

The Adaptation to Prison by Individuals with Schizophrenia

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This report documents the adjustment to prison life by individuals with schizophrenia and compares their adaptation with a control group with no known mental illness matched for age, race, sex, most serious crime, and security level. On all outcome variables, number of infractions, number of "lock-ups," days in "lock-up," ability to obtain a job in prison, and ability to obtain release from prison, the group with schizophrenia was inferior to the control group. That inmates with schizophrenia may require special assistance in prison and the need for future investigation are discussed.

While the process of deinstitutionalization of the chronically mentally ill has resulted in a marked reduction in the census of state hospitals, it has also been accompanied by controversy over the condition of former inpatients. One concern has been that many of these individuals have shifted from the mental health system into the criminal justice system.¹⁻⁴

In their review of this problem, Bloom and colleagues⁵ conclude, "... it appears that the combination of a restrictive civil commitment statute with a poorly developed community mental health system leads the mentally ill to the criminal justice system." Just exactly how many

of the mentally ill reside in the criminal justice system is not precisely known but estimates generally range from 8 to 10 percent.^{6,7} There are very little data, however, on the question of whether significant shifting of the mentally ill into the criminal justice system has actually occurred. In fact, we found in a previous study that there did not appear to be a disproportionate shift of the chronically mentally ill from the mental health system to the prison system in South Carolina.⁸ This finding is consistent with the findings of other studies in Australia and Great Britain.^{9,10}

Regardless of the prevalence of mentally ill in the criminal justice population or whether the individuals have been shifted from the mental health to the criminal justice system, it is important to understand how the inmates with mental illness adapt to prison life. In a search of the medical and criminal justice literature, we located only one arti-

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cle addressing this question. Toch and Adams¹¹ conclude "... the problem is that fragile individuals must then receive services in a setting that strongly challenges the limited coping capacities of nonresilient personalities. . . . [M]oreover, prison staff often must respond to disruptive behavior with punitive sanctions which can exacerbate stress, when maladaptation is a product—or partially a product—of serious coping deficits." Our anecdotal experience in treating inmates with mental illness is consistent with these reports and suggests that these inmates do not adapt well. The purpose of this report is to explore this question in some detail. To do so, we will compare the adaptation of a group of inmates with schizophrenia with that of a group of matched-control inmates; and we will use these data to discuss probable programmatic and research implications.

Method

Using the computerized record systems of The South Carolina Department of Corrections and The South Carolina Department of Mental Health during the period 1975 to 1988, we identified all of the individuals admitted to prison in 1988 who had at least one Department of Mental Health inpatient admission resulting in a final diagnosis of schizophrenia. They numbered exactly 100.

We then attempted to match this group of inmates with schizophrenia to a control group of inmates admitted to prison between July 1, 1987, and December 31, 1988, who had no prior

Department of Mental Health admission for schizophrenia. The variables matched were: (1) most serious offense leading to current incarceration, (2) initial custody/security level in prison, (3) age, (4) race, and (5) sex. All individuals were required to have at least 120 days remaining on their prison sentences in order to permit sufficient time in which to assess their adaptation. The variables considered in judging adaptation were: (1) status as of January 15, 1992; (2) infractions; (3) days in "lock-up," (4) moves between institutions; and (5) prison jobs obtained.

When an index individual with schizophrenia left prison, the comparison stopped even if the matched control inmate remained in prison.

Results

We were able to match 60 of the 100 inmates with schizophrenia to a control inmate. Matches could not be found for 9 of the 11 females and for 16 males. In addition, 15 males with schizophrenia did not have the required 120 days remaining on their sentences.

Table 1 compares the 100 inmates with schizophrenia, the 60 inmates with schizophrenia who could be matched, and all prison inmates admitted during fiscal year 1988.¹² While all three groups were similar with respect to mean age and sex, both the total group and the index sample of individuals with schizophrenia contained a smaller percentage of Caucasians than the general prison population. With respect to the most serious offenses leading to the current incarceration, both the total group and

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Table 1
Comparison of Demographic Characteristics and Most Serious Offense Leading to Incarceration for the Total Group and Index Sample of Individuals with Schizophrenia and the General Prison Population

	Total Group (N = 100)	Index Sample (N = 60)	Matched Control (N = 60)	General Prison Admissions (N = 8,502)
Mean Age (yr)	31.3	29.3	29.0	29.0
Male	89.0%	96.7%	96.7%	91.3%
Caucasian	19.0%	16.7%	16.7%	42.2%
Murder or rape	12.0%	13.3%	13.3%	5.6%
Robbery or assault	22.0%	20.0%	18.3%	10.7%
Burglary or fraud	27.0%	40.0%	30.0%	44.9%
Drug offense	4.0%	5.0%	18.3%	13.8%
Miscellaneous*	35.0%	21.7%	20.0%	25.0%

* Failure to appear, disorderly conduct, resisting arrest, and other minor offenses.

the index sample had about twice the rate of incarceration for rape or murder and for robbery or assault as the general prison group. All four of these crimes require direct victim confrontation. The total group as well as the index sample had a much lower rate of incarceration due to drug-related offenses than the general prison group. Thirty-five percent of the total group with schizophrenia were in prison due to miscellaneous offenses such as failure to appear, disorderly conduct, and resisting arrest. A number of these individuals did not have 120 days remaining in their sentences and thus were dropped from the study.

Table 2 compares the correctional status of the index sample of individuals with schizophrenia and their matched controls as of January 15, 1992. There is a significant difference in status with more of the index sample remaining in prison and completing their entire sentence. Fewer of the index sample obtained parole or were placed on probation. These differences are present despite the fact that the mean days of the

Table 2
Comparison of Correctional Status of the Index Sample of Individuals with Schizophrenia and the Matched Control Group on January 15, 1992

	Index Sample (N = 60)	Matched Control Group (N = 60)
Remaining in Prison	22	17
Paroled	7	15
Probation*	6	13
Completed Entire Sentence	25	15

* In South Carolina it is possible that at the time of sentencing the total sentence can be reduced followed by a period of probation.
 Chi square = 8.629; *df* = 3; *p* < .05.

initial sentence for the matched control group was longer (2,445 days) than that for the index sample (2,160 days).

A prison is a unique environment. Behaviors that might ordinarily seem acceptable and totally correct are not only infractions of the rules but may also have a variety of negative consequences. Some infractions may be as insignificant as failing to address the deputy warden as "Mr.," or simply "being out of place." While irritating to

the correctional staff, these infractions rarely carry serious consequences. A brief trip to "lock-up" or loss of several days of "good time" would be the usual result. On the other hand, serious behaviors such as assault or damage to property are often only prosecuted if they result in death or serious injury. Rather, they are adjudicated by an "adjustment committee," and an inmate may be sentenced to a number of days or months in "lock-up."

"Lock-up" means that an individual is restricted to his cell. The only exception is to shower twice a week, obtain needed medical assistance and have one hour of recreation per day. There are no personal articles allowed in the cell, including cigarettes, radios food, etc. The recreation hour is often omitted on holidays, weekends, or other periods of short staffing. Television viewing is limited to one hour of news each evening.

"Lock-up" in its extreme, entails placement of an inmate in an all metal cell with no personal contact either by sight or sound. Those inmates who continue to be difficult to manage in regular "lock-up" are relegated to these special cells.

Table 3 compares the prison adjustment of the index sample of individuals with schizophrenia and the matched control group. The index sample demonstrated poorer adjustment on every measure listed in Table 3, with more violent infractions, more moves for medical or disciplinary reasons, and inability to obtain a job all reaching statistical significance.

Twenty-seven of the index sample

Table 3
Comparison of Prison Adaptation of the Index Sample of Individuals with Schizophrenia and the Matched Control Group

	Index Sample (N = 60)	Matched Control Group (N = 60)
Individuals having any infractions	N = 27	N = 19
Number of infractions	117	67
Violent infractions*	44	7 ^a
Individuals having any "lock-up"	N = 23	N = 19
Episodes of "lock-up"	70	28
Days in "lock-up"	1,748	931
Number of moved between institutions	543	442
Moves for medical or disciplinary reasons	122	32 ^b
Individuals never obtaining a job in prison	9	2 ^c

* Destruction of property, threats to endangerment of or attacks on other inmates.

^a Chi square = 15.758; *df* = 1; *p* < .05.

^b Chi square = 42.098; *df* = 1; *p* < .05.

^c Chi square = 4.904; *df* = 1; *p* < .05.

committed a total of 117 infractions (mean 4.3, range 1 to 19) while 19 individuals in the matched control group committed 67 infractions (mean 3.5, range 1 to 38). Of the infractions, the index sample committed significantly more violent infractions, 44 of 117, when compared with the matched control group 7 of 67 infractions.

The index sample contained 23 individuals who were sent to "lock-up" for a total of 70 episodes (mean 3.0, range 1 to 17). The matched control group had 19 individuals who were sent to "lock-up" 28 times (mean 1.5, range 1 to 4). The mean number of days in "lock-up" for this index sample who went to lock-up, was 76 days compared with 49 days

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for the matched control group. This difference is significant.

As in other prison systems, the South Carolina Department of Corrections is operating under a consent decree. Part of this decree requires a more even distribution of the inmates between prisons to reduce overcrowding. This has resulted in a large number of administrative transfers between institutions. Table 3 shows that the index sample had more moves between institutions than the matched control group. All individuals in both groups moved at least once. The mean number of moves for the index group was 9.0 and ranged from 3 to 46 moves. The matched control group had a mean of 6.6 and ranged from 1 to 17 moves. When all the moves are considered, the index group had significantly more moves for medical and disciplinary reasons.

With respect to obtaining a job, Table 3 shows that significantly more of the index sample were unable to obtain a job during their prison stay. The types of jobs obtained by the index sample and the matched control group were similar and were low skilled in nature.

Discussion

We believe our study raises several important issues that warrant further discussion. First, many of the crimes committed by the total group and the index sample of individuals with schizophrenia were very serious indeed. In fact, about one-third involved crimes against persons: rape, murder, robbery, or assault. This rate is about twice that of the general prison admission group.

The data also lend a measure of support to those who suggest that a subgroup of individuals with schizophrenia commit crimes of violence.¹³⁻¹⁵ A minority of the individuals with schizophrenia were imprisoned for minor offenses. These data support our previous study and suggest that South Carolina prisons are not being used to house disproportionately large numbers of mentally ill individuals charged only with minor crimes in order to remove them from the community.⁸

Second, it seems apparent that individuals with schizophrenia have more trouble adapting to prison life than other inmates. They appear less able to successfully negotiate the complexity of the prison environment. They are more likely to break prison rules and more likely to do so in an aggressive, violent manner. Consequently, they spend more time in "lock-up," more time in prison, and are less likely to obtain parole or be placed on probation. These findings are similar to those reported by Freeman and Roesch,¹⁶ Halleck,¹⁷ and others.

Third, the available evidence suggests that specific prison policies and procedures may be in place that cause special problems for many inmates with schizophrenia. Even though the index sample was more frequently placed in "lock-up" than the match-control group, about two-thirds of the index sample had no episodes of "lock-up." Those who were sent to "lock-up," however, were sent there repeatedly, suggesting that "lock-up" did not have much corrective or rehabilitative effect upon them. In fact, we would suspect that it might well have had a deleterious effect upon their ad-

aptation. Similarly, the index sample experienced more moves between institutions and significantly more moves for medical and disciplinary reasons than the matched-control group. We believe that such repeated modifications of environment and structure might also have contributed to the poor adaptation of the index sample.

One possible explanation for the larger number of the index sample not obtaining a job is a South Carolina Department of Corrections' Policy that prohibits inmates on psychoactive medications from working in prison industries.¹⁸ The lack of constructive work for these inmates might have also contributed to their poor adaptation. Certainly, the policy may discourage inmates from taking psychoactive medications. This in turn may exacerbate their illness and decrease functions. The special problems of the index sample caused by "lock-up," frequent moves, lack of jobs, and inadequate psychiatric treatment underscore the need for placement of these inmates in a special treatment programs where trained staff could effectively manage both their illness and their troubling behavior as is suggested by Cohen and Dvoskin.¹⁹ We did not study the clinical treatment of these 60 inmates with schizophrenia. Whether those receiving active treatment adapt better than those without treatment is a question for further research.

Finally, our study reveals several areas that warrant further research efforts. Much more information is needed to determine the factors that contribute to poor prison adaptation by inmates with

serious mental illness. For example, one might speculate that those inmates with schizophrenia who commit violent infractions might be a subgroup that has not been adequately treated. It is also possible that inadequately trained prison staff might misunderstand an inmate's aberrant behavior and contribute to the escalation of a minor incident into a serious situation. The fact that the index group of individuals with schizophrenia spend more time in prison and are less successful in obtaining parole or probation, raises questions involving the interface between one's illness and the criminal justice system. The specific impact of illness-related limitations, inappropriate interaction with staff and peers, diminished ability to earn "good time" for highly skilled jobs, parole board prejudice against those with serious mental illness, and other such factors is currently unknown. The answers to these and many other questions about mentally ill inmates will only be obtained by carefully designed research studies. Hopefully, the information can form the basis for a better understanding of the characteristics of these unfortunate individuals as well as contribute to the development of more effective programs for their supervision and treatment.

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