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Mental Health Treatment in the Federal Prison System: An Outcome Study

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OVER THE past decade a number of studies have been published regarding the incidents and prevalence of mental illness within our nation's correctional institutions (Correctional, 1981; Faiver and Ort, 1984; McManus et al., 1984; Steadman et al., 1982). Data substantiate the common belief that the prevalence of mental illness is substantially higher among prison inmates than in the community at large (Collins and Schlenger, 1983; James et al., 1980). A number of critical reviews have described the inadequacies found in the treatment of mentally ill inmates (Churgin, 1980; Comptroller, 1979; Kaufman, 1980; Winner, 1981). Descriptions of programs and proposed programs to alleviate the problem are available (e.g., Michigan, 1985; Oklahoma, 1970; Steelman, 1987). Absent for the most part, however, are data on the actual outcome of treatment provided. Common among correctional workers is the belief that mental health treatment has little success and that the mentally ill should remain in psychiatric units throughout their incarceration.

The Medical Center for Federal Prisoners (MCFP) located in Springfield, Missouri, includes a 294-bed Mental Health Service, fully accredited by the Joint Commission for the Accreditation of Health Care Organizations. It is divided into two sections, with 178 beds constituting an acute inpatient unit and 116 beds accommodating an outpatient unit, charged with completing forensic studies for the Federal courts and performing pre-admission evaluations. Clinical work is shared between a staff of psychiatrists and clinical psychologists, both of whom are full members of the medical staff. For the past 5 years, the overall service has been under the supervision of a clinical psychologist.

At the time the Mental Health Service was reorganized in 1979, a major goal was to provide treatment for a large population of adult male inmates, who were serving Federal sentences throughout the country and found to be suffering from major mental illness. Until 1985, there was only one other major mental health unit for male inmates within the Federal prison system (FCI, Butner); this facility had fewer than 160 psychiatric treatment beds. In 1985 a third facility was opened (FMC, Rochester), having space for 100 male psychiatric patients. The goal of the Mental Health Service at MCFP was to provide adequate services for the population, given the resources available. To accomplish this, it was decided that the inpatient unit should function on a relatively short-term, acute care model. A length of stay study conducted from 1985 through 1987 indicated the average length of stay for the typical acute inpatient was 156 days.

To assure the most judicious use of limited resources (psychiatric beds), it was decided to carefully screen prospective patients sent to the Medical Center for treatment prior to actual admission to the inpatient service. The evaluation procedure developed was based upon a triage process. Upon arrival each inmate was placed on the outpatient service for 5 to 7 days of intensive evaluation. Each was evaluated by both a psychiatrist and clinical psychologist. Psychological, physical, and neurological examinations were conducted based upon individual needs. Unless precluded by security or mental condition, the person was placed among the outpatient population and observed extensively by staff within the social environment of the institution.

On the final day of evaluation the inmate would appear before a triage panel composed of at least one psychiatrist and one psychologist. Records were reviewed along with clinical data collected, and the inmate was interviewed. In general, for the inmate to be admitted to the inpatient service both clinicians (or two out of three) must have agreed to certify that the inmate (a) suffered from a serious mental illness (DSM-III Axis I diagnosis), (b) which would probably be amenable to treatment in an inpatient psychiatric setting, and (c) could not be successfully treated as an outpatient.

*The research for this article was completed at the Medical Center for Federal Prisoners in Springfield, Missouri. Although staff members of the Federal Bureau of Prisons have conducted and participated in this project, the Bureau of Prisons neither approves nor endorses the published materials, nor are the materials in any way an expression of the policies or views of the Bureau of Prisons.

Between 1979 and 1987, only 47.3 percent of those referred for psychiatric treatment were actually admitted to the psychiatric hospital service. The other 52.7 percent, who were judged not in need of inpatient treatment, were maintained in the outpatient unit for approximately 30 days. This period was designed to assure that the best decision had been made and that additional symptoms did not develop. If at the end of that time no further mental health difficulties surfaced, they were transferred back to regular correctional facilities.

The typical patient treated as an inpatient in the MCFP psychiatric hospital, then, is a male, at least 18 years of age, who is diagnosed as suffering from a serious mental illness. Prior to transfer to our facility, the great majority of patients are totally nonfunctional in a regular correctional environment. Most are being maintained in locked cells or otherwise severely restricted. They have become unable to maintain a job assignment or participate in regular programming. Many have recent incidents of violence toward themselves, other inmates, or staff. Others are simply described by the referring institution as "too bizarre and disruptive to be allowed in population."

Approximately 75 percent of the patients are diagnosed as acutely psychotic at the time of admission (most commonly schizophrenic, bi-polar, or psychotically depressed). The remainder vary from situational depressions to anxiety and organic disorders. Personality disorder alone is not a sufficient criterion for admission. Patients are of all security and custody levels, ranging from minimum security camp inmates to the most maximum security transfers from the U.S. Penitentiary in Marion, Illinois.

Program Evaluation System

The program evaluation system is founded on the concept of networking, both formally and informally, with clinicians in the field who make the initial referrals and will provide followup care after treatment. The Federal prison system still remains small enough for MCFP clinicians to be personally acquainted with clinicians at various institutions. In order to familiarize field clinicians with MCFP mental health programs, a videotape describing the service was distributed describing the overall program, and copies of mental illness/medication education videos have been made available. Opportunities have been arranged for numerous clinicians from around the country to tour the facility. Contact by telephone has been encouraged and heavily utilized. Once evaluation/treatment of each inmate at MCFP is completed, reports are prepared with recommendations for followup care. All transfers are preceded by a letter to the warden and chief of mental health services at the receiving institution alerting them to the impending transfer and any special needs which can be identified.

Early in 1980, a followup system was developed to assess the functioning of those inmates who were returned to regular correctional facilities with only brief outpatient mental health treatment. Sixty days following their discharge from MCFP, a followup questionnaire was sent to their receiving institution to assess their progress. Staff members at these facilities are asked to evaluate the appropriateness of the inmate to the environment, the ongoing stability of the inmate's mental health, and the quality and the usefulness of MCFP evaluations.

The second phase of our program evaluation system was established in late 1983. This was to evaluate the effectiveness of treatment provided on the inpatient unit. To achieve this objective, followup questionnaires were sent to receiving correctional facilities 6 months after a patient was discharged from inpatient treatment. The questionnaire was designed to emphasize variables most relevant to functioning in a correctional environment, as well as variables which can best be measured in behaviorally objective terms. The specific focus was on the following questions: Could the inmate maintain a job assignment? Could he maintain his quarters satisfactorily? Could he avoid receiving disciplinary reports? Could he remain functional outside of locked status? Could he function socially with other inmates? Questions were also asked to determine if former patients were receiving followup care at their regular facility.

Results

We found that our questionnaire research yielded an unusually high percentage of return. For the 8 years of followup on patients not admitted for inpatient treatment, questionnaires were returned at the rate of 84.2 percent. For the 4 years of post-hospital discharge evaluation, questionnaires were returned at a rate of 89.8 percent.

Table 1 summarizes the data gained from followup of those who received only evaluation and brief outpatient treatment at MCFP.

Over the 8-year period studied, between 78 percent and 90 percent of those returned to regular correctional settings were considered appropriate to those settings. For that same period, between 88 percent and 98 percent of those followed

were judged by their institution psychologist to have remained stable or improved following their return.

TABLE 1. PERCENTAGE OF NON-ADMITTED INMATES RATED APPROPRIATE FOR THE INSTITUTION AND PERCENTAGE WHOSE MENTAL HEALTH HAS EITHER REMAINED STABLE OR IMPROVED

	Appropriate	Improved/Stable
1980	78.5	95.7
1981	86.3	92.8
1982	88.8	94.4
1983	89.8	91.9
1984	90.2	93.4
1985	88.4	93.6
1986	85.2	88.9
1987	86.7	98.4

Followup data for patients discharged from our acute inpatient service are summarized in tables 2 and 3.

TABLE 2. PERCENTAGE OF TREATED PATIENTS' SOCIAL FUNCTIONING RATED AVERAGE OR ABOVE AVERAGE

	Job Performance	Quarters Maintenance	Social Skills
1984	87.0	96.0	63.0
1985	100.0	96.0	65.0
1986	89.5	90.7	75.9
1987	87.0	91.0	79.0

TABLE 3. PERCENTAGE OF TREATED PATIENTS WITH POSITIVE BEHAVIORAL RECORDS

	Two or Fewer Incident Reports	Fewer than 15 Days on Lock Status
1984	91.0	*
1985	82.4	67.0
1986	92.6	68.6
1987	87.0	79.0

*Data not available

During the 4-year followup period, overall between 87 percent and 100 percent of discharged patients received average or above average work reports, between 90 percent and 96 percent received average or above average quarters reports, and between 63 percent and 79 percent were judged by their case manager to present average or above average social skills. Of this same group, between 82 percent and 92 percent received two or fewer incident reports, with the majority receiving none. Of the total incident reports received by the group, 75.1 percent were in the low to moderate severity categories.

A major measure of functioning in any correctional facility is the ability to remain on open population status. During the 6 months following discharge, data indicated 71.5 percent of the discharged population spent fewer than 15 days in locked status. The majority required no locked status placement. It should be noted that an inmate may be placed on locked status for numerous reasons in addition to mental health problems (e.g., protective custody, disciplinary actions, etc.). A very encouraging finding of the study concerned followup care and treatment. Results of the 4-year period reveal that 73.9 percent of patients discharged from the inpatient unit were receiving some type of followup care 6 months after that discharge. This care most commonly included (in order of frequency): continuing psychotropic medications, regular monitoring, substance abuse programming, group psychotherapy, and individual psychotherapy.

A final measure of the efficacy of a mental health treatment model comes in the number of patients who must be repeatedly returned for treatment. The common perception among correctional staff is that if mental health patients are discharged, they will soon be back. Between November 1979 and May 1987, a total of 2,744 patients were transferred to the Mental Health Services at MCFP, Springfield for evaluation and possible treatment. This figure includes both those admitted to inpatient services and those receiving evaluation only. (This does not include court-ordered forensic studies.) During that time period, only 173 of these patients were sent to the service more than once. This calculates to an overall recidivism rate of 6.3 percent. It should be noted that this figure shares the same flaws of recidivism data common to any particular facility or system. Specifically, they could have been institutionalized elsewhere. Certainly some of these patients may have been released from custody and later institutionalized outside the Federal system. However, within the Federal prison system, options for mental health treatment of male inmates are very limited. Until 1985, there was only one other facility, and since that time there have been two. Neither institution has the facilities to accommodate the high security, violent inmates typically housed at MCFP. Given this limitation, as well as the relatively small number of beds represented, it is doubtful that they have accounted for a significant percentage of inmates rehospitalized. Given these realities, we find the figure of 6.3 percent to be impressively low.

Summary and Conclusions

Based upon the data analyzed, it is clear that not all inmates have made successful adjustments to the correctional community following their stay in the Mental Health Services at MCFP and a few must be returned. However, on the whole the

data are highly positive indicating that a large percentage of those receiving services have gone on to function adequately in a regular correctional environment. Further research is certainly needed; however, these results would be encouraging to a number of practitioners. They should serve to encourage those who believe that the mentally ill can be maintained in regular environments with followup care. In the case of the Federal prison system, networking between hospital clinicians and mental health staff in the field has been a key element to the success of such maintenance. They should also be encouraging to those who believe that specific clinical admission criteria for inpatient hospitalizations can be maintained without sacrificing quality care. Not every problem inmate need be admitted to a mental hospital. Finally, they should be encouraging for those who believe that relatively short-term treatment can be effective in recompensating even the seriously disturbed patient, ameliorating the need for indefinite psychiatric hospitalization.

The data described above are most valuable as a longitudinal study. MCFP staff will continue to follow up all patients discharged from the Mental Health Services to regular correctional environments. However, over the past year an effort has begun to also follow up patients who are released to other agencies or to the community. Results from this followup should enhance our picture of the functioning level of the discharged patient.

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