

Comprehensive Survey of Forensic Psychiatric Facilities in the United States

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The psychiatric treatment of individuals charged with criminal offenses has been hampered, historically, by inadequate funding and staffing, as well as by a lack of information dissemination to the general public. The fact most often overlooked in reference to the mentally disordered offender is that psychiatric treatment and care are not sufficient ends in themselves; society must be protected from these individuals while treatment is in progress.

Most states now provide hospital facilities for pre-trial psychiatric evaluations, as well as for the extended treatment of mentally disordered offenders. These facilities, commonly referred to as Maximum Security Units or Forensic Psychiatric Units, are usually attached to a state psychiatric hospital. Because of the locations of these special units, treatment has had to share common ground with security. Adequate security is a prerequisite for treatment, for if the patient cannot be protected from himself as well as from others, any attempt at providing care would be futile. Perhaps the most disturbing by-product of adequate security is inadequate treatment, although this is not always true.

As noted, each state has some procedure for pre-trial evaluations of those individuals accused of a felony, if such an evaluation is deemed necessary. In addition, some type of treatment facility is usually available for those offenders whom the courts decide are incompetent to stand trial or who are in need of psychiatric treatment. For the most part, these facilities would not be regarded as adequate if they were to house any population except mentally disordered offenders. Older wards are often utilized for the maximum security patients, if only because the buildings tend to be more secure in design than more modern structures. Space is often limited, especially areas needed for individual and group therapy. Overcrowding is not uncommon, a condition which adds to the already potentially explosive situations. The exceptions appear to be those buildings specifically designed for forensic patients, and even these may not meet the standards for accreditation. Units for these patients exist in order to serve the state as a diagnostic and evaluation facility as well as to ensure that the more hostile and aggressive psychiatric patients will receive residential care. Although

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such buildings were initially designed for short-term residence, there is a serious effort underway to provide more comprehensive evaluations and above-average treatment for those patients who spend several months in these units.

The uniqueness of the mentally disturbed offenders and the services they require has led to a survey of forensic psychiatric units in the United States. Previously published information on forensic units listed institutions that serve the mentally disordered offender, but did not provide details of the individual programs.¹ An attempt has been made here to provide more detailed information on institutions that have specialized forensic facilities.

Procedures

A list of institutions that serve the mentally disordered offender was obtained and used as a guide for gathering the information.² In July, 1976, a telephone survey was conducted in order to provide current information on the various forensic units. A questionnaire was utilized by the individual conducting the survey so that similar queries were put to the numerous hospital spokesmen in a similar manner. In order to obtain correct data on security and the security systems, the caller was identified as an employee of a state hospital housing a forensic psychiatric unit.

In February, 1977, 15 of the forensic units were chosen randomly and re-called. This random check of the information was performed in order to provide some assurance that the information previously obtained was correct and that the procedures were somewhat reliable.

Results

The results obtained from the extensive telephone survey are presented in Tables 1 and 2. Table 1 contains general information on each facility which houses a forensic program.

Table 1
FORENSIC PSYCHIATRIC FACILITIES IN THE UNITED STATES

State/City	Facility	Bed Cap.	Bed Ave.	JCAH	Primary Therapy	Personnel					
						MD	Psy	SS	Nurs	Sec	Misc
Alabama Tuscaloosa	Bryce Psychiatric Hospital Forensic Program	59	45	No	NA	3	3	2	65	19	2
Alabama Mt. Vernon	Searly Hospital Maximum Security Unit	28	27	No	NA	2	NA	NA	NA	10	NA
Arizona Phoenix	Arizona State Hospital	110	105	Yes	Chemotherapy, Group, Community Concept	3	1	2	70	21	3
Arkansas Little Rock	Arkansas State Hospital Rogers Hall	88	46	Yes	NA	2	4	3	36	14	3
California Atascadero	Atascadero State Hospital	1263	1054	Yes	Chemotherapy, Behavioral Therapy	11	12	14	473	50	13

Note: NA = Information not available.

Table 1 (Continued)
FORENSIC PSYCHIATRIC FACILITIES IN THE UNITED STATES

State/City	Facility	Bed Cap.	Bed Ave.	JCAH	Primary Therapy	Personnel					
						MD	Psy	SS	Nurs	Sec	Misc
Colorado Pueblo	Colorado State Hospital Division of Forensic Psychiatry	330	285	Yes	NA	8	4	8	208	18	14
Connecticut Middletown	Whiting Forensic Institute	100	87	No	Chemotherapy, Group	NA	2	5	105	20	2
Delaware New Castle	Delaware State Hospital Maximum Security Unit	18	28	Yes	Chemotherapy, Individual & Group	5	2	1	19	6	1
Florida Chattahoochee	Florida State Hospital Forensic Unit	376	365	No	NA	6	6	6	285	35	20
Georgia Milledgeville	Central State Hospital Forensic Services	125	110	No	NA	4	5	4	103	8	4
Idaho Blackfoot	State Hospital South	25	25	No	NA	NA	NA	NA	NA	4	NA
Illinois Chester	Chester Mental Health Center	375	300	No	Chemotherapy, Group & Milieu Therapy	5	24	9	27	156	31
Indiana Westville	Beatty Memorial Hospital	400	NA	No	Chemotherapy, Group & Milieu Therapy, Therapeutic Community Setting	2	1	3	68	53	5
Iowa Oakdale	Iowa Security Medical Facility	81	79	Yes	Milieu & Reality Therapy	3	1	5	10	68	7
Kansas Larned	Kansas State Security Hospital	103	100	No	Chemotherapy, Group & Individual Activity Therapy	4	3	3	103	6	6
Kentucky Louisville	Department of Human Resources Forensic Psychiatry - Region B	30	24	No	Chemotherapy, Group & Activity Therapy	2	2	2	4	28	2
Louisiana Jackson	East Louisiana State Hospital Forensic Unit	300	200	No	Chemotherapy	3	2	4	10	81	5
Maine	NA										
Maryland Jessup	Forensic Hospital - Perkins Hospital Center	245	230	No	Chemotherapy	11	7	9	184	36	10
Massachusetts Bridgewater	Massachusetts Correctional Unit	450	305	No	Chemotherapy, Milieu, Group & Individual	8	3	10	18	194	NA
Michigan Ann Arbor	Center for Forensic Psychiatry	130	95	No	Chemotherapy, Group Therapy	8	11	12	2	100	2

Note: NA = Information not available.

Table 1 (Continued)
FORENSIC PSYCHIATRIC FACILITIES IN THE UNITED STATES

State/City	Facility	Bed Cap.	Bed Ave.	JCAH	Primary Therapy	Personnel					
						MD	Psy	SS	Nurs	Sec	Misc
Minnesota St. Peter	Minnesota Security Hospital	120	100	No	Chemotherapy, Therapeutic Community	3	3	4	10	NA	4
Mississippi Whitfield	Mississippi State Hospital Forensic Unit	200	36	No	Chemotherapy, Group	2	1	1	66	12	4
Missouri Fulton	Fulton State Hospital Maximum Security Unit	370	230	Yes	Chemotherapy, Therapeutic Community	8	4	6	151	0	12
Montana Warm Springs	Warm Springs State Hospital Maximum Security Unit	46	39	No	Chemotherapy, Group, Activity	2	2	2	4	13	7
Nebraska Lincoln	Lincoln Regional Center Security Service	99	92	Yes	Chemotherapy, Behavior Modification	3	1	2	79	1	5
Nevada Reno	Lake Crossing Center	33	28	Yes	Chemotherapy, Therapeutic Community, Behavior Modification, Industrial Therapy	1	3	2	21	NA	NA
New Hampshire Concord	New Hampshire Hospital	112	105	No	Chemotherapy, Individual Therapy, Behavior Modification	2	3	5	69	NA	3
New Jersey Trenton	Trenton Psychiatric Hospital Forensic Unit	264	160	No	Chemotherapy, Group	4	1	2	7	8	4
New Mexico Las Vegas	New Mexico State Hospital Forensic Unit	52	50	Yes	Therapeutic Community	5	2	3	7	47	2
New York Beacon	Matteawan State Hospital Fishkill Correctional Facility	305	305	No	Chemotherapy, Group	10	7	8	45	600	8
North Carolina Raleigh	Dorothea Dix Hospital	147	69	Yes	Chemotherapy, Behavior Modification	2	4	2	70	10	5
North Dakota Jamestown	North Dakota State Hospital Forensic Unit	23	20	Yes	Chemotherapy, Individual & Group	2	1	2	23	5	3
Ohio Lima	Lima State Hospital	450	300	No	Chemotherapy, Individual & Group, Reality Therapy, Behavior Modification	9	10	12	259	85	23

Note: NA = Information not available.

Table 1 (Continued)
FORENSIC PSYCHIATRIC FACILITIES IN THE UNITED STATES

State/City	Facility	Bed Cap.	Bed Ave.	JCAH	Primary Therapy	Personnel					
						MD	Psy	SS	Nurs	Sec	Misc
Oklahoma Vinita	Eastern State Hospital Maximum Security Unit	51	30	Yes	Chemotherapy, Group	1	1	0	11	8	3
Oregon Salem	Oregon State Hospital Psychiatric Security Unit	125	114	Yes	Chemotherapy, Individual & Group	4	1	3	68	0	2
Pennsylvania Waymart	Fairview State Hospital Security Hospital	460	380	No	Chemotherapy, Behavior Modification	7	8	9	36	325	15
Rhode Island Cranston	Institute of Mental Health Forensic Services	60	47	Yes	Chemotherapy, Group	1	NA	NA	30	NA	NA
South Carolina Columbia	South Carolina State Hospital Maximum Security Unit	200	193	Yes	Chemotherapy, Group & Individual, Behavior Modification	2	1	2	44	25	NA
South Dakota Yankton	South Dakota Human Services Center Maximum Security Unit	20	7	No	Chemotherapy	1	1	1	1	9	1
Tennessee Nashville	Central State Hospital Forensic Unit	50	45	No	Chemotherapy, Group, Activity Therapy, Behavior Modification	2	2	3	5	NA	3
Texas Rusk	Rusk State Hospital Maximum Security Unit	354	280	Yes	Chemotherapy, Group & Individual, Behavior Modification	4	10	12	25	214	24
Utah Provo	Utah State Hospital Forensic Unit	70	70	Yes	Therapeutic Community, Behavior Modification	3	2	7	27	1	2
Vermont Waterbury	Vermont State Hospital Maximum Security Unit	50	42	Yes	Chemotherapy	1	1	1	2	NA	3
Virginia Petersbury	Central State Hospital Forensic Unit	189	145	Yes	Chemotherapy, Group	3	2	2	92	12	5
Washington Ft. Steilacoom	Western State Hospital Security Unit	315	290	Yes	Chemotherapy, Group, Behavior Modification	3	4	2	64	8	20
West Virginia Weston	Weston State Hospital Security Unit	28	24	No	Chemotherapy, Activity Therapy	1	1	1	125	10	0

Note: NA = Information not available.

Table 1 (Continued)
FORENSIC PSYCHIATRIC FACILITIES IN THE UNITED STATES

State/City	Facility	Bed Cap.	Bed Ave.	JCAH	Primary Therapy	Personnel					
						MD	Psy	SS	Nurs	Sec	Misc
Wisconsin Waupun	Central State Hospital Maximum Security Unit	300	250	Yes	Chemotherapy, Group	9	10	8	7	120	10
Wyoming Evanston	Wyoming State Hospital Forensic Unit	62	62	Yes	Chemotherapy, Behavior, Group	6	1	2	31	6	NA

Note: NA = Information not available.

Listed alphabetically by state, each facility is identified by the general hospital to which it is attached, and with the name of the particular unit or program, if such is the case. Additionally, bed capacities of the forensic programs are noted, along with the average number of occupied beds. Accreditation status by Joint Commission on Accreditation of Hospitals is also noted. Please be aware that a given institution's status may have changed since the survey was conducted, as these procedures are ongoing. Primary therapeutic intervention techniques are listed if the information was provided.

The remainder of the information is concerned with personnel dispersment in the programs. The numbers of physicians, psychologists, social service workers, nursing staff, security personnel and miscellaneous therapists are given. These personnel listings include, in some cases, part-time personnel.

Table 2 provides data which is security-oriented in nature. Listed alphabetically by state, information on security measures and security personnel for each facility is briefly outlined. Additionally, types of room accommodations and visitation policies are provided.

Table 2
SECURITY INFORMATION FOR UNITED STATES FORENSIC FACILITIES

State/City	Facility	Security Measures and Personnel	Room Accom. ^a	Visitation Policy ^b
Alabama Tuscaloosa	Bryce Psychiatric Hospital	Chain-link windows and fence, barbed wire, no towers. N=19, carry sidearms, mace available, personnel not in Forensic area proper.	P,D,S	V,N
Alabama Mt. Vernon	Searly Hospital Maximum Security Unit	Chain-link fence, one tower. N=10, armed, but arms not taken into patient area.	P,D	V,N
Arizona Phoenix	Arizona State Hospital	Design of building provides security, utilize radios, patrol exits and perimeter. N=21, not armed.	D	V,N

Note: NA = Information not available.

^aPrivate rooms = P; open dormitories = D; seclusion rooms = S; semi-private rooms = S-P

^bVisitors permitted = V; conjugal visits permitted = C; no outside visitation for patients = N, outside visitation for patients permitted = O

Table 2 (Continued)
SECURITY INFORMATION FOR UNITED STATES FORENSIC FACILITIES

State/City	Facility	Security Measures and Personnel	Room Accom. ^a	Visitation Policy ^b
Arkansas Little Rock	Arkansas State Hospital Rogers Hall	10' brick wall with barbed wire, no towers, utilize radios, progressive step-system, patrol perimeter. N=14, not armed, but carry blackjacks, mace available.	P,D,S	V,N
California Atascadero	Atascadero State Hospital	Chain-link fences with barbed wire, utilize radios, considered maximum security, perimeter patrolled. N=50, not armed.	D	V,N
Colorado Pueblo	Colorado State Hospital Division of Forensic Psychiatry	Separate maximum, medium and minimum level patients; double fence with barbed wire; no towers. N=18, not armed, act as roving security, SWAT team on call with weapons available.	P,D	V,O,C
Connecticut Middletown	Whiting Forensic Institute	Design of building provides security, no perimeter fence, no towers. N=20, not armed.	P,D	V,O,C
Delaware New Castle	Delaware State Hospital, Maximum Security Unit	Electrically controlled doors, gates; no towers, perimeter fence. N=6, not armed.	P,S,S-P	V,N
Florida Chattahoochee	Florida State Hospital Forensic Unit	All traffic enters and exits through one door, large fence topped with special barbed wire. N=35, not armed, personnel not in Forensic area proper.	D,S	V,N
Georgia Milledgeville	Central State Hospital Forensic Services	Minimum security, no towers, no perimeter fences, no communication system. N=8, armed, not uniformed, personnel not in Forensic area proper.	P,D	V,N
Idaho Blackfoot	State Hospital South	No security measures, no perimeter fence. N=4, not armed, uniformed.	D	V,O
Illinois Chester	Chester Mental Health Center	Design of building provides security, perimeter fence with barbed wire, utilize radios, microwave security system to detect movement. N=156, not armed, but some carry billyclubs, not uniformed, some personnel do mix with patients.	P	V,N
Indiana Westville	Beatty Memorial Hospital	Design of buildings provides security; perimeter fence with barbed wire; towers present but not manned; radios utilized; electrically controlled gates and doors. N=53, uniformed, not armed, mix with patients.	D	V,O
Iowa Oakdale	Iowa Security Medical Facility	Perimeter patrolled by armed guards; two perimeter sensor cameras, other surveillance devices; 4 towers, each with two sensor cameras. N=68, not armed, uniforms are optional, and most don't wear them; mix with patients.	P,S-P,D	V,N

Note: NA = Information not available.

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outside visitation for patients permitted = O

Table 2 (Continued)
SECURITY INFORMATION FOR UNITED STATES FORENSIC FACILITIES

State/City	Facility	Security Measures and Personnel	Room Accom. ^a	Visitation Policy ^b
Kansas Larned	Kansas State Security Hospital	Perimeter fence with barbed wire; radios utilized, no towers, no regular patrols. N=6, uniformed, armed, but arms not taken into patient area.	P,D	V,N
Kentucky Louisville	Department of Human Resources Forensic Psychiatry – Region B	Traffic controlled thru electric door; perimeter fence with barbed wire; fence electrically charged; no towers. N=28, not uniformed, not armed.	D,S	V,N
Louisiana Jackson	East Louisiana State Hospital Forensic Unit	Perimeter fence with barbed wire; 4 towers; television monitoring system. N=81, uniformed, some armed; billyclubs available.	S-P,D	V,O
Maine	NA			
Maryland Jessup	Forensic Hospital Perkins Hospital Center	Maximum – all areas monitored by listening devices; television monitors, telephone alarm system; radios utilized; periodic shakedown; perimeter brick wall; no towers. N=36, uniformed, not armed, arms available; some personnel not uniformed and mix with patients.	P,D	V,N
Massachusetts Bridgewater	Massachusetts Correctional Institution – Bridgewater State Hospital	Patients divided into maximum and minimum; double fences of concertina wire; one central tower, perimeter patrolled. N=194, uniformed, not armed within facility.	P,D	V,N
Michigan Ann Arbor	Center for Forensic Psychiatry	Perimeter fence with barbed wire, radar used to monitor perimeter; television monitors; radios utilized, perimeter patrolled. N=100, not uniformed; not armed, mix with patients.	D,S	V,N
Minnesota St. Peter	Minnesota Security Hospital	Perimeter fence with barbed wire; one tower. N=NA, not uniformed, not armed; mix with patients.	D,S	V,O,C
Mississippi Whitfield	Mississippi State Hospital Forensic Unit	Perimeter fence with barbed wire, no towers, periodic shakedown, perimeter patrolled. N=12, those mixing with patients not uniformed, not armed, those not mixing uniformed and armed.	P,S-P	V,O
Missouri Fulton	Fulton State Hospital Maximum Security Unit	Perimeter fence with barbed wire, security windows, television and communication monitoring system; electrically controlled gate and doors; no towers. N=0, no security assigned to Maximum Security Unit; hospital guards not uniformed, not armed; responsible only for traffic safety.	P,D	V,N
Montana Warm Springs	Warm Springs State Hospital Maximum Security Unit	Perimeter fences, television monitors. N=13, not uniformed, not armed, mix with patients.	P,S-P	V,N

Note: NA = Information not available.

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Table 2 (Continued)
SECURITY INFORMATION FOR UNITED STATES FORENSIC FACILITIES

State/City	Facility	Security Measures and Personnel	Room Accom. ^a	Visitation Policy ^b
Nebraska Lincoln	Lincoln Regional Center Security Service	Minimum - Locked doors, perimeter fence with barbed wire, no towers, N=1, not uniformed, not armed.	P	V,O
Nevada Reno	Lake Crossing Center	Design of building provides security, television monitors, electric doors, large brick wall around perimeter. N=NA, not uniformed, not armed.	P	V,N
New Hampshire Concord	New Hampshire Hospital Forensic Unit	Patients divided into maximum, locked ward and open, very strict in maximum, perimeter wall with electrically charged top. N=NA, no armed, uniformed personnel assigned to unit.	P,S-P,D	V,O
New Jersey Trenton	Trenton Psychiatric Hospital Forensic Unit	Perimeter fence, barred windows, electrically controlled doors. N=8, uniformed, armed personnel serve hospital, but not allowed in Forensic Unit.	P	V,N
New Mexico Las Vegas	New Mexico State Hospital Forensic Unit	Videotape monitors, telephone alarm system, perimeter fence, no towers, bars on all windows and gates, patients divided into maximum, medium and minimum security. N=47, no armed or uniformed personnel assigned to unit, mix with patients.	P,S-P	V,O,C
New York Beacon	Matteawan State Hospital Fishkill Correctional Facility	Barred windows with security screens, 30' perimeter fence with barbed wire, no towers, radios utilized. N=600, uniformed, not armed within facility, arms available, mix with patients.	P,D,S	V,N
North Carolina Raleigh	Dorothea Dix Hospital Forensic Unit	Perimeter fence with barbed wire, electronic monitoring intercom, and alarm system. N=10, not uniformed but armed, security personnel do not mix with forensic patients, mace available.	P,D	V,N
North Dakota Jamestown	North Dakota State Hospital Forensic Unit	Barred windows and doors, no recreation yard, no perimeter fence, no towers; intercom system. N=5, uniformed, not armed, these five individuals patrol the entire hospital, do not mix with patients.	P,D	V,N
Ohio Lima	Lima State Hospital	Television monitoring system, perimeter fence with barbed wire, several towers. N=85, uniformed, not armed within unit, arms available, mix with patients.	P,D	V,N
Oklahoma Vinita	Eastern State Hospital Maximum Security Unit	Electric security doors, barred windows, no perimeter fence, no towers, recreation yard is enclosed by a small fence. N=8, uniformed, not armed, none assigned to M.S.U.	P	V,N

Note: NA = Information not available.

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Table 2 (Continued)
SECURITY INFORMATION FOR UNITED STATES FORENSIC FACILITIES

State/City	Facility	Security Measures and Personnel	Room Accom. ^a	Visitation Policy ^b
Oregon Salem	Oregon State Hospital Psychiatric Security Unit	Patients divided into maximum, medium and minimum security, central television communication system, locked doors, no towers, perimeter fence with barbed wire, barred windows. N=0, no armed, uniformed security personnel, aides are trained in both security measures and nursing.	P,D	V,O,C
Pennsylvania Waymart	Fairview State Hospital Security Hospital	Telephone alarm system, design of building is primary security, no perimeter fence, no towers, patients divided into maximum, medium and minimum security. N=325, uniformed, not armed, mix with patients, riot shields available.	S-P,D	V,N
Rhode Island Cranston	Institute of Mental Health Forensic Services	NA. N=NA, uniformed, not armed, mix with patients.	P,S	V,N
South Carolina Columbia	South Carolina State Hospital Maximum Security Unit	Perimeter fence with barbed wire, perimeter patrol and monitoring, television monitors. N=25, uniformed, armed, arms not permitted in patient areas, do not mix with patients.	S-P	V,O
South Dakota Yankton	South Dakota Human Services Center - Maximum Security Unit	Barred doors and windows, electrically controlled exits, no perimeter fence, no perimeter monitoring. N=9, not uniformed, not armed, mix with patients.	P	V,N
Tennessee Nashville	Central State Hospital Forensic Unit	All incoming traffic escorted, television monitoring system, infrared sensors, double perimeter fence with barbed wire. N=NA, hospital maintains no security force, security maintained by Tennessee Department of Corrections.	S-P,D	V,N
Texas Rusk	Rusk State Hospital Maximum Security Unit	All incoming traffic monitored, double perimeter fence with barbed wire, six towers, radios utilized, constant patrol of grounds. N=214, uniformed, not armed, mix with patients.	D,S	V,N
Utah Provo	Utah State Hospital Forensic Unit	No towers, no monitoring devices, no perimeter fence, no other security devices. N=1, uniformed, not armed, responsible for traffic control for entire hospital.	S-P,D	V,O
Vermont Waterbury	Vermont State Hospital Maximum Security Unit	Security maintained by building design, electronic security system, television monitors, double perimeter fence, electronic screening of all incoming traffic, no towers. N=NA, not uniformed, not armed, mix with patients.	P,D	V,O

Note: NA = Information not available.

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Table 2 (Continued)
SECURITY INFORMATION FOR UNITED STATES FORENSIC FACILITIES

State/City	Facility	Security Measures and Personnel	Room Accom. ^a	Visitation Policy ^b
Virginia Petersbury	Central State Hospital Forensic Unit	Perimeter brick fence, metal detectors, perimeter patrolled. N=12, uniformed, armed security personnel, although none assigned specifically to Forensic Unit.	P,D	V,O
Washington Ft. Steilacoom	Western State Hospital Security Unit	Security maintained by program structure, only one locked ward, no monitoring, no fences, no towers. N=8, uniformed, not armed, only one security man mixes with patients.	P,D	V,N,C
West Virginia Weston	Weston State Hospital Security Unit	Perimeter fence with barbed wire, no towers, perimeter patrol, radios utilized. N=10, uniformed, not armed, do not mix with patients, mace available.	P	V,N
Wisconsin Waupun	Central State Hospital Maximum Security Unit	Design of building provides security, barred windows, perimeter wall. N=120, uniformed, not armed, mix with patients, county police available if needed.	P,S-P,D	V,N
Wyoming Evanston	Wyoming State Hospital Forensic Unit	Building design provides security, metal detectors used as screening devices. N=6, uniformed, not armed, arms available, mix with patients.	P	V,O

Note: NA = Information not available

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Discussion

The in-patient care of the mentally disordered offender has not proceeded in a very effective manner in the United States. Inadequate funding, failure to attract competent professional and security personnel, and a limited knowledge of what produces desired results and what does not have combined so that progress is limited. This survey addresses what is available in each state, although it is what is not available that hinders effective treatment.

In compiling and analyzing the data for the various state programs, it became apparent that not much therapy, either group or individual, is available to the mentally disordered offender population. Chemotherapy, though widespread, cannot alleviate a patient's problems. Similarly, psychotherapy cannot be expected to produce miracles. The treatment of choice in most facilities is skilled psychotherapy combined with chemotherapy supported by an accepting environment. This is especially true when dealing with forensic patients who can exhibit either simple behavior/disciplinary problems or psychiatric programs, or, more commonly, a mixture of both.

Security personnel do not mix with the patients in all the institutions. These individuals, or other paraprofessional staff, provide the patients with 24-hour-a-day supervision, while the professional staff is available only eight

hours a day. These individuals should provide a feeling of normalization, or at least serve as role models, for the patients. This end becomes increasingly difficult to accomplish if they are not allowed to mix with the patients as much as possible. Many facilities are further hampered because they do not have the staff to keep the patients productively occupied, and the paraprofessionals are required to perform basic custodial care rather than any type of structured treatment.

As noted in the tables, all facilities have provisions for visitors, but in most cases visitors are limited to specific days of the week or a set number of visits per patient. Structure needs to be provided if any type of treatment program is to be operated effectively, but visitors could be restricted to specific hours of the day, seven days a week. An interesting development in 12% of the forensic programs is conjugal visitation. Even though acute-care hospitals in the United States do not condone conjugal visitation, several programs for mentally disordered offenders have had the foresight to offer this small, though humanizing, privilege. Several other forensic units, while not explicitly granting conjugal visitation, do so implicitly by allowing their patients to work and sometimes sleep in the community. For any type of treatment to be effective, it must be individualized, and this privilege is one more step in attaining the goal of individualized treatment.

The usual disbursement of forensic psychiatric facilities is one in each state. While few states have specially designed forensic hospitals, some of these facilities, such as those in California, Ohio, and Pennsylvania, have become quite large, necessitating the development or construction of specialized units or hospitals. Perhaps an alternative to constructing large, expensive facilities in one area would be to utilize smaller units throughout a state. As psychiatric/psychological evaluations of individuals involved in the criminal justice system are becoming more commonplace, this dispersal of treatment units would enable the staff to provide better services, and it might also enable some patients to remain closer to their families (Texas's facility is 750 miles from one of the larger cities). Additionally, services need to be available for adolescents and females. Although the population description of the facilities was not addressed here, most institutions serve only adult males. Though programming for these individuals is expensive, it is far less expensive than repeated incarcerations; the broadening of services to include adolescents and females should be a priority.

Effective treatment of this unique population requires more than mastery of basic clinical skills. It requires some knowledge of both the legal system, including mental health and criminal codes, and the correctional system. Additionally, the staff needs to become familiar with the "con" culture, which supports maladaptive values and behavior, as well as the symptomatology fostered by long periods of semi-isolation on locked wards. The treatment of mentally disordered offenders is far from ideal, but as the programs outlined here demonstrate, there exists a serious effort to move toward more effective service for these patients.

References

1. Eckerman WC: A Nationwide Survey of Mental Health and Correctional Institutions for Adult Mentally Disordered Offenders. Rockville, MD, N.I.M.H., D.H.E.W. Publication Number (HMS) 73 - 9018, 1972
2. *Ibid.*