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Prison Mental Health Services: Results of a National Survey of Standards, Resources, Administrative Structure, and Litigation

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ABSTRACT: The formation of adequate mental health systems within prisons has accelerated as a result of successful class action lawsuits. Our recent national survey questioned all state correctional departments about the existence of standards in each system, compliance with such standards, prevalence of class action lawsuits involving the issue of providing adequate mental health services for inmates, issues related to consent decrees, available mental health resources within the correctional system, and the administrative structure of the mental health system. Our purpose was to identify those factors correlated with certified class action lawsuits involving issues related to mental health services. Twenty-one states were involved in such litigation. Only the presence of psychiatric hospitals operated by the department of corrections correlated with the presence of certified class action lawsuits involving mental health services. Prison systems larger than 15 000 inmates were at higher risk for such litigation. Smaller systems having psychiatric hospitals run by the state mental health agency appeared to be at less risk for such litigation.

KEYWORDS: psychiatry, jurisprudence, prisons, mental health services, litigation

There were over 580 000 prisoners in U.S. federal and state correctional institutions during 1987, which reflects a 76% increase in the prison population since 1980 [*1*]. Studies estimate that between 12 and 24% of inmates require psychiatric treatment, with an overrepresentation of persons suffering from substance-abuse disorders, schizophrenia, and personality disorders [*2–5*]. A need for adequate mental health systems within prisons to provide treatment for mentally disordered inmates has become obvious. The formation of such systems was accelerated during the late 1970s as a result of successful class action lawsuits. These lawsuits, initiated by inmates, included the issue of providing constitutionally adequate psychiatric services in prisons. This study was initiated in order to increase the database concerning the current structure of correctional mental health systems in the United States and obtain relevant information concerning such lawsuits.

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Basic guidelines for constitutionally adequate mental health services in prisons have gradually evolved via published national standards and case law.

Method

We sent a four-page questionnaire, consisting of both closed and open-ended items, to the department of corrections of each state during January 1988. This survey attempted to gather general information concerning the organization of correctional mental health systems in this country, identify factors which are correlated with certified class action lawsuits involving mental-health services, and assess practicality of published mental health services standards. A follow-up letter was sent to nonresponders during April 1988 to encourage completion of the questionnaire. Just four states elected not to participate in the study.

The survey defined standards for mental health services as (1) written policies and procedures which defined minimum services and staffing patterns required to provide adequate mental health services to the target population; (2) standards or guidelines developed or ordered, or both, as a result of a consent decree; or (3) any other written requirements which were consistent with standards for mental health services in the prison.

Basic resources within the correctional mental health system were surveyed by this questionnaire. Specifically, the presence or absence of protective environments, infirmaries, psychiatric hospitals, and transitional care units was determined. Attempts were not made to assess the adequacy of available physical facilities or the numbers of mental health staff or both within the correctional system. Protective environments were defined as housing units within a prison setting for chronic mentally disordered offenders who do not require inpatient psychiatric hospitalization but do require a therapeutic milieu. Such inmates are unable to function adequately within the general prison population. An infirmary, either attached to or part of major prisons, was described as having beds available for psychiatric patients with appropriate nursing staff. However, these units do not have either the resources or purposes of a psychiatric hospital and are designed primarily for crisis intervention or medication management or both for generally less than 72 in duration. Transitional care units are separate housing units for the mentally disordered inmate who no longer requires hospital confinement but is not yet ready for placement in the general prison population. Psychiatric hospitals attached to or part of major prisons provide a 24-h hospital environment primarily for comprehensive diagnosis and intensive treatment of the severely mentally disordered patient. These particular units were defined as falling administratively within the department of corrections. A regional psychiatric hospital was characterized as a state-run psychiatric hospital which treats patients from the correctional system or state mental health system or both. Centralized psychiatric security hospitals were defined as treating inmates but operated by the state mental health agency or equivalent agency.

The dependent variable was dichotomous—whether or not the state's correctional system was included in a certified class action lawsuit which involved the issue of provision of adequate mental health services for inmates. Chi-square was computed in assessing the relationship of the dependent variable to nominal independent variables such as whether or not Diagnostic and Statistical Manual of Mental Disorders III (revised ed.) (DMS-III-R) was being used as the standard classification scheme for mental health services.

Results

Forty-six states (92%) completed the questionnaire. Forty states (89%) indicated that they have standards for mental health services. Thirty-six (78%) surveyed states indicated

the use of a nationally developed set of standards. Standards developed by the American Correctional Association were used by 75% of states which used national standards. Thirty-three states (72%) reported that they are currently following their established standards.

Twenty-one of these states (46%) had at least one part of their correctional system included in a certified class action lawsuit which involved the issue of providing adequate mental health services for inmates. Consent decrees had been issued in sixteen (76%) of these twenty-one states. There was current litigation involving compliance with the consent decree in six (37%) of these states.

Eighty percent (37 states) of the surveyed systems had a population less than 15 000 inmates. The inmate populations in states surveyed are summarized in Table 1.

Results concerning basic resources within the correctional mental health system were as follows:

1. Protective environments were present in 32 states (70%).
2. Infirmaries were present in 32 states (70%).
3. Transitional care units were present in 24 states (52%).
4. Psychiatric hospitals were present in 19 states (41%).
5. Regional forensic psychiatric hospitals were present in 21 states (46%).
6. Centralized psychiatric security hospitals were present in 15 states (33%).
7. Other models for inpatient treatment of mentally disordered inmates were present in 5 states (11%).

Seventeen states (37%) had protective environments, infirmaries, and transitional care units. Eight states (17%) had all of the above as well as a psychiatric hospital attached to or part of a major prison. Both infirmaries and psychiatric hospitals were found in twelve (26%) states. Systems greater than 15 000 inmates tended to have more psychiatric resources than smaller systems.

Thirty-five states (76%) had a centralized mental health system (one health care authority working at the departmental level). The results of the administrative structure of the states' mental health system are summarized in Table 2.

Thirty-six states (78%) use DSM-III-R as the standard classification scheme for mental health services.

Attempts were made to determine whether or not any of the surveyed characteristics were associated with the presence of certified class action lawsuits involving the issue of providing adequate mental health services for inmates. The following factors were statistically analyzed via chi-square to determine the presence of any such correlation:

(1) presence of standards for health services in prisons,
(2) use of existing national standards for health services in prisons,
(3) compliance with existing mental health standards,
(4) size of the inmate population (under 15 000 versus 15 000 and greater),
(5) available resources (for example, protective environment, infirmary, transitional care unit, psychiatric hospital—analyzed individually and in various combinations),

TABLE 1—*Inmate population.*

Inmate Population	No. of States (%)
<5000	18 (39)
5000–15 000	19 (41)
15 000–25 000	5 (11)
>25 000	4 (9)

TABLE 2—*Administrative structure of the states' mental-health system.*

Type of Administration	No. of States (%)
1. As part of the general medical care delivery system.	16 (34.8)
2. Provided by a psychology department which is administratively independent of the medical department. Any psychiatric input is administratively managed within the psychology department.	6 (13)
3. Provided through both a psychology department and via the psychiatric division of the general medical services.	9 (19.6)
4. Provided through a separate mental health department but closely coordinated with the medical department, both of which are under the same health care authority.	11 (23.9)
5. Some other administrative structure.	4 (8.7)

(6) administrative structure of the prison mental health system,
(7) centralization of the mental health system, and
(8) use of DSM-III-R.

Chi-square analysis revealed only two individual factors surveyed correlated with class action lawsuits involving mental health services for inmates. The presence of psychiatric hospitals attached to or part of major prisons demonstrated such a correlation (x^2 = 6.763, degrees of freedom [df] = 1, p = 0.009) as did prisons with a population greater than 15 000 inmates (x^2 = 4.65, df = 1, p = 0.031). No other single factor or combination of factors studied showed statistically significant correlation with the presence of such certified class action lawsuits. However, prison systems with a population of less than 15 000 inmates were less likely to be involved with class action lawsuits involving mental-health services if they had a centralized psychiatric security hospital (x^2 = 3.66, df = 1, p = 0.0556). A centralized psychiatric security hospital was administratively run by the state mental health agency as opposed to psychiatric hospitals attached to or part of major prisons which were within the administration of the department of corrections.

Discussion

It is an interesting finding that correctional systems with psychiatric hospitals administratively operated by the department of corrections appear to be at higher risk for litigation concerning inadequate correctional mental health systems. We think this correlation reflects the lack of expertise within correctional departments to fund and operate properly a psychiatric hospital. Such difficulty is not surprising for a variety of reasons, which include the general mission and goals of correctional departments. State mental health divisions certainly would not have expertise in properly funding and operating a prison.

It is possible that this correlation is a reflection of psychiatric hospitals being established as a remedy as part of the litigation process. However, it has been one author's (JLM) experience, based on consultations with seven state correctional systems, that such is not the case. Our speculation is further supported by the finding that centralized psychiatric

security hospitals, which are administratively run by the state mental health agency, appear to decrease the risk of successful class action lawsuits involving mental-health care.

These findings do not support Cormier's recommendations that correctional psychiatric hospitals should not be separated from major penal institutions [6]. However, Cormier's recommendations were based on experiences within the Canadian correctional system. These findings do support Kaufman's recommendations that "serious consideration should be given to transferring the responsibility for the care of the mentally disturbed inmates from the penal system to specialized psychiatric hospitals outside of the correctional system" [7].

A somewhat similar survey was conducted during 1984 [5]. There are some interesting observable trends. During 1984, only six states (16% of the responding 37 states surveyed) had standards conforming with any of the nationally developed standards. This is in contrast to the 36 states (78%) that currently are using some national set of standards, with 75% of these states following standards developed by the American Correctional Association.

Twenty states in the 1984 survey reported that at least one part of their correctional system was involved in a certified class action lawsuit which involved the issue of providing mental-health services for inmates, as compared with twenty-one states in the current survey. It appears that issues concerning mental health services in prisons remain an ongoing concern which is most likely related to the increasing prison population.

A trend towards increasing coordination or integration, or both, of the mental health services into the correctional medical care delivery system appears to be present. This trend appears to be partially a reflection of the litigation which often focuses on inadequate medical care services within the prison which specifically included psychiatric treatments. Such coordination or integration or both are important elements of cost-effective remedies for prison systems with constitutionally inadequate medical services. Seventy-six percent of the surveyed states have a centralized health care system which means that the mental health and medical departments are administratively supervised by a director of health care services working at the department of corrections central level. Such a structure facilitates coordination within the health care system.

The survey results support the usefulness and practicality of many published mental health services standards for correctional institutions. It is beyond the scope of this paper to provide more detail concerning basic guidelines for mental health services in prisons. Reference should be made to publications by the National Commission of Correctional Health Care and the National Institute of Correction for detailed information concerning various published national standards [8,9].

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