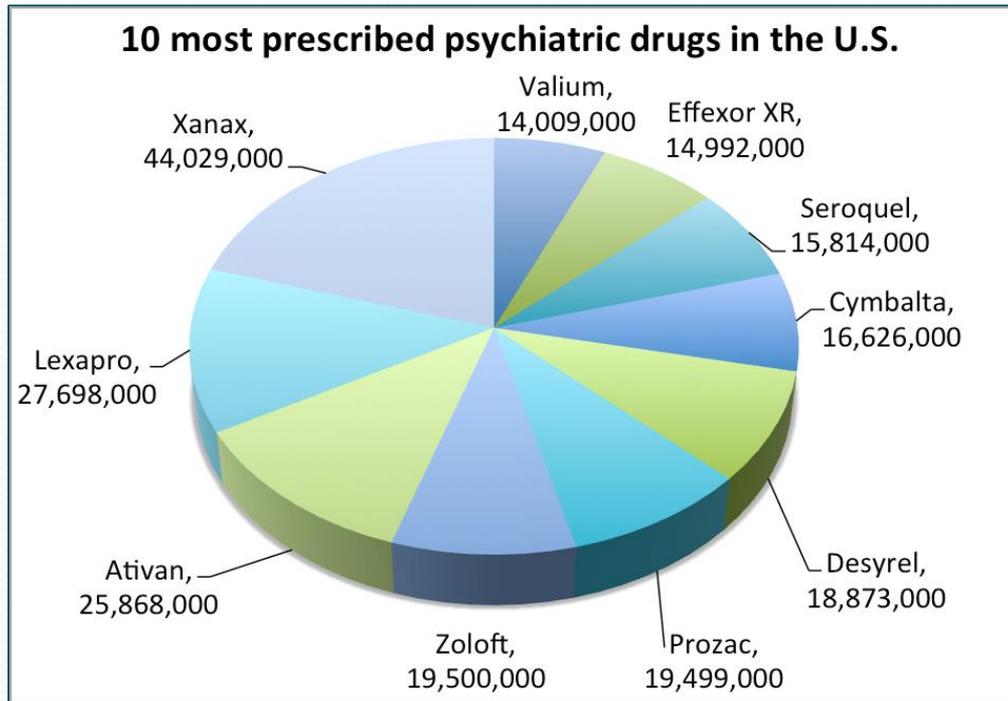
2. Use motivational interviewing techniques and listening skills.



- Strive to build a working relationship and sense of trust; while holding them accountable for their case plan.
- Be prepared to repeat important points to them, because their illness may cause them to forget what you have said.
- If you are not sure they understand, have them repeat the basic idea back to you in their own words.

Community Supervision

3. Monitor prescription medication use.



In 2013, other top psychiatric medications were (brand names) Celexa, Cymbalta and Wellbutrin.

John M. Grohol, Psy.D., "Top 25 Psychiatric Medication Prescriptions for 2013." PsychCentral Website: <http://psychcentral.com/lib/top-25-psychiatric-medication-prescriptions-for-2013/>

Graphic from: <https://neuroamer.wordpress.com/2012/07/06/top-10-most-prescribed-psychiatric-drugs-top-10-overall-and-the-10-we-spend-the-most-money-on/>

- Offenders who are consistently taking prescribed medication for a mental illness are no more or less compliant than the average person under supervision.
- Offenders taking such medication should be monitored to ensure they are taking it properly. Look for behavior changes to indicate possible problems, and network with the health care provider or counselor, if possible.

Community Supervision

4. Watch for substance abuse

- Mentally ill offenders may be taking prescription medication for their illness, while also using alcohol and/or other illegal substances. The combination of these drugs has the potential to cause serious and lasting damage or even death to the user.



Community Supervision

4. Network with Community Resources



- One necessary element for offender success in the community is to have a support system, such as, family members, friends, community resources, health care providers, and religious or service organizations.
- A probation and parole officer can use an offender's support system to successfully address identified needs. Officers should network with mental health workers treating offenders with mental illness.

Suicide

SUICIDE IS:

The voluntary and intentional taking of one's own life

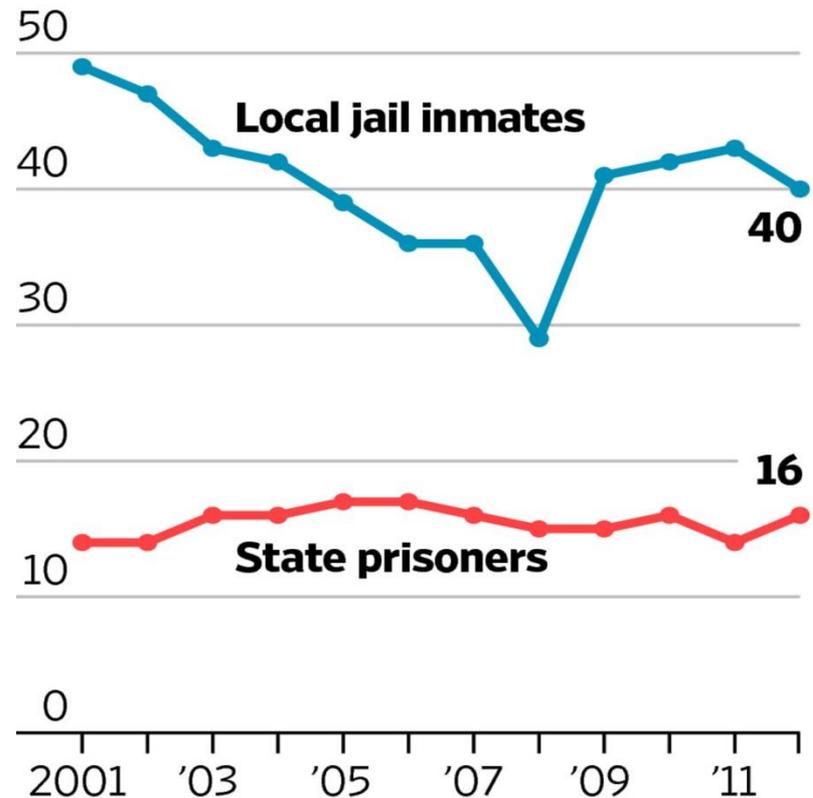
Suicide prevention is a critical component of an effective correctional system.

Suicide in Prison

- In 2011, suicides made up 5.5 percent of deaths in state and federal prisons, which was more than drug and alcohol intoxication, homicide and accidents combined.
- According to [the Bureau of Justice Statistics](#), 185 inmates took their own lives in state and federal prisons that year.

Behind Bars

Mortality rate by suicide per 100,000 inmates



Source: Bureau of Justice Statistics
THE WALL STREET JOURNAL.

We know that prison inmates and offenders supervised in the community are at higher risk of death by suicide.

Also, persons with ***mood disorders*** have the highest suicide rate of all types of mental illness.

In some circumstances, corrections employees may be held responsible or liable for an inmate's or supervisee's suicide. What can prison and community supervision employees do to reduce suicide attempts?



Learn the facts about suicide, including the warning signs of possible suicide attempt.

Suicide Myths

You may have heard some or all of the following statements about suicide. They are myths—not facts.

Myth:

If a person talks about suicide, he probably will not do it.

Myth:

If a person tries unsuccessfully to complete suicide, chances are he will not try again.

Myth:

Suicidal people are obviously mentally ill.

Myth:

There is nothing one can do to stop someone that has decided to commit suicide.

Myth:

It is not possible to identify individuals who are considering suicide.

Myth:

The environment or weather causes suicidal thinking.

Myth:
Suicide is a learned behavior.

Myth:

Young people rarely commit suicide because they have so much life ahead of them.

Myth:
Mentioning suicide may give someone the idea to try it.

Myth:
Women commit suicide more often than men.

Suicide Warning Signs

Contrary to the myth that it is not possible to identify individuals who are considering suicide, there are definite warning signs to watch for . . .



Warning Signs of Suicide

Currently depressed, excessively sad, withdrawn, or silent.

Acts with strong guilt or shame (downcast eyes or looks).

Prior suicide attempt.

Current or prior mental illness.

Unusual agitation and pacing (tense, nervous, shaking).



**Threats of suicide:
Always believe it!
Always take them seriously!**

Warning Signs of Suicide

Unusual aggressiveness (irritable, snapping at others, rude, picking fights)

Projecting hopelessness or helplessness (no sense of the future)

Unusual concern over what will happen

Noticeable behavior changes (not sleeping or eating, poor hygiene)

Sudden calmness or euphoria after being agitated or nervous



Warning Signs of Suicide

Unrealistic talk about getting out of the facility

Inability to deal effectively with the present – preoccupied with the past

Giving away possessions or shipping them home

Attention-getting gestures, including self-injury

Excessive risk-taking; inviting assault

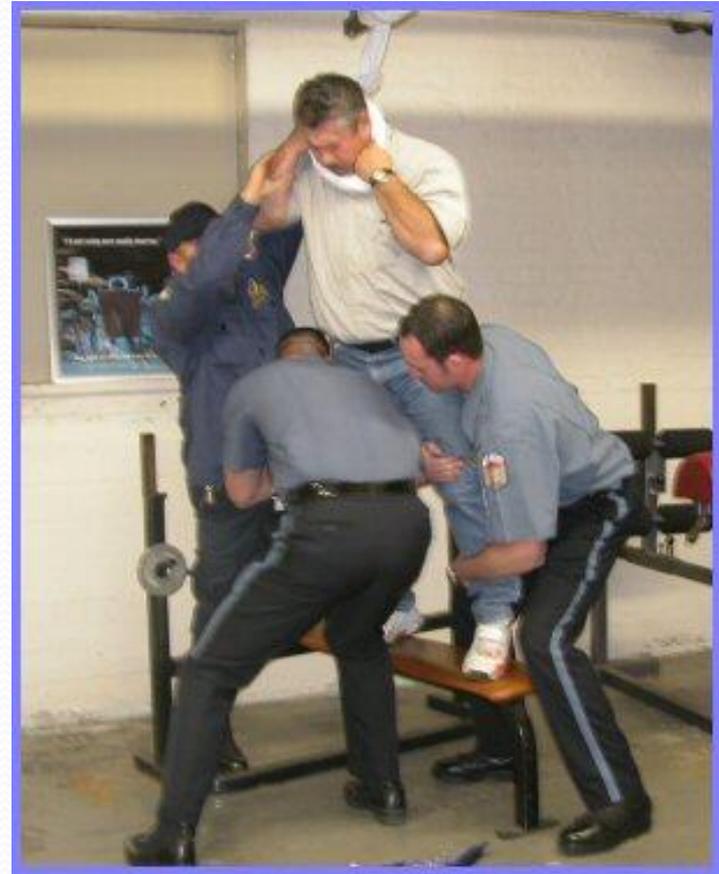
Self injury can be a gesture for attention/help!



Suicide Prevention

To help prevent suicide attempts and possibly save a life, use the Mental Health Crisis Intervention “SMILE” tactics discussed previously in this course, and be observant about suicide warning signs.

If you feel someone is at risk, report it and ensure the situation is addressed.



***Intervene before you face
a situation like this.***

Mental Health Service Levels

ODOC Mental Health Classification System

- Most employees know that our agency uses a classification system that determines where an inmate is housed. We also have a mental health classification system that gives all correctional professionals basic information for better management and supervision.

By knowing an inmate's MH-level, you will have a basic idea of:

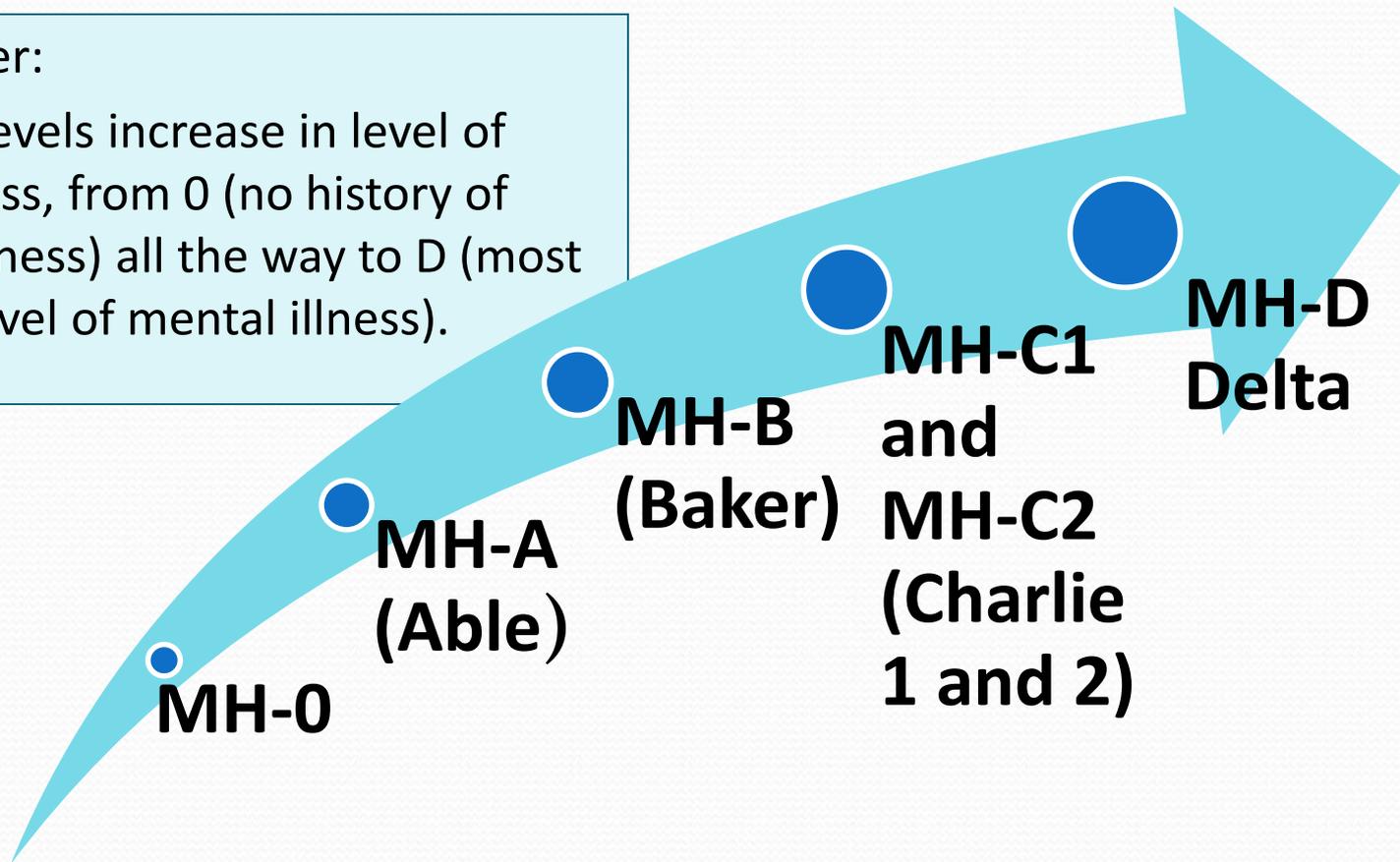
- History of problems
- Current seriousness of symptoms/behaviors
- Probability of risk of need for skilled interventions

The ODOC Mental Health Classification System

5 basic MH-levels:

Remember:

The MH levels increase in level of seriousness, from 0 (no history of mental illness) all the way to D (most serious level of mental illness).

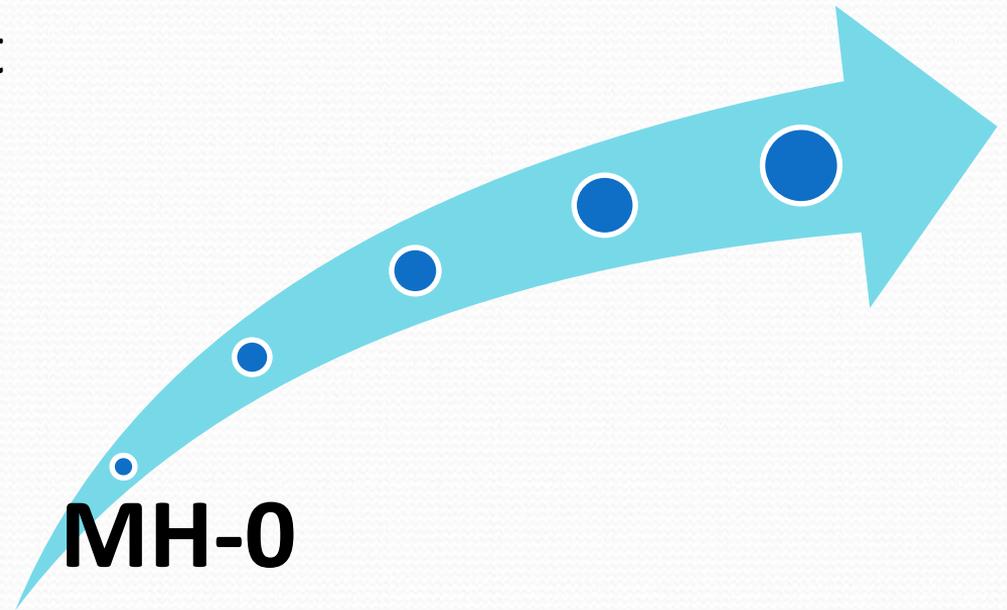


5 Basic MH-levels:

MH-0

Inmates who do not fit the criteria in the Able–Delta service levels.

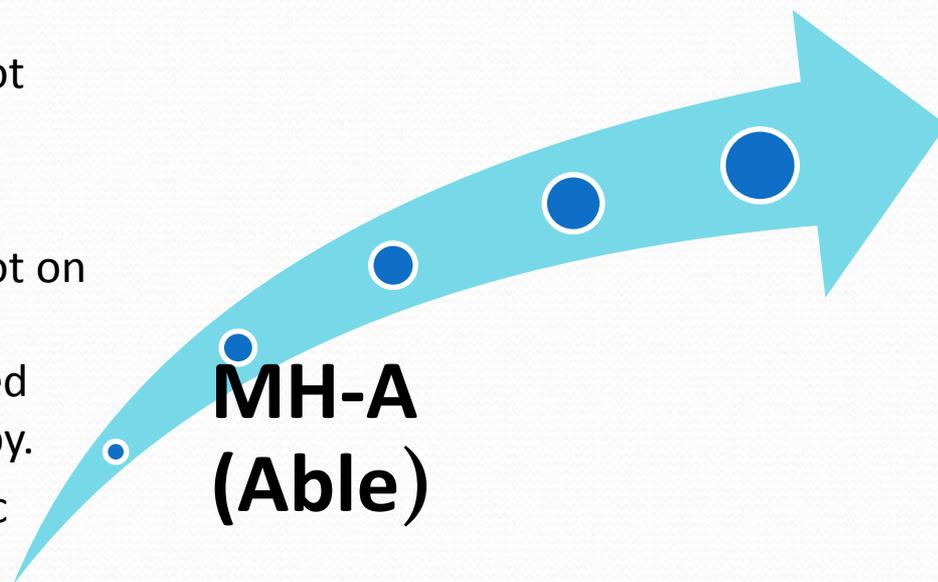
No known history or symptoms of mental illness.



MH-A (Able)

- Clear history of mental illness (including suicidal behavior), but currently no problems.
- Current observation of mild-to-moderate symptoms of mental illness.
- Symptoms may be acute or episodic, not chronic.
- Can be seen on outpatient basis.
- Seen on self-referral or staff-referral, not on scheduled monitoring or therapy, or participates in non-prescribed scheduled psycho- educational program or therapy.
- Does not currently require psychotropic medication.
- Mild to moderate adjustment problems.
- Does not need blanket exemption from random housing assignment.
- Includes criteria that distinguishes this level from lesser level

5 Basic MH-levels:



**MH-A
(Able)**

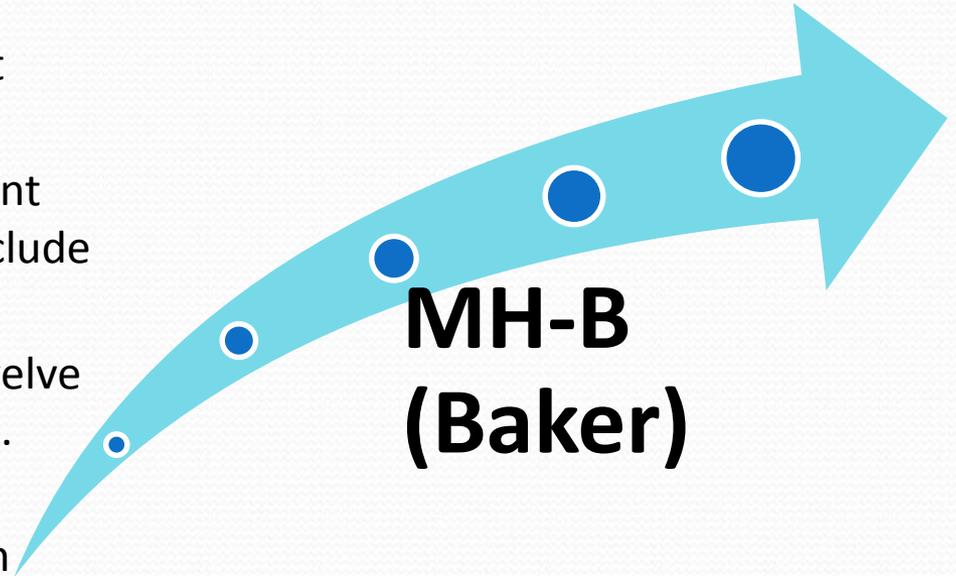
MH-B (Baker)

- * Requires psychotropic medications.
- * Major diagnosis of Psychotic Disorder, Bi-Polar, or Major Depression.
- * Requires scheduled periodic to frequent clinical monitoring. **
- * Requires prescribed, scheduled treatment program or therapy (Which may not include psychotropic medication). **
- * Suicide attempts/ideation within last twelve months and/or current suicide ideation.
- * Needs exemption from random housing assignment, although may be housed in regular housing as appropriate. **
- * Self-injurious behavior within the last 12 months.

Moderate adjustment and/or impulse control problems.

Can be seen on outpatient basis.

5 Basic MH-levels:



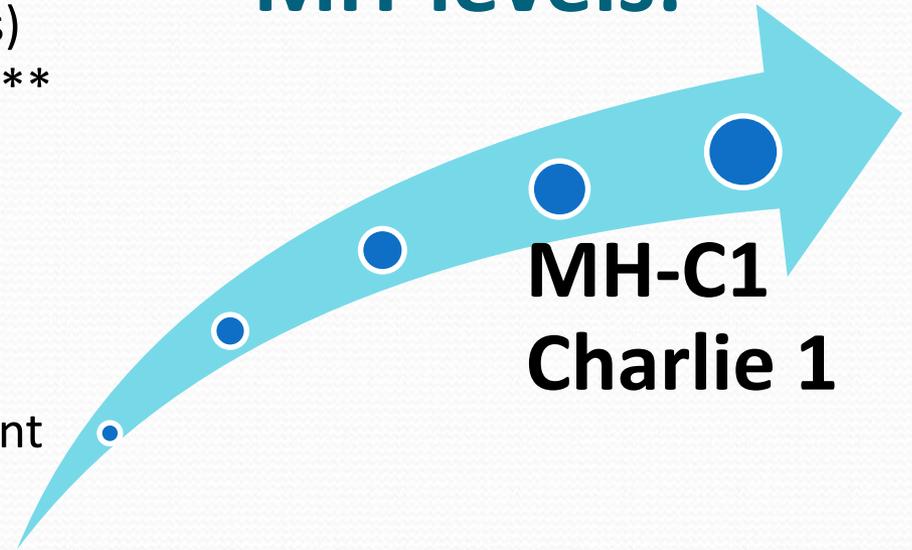
* Includes criteria that distinguishes this level from lesser level

** Indicates criteria met independent of resources available

MH-C1 (Charlie 1)

- * Requires special intermediate housing unit with intensive treatment track(s) to be able to adjust to incarceration.**
- * Adjustment dependent upon special arrangements administrative overrides/housing.**
- * History of cycling or consistent non-compliance with prescribed treatment with resultant behavioral and/or mental deterioration.
- * Requires specialized intensive treatment track(s) and release planning to be able to function upon release to community.**

5 Basic MH-levels:



**MH-C1
Charlie 1**

Needs exemption from random housing assignment.

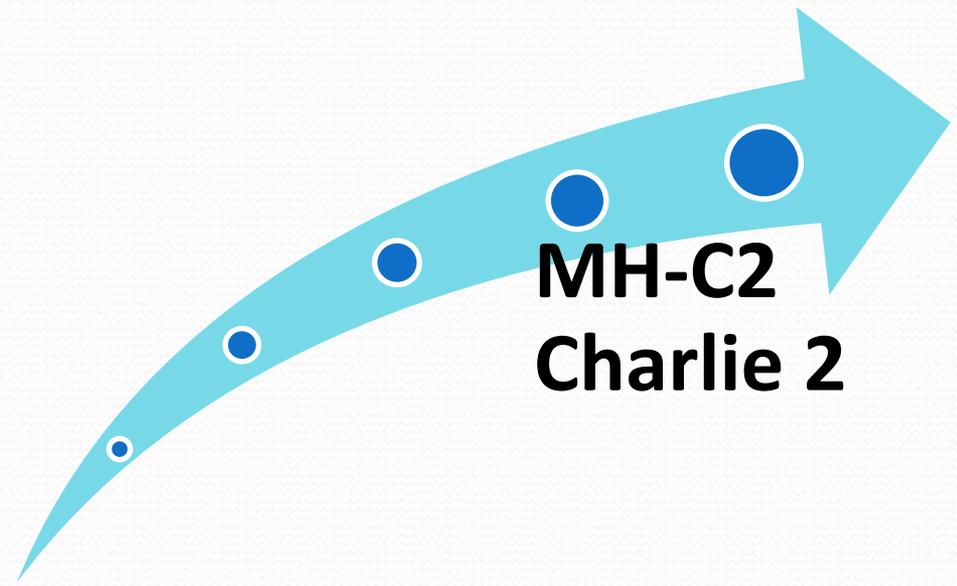
* Includes criteria that distinguishes this level from lesser level
** Indicates criteria met independent of resources available

MH-C2 (Charlie 2)

- * Developmentally disabled and/or significant cognitive deficits
 - * Requires special intermediate housing unit with intensive treatment tracks to be able to adjust to incarceration. **
 - * Requires specialized intensive treatment track(s) and release planning to be able to function upon release to community. **
- Needs exemption from random housing assignment.

* Includes criteria that distinguishes this level from lesser level
** Indicates criteria met independent of resources available

5 Basic MH-levels:



**MH-C2
Charlie 2**

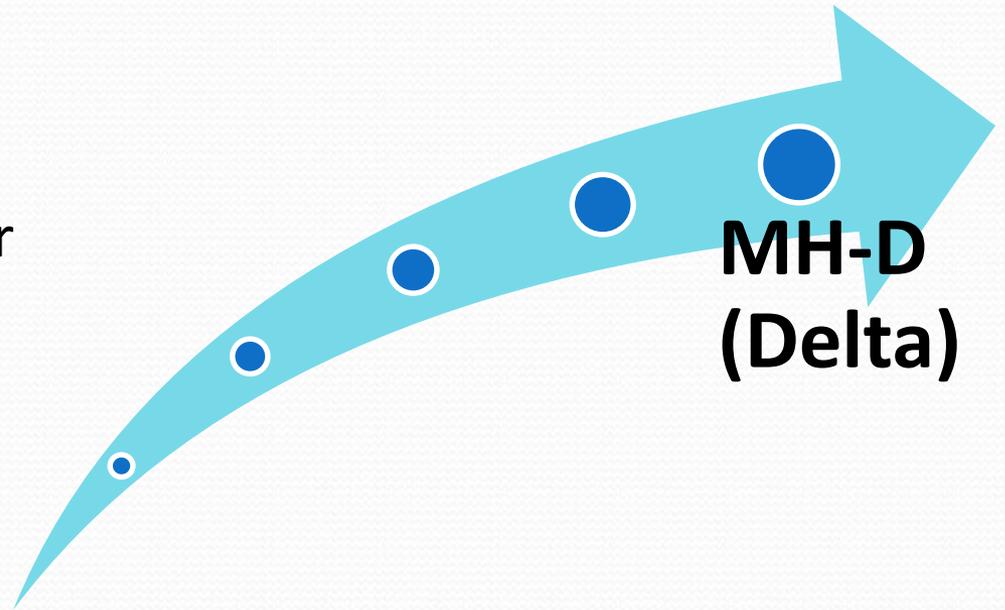
5 Basic MH-levels:

MH-D (Delta)

*Due to mental illness, is a danger to self or others or is grossly impaired in ability for self-care. **

*Requires 24 hour medical monitoring. **

Needs exemption from random housing assignment.



**MH-D
(Delta)**

* Includes criteria that distinguishes this level from lesser level

** Indicates criteria met independent of resources available

Management Issues and Policies

Mental health management issues are covered in these policies:

OP-140127: Mental Health Units:

- Criteria for referral: Serious mental illness which results in danger to self or others or inability to provide basic necessary life-care
- Transfer process

OP-060204: Inmate Transfers:

- Sec. V: Medical Transfers
- Types of situations
- Transfer approval process

PROPOSED OP-140113: Medical Transfers:

- Referenced in OP-06204
- Simplified process
- ICHU transfers

Conclusion:

Thank you for taking the time to complete this course. In summary:

Assisting the mentally ill inmate or offender in managing his or her mental illness will help to create a safer environment/community for all.

Good mental health management for offenders is good correctional management!