

JAIL BULLETIN

NOVEMBER/DECEMBER 1998

NUMBER 144

The *Jail Bulletin* may be used as a supplement to your jail in-service training program. If officers study the material and complete the attached "open book" quiz, they may receive **one hour of credit**. The bulletin and quiz may be reproduced for staff use as necessary. ***We welcome any material you would like to contribute to the "Jail Bulletin".***

MANAGING MENTALLY DISORDERED INMATES PART I

Corrections Officers Responsibilities

I. Introduction

Increasingly, many inmates who become involved in the criminal justice system have serious and chronic physical health and mental health needs. Many of these inmates have been involved for long periods of time in other systems, such as Correctional Services, Welfare Services, Health and Human Services, and Community Mental Health Services. The length of time these inmates have spent in the public welfare systems and, in many cases, the inmate's eventual abandonment or rejection of these services, hints at the duration and range of traumas and abuse occurring in their lives.

Many individuals who are incarcerated have been rejected from mental health and community-based health and social programs because those programs cannot meet the severity of their needs nor contain their seriously disturbed behaviors. Addressing the needs of individuals who are incarcerated is a challenge for the institution.

The challenges for the institution are numerous:

First, detention staff are increasingly required to manage large numbers of inmates with pre-existing mental health disorders, rather than a few disordered inmates in a generally "normal" population.

Second, detention staff manage these inmates with resources unique to the criminal justice system. That is, access to resources available in "treatment" settings are not available. Resources that are generally scarce in detention settings which are readily available in treatment settings include:

- ! medical staff available
- ! psychiatric staff available
- ! mental health staff
- ! use and training in soft restraints
- ! extensive training in intervention and de-escalation techniques
- ! increased staff to client ratio
- ! buildings that provide safe areas without the use of isolation
- ! budgets that allow for recreational and educational materials and equipment
- ! support staff
- ! training in appropriate behavior management

Note that statistics support the fact that individuals who are detained have higher rates of mental disorders than non-incarcerated peers and the rates and types of disorders are comparable to individuals who are found in inpatient psychiatric hospital wards.

Third, the stresses inherent in a corrections institution which are great for normally coping individuals are often severe for mentally disordered individuals. These stresses include:

- ! making decisions during the court process that have long term effects
- ! being held with little information about their case or court outcomes
- ! separation from outside supports
- ! being in an environment that is generally more authoritarian than supportive.

SUMMARY

In many communities detention staff are viewed as professionals who are the only ones trained to deal with severely aggressive individuals in any effective way. The new challenge for detention staff is to be able to integrate information about mental disorders into prior behavioral training in order to meet the need of the individuals who are now being incarcerated.

There are many issues involving mental health that may affect individuals within your detention facility. You need to be aware of these issues, but of course, there is no way to make you "experts" in this forum. Therefore, we're going to cover the basics so that each of you will have a general knowledge of what to expect and how to proceed. The performance objectives for this and following jail bulletins are to:

1. Identify safety considerations directly impacted by illness behaviors in an inmate.
2. Define what is meant by mental disorder.
3. Identify common types of disorders likely to be observed in the detention setting and behaviors associated with each of those disturbances.
4. Identify guidelines to be used in observing and documenting disordered behaviors.

5. Identify counseling skills useful for working with mental disorders.

II. LIABILITY ISSUES RELATED TO INMATES WHO HAVE MENTAL DISORDERS:

Once again we emphasize that the ability to work with inmates who have serious mental health disorders is an essential skill for detention line staff and supervisors. This expertise is also critical to maintaining the safety and security of the unit for the following reasons:

A. There is a legal obligation in custodial settings to provide "reasonable care" which includes:

The duty to "foresee and prevent" injury and death by suicide includes a legal obligation to recognize evidence of mental conditions which may lead to harm. Some examples of legal cases citing liabilities of custodial care follow:

The responsibility of corrections facilities extends beyond safeguarding the public from individuals in their custody to protecting and maintaining the safety and health of their prisoners (See Thomas v. Williams, 105 Ga. App. 321, 326, 124 S.E. 2d 409, 412-413 (Court App. 1962); Porter v. County of Cook, 42 Ill. App. 3d 287, 290, 355 N.E. 2d 561, 564 (Ct. App. 1976); Roberts v. State, 159 Ind. App. 456, 462, 307 N.E. 2d 501, 505 (Ct. App. 1974)

Maricopa County v. Cowart: Juvenile Facility must exercise skill and knowledge normally possessed by like institutions in similar communities handling juveniles whether they are custodial or treatment in nature (106 Ariz. 69, 70, 471 P.2d 265, 266 (1970)

Logue v. United States: The Logue court emphasized primarily the custodians failure to provide for constant surveillance of the inmate despite having taken the precaution of stripping his cell (344 F. Supp. 322 (S.D. Tex. 1971)

Broussard v. State: Custodial duty to prevent suicide is based on evidence that custodian has an indication or knowledge of prior attempts of suicide, mental conditions, or any behaviors which indicate possible self-harm. (356 S. 2d 94, 96 La., 1978)

Pretty on Top v. City of Hardin: A facility has a duty to exercise reasonable care as the mental and physical condition of the resident requires the jail be held to the same standards of care as a mental facility (597 P.d2 58, 60,61 Mont., 1979)

Palsgraf v. Long Island: In custodial suicide cases, if the risk is foreseeable, the institution is liable. Foresee ability is defined by community standards (248 N.Y. 339, 162 N.E. 99, 1928; in W. Prosser, Law of Torts, 4th Ed. 1979)

B. There are safety issues associated with correctly identifying behaviors associated with mental conditions in a detention setting, including:

1. INDIVIDUAL'S SAFETY:
to be able to more accurately anticipate behaviors which may jeopardize the safety of the individual.
2. GROUP'S SAFETY:
to be able to accurately classify and program inmates so that group safety (the safety of the staff and other inmates in a housing unit) and security is preserved.
3. ANTICIPATE CHANGES IN ROUTINE:
to be able to assess and anticipate an inmates impact on the jail's daily routine
4. REFERRAL:
to be able to refer inmates to mental health for further assessment and assistance in managing the inmate's behavior.

SUMMARY

Most detention staff have access to mental health professionals in the community only for purposes of consultation in extreme crisis situations (i.e., a lethal suicide attempt or a grossly psychotic inmate).

Few detention facilities have access to mental health professionals who are familiar with the detention setting and detention populations.

The accurate identification of an inmate who has a mental disorder or multiple mental disorders is critical.

The next jail bulletin will follow-up on this topic with “what is a mental disorder” in Managing Mentally Disordered Inmates part II.

Material prepared by staff of the Nebraska Commission on Law Enforcement and Criminal Justice, Jail Standards Division. If you or your agency wish to contribute to the ***Jail Bulletin*** or have a special subject to be addressed through the bulletin, please contact: Daniel Evans at Jail Standards Division, P.O. Box 94946, Lincoln, Nebraska 68509-94946, Telephone 402-471-3710, FAX 402-471-2837.

The contents of the ***Jail Bulletin*** represent the views of the original author(s) and do not necessarily reflect official views or policies of the Nebraska Crime Commission or the Nebraska Jail Standards Board.

QUIZ

Nebraska Jail Standards require that jail staff receive eighteen (18) hours of in service training each year. The Jail Bulletin may be used to supplement in service training if an officer studies the bulletin, completes the quiz, and this process is documented by the jail administrator for review during annual jail inspections. **CREDIT: One Hour credit for jail in service training requirement.**

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NUMBER 144

**SUBJECT: MANAGING MENTALLY
DISORDERED INMATES
PART I**

NAME: _____

DATE: _____

1. From the material, which of the following are resources that are readily available in treatment settings but scarce in detention facilities? (circle those that apply)
 - a. Mental health staff
 - b. Restraint equipment
 - c. Increased staff to client ratio
 - d. Training in appropriate behavior management
 - e. Medical staff
 - f. All of the above except b

2. The challenges for County jails in housing the mentally disordered inmate include: (Circle one)
 - a. Managing large numbers of inmates with pre-existing mental health disorders
 - b. Managing these inmates with the resources unique to the criminal justice system
 - c. Stresses inherent in correctional facilities are severe for the mentally disordered
 - d. None of the above
 - e. All of the above

3. What are the **four safety issues** related to correctly identifying behaviors associated with mental health? (Circle those that apply)
 - a. Individual's safety
 - b. Group's safety
 - c. Anticipating changes in routine
 - d. Referral

- e. All of the above.
4. What is the legal obligation in detention regarding mental health care? (Circle those that apply)
- a. Provide reasonable care
 - b. Recognize evidence of mental condition
 - c. Protecting and maintaining safety and health of the prisoners
 - d. A and B above
 - e. All of the above
5. Few detention facilities have access to mental health professionals who are familiar with detention settings and detention populations. (Circle one)
- a. True
 - b. False
6. The decision in the pretty on top v. City of Hardin case emphasized which of the following : (circle those that apply)
- a. The mental and physical condition of the resident requires the jail to be held to same standards of care as a mental facility
 - b. A facility has a duty to exercise reasonable care
 - c. Jail facilities are not liable for the actions of mentally ill inmates
 - d. Constant surveillance of the mentally ill is not essential
 - e. Only a and b
 - f. a, b, and d
7. According to the case of Broussard v. State, the **custodial duty** to prevent suicide is based on evidence that the custodian has an indication or knowledge of prior attempts of suicide, mental conditions or any behaviors which indicate possible self harm. (Circle one)
- a. True
 - b. False

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QUIZ

(Answers)

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- a. **True**
- b. False

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Answer sheets should be retained by the Jail Administrator.