

# INTRODUCTION TO MENTAL HEALTH TREATMENT IN CORRECTIONS

A Clinician's Perspective

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# About the Author

Emil R. Pinta, M.D., a native of Cleveland, received his undergraduate degree in 1962 from Case Western Reserve University, where he was inducted into Phi Beta Kappa. He is a 1966 medical graduate of The Ohio State University (OSU). As a senior medical student, he received an “outstanding achievement award” in psychiatry, the first award of its kind given by the department of psychiatry. He began a psychiatry residency at OSU in 1969 after serving three years in the U. S. Public Health Service. He was chief resident during his final year of training in 1972.

Dr. Pinta was on the full-time faculty of the OSU department of psychiatry from 1972 to 1991, with clinical responsibilities on inpatient and outpatient services. His principal teaching and research interests were psychosocial therapies, forensic and correctional psychiatry, medical ethics, evaluation and treatment of violent behavior, and the history of medical and psychiatric education. He taught resident classes in psychotherapy and psychiatric ethics, and was coordinator of the department’s group psychotherapy program. He also represented the OSU College of Medicine in an interdisciplinary course on ethical issues for medical, law, nursing, social work, and seminary students. In 1985 he was voted “Teacher of the Year” by his psychiatry residents. He became a member of the emeritus faculty in 1991.

Dr. Pinta was a psychiatry consultant to Ohio’s prison system from 1972 to 2007; and practiced at both men’s and women’s prisons and at a residential-treatment unit (RTU) for male inmates. After 1991, when he retired from OSU, his practice was limited to correctional psychiatry. He was also a psychiatrist in California’s prison system at an acute-care psychiatric unit in Folsom.

Dr. Pinta is a Distinguished Life Fellow of the American Psychiatric Association and has been a member of the American Academy of Psychiatry and the Law since 1973. He has presented topics related to correctional psychiatry at local, district, and national meetings. He is first-author on articles published in the *American Journal of Psychiatry*, *Journal of the American Academy of Psychiatry and the Law*, *American Journal of Psychoanalysis*, *Biological Psychiatry*, *Psychiatric Services*, *Psychiatric Quarterly*, *American Journal of Forensic Psychiatry*, and the *Correctional Mental Health Report*. *Introduction to Mental Health Treatment in Corrections: A Clinician’s Perspective* is his fourth book.

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# Preface

Correctional care provides benefits that can extend beyond the prison community. Prisons are largely kept out of the awareness of the public, which makes inmate transitions into civilian life more difficult and contributes to recidivism. Clinicians working in corrections can provide an important link with the outside world that not only benefits inmates, but the rest of society as well. There are, however, critical differences in working with inmate populations as compared to mental health treatment for a general civilian patient population.

This book is a commonsense guide for mental health professionals who begin work in the prison system. I hope that parts of it will also be useful to more experienced clinicians. The opinions expressed here are mine only and not those of any departments or organizations with which I have been associated. Importantly, while the text sometimes deals with legal issues, the opinions expressed here are not legal advice; readers who have legal questions, whether pertaining to their personal professional role or to institutional issues, should contact an attorney.

This introduction to correctional mental-health treatment is based on my thirty-five years of clinical experience as a psychiatry consultant to Ohio's prison system. During these years, I was employed at minimum-, medium- and close-security men's prisons; at a reception center for male inmates entering the prison system; at a men's residential-treatment unit for mentally ill prisoners unable to adjust to their institutions; and at several women's prisons. During most of this time, I held a regular faculty appointment with the department of psychiatry of The Ohio State University. I also had experience in California's prison system at an acute-care psychiatric facility for male inmates.

As used in this book, "prison" means a place of incarceration operated by the state for convicted adult male or female felons. Some of the guidance provided in this book may also be applicable to jails, but jails—which are operated by local or county governments—are different from prisons in significant ways. There is a more rapid turnover of inmates in jails than in prisons. Jails house a larger number of homeless and other marginally adjusted individuals, many of whom are detained because there are no suitable alternatives. Prevalence rates for most mental disorders are higher in jails than in prisons. As an indicator of the degree of mental impairment in jail populations, the suicide rate in jails is approximately three times the suicide rate in prisons (Bureau of Justice Statistics 2005).

I have attempted to keep references to a minimum, but have used them when statistics are given, or when it is important to verify the source of a statement. References are listed at the end of each chapter, along with suggested readings on chapter topics.

There are several important resources on correctional mental health. These include:

- *Psychiatric Services in Jails and Prisons, 2nd Edition* (American Psychiatric Association, 2000);
- *Correctional Psychology; Practice, Programming and Administration* (Schwartz, 2003);
- *Correctional Psychiatry: Practice Guidelines and Strategies* (Thienhaus & Piasecki, 2007); and
- *Handbook of Correctional Mental Health, 2nd Edition* (Scott, 2010).

Several of these books provide information on special inmate populations not covered in this introductory book—such as female, juvenile, and geriatric offenders and inmates with developmental disabilities. An older book (Wettstein, 1998), provides information still useful on legal and ethical issues, and treatment recommendations for various groups of offenders. A journal series also provides an informative overview of prison treatment programs and standards of care (Metzner, 1997a; 1997b; 1998).

There are a number of national organizations in addition to the American Psychiatric Association that have developed standards of care for suicide prevention, segregation, and mental health screening procedures, among others. These include the American Correctional Association (ACA), National Commission on Correctional Health Care (NCCCHC), American Public Health Association (APHA), and National Institute of Corrections (NIC). Their websites offer current information on standards, procedures, and practices. An NIC publication (National Institute of Corrections, 2004) provides a useful overview of standards and other guidelines. Most states also have their own standards of care, based for the most part on national standards.

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