

# A Descriptive Study of Emergency Admissions to Farview State Hospital

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The prison population in the United States has grown steadily in the past 15 years. Farview State Hospital in Waymart, Pennsylvania annually provides service to approximately 350 to 400 inmates. This is less than 10 percent of the potential need for psychiatric treatment for the state. Emergency psychiatric admissions are a burden on the mental health system, as these inmates are given priority. This descriptive study identified profiles of emergency admissions for the period of July 1, 1990 to June 30, 1993. During this time, 86 emergency admissions occurred. Differences between state correctional and local county prison inmate admissions are described. The short stays of emergency admissions indicate that Farview is achieving its goal of stabilization of the mentally disordered inmate for return to the correctional facility. More research needs to be done to compare emergency and regular admissions for both diagnosis and length of stay.

The prison population in the United States has grown steadily over the past 15 years. According to statistics reported by Steadman and others, the national prison census increased by 52.7 percent from 1980 to 1985.<sup>1</sup> During this same period, the prison census in the Commonwealth of Pennsylvania increased by 59.1 percent.<sup>2</sup> The statistics reported by the Pennsylvania Department of Corrections as of December 31, 1993 indicate that the total

number of inmates in both Pennsylvania state and county prisons is 44,786.<sup>3</sup>

The percentage of mentally ill persons in the prison population is difficult to assess. Different studies report percentages as high as 82 percent.<sup>4</sup> Petrich, in his study of the rate of psychiatric illness in a metropolitan county jail, concludes that from one-tenth to one-third of all prison inmates manifest symptoms of psychiatric illness.<sup>5</sup> Even with the most conservative estimate of psychiatric illness (10%), the potential number of mentally disordered offenders in the Pennsylvania prison system approximates 4,500.

Farview State Hospital was established in 1905 to care for the criminally insane

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in Pennsylvania. By 1961, the population of patients at Farview peaked at 1,403. The average length of stay was more than six years, with more than 40 percent of patients remaining at Farview until death. Today, Farview has 159 beds available to serve the mentally ill offender, with an average length of stay of approximately four months. Annually, approximately 350 to 400 inmates are served by Farview, or less than one-tenth of the potential need.

There are a number of characteristics of prison life that can seriously affect the psychological well-being of the prisoner.<sup>6</sup> Isolation from family and loved ones and a lack of close interpersonal relationships are common to all inmates but are exacerbated for the marginally mentally ill. Boredom, extensive rules, and rigid daily routines combine to intensify the prison atmosphere. There is a lack of socially acceptable outlets for feeling, especially sexual or hostile feelings. Solitary confinement is a experience that would distress the hardest individual. These factors, combined with prison overcrowding, make it even more difficult for the mentally ill prisoner to adjust to prison life.<sup>7</sup>

The mentally ill offender also affects the rest of the prison population and creates tension within the overall environment.<sup>7</sup> Other prison inmates view the mentally ill individual as dangerous and unpredictable. Mentally disordered offenders also tend to have higher than average disciplinary infractions.<sup>8</sup> When seriously mentally disordered offenders exhibit dangerous behaviors toward themselves or others, such as assaultiveness, self-mutilation, suicidal potential, or

the inability to care for themselves, they need immediate inpatient treatment. These inmates are then referred for treatment as emergency admissions to Farview State Hospital.

Farview provides forensic inpatient psychiatric hospitalization to adult male mentally disordered offenders from 19 of the 22 state correctional facilities serving males and 11 county prisons in proximity to the hospital. Farview occupies a unique position within the Commonwealth of Pennsylvania. As the only forensic hospital available for mentally disordered offenders across the state, the Farview hospital population can be considered a valid cross-section of all mentally disordered offenders. The results of a study of Farview patients are therefore generalizable to the broader criminal justice system. Emergency psychiatric admissions from the state correctional facilities and prisons served by Farview are a burden on the system. Since these admissions cannot be planned, significant stress is put on the mental health system because these inmates are given priority.

The authors undertook this descriptive study because of an increase in emergency psychiatric admissions at Farview during the previous three years. A profile of emergency admissions may provide valuable data for planning and providing treatment services. Also, correctional facilities would receive demographic information that would aid in early identification of inmates with potential psychiatric problems. With the early identification of potential emergency admissions, interventions can be developed. Some emergency admissions would be averted, with

inmates being maintained in the prison and treated on an outpatient basis. The correctional system would benefit from a reduction in emergency admissions, with more inmates receiving mental health services and hospital resources being used to provide inpatient treatment to the most seriously disturbed inmate.

### Method

This descriptive study looked at the characteristics of emergency admissions to Farview State Hospital over a three-year period, from fiscal year July 1, 1990 to June 30, 1993. During this time period, Farview had 86 emergency admissions. The Director of Social Services at Farview State Hospital reviewed the records of all 86 emergency admissions and collected data on the variables under study. Data were collected on demographic information, including age and race of the inmate and whether the referring correctional facility was state or county, and on information specific to incarceration and mental illness. Data were collected on the number of previous admissions to Farview, reason for the emergency admission, length of stay at Farview, discharge diagnosis, length of incarceration before emergency admission, criminal charges, and any concomitant medical conditions. These variables formed the basis for this description of emergency admissions to the only forensic hospital in Pennsylvania. The data were analyzed and comparisons made between state and county prison admissions on all variables.

### Results

Of the 86 admissions, 23.3 percent ( $n = 20$ ) were from state correctional institutions (SCI), with 76.7 percent ( $n = 66$ ) from county facilities (CF). The majority of admissions were for suicidal behaviors (54.7%,  $n = 47$ ), and violence toward others (27.7%,  $n = 23$ ) during incarceration. The CF inmates were twice as likely as SCI inmates to be admitted for violence toward others (30% versus 15%), while SCI inmates were four times (30% versus 8%) more likely than CF prisoners to be admitted for reasons of self-harm (Table 1).

For 68.6 percent of the sample, this was their first admission to Farview and for 16.3 percent, their second admission. For SCI inmates, 55 percent had never been admitted before, while 25 percent had been admitted one time before. For CF inmates, this was a first admission for 72.7 percent and a second admission for an additional 13.6 percent.

We compared demographics of the state (SCI) sample with the county (CF) sample (Tables 2 and 3). Although there were no significant differences in the sample on these variables, some interesting trends were noted. For the entire sample, the mean length of stay was 72.2 days, with 56 percent of the patients staying less than 45 days before returning to prison. When comparing length of stay at Farview (Table 2), CF inmates averaged shorter stays. For SCI inmates, the average length of stay at Farview was 89.5 days, with 55 percent of this subgroup returning to prison in 60 days or less. Overall, the CF inmates had an

**Table 1**  
**Reason for Admission of Sample Comparing State Correctional Inmates with County Inmates (Percentages)**

Primary Reason	Total (N = 86)	SCI (n = 20)	County (n = 66)
Suicidal	54.7 (n = 47)	50.0 (n = 10)	56.1 (n = 37)
Self-harm	12.8 (n = 11)	30.0 (n = 6)	7.6 (n = 5)
Violence	26.7 (n = 23)	15.0 (n = 3)	30.3 (n = 20)
Refusal to care for self	5.8 (n = 5)	5.0 (n = 1)	6.1 (n = 4)
Secondary Reason	Total (n = 20)	SCI (n = 5)	County (n = 15)
Self-harm	40.0 (n = 8)	20.0 (n = 1)	46.7 (n = 7)
Violence	30.0 (n = 6)	60.0 (n = 3)	20.0 (n = 3)
Refusal to care for self	30.0 (n = 6)	20.0 (n = 1)	33.3 (n = 5)

average stay of 67 days, with 45 percent returning to county jail within 30 days.

Length of incarceration time also showed some interesting trends (Table 2). For the entire sample, the mean length of incarceration prior to admission to Farview was 209 days, with a median of 45 and a range of 0 to more than 2,000 days. For the sample, 48.8 percent had been

incarcerated for less than 30 days, and 36.0 percent had been incarcerated less than two weeks. For SCI inmates, the average length of incarceration was 695 days with a median time of 180 days and a range of 3 to more than 2,000 days. With this subsample, 55 percent had been in prison for six months or less. For CF inmates, the mean length of incarceration was 61 days with a median of 30 and a range of 0 to 455 days. With CF inmates, 62 percent had been in jail for 30 days or less, with 45.5 percent of the sample in jail less than two weeks.

**Table 2**  
**Characteristics of Sample Comparing State Correctional Inmates with County Inmates**

	Total (N = 86)	SCI (n = 20)	County (n = 66)
Age (mean years)	32.2	30.9	32.7
Length of stay at Farview (mean days)	72.2	89.5	67.0
Length of incarceration prior to admission (mean days)	208.7	695.5	61.2

**Table 3**  
**Race of Sample Comparing State Correctional Inmates with County Inmates (Percentages)**

	Total (N = 86)	SCI (n = 20)	County (n = 66)
White	75.6	45.0	84.8
Black	12.8	50.0	4.5
Hispanic	7.0	0.0	9.1
Asian	2.3	5.0	1.5

**Table 4**  
**Charges of Sample Comparing State Correctional Inmates with County Inmates**  
**(Percentages)<sup>a</sup>**

Primary Reason	Total (N = 86)	SCI (n = 20)	County (n = 66)
Property	23.3 (n = 20)	55.0 (n = 11)	13.6 (n = 9)
Violence	37.2 (n = 32)	35.0 (n = 7)	37.9 (n = 25)
Drug related	8.1 (n = 7)	5.0 (n = 1)	9.1 (n = 6)
Conduct	20.9 (n = 18)	0.0	27.3 (n = 18)
Sexual	15.1 (n = 13)	15.0 (n = 3)	15.2 (n = 10)

<sup>a</sup> Rape is identified as both a violent and a sexual crime.

When types of charges were compared for the sample (Table 4), the SCI subsample had a majority of property crime charges (55%, n = 11), while the CF subsample had more crimes of violence (37.9%, n = 25), followed in number by conduct charges (27.3%, n = 18). Only 14 percent of the total sample had concomitant medical problems (15% of SCI and 13.6% of CF inmates).

The principal diagnoses of the emergency admissions were listed, with most admissions diagnosed as adjustment disorders (20.9%, n = 18), followed by other psychotic disorders (19.8%, n = 17), and personality disorders (18.6%, n = 16). A comparison of diagnosis by

SCI and CF was made (Table 5). Almost one-half (45%) of the SCI inmates had a diagnosis of adjustment disorder, while only 13.6 percent of CF inmates had this diagnosis. Only CF inmates had diagnoses of bipolar, alcohol/substance abuse, or paraphilia, accounting for more than 25 percent of the subsample diagnosis.

The secondary diagnosis status of the inmates was reviewed (Table 6). Almost two-thirds of the emergency admissions during the three-year period had secondary psychiatric diagnoses. Three inmates had more than one secondary diagnosis. One-half of the SCI inmates had a secondary diagnosis of personality disorder, while approximately one-half of the CF

**Table 5**  
**Principal Diagnosis of Emergency Admissions (Percentages)**

	Total (N = 86)	SCI (n = 20)	County (n = 66)
Schizophrenia	9.3 (n = 8)	10.0 (n = 2)	9.1 (n = 6)
Bipolar	10.5 (n = 9)	0.0	13.6 (n = 9)
Other psychotic disorders	19.8 (n = 17)	20.0 (n = 4)	19.7 (n = 13)
Depressive disorders	10.5 (n = 9)	15.0 (n = 3)	9.1 (n = 6)
Adjustment disorder	20.9 (n = 18)	45.0 (n = 9)	13.6 (n = 9)
Alcohol/substance abuse	8.1 (n = 7)	0.0	10.6 (n = 7)
Personality disorder	18.6 (n = 16)	10.0 (n = 2)	21.1 (n = 14)
Paraphilia	2.3 (n = 2)	0.0	2.3 (n = 2)

**Table 6**  
**Patients with Secondary Diagnosis (Percentages)**

	Total (N = 57)	SCI (n = 14)	County (n = 43)
Principal diagnosis plus personality disorder	27.9 (n = 24)	50.0 (n = 10)	21.2 (n = 14)
Principal diagnosis plus alcohol/substance abuse	41.9 (n = 36)	25.0 (n = 5)	46.0 (n = 31)

inmates had a secondary diagnosis of alcohol/substance abuse.

Length of stay by diagnosis was evaluated (Table 7). Patients diagnosed with schizophrenia had the longest average length of stay at Farview (154.9 days), followed by depressive disorders (173.8 days). The shortest lengths of stay occurred with diagnoses of alcohol/substance abuse (16.9 days) and paraphilia (16.5 days). With the exception of depressive disorders diagnosis, SCI patients stayed at Farview longer than the CF inmates.

## Discussion

Results from this retrospective inclusive case review of emergency admissions to Pennsylvania's forensic hospital

indicate that the typical emergency admission is a county inmate who has been incarcerated less than 30 days. The most common reason for admission is suicide gestures and violence toward other inmates. Typically, emergency admissions are admitted with one of three major diagnostic disorders: adjustment disorder, other psychotic disorders, and personality disorder, respectively. Most admissions will be discharged within two to three months of treatment, with the majority returned to prison within two months of treatment at Farview. These results are generalizable to other prison populations, as Farview is the only forensic hospital in the state and receives patients from a broad cross-section of the criminal justice system within the state.

**Table 7**  
**Length of Stay at Farview: Comparison of SCI and CF by Diagnoses (Mean Days)**

	All Inmates	SCI Inmates	CF Inmates
Schizophrenia	154.9 (n = 8)	172.5 (n = 2)	149.0 (n = 6)
Bipolar disorders	49.3 (n = 9)	0.0	49.3 (n = 9)
Other psychotic disorder	63.9 (n = 17)	71.5 (n = 4)	61.5 (n = 13)
Depressive disorders	173.8 (n = 9)	170.0 (n = 3)	175.7 (n = 6)
Adjustment disorder	60.4 (n = 18)	61.4 (n = 9)	59.4 (n = 9)
Alcohol/substance abuse- dependence	16.9 (n = 7)	0.0	16.9 (n = 7)
Personality disorders	39.9 (n = 16)	47.5 (n = 2)	38.9 (n = 14)
Paraphilia	16.5 (n = 2)	0.0	16.5 (n = 2)

## Farview Emergency Admissions

Suicidal behavior and violence toward others are the primary reasons for emergency hospitalizations. These behaviors are difficult for any correctional facility—county or state—to manage. Since these are the criteria for emergency admissions under the Pennsylvania Mental Health Act,<sup>9</sup> it appears that these admissions to Farview are appropriate as emergencies.

Although more emergency admissions to Farview originate in the county jails, our data indicate that incarceration may be a severe stressor that causes adjustment problems and exacerbates mental disorders in both county jails and state prisons. The disproportionate admissions from county facilities may be because there are more mental health resources available to state correction facilities to treat the acutely ill offender. Most county jails are unable to afford to provide mental health services in jail, and outside providers are unwilling to take these offenders.

The availability of both outpatient and short-term inpatient services in the state correctional system is indicated by the longer lengths of incarceration prior to admission for SCI inmates. Inmates with a history of mental illness and previous treatment may be more amenable to treatment within the state correction facility, rather than needing emergency treatment at a forensic inpatient facility. County inmates seem to be admitted during the critical initial adjustment period, with some inmates transferred to Farview on the day of arrest. Since only the CF inmates have diagnoses of bipolar (manic) and alcohol/substance abuse, this inability

to adjust to jail is to be expected during a heightened state of these illnesses.

The shorter length of stay at Farview for the CF inmates is probably the result of a combination of factors. Since most county admissions are in pretrial status, the focus of treatment at Farview is quick stabilization so that the patient is available for litigation. Most patients are highly motivated to return to the jail for disposition of charges. Sentencing usually dramatically lessens the patient's anxiety, stress, and emotional disturbance. Also, the majority of CF inmates receive diagnoses of adjustment disorder or personality disorder. Both types of diagnoses tend to reconstitute quickly when removed from the stressors and placed in a safe, structured environment such as the hospital. Overcrowding in county facilities may also contribute to increased acuity of symptoms for these offenders.

SCI inmates have secondary gains with hospitalization at Farview, including a change in environment, more allowed phone calls, street clothing, nonthreatening environments, and potential for jobs and earned money while hospitalized. These factors are important in patient motivation to return to the correctional facility. SCI inmates are more likely to have a mental health crisis precipitated by an incident that results in decompensation. Patients in these situations require longer treatment before they are stabilized and can return to the inmate population.

An interesting finding is that CF admissions are incarcerated as a result of violent or conduct offenses, while the majority of SCI admissions are a result of

property crimes. The violence infractions of admissions from county facilities are not unexpected. Violent crimes produce the most stress as a result of immediate detention, higher bail, and the possibility of longer sentences. Also, conduct-related crimes are common at the CF level. These are usually inmates who have a history of chronic mental illness (as seen in prior admission rates for county inmates), and their offenses, such as disorderly conduct and criminal trespass, are a result of their illness. The fact that fewer SCI admissions are related to violence is more difficult to understand. It may be that inmates with violent crimes are identified at the county level before incarceration in a state correctional facility and receive treatment at that level. The high proportion of property crimes in the SCI inmate population may be the end result of plea bargains for more violent crimes.

The rate of admissions by diagnoses appears to fall into a logical pattern. Most admissions are diagnosed with adjustment disorder, which is reflective of the extreme severity of stress from serious criminal charges and incarceration. The second most frequent diagnosis, other psychotic disorders, indicates serious deterioration of an individual with a predisposition to mental illness. These inmates' psychotic symptoms result in harmful behavior to self or others, or the inability to care for self, as evidenced by reasons for admission. The third major diagnosis, personality disorder, is also very vulnerable to the psychosocial stressors of prison. Inmates with personality disorders do not tolerate stress well, are easily frustrated, and will attempt to manipulate

their way out of the prison environment by self-harm and other dangerous behavior. Within a correctional facility, the treatment for such behaviors is isolation, which exacerbates the condition. Also, when deprived of social contact, which is common in correctional facilities, persons with personality disorders tend to dissociate and exhibit true psychotic symptoms.

An important statistic that emerged from this study was that over one-half of the emergency admissions had a secondary diagnosis of either personality disorder or alcohol/substance abuse. Since these inmates usually need specialized, short-stay, inpatient treatment, both Farview and the correctional facilities need to consider planning more specific programs for this population with secondary diagnoses.

A review of the length of stay at Farview indicates a positive pattern of treatment. The more seriously ill (schizophrenic) inmates and the depressed inmates are in treatment for the longest time. The inmates diagnosed with personality disorders or as drug/alcohol abusers are treated for shorter periods.

More research needs to be done on regular admissions to Farview State Hospital for comparison with emergency admissions. Several new developments in psychotropic medications may change the patient profile. The expansion of mental health services in the state correctional facilities may either reduce the number of admissions to Farview or increase admissions as prisons recognize more mentally disordered offenders.

The hospital, with its heterogeneous



## Farview Emergency Admissions

milieu, individualized treatment plans, and integrated therapeutic approaches, is providing appropriate treatment, at least as measured in terms of length of stay. The goal of Farview is to stabilize the inmate for return to the correctional facility. The short stays for emergency admissions indicate that Farview is achieving that goal.

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