

Mental health care for prisoners could prevent rearrest, but prisons aren't designed for rehabilitation

19 January 2016, by Jennifer Reingle Gonzalez, University Of Texas Health Science Center At Houston



An activity therapy room is seen at the Psychiatric Inpatient Program at San Quentin State Prison in San Quentin, California in December 2015. Credit: Stephen Lam

Mental health conditions are [more common](#) among [prisoners](#) than in the general population. Estimates suggest that as many as [26 percent of state and federal prisoners](#) suffer from at least one mental illness, compared with nine percent or less in the general population. And prisoners with untreated mental illness [are more likely to be arrested again](#) after they are released.

But prisoners' access to [health care](#), including [mental health](#) care, varies from [prison](#) to prison. This is partly because funding varies annually due to budget restrictions and changing policies requiring use of funds for other purposes. And public support for rehabilitation is constantly fluctuating. As you can imagine, many people consider [mental health treatment](#) among prisoners to be a low funding priority compared to other federal programs, such as college student financial aid.

As a researcher in the emerging field of correctional health, I have spent many hours with inmates and the physicians who treat them. With mental illness so prevalent in U.S. prisoners, the ability to access quality [mental health care](#) is critical. It can help inmates regain control over their lives, and may lead to better individual and public safety outcomes upon release from prison.

But even though mental illness is consistently associated with criminal behavior, these conditions are largely undertreated in our prison system. Prisons were designed to incapacitate inmates, not to rehabilitate them. They are underfunded, and they provide poor working conditions for [health care providers](#) and environments that can exacerbate (or perhaps even lead to) mental illnesses.

Health care is a right for prisoners

In the 1970s, the Supreme Court supported the rights of prisoners to receive [physical health and mental health care](#). In fact, this right is now law, and denial of care would be considered "cruel and unusual punishment," which is prohibited under the Eighth Amendment.

This law came about because prisoners were contracting contagious and communicable diseases [from one another](#). Infectious disease screenings are now commonplace in prisons. While prisoners have access to basic health care, treatment for mental health conditions is less broadly provided. The quality of treatment that is available in the penal system, including counseling and medication for chronic mental illnesses, [remains poor](#).

Unfortunately, the screening and treatment procedures that should constitute minimal provision of "mental health care" are not clear and tremendous variation exists from [one prison to](#)

[another](#).

How big a difference can good mental health care make?

Imagine that you are a prisoner housed in a relatively well-funded state-run facility. You have a [mental illness](#), and have regular counseling sessions and receive antipsychotic medications that help you function in your day-to-day routine. When you are released, you will likely receive comprehensive discharge plans and direct links to services in the community to make sure you can continue therapy and get access to medication. Your ability to control your condition might lead to better employment prospects, not to mention less involvement in criminal behavior. As a result, you aren't rearrested.

But, if you are transferred to a poorly funded institution, you may be immediately taken off your medication and receive very limited counseling or none at all for your condition.

Transfers from one institution to another [are common](#) and may explain why there is [such inconsistency](#) in treatment nationwide. According a national survey of department of corrections staff across 48 states, medical treatment was identified anecdotally as [a reason for transfer](#), but no percentages were reported to shed light on the number of prison transfers that occur for medical or psychological reasons.

And this explains why prisoners with mental health conditions return to prison 50-230 percent more frequently than those [without mental health conditions](#). Given the high cost of the average prison stay ([US\\$31,286](#) per person per year), an ounce of mental health treatment may result in pounds of cost savings.

For physicians in prisons, low morale and high turnover

As you can imagine, recruiting quality physicians to work in prisons can be challenging given the work environment. Although prison physicians [are relatively well-paid](#)), they are exposed to infectious diseases like tuberculosis or influenza more so than

the [general population](#). Threats or fear of physical violence are ever-present in the prison setting. This is not to say that the doctors employed by prisons are not highly qualified – they are. However, in my anecdotal experience, there is high turnover and low morale. And many prisons employ only one primary care doctor who is responsible for treating all inmates' physical and mental [health conditions](#), a challenge in a facility that houses hundreds or thousands.

The absence of mental health care sets prisoners up for failure when they reenter their communities and social circles. They may leave prison unequipped to handle their mental health condition and continue through the "revolving door" of incarceration for much of their life. This costly cycle is difficult to stop, as is exceedingly clear from decades of research in criminal justice. To make mental health care in state and federal prisons a national priority, a transformation in how we view the role of prisons is needed.

Given the investment that taxpayers make in the criminal justice system, it is reasonable for the public to expect a return on their investment in the form of lower repeat criminal activity. One step in this direction would be using time spent in prison to address as many risk factors for crime as possible, including [mental health conditions](#).

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