

The Mistreatment of America's Mental Health

Christopher Stormer

Abstract

The Mistreatment of America's Mental Health is the title of my research paper. I give a brief overview of how people with Mental Illnesses have been treated. In the past, in the United States and parts of the world. The challenges after deinstitutionalization took hold as the standard practice in the United States. I speak about the difficulties that Law Enforcement faces in today's communities. The increased number of people who have Mental illness, detoxing, and the lack of community support. The lack of community support comes from closing and mental health hospitals and the cutting of funding. Deinstitutionalization might have worked if there were adequately enough funded resources put in place. IN the end, jails and prisons are not the best places for individuals to receive the help that they need.

Introduction

Suicide Prevention in jails and prison can be challenging. Jails and prisons tend to have a higher number of inmate suicides than the public. Inmates become depressed and develop a sense of hopelessness at a higher risk than the general public. Inmates, many times, have limited ways to express themselves or to deal with the isolation and restrictions that jails and prison present. Jails and prison have long attempted to protect inmates from both themselves and other inmates.

Jails and prisons are faced with staffing shortages and poorly trained staff that can lead to inmates being poorly supervised. These challenges, along with the design of many older facilities, cause jails and prisons to have to be creative. Jails and in prisons have a responsibility to keep all inmates safe even when the danger is themselves. Staffing, training, and poor design are no excuse when it comes to inmates attempted suicide or successful suicide.

The making of jails and prison safer for inmates should be one of the main goals of all administrations. There are many different ways that jails and prison can work to accomplish this. Bring in a private consultant such as Linsey Hayes, who can review the practices of the facility and make recommendations to help make the facility safer. Provide training, new constructions, along with new procedures, can all help in keeping inmates safe.

- CIT
- Mental Health First Aid
- Partnership with Local Providers
- On Staff Mental Health Professionals
- Mental Health Housing
- Inmate Companion/Inmate Observers

Finally changing the mindset of Correctional Facilities is a must. Security needs to change the way that they approach suicide prevention along with the idea that medical and mental health are seen and treated. Medical and Mental health needs to change the way that they look at security. All staff working in jails and prisons need to work as one team not as separate parties.

Literature Review

Brief History of Mental Health Treatment

Civilizations around the world throughout recorded history have attempted to understand why someone has a problem. Mental illness was seen as a religious or personal problem in ancient civilizations such as Egypt, India, Greece, and Rome. That thought process changed to demonic possession during the middle ages in Europe. Societies did not start taking a look at treating the mentally ill until the 19th century.

The Mentally Ill in the United States were separated from the community and housed many times in dirty, rundown, dangerous, and unhealthy conditions. Out of sight, out of mind. The terms of many Psychiatric Asylums were deplorable by today's standards until the 19th century. That's when activists such as Dorothea Dix 1840s started working toward improving the conditions of the Psychiatric Asylums in America.

In the first half of the 20th-century countries such as Nazi Germany saw the mentally ill as such a burden they started sterilizing and then moved into extermination. Many during the same period in the United States also faced forced sterilization. Some Nazi sympathizers also called for the extermination; however, that did not occur in the United States.

By the 1950s Deinstitutionalization, efforts started to try and move the Mentally Ill out of institutions and move them to community-oriented care. Deinstitutionalization was the closing of the large government-run Psychiatric Asylums and putting many of the patients back in the community in which they lived and had family members. The process of deinstitutionalization did not take place overnight.

The closing of Government Mental Health Treatment Facilities

Starting in the 1950s, many mental health professionals began to look at a new model of treatment. Community-Oriented mental health treatment and care began to gain ground as an alternative to the large Psychiatric Asylums. Community-Oriented care put people treated in Psychiatric Asylums back into the communities that they were from or where their families lived. The idea was to address the individual at home with scheduled follow-up care with mental health professionals.

Some of the behind Community-oriented thoughts were that treating people in extensive facilities was counterproductive in managing their illness. Thought was putting people in more friendly environments that they might be comfortable in with friends and family around for support would help in the individual's recovery. The individual would be free to live and work without being confined to a Psychiatric Asylum and would receive visits from mental health professionals along with medications.

The goal of deinstitutionalization was to improve the treatment and quality of life for people suffering from mental illnesses. In practice, however, the people suffering from mental diseases in large numbers fell through the cracks. Many times someone with a mental illness will stop taking their medication once they start to feel better thinking that they are cured. They will also stop taking medication because of the many side effects that they do not want to live with anymore. Being outside of a structured system with no one making sure that medication is being taken allows the individual to fall back into a negative pattern.

Families that might start as supportive tend to start struggle with individuals that can become violent when off their medications. The family members also have their own families to worry about and take care of leaving the mentally ill members of the family more and more on their own. The individual that was taking their medication in a long-term treatment facility and was under control is now out in the general public. When in the institution, the individual was protected from themselves, and the audience was protected from them as well. This now leads Law Enforcement Officers to deal with more people suffering from mental illnesses. (Xing, 2016)

Increased Burden on the Public

The deinstitutionalization put many people in need of constant mental health medication and counseling back on the streets. Many times, the community-based programs set up to help the individuals run into funding, workforce, and bed space issues.

Funding of local agencies requires tax money. Many people do not want to pay for something that they do not use an example would be retirees in Florida, not wanting to pay increased taxes to fund schools when their kids do not attend schools.

In a way, not much different than an overworked public defender with too many cases too many times the mental health workers have too many people to care for. Mental health counseling takes time with an individual is screened by lower-level counselors to determine if someone can be treated without going to a psychologist. Some of the more complex issues make more time and effort, along with needing observation period.

As people start to feel bad, after not taking their medication, they then begin to self-medicate with street drugs. The street drugs do not help the mental health problems, though they may sometimes mask what the individuals are feeling. Taking street drugs sometimes prolongs the recovery of an individual suffering from any number of mental health problems. (Wallace, 2017)

Homeless

Deinstitutionalization has put many people into the community that after their family can longer help them, and the local resources are not enough, they eventually become homeless. Homelessness has become a genuine problem in many communities in the United States. Many of the homeless are suffering from mental health disorders that are not being treated, the homeless, requires many resources from the communities that they are in from, food banks, shelters, and law enforcement encounters. Many homeless are abusers of alcohol and other illegal drugs.

Crimes committed by the homeless to include, panhandling, drinking alcohol in public, shoplifting, and robbery for examples. Being homeless is not a crime and not all homeless commit crimes; however, the way that many homeless have to live, involve committing crimes even if they are only minor.

Increased Burden on Law Enforcement

Individuals with mental health problems that are not adequately medicated or adequately taken care of becoming a burden for all of Law Enforcement. Some will try and self-medicate, which leads to entirely new problems. All of the problems associated with street drugs for people who do not have mental health issues can be compounded by someone with mental health problems.

The buying of the drugs and the areas in which people go to buy the pills pose a danger for the communities. Illegals drugs lead to illegal ways of producing, shipping, protecting the drug trade, and selling a banned substance. The drugs themselves may not be what the person buying was intending on buying, or the drugs could be mixed with chemicals that cause unwanted reactions.

As individuals with mental health problems run out of money, they then turn to other crimes to support their drug habits. This is no different than any other addict; however, if an individual with mental health problems received proper treatment and monitoring, they would not need to turn to illegal drugs. Armed robberies, burglaries, purse snatching, and shoplifting are just some of the added burdens for law enforcement that might be limited if better care of the mentally ill.

Street crimes do not just affect patrol officers. Once an individual is arrested, they enter the world of corrections. In jail, the mentally ill become new challenges for the corrections officer and other inmates. The individual then starts treatment by mental health professionals. Depending on how long they are in custody will determine how much care they receive. Hopefully, the Correctional Institution that the mentally ill individual is in offers outside treatment offers that extend beyond incarceration. Once one is released from a correctional institution, it will work then for back on the individual to keep up with medication, or the cycle repeats itself.

While in a correctional setting, an inmate with mental illnesses become more likely at self-harm and suicide. This requires additional training, additional resources, and possible changes to the layout of the institution itself. These are some additional burdens put on Law Enforcement due to the deinstitutionalization. Preventing suicides puts a strain on correctional facilities. Protect inmates from each other and themselves is a large part of a corrections officer job add inmates that have a higher risk means even more effort needs to be put into protecting the inmate.

Medical Departments, Mental Health Professional, and Corrections Staff all have to work together. Then add in case managers all other civilians that work with or have interactions with inmates. Making suicide prevention a goal requires all to work together and communicate in a correctional facility. If there is a break down by just one, then an individual can fall through the cracks, and there can be a successful suicide.

A suicide in a corrections facility becomes a criminal investigation which is an added burden. A large number of deaths in a correctional facility involve an individual with a mental health issue then a is a large number of the suicides had a better chance of

being prevented. A prevented death of any inmate lessens burdens placed on patrol and corrections Law Enforcement.

Prisons face many of the same challenges as jails do when it comes to the treatment of mentally ill inmates. Prison, however, generally have them in custody longer than jails which creates additional problems and added burdens. The individual may be able to get long term care; there is the extra time that the prison staff has to monitor the inmates. (Guevara, 2007)

Interactions with Law Enforcement

Interactions with individuals that have mental illnesses are on the rise. These interactions can be challenging and dangerous or both law enforcement and the mentally ill individual. Individuals suffering from a mental break or one that may be on an illegal drug may act in a way not usually seen by law enforcement. These individuals may not always respond the same way that the non-mentally ill would. These individuals, at times, might not be in complete control of their actions or understand their actions. They might know if a law enforcement officer is pointing a gun at them and ordering them to put down a weapon that they might not realize they have. This could result in an officer-involved shooting.

Individuals going through a psychosis might exhibit super strength. This could lead to more than the normal force used to gain control of the individual. The additional power needed to gain control of an individual in this state could lead injuries to themselves or to the law enforcement officer trying to subdue them. Interactions with individuals going through a mental health crisis are on the rise due to lack of local resources and funding. (NAMI, 2005, Dec 08)

Law Enforcement Strategies

Crisis Intervention Team (CIT) are strategies that were developed in Memphis, TN. CIT training is a 40 hours class meant to create an officer's ability to identify when a suspect or inmate is suffering from a mental health problem. It teaches the officer how to try best and successfully communicate with the individual. The idea of CIT is to limit negative interactions with individuals in a challenged state of mind. (Allaway, C. 2017)

Mental Health First Aid is a less intensive training only 8-10 hours. Like CIT, Mental Health First Aid was developed give officers an additional tool in identifying when an individual is in a mental health crisis and how best to interact with them.

Partnership with Local Providers is beneficial for both patrol law enforcement and corrections. By partnering with local providers, law enforcement can gain a precious tool for training, services for an individual to include treatment.

Mental Health Housing in both jails and prison special mental health housing needs to be set up and staffed. Many times, these housing areas will need updates such as removal of ways an inmate can hang themselves, special beds, and lighting fixtures, to name a few. Staff will need special training, specialized linens, and possible special eating utensils.

Inmate Companion (ICOMP)/Inmate Observers (INOBS) are strategies developed by the Federal Bureau of Prisons. This program is used to give inmates a job

and support the facilities attempt at preventing suicides. When you put an inmate on suicide watch, that inmate is then housed in the Mental Health Unit, and an ICOMP/INOB (inmate worker) is placed outside of their cell door to watch them. The ICOMP/INOB does not do regular rounds they are just an early warning for Corrections Officers in between rounds. In the two and half years since I implanted this in the Volusia County Division of Corrections, there has not been an inmate suicide when an ICOMP/INOB was present. I also extended this program to include detox inmates, inmates in restraints, and all housing units at night to the same success. This program requires additional training for all staff and the inmates that are put to work.

Deinstitutionalization, on the surface, seems like a more humane way to care for the people that we love and to keep them close. However, with limited local resources, lack of proper funding, and family members not understanding the time and effort needed to care loved ones with Mental Health problems do deinstitutionalization make sense. Deinstitutionalization has required every part of our communities to spend resources to come up with ways to help the people in need of, in many times constant help.

Methods

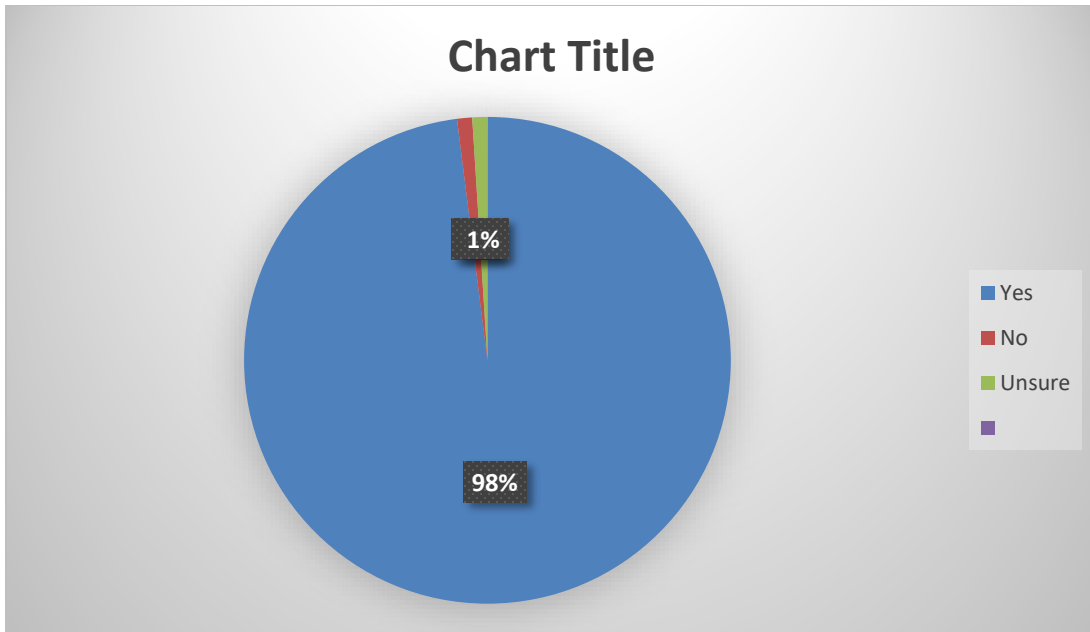
The purpose of this research paper is to look at how the deinstitutionalization of Mental Health hospitals has increased cost for law enforcement agencies along with taxpayers. I will show that individuals surveyed can identify not only people in their communities that are more likely homeless but have Mental Health issues. I expect to find that law enforcement agencies spend money preparing to encounter a more significant number of people with Mental Health Issues.

I will put a survey out to the staff of a larger jail to determine the experiences that they have had with people mentally ill while working. These encounters will include but limited to regular inmate interactions up to and including use of force. I will also show the amount of training put into preparing an officer to interact with a Mentally Ill Inmate.

Results

I sent my Survey out to 318 total staff members to include sworn officers, civilians, and contract employees. I had a total of 224 members respond at a 70% response rate. 76% of my responses came for sworn officers, 21% of my answers were civilian employees, and 3% of my responses were contract employees.

My first Question, "Have you seen homeless individuals in public?" I asked this Question to show that many people have come across who they believe to be homeless. Two hundred twenty employees answered the question "Yes" that was 98% of employees.



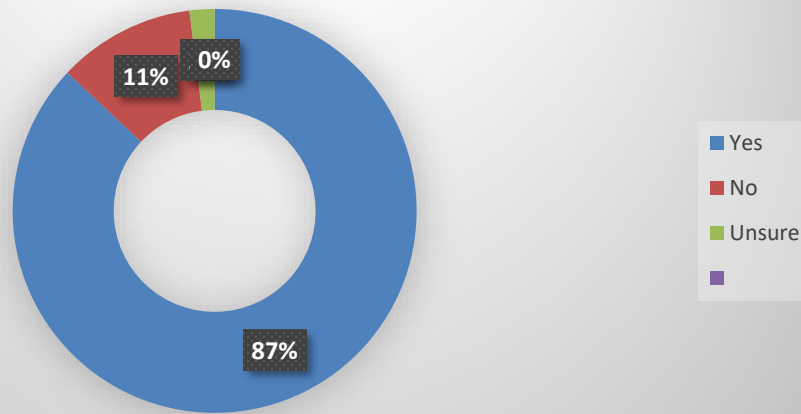
The second Question, "Have you seen someone in the public that appears to be suffering a mental health problem." I asked this Question to show that many people have come across who they believe to be suffering from a mental health illness. This Question 206 employees answered "YES" at 92% seeing someone that they think might have a Mental Health problem.

The next three questions #3 "Have you received 40 hours of Crisis Intervention Team", #4 "Have you received 8 hours of Mental Health First Aid training", and #5 "Have you received any other mental health training." Question #3 staff responded with "Yes" 82 times for 37%, "No" 115 times for 52%, and "Unsure" 25 times for 11% with two people skipping this Question. Question #4 staff responded "Yes" 184 times for 83%, "No" 27 times for 12%, and "Unsure" 27 times for 5%. Question #5 staff responded "Yes" 106 times for 48%, "No" 90 times for 40%, and "Unsure" 26 times for 26%. I asked those Question to determine what type of training staff have received outside of a Corrections Academy on how to help and to manage an inmate who has a mental illness.

Question #6, #7, and #8 deal with interactions staff have had with inmates that, the team believes are someone with a Mental Health problem or that staff knows have a problem. These questions show interactions staff have had with inmates suffering from a mental health illness that could have been treated in a different setting that would provide better care.

Question #6 "Have you encountered inmates that appear to be experiencing mental health issues in the general population at the Volusia County Division of Corrections." Staff responded "Yes" 193 times for 87 %, "No" 24 times for 11% and "Unsure" 5 times for 2%.

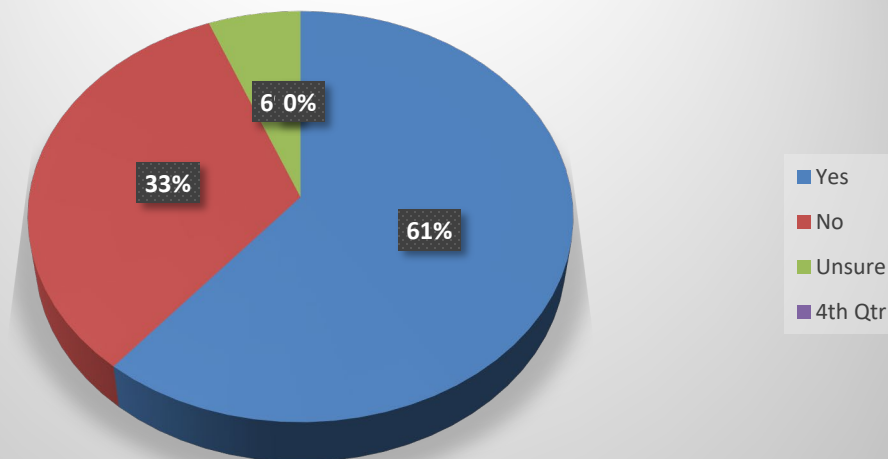
Question #6



Question #7 "Have you physically restrained an inmate with mental health issues at work." Staff responded "Yes" 151 times for 68%, "No" 59 times for 27% and "Unsure" 11 times for 5%.

Question 8 "Have you used force on an inmate(s) with mental health issues while at work." Staff responded "Yes" 136 times for 61%, "No" 74 times for 33%, and "Unsure" 12 times for 6%.

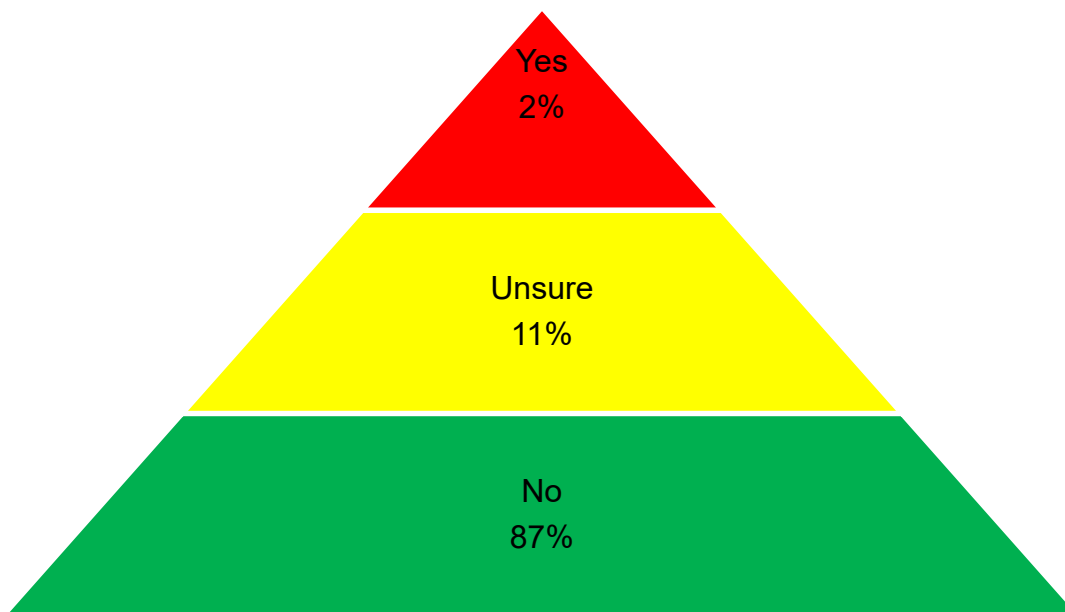
Question #8



Question 9 “Do you feel mental health training is needed?” I wrote this Question to show staff knows that extra training is needed and that staff wants the additional training dealing with inmates with mental health challenges. The team responded "Yes" 196 times for 89%, "No" 14 times for 6%, and "Unsure" 12 times for 5%.

Question10 “Are you sworn, civilian or contract employee?” This Question was written to show the percentages of different types of staff that work for the Volusia County Division of Corrections. Staff responded “Sworn” 167 officers at 76%, “Civilian” 48 civilians for 21%, and” Contract” 6 contract employees for 2%.

Question #11 “Do you feel that jails are the best place for the mentally ill?” I wrote this Question to show what staff felt about whether they thought jails were the best place to house people with mental health challenges. Staff responded “Yes” 4 for 2%, “No” 194 for 87% and “Unsure” 26 for 11%.



Interview/Conversation

I had an interview/conversation with Salvatore Gintoli (Tore) Senior Director of Crisis Services at Stewart March Act (SMA). SMA is the local Mental Health treatment provider for Seminole, Volusia, and Flagler Counties. Tore runs the unit in Daytona Beach next to the Volusia County Branch Jail.

Tore has worked in California, South Carolina and now Florida, so he provides insight from multiple geographical areas. The challenges that we see in Florida, according to Tore, are seen in most parts of the United States, and he has dealt with them first hand in several states.

SMA treats about 6500 people in Volusia County each year. His facility has 30 Crisis beds, 19 detox beds, and 12 beds not being used for lack of funding. Compared to the Volusia County Division of Corrections which has roughly 48 beds for Crisis/Suicidal

inmates, and 128 beds for detoxing inmates. Those number at VCDC can be increased when needed. There are routinely 32-40 inmates on suicide watch daily at VCDC.

According to Tore, there are three state-run Mental Health Hospitals in Florida. Those state-run facilities are Northeast Florida, South Florida, and Chattahoochee. That is far too few hospitals to the number of people that need help according to Tore. Tore continuously works to increase funding through grants and donations to provide additional resources to help the community and those in need.

Discussion

My Survey intended to get valuable observation from people that are not only trained in observing but have also received training in identifying someone suffering from a mental health emergency. My Survey gave me good feedback on what these staff members have seen in public and jail, along with personal interactions and types of communications. The observations, along with synergies, show the need for more funding for professional mental health treatment, more training, and better access to mental health care.

My first two questions about observation in public and jails by trained observers show the need for more resources. I did not find it surprising that 98% of those that responded to my Survey answered yes to have seen someone who appeared to be homeless in public and 92% believe that they have seen someone suffering from a mental health challenge. I know that not everyone homeless is suffering from a mental health challenge. However, many homeless people are suffering from mental health challenges, and they interact every day with all forms of law enforcement and the general public.

Volusia County Division of Corrections has a mandate of 8 hours of Mental Health First Aid training for all staff to include civilians and contract employees. With only 83% of staff completing the training I know that we are continuing to hire and I know that has to do with the number not being 100%. The training is ongoing. As for a 40 hours Crisis Intervention Team training, I was surprised at how many staff claim that they have had that training. Of the 82 staff members that have taken a 40 hours class, there will be very few if any that have made the course outside of the FDLE version.

I feel that my Survey has shown that many people are walking around in a society that needs help. I also believe that I have shown that these people then have harmful interactions with Law Enforcement. Before anyone arrives at jail or prison, they have already had negative interactions with Law Enforcement. Each time someone with some Mental Health problem has cooperation with Law Enforcement, the chance of a bad interaction increases. By lousy communication, I am referring to force being used on someone with a diminished understanding of what is happening or under-trained staff.

My interview with Tore from SMA shows how underfunded community Mental Health Services are. When VCDC has more bed space and routinely housing more inmates in a crisis than the locate crisis unit that's a problem. VCDC does not have 24 hours of mental health workers on-site as SMA has.

Tore's experience in other states such as California and South Carolina have shown him that the problem is not just a Florida problem. He has first-hand knowledge of the struggle across the country with helping those in need. Tore and I both believe that

the deinstitutionalization of mental health treatment facilities does not work. Deinstitutionalization has put many Americans in danger. Many times people with mental health issues do not want to hurt others or commit crimes. They do, however, for many different reasons to include needing resources to attain medications and not knowing what they are doing to name a few.

Many jails in Florida, such as VCBJ and VCCF, are old. They were built for a different time with different challenges. The challenge of housing mentally ill at the numbers that out there today or the number of people detoxing is a challenge with old designs. These older facilities may not have appropriate housing for the care and need that individuals in crisis need.

When an individual is in crisis, and there is no bed for them at a treatment facility, families take on the burden. When families are unable or unwilling to help those in need, many times, they end up running into Law Enforcement. Law Enforcement agencies add Mental Health training to the list of skills that they are trained in.

Recommendations

I recommend that more resources be used to help those in need. This can be done to start with by admitting that deinstitutionalization did not work or at least did not work as intended. For families that have the resources and the ability to offer the care needed that's great. Those families should be taking care of their loved ones and keeping them out of a Mental Health facility.

Mental Health facilities should not be run like jails or prison but should have areas dedicated to those that have broken the law. A mental health facility should be treated more like a hospital or rehabilitation facility. Families need to be encouraged to be involved and participate in the recovery of their family members. To accomplish this, more facilities are required, and they need to spread through the state and country.

People suffering from mental health problems need more than just hospitalization. Many need continuous care. When family's members are not willing or unable to help with constant attention, then Case Workers are required to ensure that an individual is participating in their treatment program to include medications, therapy, and any other ordered treatment.

Law enforcement needs to continue to work training its staff. Mental Health training needs to be ongoing like Defensive Tactics as a way to protect Law Enforcement, the public, and the person they encounter in a crisis state. Law Enforcement needs to continue to work with local agencies for the treatment of people.

In the end, people suffering from a Mental Illness still need the care, respect, and help from Law Enforcement that everyone else gets. There are challenges faced by all when dealing with someone in crisis. Putting for funding to help many of those that cannot help themselves by increasing the training for first responders, adding hospitals and treatment facilities, reducing the number of people in jails that need mental health treatment and just being better people.

Captain Chris Stormer has worked for the Volusia County Division of Corrections for more than 13 years. During that time, he has worked in most of the areas within the Division. He has been a supervisor since 2010. Chris has spent the majority of his career supervising the Mental Health Units. As a Lieutenant he was the first to oversee the Mental Health, Medical, Detox and Juvenile Inmates in both Volusia facilities. He created multiple new programs and policies that are still in place today. Chris is working on a Bachelor's Degree in Supervision and Management from Daytona State College.

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Appendix A

SLP Survey

Volusia County Division of Corrections (VCDC) Staff

1. Have you seen homeless individuals in public?
 - a. Yes
 - b. No
 - c. Unsure

2. Have you seen someone in the public that appears to be suffering a mental health problem?
 - a. Yes
 - b. No
 - c. Unsure

3. Have you received 40 hours of Crisis Intervention Team?
 - a. Yes
 - b. No
 - c. Unsure

4. Have you received 8 hours of Mental Health First Aid training?
 - a. Yes
 - b. No
 - c. Unsure

5. Have you received any other mental health training (e.g., example)?
 - a. Yes
 - b. No
 - c. Unsure

6. Have you encountered inmates that appear to be experiencing mental health issues in general population at the Volusia County Division of Corrections?
 - a. Yes
 - b. No
 - c. Unsure

7. Have you physically restrained an inmate with mental health issues at work?
 - a. Yes
 - b. No
 - c. Unsure

8. Have you used force on an inmate(s) with mental health issues while at work?
 - a. Yes
 - b. No
 - c. Unsure

9. Do you feel mental health training is needed?
 - a. Yes
 - b. No
 - c. Unsure

10. Are you sworn, civilian, or contract employee?
 - a. Sworn
 - b. Civilian
 - c. Contractor

11. Do you feel that jails are the best place for the mentally ill?
 - a. Yes
 - b. No
 - c. Unsure