

Evaluating Privilege Requests from Mentally Ill Prisoners

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Psychiatrists working in prisons are frequently presented with inmate requests for special privileges and living arrangements. Although recommendations to reduce stress are often indicated for seriously mentally ill prisoners, the injudicious use of special privileges can interfere with treatment and with the functioning and security of the prison environment. Guidelines are suggested for evaluating privilege requests that include exploring alternatives to granting requests; reserving privileges primarily for individuals with serious mental disorders; relying upon objective findings; and utilizing a multidisciplinary decision-making process.

Some of the more difficult decisions encountered by psychiatrists and other mental health professionals in correctional settings are requests from mentally ill inmates for special privileges and living conditions.

Privilege requests are usually made to reduce stressful conditions that can aggravate psychiatric symptoms, or for changes in living or work arrangements because of medication side effects. They may also be attempts at manipulation to obtain scarce resources or preferential assignments, such as individual cells and desirable work duties, which impart special status to inmates.

Common requests include specific job assignments and excused work absences; individual cells, cellmate changes, and

bottom bunks; special phone and visitor privileges; extra recreational periods; and special considerations—such as reduced waiting periods—for institutional hearings, security level changes, and transfers.

Some requests are quite creative. The author has had requests to only be allowed cellmates of the same race because of panic attacks when celled with those of a different skin color (an especially problematic request in states that prohibit assignment of prison housing by race). There have been requests to be released from kitchen duty because of roach phobia; and to be assigned bottom bunks because of fear of heights. One inmate argued that he should be exempt from disciplinary action for falsifying his visitors' list because his mental illness caused him to mistake his girlfriend's name for his sister's.

It is frequently desirable to make recommendations that reduce stress for in-

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mates with severe psychiatric disorders, such as serious mental illnesses, mental retardation, and cognitive disorders. In fact, advocating for patients by reducing environmental stress may be seen as an expected role and even a duty of the prison psychiatrist.¹

Evaluating Requests for Privileges

The injudicious use of privileges, however, can interfere with mental health treatment and with the functioning and security of the prison environment. Some reasons for this are as follows.

Special Privileges May Reinforce Symptoms of Mental Disorders and Promote Unhealthy Behaviors Mental disorders, even those having a biologic basis, can be influenced by environmental factors. There are behavioral reinforcers for most psychiatric symptoms.^{2,3} A system that rewards "extra symptoms" with "extra privileges" inadvertently fosters these disorders.

Clinical assessment and treatment are difficult when privileges are symptom contingent. Patients may be reluctant to give up symptoms, believing that a loss of symptoms will result in a loss of privileges, reasoning that "If I'm no longer depressed, I may have to return to that job I didn't like."

Inmates often threaten harm to themselves and others unless privilege requests are granted. When these threats result in privileges, unhealthy patterns are reinforced. In these instances, other alternatives need to be explored; for example, if an inmate threatens self-harm, suicide prevention procedures can be imple-

mented. If there is a valid threat to others, this is a custody issue and security staff should be notified so that appropriate safety policies can be set in motion.

Special Privileges Can Result in Non-therapeutic Environments for Offenders with Mental Disorders Special privileges can have unanticipated repercussions for inmates with mental health problems. It is common for other inmates (and some security staff as well) to develop resentment toward a "privileged" class of inmates. This can result in hostility toward mentally ill offenders and an environment that undermines treatment.

Custody staff who receive an inordinate number of privilege recommendations have difficulty determining which ones are appropriate and may refuse to honor all recommendations (stating security concerns), thereby depriving seriously ill inmates of needed support.

In addition, psychiatrists who recommend large numbers of privileges may lose their credibility with custody staff. In the author's experience, the credibility of mental health professionals with the prison administration frequently determines whether privilege recommendations are carried out.

The best therapeutic results are obtained when the treatment and custody staff have a cooperative relationship.^{1,4} As in other treatment settings, crossed coalitions among caretakers can create a dysfunctional environment that makes therapeutic interventions difficult.^{5,6}

Special Privileges Can Interfere with the Organized Functioning of the Prison Environment and Undermine Security In prison, inmates are rewarded for good

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(prosocial) behavior and punished for bad (asocial) behavior. At many institutions, inmates are required to be free of disciplinary actions for a defined period before they can be released from unpopular work assignments, such as kitchen duty. Releasing inmates from these assignments for mental health reasons can undermine the morale of inmates who have followed its rules. This can lead to group conflicts that affect the security of the institution and the safety of mentally ill prisoners.

It is realized that overconcern for security issues can result in role conflicts for mental health professionals. Correctional psychiatrists should be aware of custody concerns and committed to making prisons safe for inmates and personnel, but not to the extent that they abandon their treatment roles and identify with security staff.^{4, 7, 8} Likewise, prison administrators need to be sensitive to treatment issues. Blind allegiance to treatment needs by mental health staff, or to security needs by custody staff, can create unresolvable conflicts in the prison community.

Granting a Large Number of Special Privileges is a Formula for Creating a Mental Illness Epidemic When a behavior is rewarded, it is encouraged. Inmates desire a psychiatric diagnosis if it helps obtain special living arrangements and control over the prison environment. This can increase prevalence rates for psychiatric illnesses and overload treatment resources with questionable and spurious disorders.

It is common for inmates to invent symptoms so they can be placed on medication, to claim dizziness as a medication side effect, and to request a bottom bunk

or other special consideration. When the desired result is obtained, medication is stopped or "cheeked." At one institution where the author worked, there were more orders for bottom bunks than the number of bottom bunks at the institution.

When privileges are granted to some inmates, then other inmates will demand them. Demands for special privileges can become the primary focus of treatment sessions and take precedence over other issues. Prisons, like other structured settings, lend themselves to relationship distortions (the transference phenomenon). Inmates may perceive that they have depriving parents (caregivers who give privileges to others) and favored siblings (inmates who receive these privileges).

Writing Medical Orders for Special Requests "Medicalizes" These Requests and Is Often Misleading When an order for a special privilege is written by a psychiatrist, a medical domain is created between the inmate and security staff. The inmate has a "note from the doctor." This medicalization of privileges is often misleading, because reasons for privileges may be more ideologic than scientific and sometimes are decided for reasons of expediency and convenience.

Once medical orders for privileges are written, inmates are able to use these as leverage with security staff. Inmates have threatened lawsuits against institutions that have been noncompliant with privilege orders, usually for security reasons. This can place psychiatrists in adversarial roles with prison administrators and have a negative effect on treatment programs.

Guidelines

Suggestions for evaluating privilege requests are complicated by the variety of treatment services among prisons and varied roles for psychiatrists. For example, psychiatrists employed full time in correctional settings are likely to be aware of the effects of the prison environment on the mental health of inmates and to understand the consequences of recommending environmental changes. They may have leadership roles in deciding treatment and privilege policies and regularly exchange ideas with other mental health professionals and security staff.

On the other hand, consultants who work one day a week in a prison or *locum tenens* psychiatrists may be relatively unaware of day-by-day treatment and security issues. At some prisons, psychiatric consultants are isolated from other staff and relegated to providing pharmacotherapy in 15-minute (or shorter) sessions. Psychiatrists in these settings often have considerable difficulty determining the appropriateness of privilege requests.

Treatment resources at prisons vary from having a wide range of available options—including inpatient beds, crisis beds, designated special housing areas (residential treatment units), and sheltered work programs—to very limited and sometimes substandard resources, where mentally ill inmates are housed in disciplinary segregation cells.

Keeping these differences in mind, there are several guidelines that the author has found useful for handling privilege requests.

Whenever Possible, Alternative Methods to Special Privileges Should Be Explored If a mentally ill prisoner believes a change in work assignment or living arrangement is necessary, there are institutional policies and methods for requesting these changes. In most cases, these methods are preferable to a medical order from a psychiatrist. One of the greatest challenges in any treatment setting is for patients not to become overly dependent on professional staff and to take responsibility for healthy changes in their lives.^{6,9}

Accordingly, if special privileges are given they should be balanced with increased responsibility. For example, if a recommendation for a bottom bunk is made because of medication side effects, the inmate should understand that the bottom bunk is contingent upon good medication compliance. If a cell change is recommended, the inmate should understand the necessity for regularly cleaning his or her cell and maintaining good personal hygiene.

It is very appropriate for members of the mental health team to assist patients with the proper procedures and forms and with locating the correct individuals from whom to request a change. Learning how to maneuver through a bureaucratic system can be a worthwhile experience for mentally ill inmates, an important skill for when they return to the open community and have to negotiate the organizational mazes and paperwork necessary for employment, housing, and government programs.

There are times when inmates have followed the proper procedures with no re-

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sults, repeating patterns of “conditioned helplessness” that occurred outside of prison. In these instances, mental health professionals may be the individuals of last resort and need to weigh the negative consequences of intervening with the benefit that might result.

Special Privileges Should Primarily be Reserved for Individuals with Serious Psychiatric Illnesses Recommendations for privileges should primarily be written for inmates with serious mood or thought disorders (i.e., psychotic disorders). Other diagnostic categories that significantly impair functioning, such as cognitive disorders and mental retardation, are also in this category. These are the patients who require the most support and for whom the prison environment may be most stressful and lead to exacerbation of mental illnesses.

Patients with prominent positive or negative symptoms of schizophrenia may be unable to work at stressful jobs and may undergo symptom exacerbation when housed in noisy and crowded dormitories. Recommendations for job and housing changes for these and other inmates with severe psychiatric illnesses are often indicated, and the mental health professional may prevent placement in isolation where regression and decompensation can occur.^{10, 11}

There are times when nonpsychotic disorders, such as anxiety and posttraumatic stress disorder, will require special prison conditions; but these are the exceptions, and orders for these privileges should be postponed or issued temporarily until treatment has been attempted.

In general, requests for special privi-

leges from individuals with primary diagnoses of personality disorder should be viewed with suspicion. However, this generalization has limitations. Patients with borderline personality disorder can develop delusional thinking and self-destructive behavior under stress.¹² In addition, when the “fight or flight” mechanisms of individuals with antisocial personality disorder are blocked (as frequently occurs in prison), these prisoners, possessing inadequate coping abilities, may experience significant anxiety. In these instances, temporary environmental changes may be necessary while medication is being prescribed and inmates are taught strategies to deal with anxiety, such as stress management and relaxation techniques.

Special Privileges Should Generally be Based on Objective, Rather Than Subjective, Findings In most instances, it is advisable to obtain objective verification of symptoms that require special privileges. If a patient requests a bottom bunk because of dizziness from medication, orthostatic blood pressure tests may provide verification. (Some psychoactive medications can produce vertigo by other mechanisms that will require further evaluation.)

If a patient reports anxiety or panic attacks in certain living conditions, the psychiatrist can request that the patient be observed by clinical staff when symptomatic. A mental status evaluation and medical parameters, such as blood pressure, pulse, and respiration rates, may provide documentation.

It Is Very Desirable for Privilege Requests to Be Determined in a Multidis-

Disciplinary Team Meeting That Includes the Inmate and the Security Staff

There are a number of advantages to having a mental health treatment team decide privilege recommendations: team members have perspectives unique to their disciplines and may suggest alternatives to special privileges; meeting with a mental health team implies to patients that special privileges are not perfunctory and routine; patients realize that their requests have been given serious consideration and procedural due process; patients understand that privilege determinations are not the arbitrary decision of one individual; discussions of requests by a team reduces the likelihood of dissension ("splitting") among members; and discussions of requests that are documented in treatment team notes may make it more difficult for inmates to substantiate legal claims, such as deliberate indifference, if requests are denied.

It is preferable to have a member of the security staff participate with the mental health team in privilege request determinations. Discussions of requests with security staff may increase the sensitivity of mental health staff to security needs and, vice versa, of custody staff to treatment needs, thereby leading to improved staff cooperation.

In addition, security staff interact with inmates more frequently than clinical staff and may know information not evident to the mental health team. It is common for security staff to point out hidden motives for requests to change housing assignments—such as when an inmate owes favors to others in his or her dorm or is wanting to be housed closer to an-

other with whom there is a shared intimate relationship.

Conclusion

The ability to recommend special privileges for mentally ill offenders is a double-edged sword for prison psychiatrists. While such privileges can alleviate stress in prison, they can also promote the disabling effects of mental illness and create an institutional environment that interferes with treatment.

Compassion in this regard needs to be tempered with responsible clinical judgment and a careful evaluation of factors in the prison community affecting mental health treatment and security.

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