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Psychiatric Morbidity and Treatment of Prison Inmates

The failure to provide adequate treatment for persons committed to mental institutions has recently received considerable attention. The doctrine of "the right to treatment" has been judicially expressed in the now famous Rouse v. Cameron decision (373F 2d 451), (D.C. Cir., 1966). Rouse was sent to St. Elizabeth Hospital in the District of Columbia after he was found not guilty of a crime by reason of insanity. Three years later he sought release stating that he was not receiving adequate treatment to which he was entitled. The District of Columbia Court of Appeals stated that the possibility of "indefinite commitment without treatment of one who has been found not criminally responsible may be so inhuman as to be cruel and unusual punishment." A great deal of legal literature has been devoted to this issue.

It is my effort to call attention to a subject which is but another aspect of the "right to treatment" doctrine, namely, the right to treatment of individuals confined to county jails. I restrict myself to county jails which are primarily holding institutions for individuals pending the outcome of a trial or transfer to a correctional institution. Only a small proportion of the inmates of county jails are serving actual prison terms while in confinement. In other words, we are dealing here with individuals who, in a great many instances, are legally and at times factually innocent of crime. The jail setting constitutes an ideal design for inducement of psychopathology and psychiatric morbidity among the prisoners. The majority of the county jails throughout the country fail to provide psychiatric care and treatment for individuals who suffer from psychiatric illness. This neglect is the result not only of limited capabilities and resources but is the consequence of a failure to make a distinction between legal insanity and psychiatric illness.

This paper is not the result of survey research, but is based upon clinical impressions of the author gained on occasional visits to various county jails in the midwest.

The Jail As Psychic Stress

I do not know of systematic studies of the psychological stress imposed by the jail environment and the reactions that follow the exposure to this particular stress. It is my impression that a person placed into the jail setting undergoes an ecological shock. The degree of recovery from this trauma depends upon the personality strength, the length of confinement, and many other factors. I am unable to provide an exhaustive listing of all the stresses which impinge upon an inmate of a county jail. I will concentrate upon the more apparent ones.

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The mere deprivation of liberty and the attendant helplessness are a powerful psychological stress. Minimal needs essential for the adequate functioning of a human being are not sufficiently met within the jail setting. I am referring to such items as opportunity for sleep, clothing, food, the need for privacy, stimulation, communication with other people, and frustration of such instinctual needs as aggression and sexuality.

Furthermore, the newly admitted inmate has either been through the ordeal of a trial or faces it in the near future. He is exposed to actual danger of aggressive and homosexual assault. He is confronted with the diversities of racial and cultural backgrounds of his fellow inmates. It has been well established that during times of stress and danger there is increased dependence upon love objects and membership in a primary group. The inmate is separated from such protective figures and experiences intense separation anxiety. The affiliative needs are not only frustrated, but the prisoner undergoes a massive desocialization. He loses his "street personality." In short, he undergoes a process of dehumanization.

What I call "ecological shock" is described vividly by J. V. Bennett, Director, U.S. Bureau of Prisons, in an address before the American Law Institute, Washington, D.C., on May 20, 1954:

> When the iron gate ominously clangs behind the prisoner he is in a state of shock if he is a normal human being. He is depressed, worried about his family, despairing, fearful and suspicious of all about him. But probably also if he stood trial he is bitter . . . and not little of his cynicism and anomosities stem from the inexcusable deplorable conditions of the jails and lockups where he was held when on trial.

In the prison most individuals experience a devastating sense of social isolation. A prisoner writes [*1*]: "Gradually the loneliness closed in. Later on I was to experience situations which amounted almost to physical torture, but even that seemed preferable to absolute isolation." Experimental studies and autobiographical reports of such people as religious hermits, explorers, and prisoners establish isolation as an extreme psychological stress.

Goffman states that one of the characteristics of total institutions is the mortification process which he describes as a stripping of the self. Personal identity equipment is removed, indignities imposed, no room for autonomous decisions, channels of communications are closed, etc., etc. [*2*]. The sexual frustration is well described by a prison inmate, addressed to the Connecticut Prison Study Committee, October 17, 1956 [*3*]:

> Have you ever tried going without Sex for year in and year out, can you imagine what this alone does to a person, much less all the other items he has to do without. Well take it from me, you have to have a very, very strong mind to keep from being somewhat unstable from this. And I don't care who the person is, if he doesn't miss Sex and don't care for it or don't want any, well then, he just isn't normal . . . Well I have had no Sex since incarcerated here and it has just about drove me out of my mind — But what can you do — All you can do is just suffer and suffer until you crack up — that is if you don't have a very strong mind . . .

We know that the regimented life of such relatively benign institutions as the Army or the Navy lead to acute psychiatric decompensation. It should be kept in mind that those inducted into the military service undergo a selection process designed to eliminate people with potential for psychiatric illness. No such selection takes place for admission to the prison setting. "Misfits of every description are squeezed into a single facility. Most men who commit crimes are beset with deep emotional problems. They are 'out of whack' with society" [*4*].

I wish to emphasize that the inmates of prisons are not necessarily hardened criminals.

> Professor Teeters, the noted criminologist, has estimated that fifty percent of a prison's population at any given time is unconvicted. Sixty-two percent of this untried group are eventually discharged without conviction. These citizens will have served prison terms ranging from a few weeks to six months, two years, and even more. Thus, our democratic society tacitly condones a practice which results in vast numbers of legally innocent persons spending long periods in unmerited confinement [5].

Incidence and Prevalence of Psychiatric Illness Among Prison Inmates

Based upon the description of the stresses and the assumption about the personalities of those incarcerated, one can theoretically postulate a high expectancy rate for the incidence of psychiatric illness among inmates of county jails. When I speak of psychiatric illness, I am not referring to character disorders which might be related to the crime for which the individual is confined; but I have in mind the presence of a severe neurotic or psychotic illness which would necessitate psychiatric intervention if the individual would be free to seek such help. In other words, I am not speaking of psychiatric treatment as a method of dealing with crime. My concern is related to the incidence and prevalence of definite acute psychiatric illness in the prison setting. I know of no studies which address themselves to this particular issue.

At Sing-Sing Prison in the fifties, a study was conducted of individuals convicted of sexual felony. In this study the object was to determine the incidence of psychiatric illness in the sexual offenders as compared to the rest of the prison population. Seventy-nine percent of the homosexual pedophiles were diagnosed as suffering from psychotic illness. Fifty-six percent of the control group were so diagnosed [6]. On repeated occasions, when visiting the county jails, I would encounter individuals suffering from acute psychiatric illness who would not be receiving appropriate treatment. The following case illustrates the situation rather well.

Mrs. Jones, a 26-year-old, married, white female, mother of four children, has been examined at the Wayne County Jail in Detroit on the request of her attorney. Mrs. Jones was charged with the slaying of her five year old daughter. The cause of death of the child was given by the Medical Examiner as "severe trauma to head, with cerebral hemorrhage and other injuries." The autopsy report of the child also revealed injuries of the vagina and lacerations of the hymen.

Here are excerpts from my report to the attorney: "Mrs. Jones is being held on the 6th floor of the jail, which is an area reserved for women prisoners. Upon my entering this section, I was impressed with the fact that a number of women prisoners were in a state of acute psychotic disturbance. For example, one 34-year-old woman, Cathy B, was continuously screaming incoherent remarks and was obviously hallucinating. According to the personnel, she did not have a 'stitch of clothing on her body in two weeks and was screaming in this fashion day and night.' Thirteen other women were identified by myself to be acutely psychotic. I call this to your attention since an adequate examination of your client was impossible under such conditions. Furthermore, the impact of this setting upon your client has also to be taken into consideration.

Mrs. Jones is a 26-year-old, white female, moderately obese, who appeared to be a rather attractive woman. She was acutely depressed, tremulous, fearful. Her eyes were red and it was apparent that she had done considerable crying. She spoke in a hesitant and halting manner. In response to questions she broke down and cried profusely, but made efforts to control the crying. When I asked about her obvious depression she stated: 'I hate

myself, I am no good, I never was any good. I shouldn't live.' The patient has made overt suicidal gestures and expressed suicidal wishes."

My report concluded with the following statements: "Mrs. Jones is a severely depressed person who is not able to obtain adequate help or even an adequate evaluation under the conditions of her present confinement. May I call to your attention that the prison physician did recognize the fact that Mrs. Jones is psychiatrically ill, inasmuch, as he has prescribed for her 50 mg Thorazine three times a day. In view of the medical situation in which Mrs. Jones finds herself, it is urgently recommended that arrangements be made for her transfer to a medical facility. It was not possible to accomplish this task on medical grounds. However, with the cooperation of various officials, the patient was declared incompetent to stand trial and was transferred in January 1968 to the Michigan Center for Forensic Psychiatry. The official report, in fact, read that the patient was found incompetent to stand trial "because of the acute suicidal risk she represented at the time." The patient remained in the hospital for the maximum legally permissable time for such an examination, namely, six months. She was discharged with the diagnosis of psychoneurotic depressive reaction, acute, severe, presently in apparent remission."

During her confinement to the Forensic Center, the patient had been brought to my office on five separate occasions for psychotherapeutic sessions. Subsequent to her discharge from the Forensic Center the patient was placed on bond awaiting trial. She resumed living with her husband, secured employment at a department store as a saleslady, and visited her psychiatrist at weekly intervals. She continued to be depressed, but was no longer suicidal, was able to function in her work situation. In November 1968, after the usual plea bargaining, the charge against Mrs. Jones was reduced from Second Degree Murder to Manslaughter, to which she pleaded guilty. The judge was given a 5 page report prepared by myself. He sentenced Mrs. Jones to an 8–15 year term on the charge of manslaughter. Subsequent to this sentence, upon the request of the parents and husband, I wrote a letter to the judge from which the following excerpt is taken:

> It is my opinion that without appropriate psychiatric treatment Mrs. Jones will most likely develop a psychotic illness and possibly commit suicide. During her short-lived period while out on bond, Mrs. Jones was able to work and seek treatment, which provided a good possibility for rehabilitation of this young woman. This work could have been continued without endangering anyone, since there is no evidence to suggest that Mrs. Jones has any criminal or antisocial propensities from which the society would have to be protected. . . . May I once again indicate that I take the liberty of writing to you, Judge Burdick, based upon the firm conviction that in spite of the enormous wrongfulness of her act Mrs. Jones, in my opinion, would have been a suitable candidate for probation. Furthermore, I am deeply troubled by the fact that I can foresee another human life being ruined through illness. . . . The need for psychiatric therapy for Mrs. Jones is established rather firmly in the record of this case; therefore, availability of treatment becomes an important consideration. There are no means of treatment available at the Detroit House of Correction."

My letter was not answered. The patient was confined to the Detroit House of Correction, where her family found her to be depressed and making frequent references to suicide. I have been requested by the family to send medication prescriptions to the jail and to make a visit to see the patient for therapeutic purposes. Throughout 1969 I have made repeated efforts to make a professional visit; this was denied on repeated occasions. On one specific occasion the warden denied this privilege because "Mrs. Jones was giving us trouble." Ultimately, my visiting Mrs. Jones was approved, provided that the prison physician was present during my interview with the patient. On the day in August 1969 when I was to

visit Mrs. Jones, she was transferred to the Michigan Institution for the Criminally Insane in Ionia. Prior to her transfer she was examined at the Detroit General Hospital Emergency Room, which provides the medical care for the inmates of the Detroit House of Correction. Without official permission, but with the cooperation of the Emergency Room physicians, it was possible for me to interview Mrs. Jones on August 20, 1969. The clinical picture she presented was that of severe depression. She was tearful, lost a great deal of weight, and appeared to be highly anxious. She stated that she was unable to sleep, she cries constantly, and is preoccupied with "my horrible crime." She emphasized that she still did not remember what actually happened even though she made numerous efforts to do so. "Why was I born and why do I live?" She stated that she was not worth all the attention from her family, that she brought disgrace and suffering upon them. She went on to say: "I can't go on living with all I have done." She described the fact that in the Detroit House of Correction she is in constant danger of being homosexually attacked. "I am afraid to death of it." Later on she stated: "I will never be good to anybody if I stay in that place anymore. Nobody can hate me more than I hate myself." She stated that the inmates are being very harsh on her, calling her "baby killer, nuts, crazy," etc. My opinion was that Mrs. Jones was in desperate need of psychiatric attention. There was, however, no possibility for effecting a transfer to a pyschiatric institution.

A similar case is that of Jack Ruby, whom I had examined for the first time in June 1964, at which time I found him to be suffering from one of the most malignant diseases known to mankind, namely, paranoid schizophrenia. He was not in a hospital. He was not receiving treatment. He was held in the Dallas County Jail. In April 1964 he was diagnosed by Louis J. West, Professor of Psychiatry and Chairman of the Department of Psychiatry at the University of Oklahoma, to be overtly psychotic and in need of treatment. In his report he stated:

> "Mr. Ruby's prolonged confinement in a jail while suffering from this illness, when modern psychiatric hospital treatment could be made available, is cruel and inhuman, even of a condemned prisoner. Once again, I urge all concerned to take the steps necessary to provide Jack Ruby with the benefits of proper medical care until such time as he regains a sufficient degree of mental health to cooperate in his own defense."

Subsequent to this, he was examined by Dr. Verner Teuteur who also found him mentally ill.

In spite of this unanimity of all psychiatrists who have examined Mr. Ruby after the trial, he did not receive psychiatric treatment to the time of his death. It is significant to note that at the moment when he developed physical symptoms he was immediately transferred to a hospital setting and received appropriate treatment.

Legal Considerations

Subsequent to my visit to the Wayne County Jail in Detroit, to which I have referred above, I had written a letter to Circuit Court Judge Victor J. Baum, who was chairman of a committee appointed to evaluate conditions in the jail. Judge Baum and the Presiding Judge, Joseph Sullivan, initiated a very active movement among the responsible officials to provide "adequate facilities for the proper care and retention of mentally disturbed prisoners in the Wayne County Jail." Many meetings were held. A special committee of the Board of Supervisors of the County of Wayne was appointed, and opinions were received and studied. The end result is, however, that two years later no adequate treatment is provided for the prisoners of the Wayne County Jail. Some of the difficulties in providing such adequate treatment related to the notion that the prisoners have to be

cared for within the County Jail itself. No such requirement is imposed upon the treatment of medical conditions.

In practice, therefore, the mentally ill prisoner has to establish his legal insanity in order that he may receive treatment for psychiatric illness. In criminal cases, this occurs either via the statute declaring the person unable to stand trial or upon the finding of Not Guilty by Virtue of Insanity.

For centuries medical treatment has been a matter for medical judgment and has been made available to all who are in need of it. Even those condemned to death are not excluded from this privilege or right. There is no legal provision, to my knowledge, requiring that psychiatric illness be treated in a different fashion. Nevertheless, this is not the case. In many instances throughout the country, psychiatrically ill prisoners are not given appropriate treatment, pending resolution of legal issues. It goes without saying that psychiatric illness as it pertains to criminal responsibility is a matter for the courts to decide, a procedure which frequently requires extensive litigation. However, psychiatric illness as it relates to the administration of treatment in a medical issue, requiring merely a competent psychiatric evaluation. Legal insanity and psychiatric illness are frequently confused, resulting in the failure to provide medical assistance to those who are in desperate need of it. I wish to emphasize that neither the spirit nor the letter of the law requires such an approach, but legal strategy makes it often expedient.

In 1967 the New York Decision made a distinction between legal insanity and medical insanity. The New York Court of Appeals ruled that a convicted murderer found legally sane may still plead "medical insanity to mitigate his sentence". (People of the State of New York v. Mosley–228 N.E. 2d, N.Y., 1 June 1967.) This decision represents a procedural advance which has been characteristic of the American Criminal Law.

In the last decade the American Criminal Law has undergone changes which are described by legal scholars as revolutionary in nature. Wm. J. Curran [7] refers to the extension of the civil rights protection for those charged with crimes. These procedural mutations have attracted a great deal of attention, significantly increased expenditures connected with the administration of justice, and led to the claims that criminals are being coddled. With some reservations, the emphasis on procedure has been accepted by the American public. It is not unusual for a criminal trial to consume a few weeks of courtroom trial. Many months, at times years, elapse before the trial takes place. It has been my observation that a great many individuals, upon completion of this process, emerge with their legal rights protected but their lives ruined. For a great many people the concepts of civil rights and due process become mere principles living in legal texts but deadly to those who come in contact with them. Whether or not the American criminal is being coddled procedurally is beyond my professional competence to comment upon. I have, however, very little hesitation in asserting that the inmate of American prisons has his medical rights frequently violated without concern on anyone's part. By medical rights I am referring to the concept that every human being is entitled to be treated when sick. A man does not forfeit this right even when all the other rights have been stripped away from him by society. The state has been granted the power to deprive a citizen of such rights as liberty or pursuit of happiness. No state, however, was ever given, or even asked for, the power to take away the right to the pursuit of health.

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