

Additional Information requested by The Criminal Justice Committee

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2/26/2010

Several states have managed to exclude prisoners with severe mental illness (SMI) from admission to Supermax prisons and from segregation units (Ohio, California, Illinois and Wisconsin) per Metzner and Dvoskin. Other states have converted their Supermax prisons to less draconian correctional facilities (Virginia, Maryland, Ohio) and Mississippi had introduced a Step Down, or Intermediate Unit for prisoners with SMI, which teaches them skills that help keep them out of Segregation. (Kuper et al). Colorado, Florida, New Jersey, New Mexico, Texas and the Federal Bureau of Prisons provide psychiatric treatment alternatives to inmates with SMI to avoid placement in Administrative Segregation confinement. Suits about this issue are pending in Connecticut and New York (Maine ACLU).

Mississippi has also taken the creative and admirable step of introducing mental health and behavioral skills training for the prison officers. The officers who complete this training are given extra recognition and respect. Mississippi has also managed to get the MH health providers working as a team with the Corrections side of the equation, rather than in an adversarial relationship, something MAPP applauds and hopes to emulate. I have provided a copy of Dr. Kupers' paper to the committee; it contains more detail about the Intermediate Unit that Mississippi developed so successfully.

Short term/low cost interventions:

1. Use classification systems that already exist (e.g. in Ohio and Washington state) to identify and classify prisoners with SMI.
2. Just because a prisoner needs to be physically separated from others due to dangerousness does not mean that the prisoner needs to be shut off from all interpersonal and environmental contact. There is overwhelming data that this type of seclusion is not only harmful to the person, but is counterproductive. Violence toward staff and other prisoners actually GOES DOWN, costs of maintaining a prisoner actually GO DOWN when there is less use of the expensive Administrative Segregation. Costs to society GO DOWN with less use of Segregation because rates of recidivism are higher in prisoners who have experienced administrative segregation in a Supermax. (Kupers et al, Lovell et al).
3. Modifying individual and group activities, doors and windows, light-dark cycles, family contact, human interaction involving meals—none of these cost money (or much money) and make the environment more humane.

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4. Prisoners placed in "solitary"/administrative segregation need to have a clear, consistently applied mechanism for "earning" their way out.

Intermediate Time Course: DOC and MH to work collaboratively on MH training for prison staff. Develop policies that make use of successful techniques and circumstances (e.g. that many prisoners in "solitary" are not only likely to have sexual and physical trauma histories, traumatic brain injuries and psychiatric disorders, but they are more likely to be illiterate and need a different approach to learning skills necessary to safely return to society).

More macro-level changes: I know this is beyond the scope of this bill, but reducing overcrowding by improving community mental health services, substance treatment and diversion and court-based community programs obviously cost less than housing a prisoner in Supermax.

Literature Cited:

Kupers et al. Beyond Supermax Administrative Segregation: Mississippi's Experience Rethinking Prison Classification and Creating Alternative Mental health Programs. *Criminal Justice and behavior* 2009; 36; 1037-1050.

Lovell et al. Recidivism of Supermax Prisoners in Washington State. *Crime and Delinquency*, Sage publications (prepublication copy provided by Dr. Kupers, Feb 2010).

Metzner and Dvoskin. An overview of Correctional Psychiatry. *Psychiatry Clinics of North America, Forensic Psychiatry*. Vol 29(3), September 2006, pp.761-772.

States that Provide Mental Health Alternatives to Solitary Confinement. Maine ACLU 2010.