Intermediate Care Programs for Inmates with Psychiatric Disorders

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Inmates with psychiatric disorders are a growing and difficult to manage population in federal and state prisons. An exploratory study was done of New York State's Intermediate Care Programs for inmates with psychiatric disorders. The study assessed whether there was a reduction in disruptive and harmful behaviors, and in the correctional restrictions and mental health services used to address those behaviors, among admissions to programs. Data came from corrections and mental health records of 209 inmates who had been in the program and prison for at least six months. Significant reductions were found in very serious rules infractions, suicide attempts, correctional discipline, and three mental health services: crisis care, seclusion, and hospitalization.

Inmates with psychiatric disorders are a growing and difficult to manage population in federal and state prisons.[1] Research shows that mentally ill inmates have a high prevalence of disruptive and harmful behaviors in prisons.[2–4] Reviews of the literature indicate that, until recently, little was known about inmates with psychiatric disorders,[5] and that many professionals working outside of the forensic psychiatry field believe they are untreatable.[6] Adequate programs have been called "virtually nonexistent" for most mentally ill inmates.[1] Consequently, an exploratory study was done of New York State's Intermediate Care Programs for inmates with psychiatric disorders. This study assessed whether there was a reduction in disruptive and harmful behaviors, and in the correctional restrictions and mental health services used to address those behaviors, among inmates admitted to these programs. Literature has been published on the prevalence of mental and functional disabilities among inmates in New York State prisons,[5] and on the relationship between psychiatric diagnosis and disciplinary infractions among those inmates.[3] Literature has also been published on mental health needs and service utilization by New York State inmates,[7] and on the comprehensive system used to deliver services to those inmates.[8,9] Intermediate Care Programs are the most recent component that was

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added to the New York State mental health care system.

Intermediate Care Programs

Briefly, New York State Intermediate Care Programs provide an intermediate level of clinical and rehabilitative services for inmates who need more than the outpatient services offered by prison mental health units, but who do not require the intensive inpatient services offered by the state's central forensic psychiatric center. Intermediate Care Programs provide these services at separate residential facilities. This makes it possible to create a therapeutic community in which mentally ill inmates are sheltered from being taunted, exploited, or assaulted by predatory inmates in the general prison population.

To be eligible for admission to New York State's Intermediate Care Programs, inmates must: (1) have a serious diagnosable mental disorder; (2) have a significant psychiatric history, as evidenced by prior hospitalization or recent mental health services; and (3) have difficulty coping in the general prison environment due to a mental disorder. These criteria are specified in the Operations Manual for Intermediate Care Programs.[10] Inmates who are withdrawn from social interaction, or who lack basic social and/or self care skills, may meet the third criteria. Under no circumstances are inmates sent to these programs for disciplinary reasons.

Intermediate Care Programs in New York State are jointly operated by the Bureau of Forensic Services of the Office of Mental Health, and the Department of Correctional Services.[8] This makes it possible for mental health and corrections staff to work closely together to provide inmates with clinical and rehabilitative services in a safe and secure therapeutic environment. The seven Intermediate Care Programs in the study described below operate under a policy directive that describes the programs and establishes statewide guidelines and operation procedures.[10]

At the time of the study, a typical Intermediate Care Program served 60 inmates, shared a full-time psychiatrist with an adjoining prison mental health satellite unit, and was staffed with three to five other full-time mental health specialists (e.g., psychologist, nurse, social worker, occupational/recreational therapist). These staff made it possible for Intermediate Care Programs to provide inmates with a wider range and greater number of therapeutic, recreational, and security services than those available to inmates in the general prison population. These services include milieu therapy, individual and group therapy, chemotherapy, recreation therapy, task and skills training, educational instruction, vocational instruction, and crisis intervention. Having mental health staff on site or at nearby units facilitates adherence to medication schedules and prevents crisis situations from arising or escalating.

Intermediate Care Programs in New York State generally utilize a graduated four-step system that starts with reception, assessment, and orientation. The second step involves being given work assignments on program galleries and

limited privileges similar to those given to inmates in the general prison population. The third step includes general program assignments and complete facility access. The last step involves reintegration into the general prison population and follow-up.

Intermediate Care Programs were originally envisioned by New York State as "halfway-in" programs to avoid hospitalizing inmates, and as "halfway-out" programs to ease the transition from the central forensic psychiatric center to the prisons. However, many of the inmates who were discharged to the general prison population were unable to function adequately in that setting, continued disruptive and harmful behaviors, and ended up being disciplined and/or hospitalized again. Thus, Intermediate Care Programs have evolved to the point where, for many inmates, the program essentially serves as their permanent residence until their prison sentences are completed.

Intermediate Care Programs were instituted partly in response to problems caused by mentally ill inmates in New York State prisons. While these programs have been operating in the state since as early as 1980, no evaluation has been done of how well they are meeting this mission. Consequently, an exploratory study was conducted to assess whether there was a reduction in disruptive and harmful behaviors, and in the correctional restrictions and mental health services used to address those behaviors, among inmates admitted to these programs.

Method

Data for this exploratory study came from corrections and mental health records of all 209 inmates who had been in New York State Intermediate Care Programs for at least six months in 1988–89, and who had been in prison for at least six months prior to admission to the program. This sample did not include inmates who had spent less than six months in the programs and prison at the time of the study, or inmates who had been discharged from the program. Data were not collected on the latter inmates due to the inordinate amount of staff time and resources it would have taken to have located and reviewed their records in a correctional system with 56 prisons, a population of over 40,000 inmates, and frequently transfers inmates between prisons.

Data were collected on the characteristics and psychiatric diagnosis of inmates who at been at Intermediate Care Programs and prisons for at least six months. Data were also collected on the number of suicide attempts, and the number of serious and very serious rules infractions committed by inmates during the six months before and after admission. With regard to rules infractions, the Department of Correctional Services publishes a rule book, entitled "Standards of Inmate Behavior," which applies to all inmates in institutions operating under its jurisdiction.[11] Rules infractions are recorded in the discipline section of the inmate's records by corrections officers in both the general prison setting and Intermediate Care Programs.

Previous research found there was a significant relationship between number of rules infractions and psychiatric diagnosis among inmates discharged from New York State Prisons.[3] In contrast, this study focused on the two most serious tiers of rules infractions in the three tiered system. This was done in the event that less serious (Tier I) infractions were applied differently in the general prison population than in Intermediate Care Programs. While Tier II and Tier III infractions overlap, Tier III infractions are serious enough to result in a superintendent's hearing, compared with a regular disciplinary hearing for Tier II infractions. Reliability was not expected to be a problem with these infractions, because most of the behaviors that led to them threaten the order of the system, cause physical injury, and thus are difficult to overlook or ignore.

Other data were collected on three types of correctional restrictions: being deprived of commissary or recreation facility privileges, being confined to a prison cell on keeplock status, or being sent to a segregated housing area known as the Special Housing Unit for discipline. Typical punishments for moderately serious rules infractions are restricted privileges and keeplock status for relatively short periods of time. Inmates charged with very serious infractions are often sent to the Special Housing Unit for longer periods of disciplinary confinement.

Data were also collected on four mental health services received by inmates. One of these was the number of times inmates were prescribed psychotropic emergency medications. The other mental health services were the number of days inmates received crisis care at mental health units located within the prisons, were kept under seclusion, or were hospitalized at the State's central forensic psychiatric center.

Results

Table 1 displays data on characteristics of the 209 inmates in the study. Nearly all (93%) of the inmates were men. This was due to only one of the seven Intermediate Care Programs in the study serving women, and to this program being the smallest of its kind in New York State. In terms of race/ethnicity, 55 percent were black, 28 percent were white, and 15 percent were Hispanic.

Three-quarters of the inmates had been arrested at least once for a felony, and half had been arrested three or more times for felonies. Almost two-thirds

Table 1
Characteristics of Inmates at Intermediate Care Programs

Characteristic	n	%
Gender		
Male	195	93
Female	14	7
Race/ethnicity		
Black	115	55
White	58	28
Hispanic	32	15
Other	4	2
Number prior felony arrests		
None	52	25
1–2	53	25
3+	104	50
Prior prison experience		
Yes	131	63
Substance abuse problems		
Alcohol	44	21
Drugs	46	22

(63%) had previously served time in prison. With regard to substance abuse problems, the records indicated that 44 (21%) had problems with alcohol, whereas 46 (22%) had problems with drugs, prior to admission. Other studies have reported that about 60 percent of the inmates who receive psychiatric services in New York State Prisons are drug users.[12]

Table 2 shows the distribution of primary DSM-III-R psychiatric diagnoses of the 209 inmates in the study. More than half (57%) of the inmates were classified as schizophrenic. This percentage is similar to that reported for inmates who had spent time in a psychiatric hospital before being released from New York State prisons.[3] One-fifth of the inmates had paranoid schizophrenia, whereas one-quarter had undifferentiated schizophrenia. As for the other inmates in the study, about 15 percent had adjustment disorders, 10 percent had mood disorders, four percent had psychoactive substance use disorders, four percent had psychotic disorders not elsewhere classified (NEC), and six percent had diagnoses for other types of disorders. The latter included organic, anxiety, dissociative, marital, and development disorders. Diagnoses were deferred for six inmates and not present for four inmates.

Table 2
Psychiatric Diagnoses of Inmates at Intermediate Care Programs

DSM-III-R Classification	n	%
Schizophrenia	119	57
Paranoid	41	20
Undifferentiated	53	25
Adjustment disorders	31	15
Mood disorders	20	10
Psychotic (NEC)	9	4
Psychoactive substance use	9	4
Other disorders	11	5
Deferred	6	3
None	4	2
Total	209	100

Table 3 displays data on serious behavior problems, correctional restrictions, and mental health services before and after admission to Intermediate Care Programs. The second and third columns show mean occurrences of each of these variables. The next column shows *t*-ratios (for paired samples) that were used to compare means for those variables. The column on the extreme right shows the probability that differences between the respective means were statistically significant.

Table 3 shows there were significant reductions in very serious infractions and suicide attempts, but not in serious infractions, during the six months after admission. Very serious infractions fell from 209 to 106 (49%), whereas suicide attempts fell from 39 to 12 (69%). The differences between the respective means for those variables were significant beyond the .05 and .001 levels of probability. The number of serious infractions was about the same during the six months before and after admission to the program.

The only correctional restriction that had a significant decline was time inmates spent on discipline, which fell from 549 to 23 days, or by 95 percent. The difference between means for this variable was significant at the .05 level of probability. The number of days inmates were on restricted privileges and

Table 3
Problem Behaviors, Correctional Restrictions, and Mental Health Services Before and After Admission to Intermediate Care Programs

Variables	6 Months Before Admission		6 Months After Admission		*t*-Ratio	Prob. > *t*
	n	Mean	n	Mean		
Serious behavior problems						
Infractions						
Serious	221	1.06	216	1.03	−0.104	.9172
Very serious	209	1.00	106	0.51	−1.978	.0492
Suicide attempts	39	0.19	12	0.06	−3.434	.0007
Correctional restrictions						
Privileges	2,754	13.16	2,196	10.51	−0.065	.2881
Keeplock	2,883	13.79	2,137	10.23	−1.435	.1528
Discipline	549	2.63	23	0.11	−2.254	.0253
Mental health services						
Emergency						
Medications	160	0.77	123	0.59	−0.554	.5802
Crisis care	1,749	8.37	617	2.94	−4.345	.0001
Seclusion	899	4.10	179	0.75	−5.283	.0001
Hospitalization	6,862	32.83	72	0.34	−9.977	.0001

Note: n = 209.

keeplock declined, respectively, by 20 to 26 percent. However, the differences between the means for these variables were not large enough to be statistically significant.

Table 3 shows there were significant reductions in three mental health services received by inmates. Crisis care fell from 1749 to 617 days (65%), seclusion dropped from 857 to 167 days (98%), and hospitalization declined from 6862 to 72 days (99%). Differences between means for crisis care, seclusion, and hospitalization were significant at the .0001 level of probability. Although use of psychotropic emergency medications fell from 160 to 123 times (23%), the difference between the means was not statistically significant.

Discussion

The sample used for this exploratory study of Intermediate Care Programs for inmates with psychiatric disorders places limitations on the extent to which findings can be generalized. The study did not include inmates who had been referred, but not accepted, for admission. Without data on these inmates, it is not possible to compare outcomes of inmates who were and were not admitted to Intermediate Care Programs. Inmates who were not admitted to these programs may also have had reductions in serious problem behaviors, correctional restrictions, and mental health services while they were in the general prison population. The sample for this exploratory study of Intermediate Care Programs also did not include a small number of inmates who left the program within six months after admission. The study therefore excluded some inmates at both ends of the illness severity spectrum: those who were quickly able to

recover and return to general prison population, and those who were sent to the State's central forensic psychiatric center after their disorders worsened, and were not transferred back to an Intermediate Care Program during the time when the study was conducted. The sample did not capture those inmates who would be expected to benefit the most and least from these programs. Thus, the results should be regarded as exploratory until better designed research can confirm or disconfirm its findings.

This study suggests that Intermediate Care Programs are serving their target population of inmates who meet clinical admissions criteria specified in New York State's guidelines and operation procedures for these programs.[10] Only 10 of the 209 inmates did not have a primary DSM-III-R diagnosis recorded in their mental health records. Most of the inmates had diagnoses that indicated they had significant psychiatric disorders. The study also suggests that Intermediate Care Programs are meeting their mission of reducing disruptive and harmful behaviors, and the correctional restrictions and mental health services used to address those behaviors among inmates in New York State prisons. Among inmates who stayed in these program for six or more months, significant reductions were found in very serious rules infraction and suicide attempts, correctional discipline, and three mental health services: crisis care, seclusion, and hospitalization. While reductions in correctional privileges, keeplock, and emergency psychotropic medications were not statistically significant, these declined by more than 20 percent.

Intermediate Care Programs can not be expected to meet the needs of all inmates with psychiatric disorders. However, for inmates who remained in these programs for six or more months, our data suggest that Intermediate Care Programs significantly reduce serious behavior problems and the correctional restrictions and mental health services used to address those problems. Thus, Intermediate Care Programs not only may help to improve the safety and quality of life for inmates with psychiatric disorders, but also for the professionals who provide correctional and mental health services for these inmates.

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