

A Psychiatric Ward Run by Inmates in a Prison Setting

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The role of psychiatry in prisons has attracted much interest in recent years. Very little has been reported, however, about the practice of in-patient psychiatry in prisons. What has been written has dealt mostly with (1) the difficulties of establishing a psychiatric ward and (2) the perpetual conflict between the psychiatrically oriented physician and staff and the custody-oriented guards who compete for control of the ward. A joint solution is eventually reached which works until there is a change of personnel. Both of these problems have been shown by Graff¹ and Stamm,² who have separately reported on their experiences working as physicians at the Medical Center for Federal Prisoners at Springfield, Missouri. Bartholomew³ also discussed the same problems in his paper. Although some of them have occurred at Lewisburg, Lewisburg has an innovative and thriving Psychiatric Ward. The lack of civilian staff on the Ward led to the training of inmates as Psychiatric Aides.

Physical Plant

Lewisburg Penitentiary is one of the larger federal penitentiaries, with a total inmate population of 1900, including two area farms. It is a relatively old institution and has a relatively old population for the prison system, averaging 29 years. Inmates are considered by the system to be beyond major rehabilitation. Although there are exceptions, the larger percentage of inmates at Lewisburg are not assaultive and their offenses include less violent crimes such as bank robbery, interstate motor vehicle charges and paper crimes. The amount of psychotic and suicidal behavior is surprisingly low, but such behavior does occur. The prison is divided into various buildings connected by long corridors; the hospital makes up an entire building at one end. Its location removes it from the mainstream of prison activities. The psychiatric facilities, further removed, are placed on the second floor of the hospital. The Ward is made up of five cells which open into a small corridor, plus two strip or isolation cells set behind barred doors which separate these cells from the rest of the Ward. They are used only if a patient becomes violent or acutely psychotic. There is also a nurses' station, a community bathroom, a small recreation room which includes television, books and games and a small dining area. The Ward is separated from the rest of the hospital and population by a locked door which can only be opened by the psychiatrist, medics who work in the hospital or the guard who manages the main door to the general hospital. Thus, the Ward offers complete separation and isolation from the rest of the prison population and from custody, an isolation which makes the facility unique within the prison. The only time that custody becomes involved in the Ward is when there is a major problem which cannot be handled by the staff. Perhaps the most unusual aspect of the Ward is that due to lack of available full-time civilian help and the presence of only one psychiatrist for the entire institution, the Ward is staffed only with inmate help or aides. The use of inmate help to run a psychiatric ward has proven to work at Lewisburg.

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Inmate Help

The inmate help have volunteered to work on the Psychiatric Ward either through a direct note or "Cop-Out" to the psychiatrist or through the influence of a friend already working on the Ward. After talking to the psychiatrist, visiting the Ward, and convincing the psychiatrist of their motivation and realistic understanding of a psychiatric ward, they are encouraged to begin work. They are paid for the responsibility only a minimal \$5.00 or \$10.00 per month, since there is no money to pay them more. They work a seven-day week on eight-hour shifts, and they occasionally take double shifts if someone is ill or if there is a very disturbed patient. They risk the ridicule of other inmates who feel they are trying to beat the system by associating with the administration, which is not trusted by inmates. They also stand the possibility of retribution or personal trial if they have to subdue a troubled patient or report to a psychiatrist about one of the ex-patients who does not take his medication or may be going psychotic and need readmission to the Ward, perhaps forcibly.

There are four or five inmates working on the Ward. None of them has had any formal education, but all appear to be basically stable and have a sensitivity for people who are suffering. Theirs is probably the only position in the entire prison where inmates feel truly responsible for what is going on. Until now, it has always been taught that inmates should not be trusted and should never be given any basic responsibility even if they have important jobs. Given this attitude, inmates have often lived up to this bad reputation. Several of the help have had difficulty in the past dealing with their own aggressive feelings, and when accosted they reacted physically. Several times on the Ward, inmate patients have abused them either by spitting or bodily assault, and although they have come to the psychiatrist stating that they were ready to explode, none has. The psychiatrist discussed with them weekly the basic dynamics and personalities of the individual patients. He did not get very technical at first but spoke on a practical level, and the aides seemed to comprehend this. Over a period of time, however, they have encouraged the psychiatrist to be more precise and to give more professional information so that they could better understand their patients. As on a private psychiatric ward, transference has been evident: certain patients relate well to some aides and show hostility to others. This phenomenon was difficult for the aides to comprehend. During the weekly meetings, patients are brought to the meetings and their problems are openly reviewed. The inmate help keep daily running notes on each patient's progress, and if they feel the patient needs medication, a change of medication, discharge from the Ward or even placement in an isolation cell, they suggest this to the psychiatrist. The doctor and staff then reach a joint solution. Staff involvement with the patients occurs through casual conversations, games and exercise. There are current plans for organized daily group therapy. When the aides feel it is time for a patient's discharge, they consult the psychiatrist, who sees the patient and makes the formal discharge. As in every psychiatric facility, he must take this medical responsibility.

The psychiatrist has found the advice of the inmate help regarding readiness for patient discharge to be appropriate at all times. He has usually concurred with the staff's observation that a patient might be losing control and/or needs control and should be locked in his own cell or in an isolation cell. As time went on, he has had the aides call the custodial or medical staff directly to confine patients instead of giving the orders himself. The aides are also helpful once a patient has left the Ward, by observing his behavior in population. This aftercare can result in their encouraging the troubled patient to see the psychiatrist or helping him move to different quarters in population. If the aides feel that a man is not taking a prescribed medication, needs medication, or should be on the Ward, they will either contact custody to bring him to the psychiatrist or have the man admitted directly to the Ward. It is a sign of the success of this experiment that custody will now ask inmate help to see a man they are concerned about or will contact the psychiatrist directly.

Results

In the time that the Ward has been functioning, sixteen months, there have been 62 inmate patients treated; 10 were patients who have returned for a second time, while 3 have been admitted more than twice, giving a total of 77 inmate admissions. These have included all types of problems such as "O" Study court evaluations, which, due to prison policy, must be placed on a psychiatric ward, situational problems causing anxiety or depression, severe character disorders and acute psychotic reactions. Fifty-two (52) patients have required medication. The average amount of time a man stayed on the Ward has been approximately two to four weeks, although some have spent as much as four months. Most people were discharged with mild to marked improvement, but a total of nine were not improved. It was felt this was due to the chronicity of their illness, and they were transferred to the Federal Medical Center in Springfield, Missouri, for extended treatment. Fifteen (15) patients were sent back to the courts directly. There were no suicide attempts and there were no unresolved problems between inmate helpers and patients.

Throughout the time, the inmate aides on the Ward saw their role as professionals and functioned in that position. Occasionally they would identify with the inmate patients on a personal level, without necessarily seeing the implications of the patients' acts, but at all times were able to discuss this problem and deal with it accordingly. Although the inmate aides are put under much pressure by patients and some insecure custodial officers, they have kept their composure at all times. No incident reports have been made at any time about them. They seem to understand the problems of running such a ward and comprehend the intricate relationship they have with the psychiatrist, the medics and the custodial staff. They have gained the confidence of the patients and the respect of the general population as well as the custodial staff. Instead of this being just another job, it has given them a means of being responsible and mature and has increased their own feelings of self-esteem and worthiness.

Summary and Discussion

A psychiatric ward was established at the Lewisburg Penitentiary Hospital at Lewisburg, Pennsylvania. It was composed of a Ward of seven cells, and since there was no civilian help available, it was staffed by inmates. The normal problems between Custody and the Mental Health Staff have been minimal due to the physical layout and the casual atmosphere which exists in the hospital at Lewisburg. In the sixteen months of operation, the Ward has treated 62 inmate patients for a total of 77 visits. The results have been gratifying, since most of the patients have left the Ward improved. The successful use of inmate help to staff the Ward calls into question the assumption that inmates cannot be trusted with responsibility in a prison setting. It also demonstrates a means of establishing an effective psychiatric service in a prison when there is a shortage of civilian help.

References

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2. Stamm R: Relationship problems between correctional and psychiatric staffs in a prison hospital. *Am J of Psych* 118-7:1031-1035, 1962
3. Bartholomew A: Some medical problems encountered in the setting up and running of a psychiatric unit within a prison. *N Z Med J* 63:219-224, 1964

Addendum

On July 21, 1974, three weeks after the author left Lewisburg, replaced by another psychiatrist, the Ward was closed down by the administration.