

Mental Health Issues for the Incarcerated

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Michigan Partners in Crisis
Winter Meeting
December 1, 2008

Overview

- Prisoner intake and screening for mental illness
- Case examples, what can go wrong
- Why it happens: outside expert findings on intake diagnoses, treatment not required, staffing

Adult Prisoner Intake

Two primary reception areas

- Charles Egeler Reception and Guidance Center in Jackson for men
- Robert Scott Facility in Plymouth for women (soon to be Huron Valley)



Egeler Facility



Scott Facility

Documents at Intake

- **Presentence Report (PSI)**
A critical document, relied on for major MDOC decisions, including prior mental health treatment or conditions affecting mental functioning (CHI)
- **Sheriff's questionnaire** on jail behavior, relied on for continuity of mental health medications, notes on potentially suicidal behavior

Intake Testing

- The MMPI is no longer given to every newly committed prisoner
- Replaced with an in-person mental health/suicide screening
- Only some given a short-form version of the MMPI

Case example

- The case of Chad Childers, a young man, history of paranoid schizophrenia
- Sent from Lapeer County jail with his diagnosis, his 3 meds, and a letter from his psychiatrist

At Intake

- All medications were discontinued, later a few restarted
- Was denied his diagnosis, given less severe one (mental disorder NOS)
- Given medical accommodation to be on a lower floor, placed at highest
- Mother in almost daily contact trying to get his medications restarted

Result

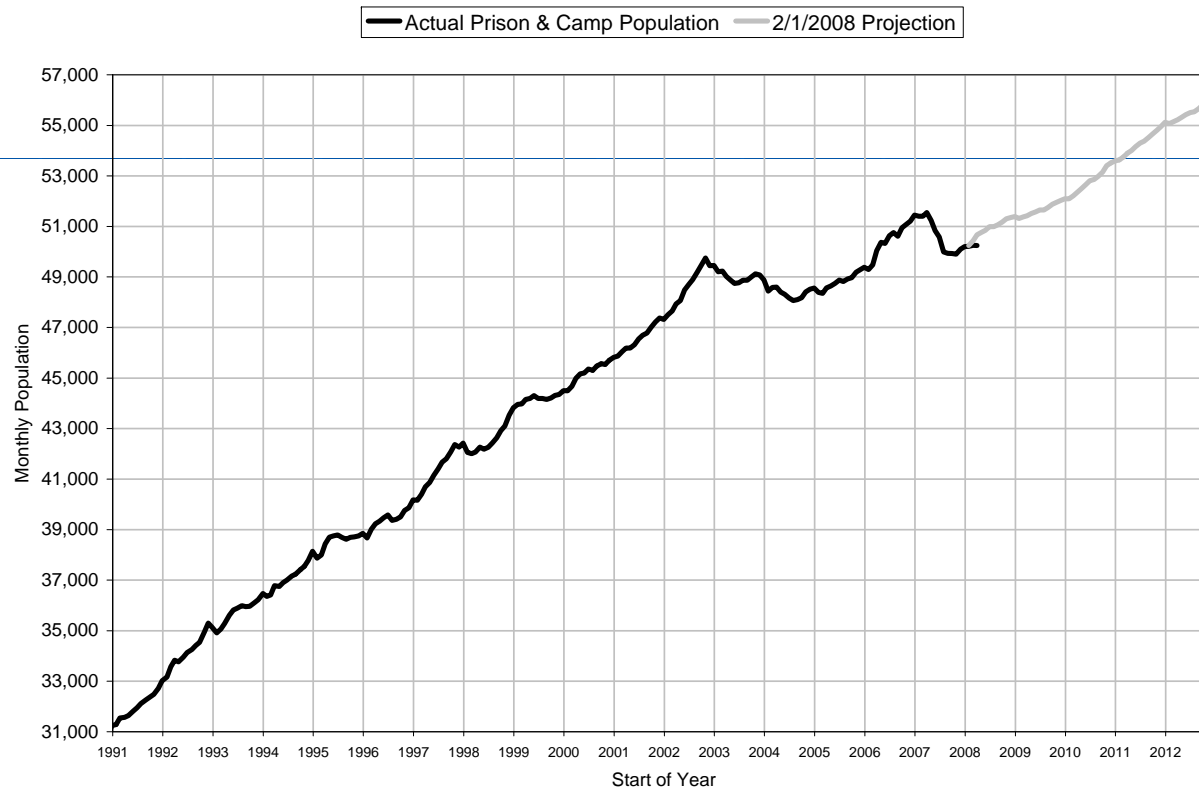
- Discovered having a psychotic break and had developed a serious infection (cellulitis)
- Required acute psychiatric care but not provided because there is no where in the MDOC to provide acute psychiatric care also needing medical attention
- Over a year later had still not fully recovered

Another example

- The case of Timothy Souders
- Transferred to Southern Michigan prison
- His psychotropic medications were reduced from 5 to 3, and changed
- Heat-related complications
- Sent to segregation, actively psychotic, placed in 4-point restraint, died of dehydration

Prison Population 2008 and Projected

Michigan Department of Corrections
ACTUAL PRISON POPULATION & CURRENT PROJECTION (2/08)



Mental Health Treatment Level

- Only 2.2% to 3.2% of prisoners entering the system accepted for admission (2007)
- Far below the national level 16%

Findings of Outside Experts:

1. The current mental health system in the MDOC routinely and predictably fails to identify persons with serious mental health needs

Findings of Outside Experts:

2. The MDOC has never demonstrated the ability to identify, through its screening procedures, a percentage of prisoners for treatment consistent with national data on prevalence of mental illness in correctional settings.

Findings of Robert Cohen, M.D.,
Independent Medical Monitor,
Hadix v. Caruso:

- Mental health care reflected a substantial failure to identify serious mental illness on intake
- The referring diagnosis of over half of a sample of incoming prisoners were downgraded by the RGC psychiatrists

Recent MDOC Changes

- “Bridge” order to continue psychotropic medications at intake
- Including “mental retardation” for additional consideration in prisoner discipline
- Additional considerations in prisoner discipline and placement in segregation

Further Information

Partners in Crisis website:

www.mipic.org

Prisons & Corrections Section of
the State Bar of Michigan,
conference website:

www.BalancingOurPriorities.org

Patricia A Streeter, website:

www.PatStreeter.com