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Abstract

People with mental illness are in the jail and prison systems at an alarming rate. Due to a shortage in mental health beds around the country, jails and prison are becoming treatment facilities for people with mental illness. Those that end up in the corrections system are at a high risk for suicide, and tend to have difficulty meeting their basic needs outside of the jails and prisons. The purpose of this study was to explore options to improve the treatment in and out of corrections facilities. Electronic databases, CINHAL and PsycINFO were used to find literature appropriate to the topic. A poster was prepared and sent out to the nurse practitioner at Hennepin County Jail, as well as management, and staff at Abbott Northwestern. Participants who viewed the poster gave positive feedback, and were surprised by how prevalent this issue is. They agreed that awareness and education are important to help treat those with mental illness in corrections. There is reason to believe changing the screening process for those with mental illness could be a cost-effective way in getting people the treatment they may require. There are other options including specialty probation and parole that helps meet basic needs and prevents rearrests due to technical violations. Nursing has the potential to play a big role in protecting one of our most vulnerable populations.

Improving Mental Health Treatment in Jail and Prison Systems to Decrease Post-Release

Negative Outcomes and Re-incarceration

Due to behaviors exhibited by people with mental illness in crisis, law enforcement is usually called to assist in the crisis instead of medical professionals. This leads to arrests and bookings into the local jails. Two million people with mental illness are booked into jail each year (National Alliance on Mental Illness, n.d.). Of all of the people booked into jails, 15% of men and 30% of women have a serious mental illness (National Alliance on Mental Illness, n.d.). According the U.S. Department of Justice, that percentage is even higher, "at midyear 2005, more than half of all prison and jail inmates had a mental health problem" (James & Glaze, 2006, p. 1). One reason for this astonishing number of individuals with mental illness in jail and prison systems are the closing of state hospitals. In fact, one estimate states that "there are 10 times as many mentally ill persons in prisons than in state hospital beds" (Rubinow, 2014, p. 1041). When there is nowhere for these individuals to go and get treatment, they become entangled in a revolving door into the corrections system.

When a person with mental illness is arrested and booked into jail, often they do not receive the treatment they need. Therefore, these individuals get worse instead of better (National Alliance on Mental Illness, n.d.). There needs to be an improvement in many areas through the process of incarceration. Of course, it would be ideal to divert individuals with a mental illness crisis into the hospital systems where they can get the treatment they need. Improving the mental health treatment in the jail and prisons systems could be a good place to start when the individuals with mental illness are already in the system. Treatment in jails and prisons may not be the optimal place, but the treatment could meet these individuals where they already are – incarcerated.

Improving mental health treatment in the jails and prisons could lessen the rate of reoffending in the mental health population. When treatment is available within the jail and prison systems, and they are sent back into the general population with resources, the more likely these individuals are to succeed (McKenna et al., 2015). Screening people on intake when they are booked into the jail and prison systems could catch people early in their sentence, and allow for the staff to treat them to the best of their ability (Samele, Forrester, Urquia, & Hopkin, 2016).

Purpose

As previously stated, many people with mental illness end up in the prison and jail systems. Often, they are incarcerated multiple times throughout their lives. To prevent the return to jail and prison, where people get worse, mental health should be addressed in these facilities. People with mental illnesses often lack the resources to maintain their independence. Proper screenings for those who end up in the jails and prison systems could flag those who may need extra assistance and resources when they are back in the community. People with mental illnesses are vulnerable in general, and are often treated poorly in jails and prisons. If the corrections staff are aware of incarcerated people that may be vulnerable, action could be taken before any negative events occur.

Of those incarcerated with mental illness, only one third of State prisoners are receiving treatment, with even smaller numbers of Federal prisoners and local jail inmates receiving treatment (James & Glaze, 2006). These numbers are shockingly low. This is a missed opportunity where people could get the help they need. When mental health facilities seem to be lacking, people with mental illness should be treated where they are. In this case, that is the jail and prison systems. Incarcerated people with mental illness are more likely to have longer jail or

prison sentences, are more likely to have rule violations, and are more likely to get injured in a fight (James & Glaze, 2006). Finding ways to screen for, treat, and support those with mental illness in jails and prisons can lead to better outcomes both inside the jail or prison and outside in the community.

Significance

The prevalence of mental illness in jails and prisons is incredibly high. Those with mental health problems come with various risks, including an increased risk of suicide while in custody (Fries et al., 2013). Those who leave jail or prison and are on probation or parole also have an even higher risk of suicide compared to the inmate population or the general population (Gunter, Chibnall, Antoniak, Philibert, & Black, 2013). There are specific diagnoses that are at an increased risk for suicidal behaviors, including "borderline and antisocial personality disorders, anxiety disorder, post-traumatic stress disorder, and eating disorders" (Gunter, Chibnall, Antoniak, Philibert, & Black, 2013).

Not only does the jail or prison stay itself raise risks, there are also significant risks following release. Reentry into the community is a vulnerable time for everyone, not just those with mental illness. They often return to communities that are unable to help to meet their needs, such as housing, employment, and other health care needs (Angell, Matthews, Barrenger, Watson, & Draine, 2014). "The risk of death (primarily from suicide, homicide, cardiovascular events, and drug overdose) rises thirteen fold in the two weeks following release from prison" (Angell, Matthews, Barrenger, Watson & Draine, 2014, p. 490).

Symptom worsening following release is also of great concern when those incarcerated with mental illness are released into the community without mental health treatment. According to McKenna et al., "persons with schizophrenia who did not receive

treatment after release were at more than three times the risk of violent behavior than those without. This increased risk was associated with the re-emergence of persecutory delusions" (2015, p. 430).

According to James & Glaze, "nearly a quarter of both State prisoners and jail inmates who had a mental health problem, compared to a fifth of those without, served 3 or more prior incarcerations" (2005, p. 1). This means that jails and prisons have become revolving doors for the mentally ill population. This is where many people are getting their housing and mental health treatment whether it is quality care or not. "Many local jails have emerged as the most convenient location for mental health services locally, irrespective of their actual capacity for delivery of such services" (Helms, Gutierrez, & Reeves-Gutierrez, 2016, p. 1039). Addressing this problem can be done either in the facilities, or in the community. Either way, caring for inmates with mental illness should become a priority.

Theoretical Framework

Nola Pender's Health Promotion Model is a theory that focuses on "achievement of higher levels of well-being and self-actualization" (Galloway, 2003, p. 251). In this theory, a persons' basic needs must be met before any progress can be made towards self-actualization (Galloway, 2003). The Health Promotion Model has modifying factors affect health behaviors of people, whether directly or indirectly (Galloway, 2003). First is behavioral factors that include the person's past experiences with a certain activity. What is previously learned may influence self-efficacy and future participation in the activity (Galloway, 2003). Situational factors include the environment around the person, and will influence behavior in that way (Galloway, 2003). Interpersonal influences include the social supports in a person's life (Galloway, 2003). Demographic characteristics include age, gender, ethnic, racial, and

educational backgrounds (Galloway, 2003). Cognitive-perceptual factors influence health behavior, and these include, "importance of health and perceptions of control of health, self-efficacy, definition of health, health status, benefits and barriers to health-promoting behavior" (Galloway, 2003, p. 251).

When people with mental illness are incarcerated and released to back to the community, they are often unable to meet their basic needs. They are unable to access the care that they need in order to plan for the future. Inmates with mental illness who have been incarcerated before will have their own experience related to that incarceration, which may drive future behaviors. If an incarcerated person has sub-par mental health treatment while incarcerated, it may lead them to believe all mental health treatment is poor and they will not seek it out. Social supports are often lacking with mentally ill people, which is where parole and probation officers could be trained to help those specifically with mental illness to integrate back into the community after being incarcerated (Matejkowski, Severson, & Manthey, 2015).

In order to help incarcerated people with mental illness move forward and get well, the treatment in the jails and prisons, and especially in the time following release, there needs to be a system to get these basic needs met. Identifying those at risk, and obtaining the resources that would be most helpful can lead to people making better health decisions in the future. If they are able to obtain housing, access to basic health care, and social supports that would help to meet those basic needs. According to Galloway, "it may well be that the intervention on controllable lifestyle factors will ultimately help avoid costs, improve functional outcomes for patients, and ultimately help improve patient functional outcomes" (2003, p. 251).

Definitions

Mental Illness: Mental illness can be defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5):

> A mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. Socially deviant behavior (e.g., 4 political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual (American Psychiatric Association 2013).

Many types of mental illness are found in the jails and prisons. This includes major depressive disorders, bipolar disorders, and psychotic disorders. Often, people with mental illness also have co-occurring substance use disorders. (James & Glaze, 2006).

Jails: According to the Bureau of Justice Statistics, "Jails are locally-operated, short term facilities that hold inmates awaiting trial or sentencing, or both, and inmates sentenced to a term of less than 1 year, typically misdemeanants" (n.d.).

Prisons: "Prisons are long term facilities run by the state or the federal government and typically hold felons and inmates with sentences of more than 1 year" (Bureau of Justice Programs, n.d.). The definitions of prisons and jails may vary by state.

Mental Health Treatment: Necessary mental health treatment varies by person and situation. Types of treatment available to inmates can also vary by facility. According to the

U.S. Department of Justice, there are four levels of care for prison inmates with mental illness

(Samuels, 2014). These levels have specific criteria that inmates meet, depending on the

intensity of care needed. The first level does not provide any regular treatment to the inmates,

but they are able to access care as needed (Samuels, 2014). Level two includes a documented

diagnosis and mental health care level with rationale that is documented, a treatment plan with

problems, goals, and interventions, and an evidence-based intervention given on at least a

monthly basis (Samuels, 2014). Level three includes a treatment plan that is updated more

frequently, and interventions provided at least on a weekly basis, similar to a residential

treatment program (Samuels, 2014). Lastly, level four includes treatment plans that are updated

every 90 days, and psychosocial interventions that occur at least weekly – must be done in the

medical referral center (Samuels, 2014). Interventions may include medication, group

treatments, professional therapy, and even overnight stays in psychiatric hospitals (James &

Glaze, 2006, & Samuels, 2014).

Review of Literature

Prison environments themselves can be detrimental to the mental health of inmates.

Social factors are a big part being an inmate. They are isolated from their families, and often

each other, leading to anger, frustration, and stress (Nurse, Woodcock, & Ormsby, 2003). In the

focus group conducted by Nurse, Woodcock, & Ormsby, they interviewed 31 inmates and staff.

They found that bullying, negative attitudes between staff and inmates, as well as several safety

concerns, negatively affected the mental health of inmates (2003).   In another study conducted

by Helms, Gutierrez, & Reeves-Guiterrez, they found when communities have resources

available for mentally ill in the community, the jails are able to better treat inmates with mental

illness (2016). Essentially, if there is no strong community resource to rely on, some jails may

not see incarceration as a chance to treat people with mental illness (Helms, Gutierrez, &

Reeves-Guiterrez, 2016).

Several studies have looked at improving mental health in the jails and prisons, whether it is in

the facilities themselves, just prior to release, or post-release. In order to receive proper

treatment in a correctional facility, proper assessment must take place. A study in Michigan

looked at inmates in their department of corrections. They were randomly picked, placed in four

groups and given a standardized assessment (Fries et al., 2013). Through this process, they were

able to interview 618 people, and found 205 of them met criteria for severe mental illness and

could use treatment (Fries et al., 2013). In another study, a Prison Model of Care was

implemented in New Zealand (Pillai et al., 2016). Included in the new model of care was a new

screening process. By implementing this process, referrals rose from 491 to 734, and were

triaged by a mental health professional, and able to be connected with services (Pillai et al.,

2016). A significant number were accepted into the in-reach mental health team that was started

under the PMOC, (pre= 458; post = 426, Z =3.16, p < 0.01) (Pillai et al., 2016).

Not only is it challenging for inmates to get proper mental health care, the health

professionals have challenges as well. A thematic analysis was used to analyze conversations

with 28 health care professionals working in the urban male remand prison (Samele, Forrester,

Urquia, & Hopkin, 2016). They discussed the challenges of delivering care to inmates, and

found it was difficult due to problems with operations inside and outside of the prison, limited

space, as well as a population that is constantly moving and changing (Samele, Forrester, Urquia,

& Hopkin, 2016). On the other hand, they discussed having a mental health nurse available

during intake who can assess and triage inmates as needed (Samele, Forrester, Urquia, &

Hopkin, 2016).

The literature also discusses engaging inmates into mental health services during their stays in the facilities (McKenna et al., 2015 & Angell, Matthews, Barregner, Watson, & Draine, 2014). A new model of care was developed in New Zealand that included five steps: screening, referral, assessment, treatment, and release planning (which was different from the three step model before). When this change in the model of care in New Zealand, they studied how effective it was by the number of people engaging in treatment. They found no difference in inmates receiving general mental health contacts for most inmates, except for a subgroup of male inmates that were held until trial (pre-PMOC: 14/33, 42%; post-PMOC: 41/65, 63%, $Z = -1.947$, $p = 0.05$) (McKenna et al., 2015). As for drug and alcohol services, women's prisons had significantly more engagement with residential and probation services (residential: pre-PMOC: 5/36, 14%; post-PMOC: 12/32, 38%, $Z=2.244$, $P = 0.03$; probation: pre-PMOC: 2/36, 6%; post-PMOC: 7/32, 22%, $Z = -1.982$, $p = 0.05$) (McKenna et al., 2015).

In Illinois, they started a Forensic Assertive Community Treatment (FACT) and attempted to form bonds with the inmates needing mental health treatment in order to engage them in services, for as long as they may need it (Angell, Matthews, Barregner, Watson, & Draine, 2014). When the inmates felt a connection with their FACT team case worker, they were more likely to work towards the goals they had planned (Angell, Matthews, Barregner, Watson, & Draine, 2014). In the same study, they tried using a Critical Time Intervention (CTI), which was time limited and promotes outside services as well as strengthens the inmates' support systems. This was a time limited intervention, and was often focused on finding more permanent supports for the inmates (Angell, Matthews, Barregner, Watson, & Draine, 2014). Between FACT and CTI, there was a difference in how dependent inmates felt on their case workers

through their use of the services, being more reliant on FACT case workers who had more to

give to the inmate (Angell, Matthews, Barregner, Watson, & Draine, 2014).

The literature also took a look at post-release interventions for those inmates with mental

illness. Specialty mental health probation was studied to determine its efficacy for those with

mental illness instead of traditional probation. In a longitudinal multimethod and multimeasured

match design, inmates in specialty probation was compared to those in traditional probation

(Manchak, Skeep, Kennealy, & Louden, 2014). There were 183 inmates who completed

specialty probation, and 176 who completed traditional probation. There were several measures

including officer practices, relationships between probation officer and probationer, and violation

reports (Manchak, Skeep, Kennealy, & Louden, 2014). In another study, the officers themselves

were surveyed to determine their thoughts on specialty probation vs. traditional. Of the officers

surveyed, 90 worked as specialty treatment officers, while 132 were more traditional officers

(Matejkowski, Severson, & Manthey, 2015). Both studies discussed the lowered caseloads for

specialty officers, allowing for better probation officer and probation officer relationships

(Manchak, Skeep, Kennealy, & Louden, 2014 & Matejkowski, Severson, & Manthey,

2015). While specialty trained officers believed in the more collaborative relationship between

officer and probationer, they do still find themselves taking a more authoritarian approach, "41%

of specialty training officers strongly or somewhat agreed that a threat of a technical violation is

more effective than personal motivation at increasing engagement of mentally ill offenders in

needed services," (Matejkowski, Severson, & Manthey, 2015). When specialty probation is

used, probationers are able to be connected with more services, more specifically, those with

dual diagnoses (Manchak, Skeep, Kennealy, & Louden, 2014). They also found that the

probation officers were able to save probationers from technical violations that may send them

back to jail or prison (Manchak, Skeep, Kennealy, & Louden, 2014). IT doesn't necessarily

improve symptoms for those probationers with mental illness, but it does provide them with their

basic needs through access to services (Manchak, Skeep, Kennealy, & Louden, 2014).

Another intervention that has been studied to improve outcomes for those with mental

illness is mental health court. Mental health court hopes to divert offenders with mental illness

into community based treatment instead of sending them into the corrections system (Lowder,

Desmarais, & Baucom). This study looked at those offenders with mental illness who went

through the Mental Health Court (MHC) program versus those offenders who received treatment

as usual (TAU). The sample include 58 participants in MHC, and 40 TAU participants (Lowder,

Desmarais, & Baucom). Those in the TAU group incurred 1.81 more charges than the MHC

group, TAU participants had 2.57 more post-program convictions, and 4.77 times more jail days

than those that graduated the MHC program (Lowder, Desmarais, & Baucom). This study also

examined the MHC group before and after entering the program. The graduates of MHC

experienced a 7.69 times greater decrease in jail days served pre-program (M = 10.77, SD =

3.82) compared to post-program (M = 1.77, SD = 1.03). Those with co-occurring substance use

experienced a 4.76 times greater decrease in jail days pre-program (M = 13.3, SD = 3.26),

compared to post-program (M = 4.57, SD = 1.95). The longer people participated in the MHC

program, the less jail days they served, whether or not they graduated from the program

(Lowder, Desmarais, & Baucom).

Two studies explored recidivism following release from prison, looking at both the

likelihood and intensity of any subsequent offenses. Both studies were performed over two

years, with a sample size of n = 1438 (Fisher, Hartwell, Deng, Pinals, Fulwiler, & Roy-

Bujnowski, 2014 & Hartwell, Fisher, Deng, Pinals, & Siegfriedt, 2016).   In the study performed

by Fisher et al., they determined that "those with mood and thought disorders, were neither more

nor less likely to be rearrested. Criminal history factors were significant, however" (Fisher,

Hartwell, Deng, Pinals, Fulwiler, & Roy-Bujnowski, 2014, p. 821). Environments that are

marked by low socioeconomic status and other socioenvironmental factors may lead to criminal

activity, including those with mental illness who may live in these communities (Fisher,

Hartwell, Deng, Pinals, Fulwiler, & Roy-Bujnowski, 2014). In the other study, Hartwell et al.,

they also determined that a criminal history was more of a predictor of rearrests, including

serious person- and drug-related offenses (Hartwell, Fisher, Deng, Pinals, & Siegfriedt, 2016).

Methods

The literature review was performed using electronic databases including CINAHL and

PsycINFO. Peer-reviewed journals and articles were the focus of this research. These databases

were used as they focus on psychiatry and mental health, nursing, and medical topics. The

literature search was completed through both the Allina Health Library Services online library,

as well as the online library of the University of North Dakota. This literature search was

conducted in September and October of 2016.

Several search terms were used for this literature review. They included "mental health

treatment in jail", "mental health treatment in prison", "corrections", "mental illness",

"prisoners", "inmates", and "mental health." Articles were considered from 2013 to present and

were limited to the English language. These criteria lead to a result of 352 articles. Articles

were only included if they focused on mental health treatment in the jails and prisons systems or

how mental health is treated in the probation or parole period of an inmate's sentence. Abstracts

were analyzed for their relevance to the topic, and narrowed down to 15 articles. Another article

was found through the reference section of one article, bringing the total to 16 articles.

The information from this research will be presented in the form of a poster to Karalee Labreche, DNP, who is currently employed at Hennepin County Jail. It will also be presented to nurses, providers, and other staff in the high acuity unit at Abbott Northwestern Hospital. Marc Marcotte, the Director of Mental Health at Abbott Northwestern Hospital is also involved in this project. Feedback from all participants will be gathered, and participants will be encouraged to take the information and apply it to patient care. The poster is attached as Appendix A.

Results

Overall, those who viewed the poster were astonished to see just how prevalent mental illness is in the jail and prisons symptoms. They found it even worse that of those with mental illness in the prison systems were not getting the treatment they need. Information on mental illness in the corrections system needs to be brought to the attention of others, so it can be addressed. One participant was surprised by the risk of homicide, suicide, and drug overdoses after release. Another participant who read the accompanying paper thought it was interesting that untreated schizophrenia in prisons can lead to worsening of symptoms that can lead to violent behaviors.

Most participants agreed that education is key for the issue of a high proportion of mental illness in jails and prisons. Not only is there not the awareness of the problem that there should be, people do not know how to properly treat those in mental illness in the corrections system. The participants believe education is key. If the medical professionals in corrections, as well as others involved in law enforcement, could be educated, it could lead to better outcomes for this population.

There was also support for the idea of specialty parole and probation for the inmates with mental illness being released from corrections. They believe these services would be able to

almost eliminate re-incarcerations by meeting people with mental illness where they are and

guiding them to find the right support systems. Also, for those already in the corrections system,

the participants thought screening was a good idea to identify mental illness in the jails and

prisons to get these inmates any sort of treatment, or referrals to things like specialty probation or

parole.

        After Karalee Labreche, DNP at Hennepin County Jail, viewed the poster, she stated

"Hennepin County is screening everyone and giving everyone a rating number for mental health

1-4 at intake here. The Department of Corrections rules in Minnesota set the precedence of what

people do and ultimately the standard that people attempt to meet. It may need a more systemic

level and corrections does not see that it is their responsibility but the responsibility of public

health or human services and they don't want to put the money forward to pay the people to do

that work. So, it has to be a cross department project to be done."

Discussion and Implications for Nursing

        If mental health treatment was a focus of the corrections system, both in the jails and

prisons, and the post-release period, there could be some benefits for those with mental

illness. Corrections facilities have medical personnel on site, and some even have mental health

professionals available for the inmates. Nurses working in the corrections system have great

potential to screen for those with mental illness (Pillai et al., 2016). When nurses can identify

those with mental illness, they can educate on the signs and symptoms of mental illness, observe

behavior, and help prevent any negative outcomes for those experiencing a mental health

crisis. Suicidal behavior is common among inmates; therefore, inmates should be assessed for

suicide risk (Gunter et al., 2013). Changing the model of care that is delivered in the corrections

systems does not have to come at hefty price. In a place that is constantly facing budget cuts,

streamlining the care provided could lead to many benefits without any change in budget (Pillai et al., 2016).

Nursing could also be involved in the post-release period, in parole or probation for those inmates with mental illness. If nurses could become parole and probation officers on specialty teams, it could lead to less jail days for those with mental illnesses as they would be able to be connected to the services they need (Matejkowski, Severson, & Manthey, 2015). When an inmate with mental illness is released from corrections, they may end up violating parole or probation on a technical violation as opposed to being involved in criminal activity (Manchak, Skeem, Kennealy, & Louden, 2014). If nursing gets involved in this post-corrections period, there is a chance they can get them the resources they need, including housing, mental health treatment, and other social needs (McKenna et al., 2015).

Nola Pender's Health Promotion Model looks at meeting basic needs to reach self-actualization (Galloway, 2003). Working with inmates released from jails and prisons to meet those basic needs are going to help to get them on a path where they can be productive and stay out of the corrections system. Without housing or basic health care, it is difficult to think about anything else to improve life circumstances

There are plenty of opportunities for nursing education in this field. Both medical nurses working in corrections, and mental health nurses could benefit from learning about the specific needs of the forensic/corrections population. Nurses take a holistic approach to their patients, and inmates with mental illness are a perfect population to consider holistically. This could also apply to the leaders of the corrections communities. Wardens and sheriffs often see themselves as purely law enforcement, but they have an opportunity to be educated on the inmates with mental illness in their facilities (Helms, Gutierrez, & Reeves-Gutierrez, 2016).

Another opportunity for education lies with inmates who have co-occurring substance abuse issues. Many inmates are in for drug offenses, and have substance abuse problems that may be complicating any mental illness they have. If corrections staff and nurses can screen for those with substance use disorders, they may be able to treat the dual diagnoses effectively (Steadman, 2016).

People with mental illness are having to use the jails and prisons as treatment facilities due to a lack of hospital beds, and behaviors that may lend themselves to criminal activity (Rubinow, 2014). These correction facilities are becoming a treatment center, through no fault of their own. There needs to be community improvement in mental health services to get people the treatment they need. Research should be done on ways to improve mental health services in the community. If there are more available beds or services, people with mental illness may have a better chance of staying out of the corrections systems. Cost savings is something to seriously look at for this topic. If there are ways to treat those with mental illness in a preventative and primary care arena, it could lead to cost savings in the long run. There has been some research on changing the model of care in corrections facilities, which can be done within the existing budget (Pillai et al., 2016). This is a topic that could be researched further, with different models of care that could work for the corrections system.

Since jails and prisons are based out of counties and States, they are subject to changes in health policies. Per Steadman, Morrissey, & Parker, "The jail is a community institution, and the mentally disturbed inmate is a community problem" (2016, p. 12). Lobbying for better health care in the corrections system is a place to start. Better funding would be ideal, of course, but may not be the most reasonable or achievable option. Another option is to have the medical professionals in the corrections system to get training in mental health and substance

abuse. Mandating this education could help to positively identify inmates with mental health

and/or substance abuse problems. Inmates with mental illness could be referred to services in the

corrections system, as little as they may be, to monitor their symptoms and intervene as

necessary. Until policies change to give more funding to the corrections system for health care,

education would be a start to improve the outcomes for those with mental health symptoms.

Summary

The presence of the mentally ill population in the jail and prison systems are staggering. More

people with mental illness are in corrections than are in the state hospitals (Rubinow,

2013). Improvements could be made at every step in the corrections process. Better screening

tools could lead to more positively identified inmates with mental health symptoms. These

screenings can lead to referrals to mental health services. Screening should also include suicide

risk as the risk is high in jails and prisons. The research has stated changes in the screening

process and referral to treatments available in the jails and prisons does not take any more

funding, but just a more streamlined use of existing resources. For the parts of the corrections

system that occurs outside of the jails and prisons, there are many options to improve the

outcomes for inmates with mental illness. Parole and probation periods are opportunities to

provide structure to those with mental illness, as well as help to provide the most basic needs

such as housing. Mental health courts take those with mental illness and find them treatment for

mental illness that does not involve the criminal justice system. There are many improvements

to make to have better outcomes for one of our most vulnerable populations. If there were more

policies driven to help those with mental illness, they could stay out of the corrections system

and receive the treatment they need.

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Appendix A

Poster Presentation

Improving Mental Health Treatment in Jail and Prison Systems to Decrease Post-Release Negative Outcomes and Re-incarceration

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Clinical Significance and Purpose

- People with mental illness are in jails and prisons at a shockingly high rate
- "There are 10 times as many mentally ill persons in prisons than in state hospital beds" (Rubinow, 2014, p. 1041)
- Those with mental illness in the corrections system often get worse while they are incarcerated
- Only one third of State prisoners are receiving treatment, with even less of Federal prisoners and local jail inmates receiving treatment
- The risk of death increases in the two weeks following release
- Jails are now a major spot for mental health treatment and housing

Clinical Question

Would improving the mental health care in the jail and prisons systems lead to better outcomes and decreased recidivism for those inmates with mental illness?

References

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Findings

- A total of 16 studies were used
- The studies looked at screening inmates for symptoms of mental illness, changing the treatment model in the corrections facility, and using specialty probation or parole officers trained to work with those inmates with mental illness or substance abuse problems
- Screening inmates leads to a higher number of those identified with mental illness who are then referred on to mental health services
- Specialty probation and parole officers take smaller caseloads and are able to build relationships with their probationers/parolees
  - Officers are better trained to get their clients to available resources
  - Use technical parole/probation violations as a last resort
- Mental Health Court programs decrease days in jail for those with mental illness over those who are treated as usual
- Criminal history is a far better predictor of recidivism than mental health symptoms themselves

Methodology

- Two online databases were used for the literature search
  - PsycINFO and CINAHL
- Search terms included "mental health treatment", "jails", and "prisons"
- After the search, there were 352 relevant articles, of which 16 were used for the final literature review

Clinical Practice Implications

- Nursing has great potential to improve the outcomes for inmates with mental illness, in any stage of the corrections process
- Screening inside the jails and prisons could positively identify those with mental illness to refer them to services
- Specialty parole/probation officers could assist inmates to find basic resources
- Correction systems should increase education on mental illness and substance abuse to recognize symptoms

Clinical Recommendation

Education for corrections staff on mental illness and substance abuse will positively identify inmates who may need services. Specialty probation and parole would assist mentally ill inmates to get basic needs met.