

CORRECTIONSONE News

08/12/2014



Correctional Healthcare
with Lorry Schoenly, PhD, RN, CCHP

4 tips for handling mentally ill inmates

Like it or not, correctional settings have become the defacto psychiatric hospitals of our day; use these tips to keep yourself safe

If you work corrections, you work with mentally ill inmates. It is a fact of life that there are more mentally ill behind bars than in therapeutic settings such as mental hospitals. A report by the Treatment Advocacy Group found ten times more mentally ill in prisons and jails than in state psychiatric hospitals. They attribute this growing incarcerated population to the deinstitutionalization of the mentally ill in prior generations.

The added stress of imprisonment can exacerbate mental illness symptoms making life more difficult for both the inmate and correctional staff. Indeed, the Bureau of Justice reports that mentally ill inmates are more likely to violate rules and be involved in altercations and staff assaults than typical inmates. This leads to increased sentence lengths and progressive disciplinary interventions such as administrative segregation and isolation; both found to increase mental illness manifestations in a vulnerable population.

All this means that the more you are able to understand and manage mentally ill inmates, the less stress for you and your charges. Here are four tips for handling mentally ill inmates, no matter the correctional setting.

1. Think mental illness early

It can be easy to assume that aggressive or non-conforming behavior is an intentional rule-breaker (much of it can be); however, think mental illness early in a situation. When considering all your response options, seek to understand any potential mental illness factors contributing to the behavior. Even if your setting classifies seriously mentally ill inmates, an unclassified inmate may have undiagnosed or mild mental illness contributing to the behavior. Minor misbehavior, when treated appropriately, is less likely to escalate. This means a better outcome with less potential for both staff and inmate injury.

2. Collaborate early with mental health professionals

If the number one tip is to think mental illness early, the follow-up action is to get some help from the mental health professionals at your disposal. Good relationships with the psychiatrists, psychologists, counselors or other mental health team members can ease the load of dealing with a behavioral issue. Not only is it their job, but they have the background and expertise to intervene in constructive ways in an escalating situation. Mental health professionals can also develop an ongoing treatment plan that can include structured responses to inmate behaviors. When everyone is reading from the same playbook, outcomes are more predictable.

3. Get some mental health training

Even with excellent mental health resources available, the more you know about mental illness, the better you will be able to detect and respond successfully. Many settings provide basic mental health training to officers and front-line staff as a part of orientation and ongoing professional development. If you are in a position to encourage additional training, you may be able to persuade mental health staff to provide case presentations and debriefing of actual situations in your facility. Group learning is an excellent way to both develop staff abilities and strengthen collaboration across disciplines.

4. Call for a medical evaluation

Many psychiatric manifestations actually originate from a medical condition. For example, medication side effects, liver disease, or electrolyte imbalances can lead to symptoms of mental illness such as moodiness, paranoia, and

depression. This is where a team approach can be very helpful. A medical evaluation, in addition, to a mental health consult may be in order for some inmates who develop unexpected changes in behavior or thinking.

The classic correctional position that every inmate is basically rational and makes choices on how they will respond to facility rules and officer direction no longer works now that a large portion of the inmate population has mental illness. Like it or not, correctional settings have become the defacto psychiatric hospitals of our day. Considering mental illness early, collaborating with mental health professionals, increasing your knowledge of mental illness manifestations, and calling in for a medical evaluation when confronted with a disciplinary issue in your tour of duty will go a long way toward early resolution of aggressive or nonconforming inmate behaviors.

Fellow columnist, Gary Klugiewicz, also provides helpful information should you have to intervene with an angry or violent mentally ill inmate.

How are you dealing with the growing mentally ill inmate population in your setting? Share your thoughts and tips in the comments section of this post.

About the author

Dr. Schoenly has been a nurse for over 25 years and is currently specializing in correctional healthcare. She is a clinical education specialist and author actively advocating for excellence in this practice setting. Her web-presence www.correctionalnurse.net provides a forum to interpret correctional healthcare to the public and healthcare community. Lorry is a strong advocate for development of the specialty practice of correctional nursing. She speaks and writes frequently on correctional nursing practice issues. Her book, *Essentials of Correctional Nursing*, will be published in July, 2012.

Follow on Twitter: www.twitter.com/lorryschoenly

www.facebook.com/lorryschoenly

Blogging @ www.correctionalnurse.net

Professional Details @ www.linkedin.com/in/lorryschoenly

Planning to research, evaluate or purchase product for yourself or your department? CorrectionsOne's Product and Service Categories to help you make an informed purchase.
<http://www.correctionsone.com/products/>

[Back to previous page](#)