



Inmates with psychiatric problems are challenge

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Imagine that you have a family member or friend in the local jail, and that he has a history of mental health and or substance abuse issues (anxiety, depression, bipolar disorder, schizophrenia, alcoholism, as examples). Families and friends worry whether their loved one's treatment needs will be met.

Southwestern Behavioral Healthcare assists in providing such services to Gibson, Posey, Vanderburgh and Warrick counties. These services tend to be assessment and consultative in nature; however, the goal is to assist the inmate to better manage his symptoms while in jail.

In Gibson County, where I assist in providing services, the following is the process we follow (other jails may have different practices or services).

First, a list of inmates who have requested to be seen is transmitted to Southwestern by the jail nurse. In most cases, the inmates are seen the next day by a clinical social worker. In an emergency (suicidal or homicidal intent/plans), the inmate will be seen the same day.

The social worker provides a brief evaluation, which includes a mental status exam and an assessment of attitudes/behavior problems, mood, thought processes and content (this checks if an inmate has slowed or too rapid speech; others may have delusional beliefs and/or be see or hear things no one else does, resulting in agitation) and suicidal/homicidal ideation or intent.

Brief mental health services may be provided, but most inmates usually are requesting medication. A mental status assessment is completed and sent to a Southwestern psychiatrist, who provides a recommendation. The psychiatrist's role is consultative, with the objective being of providing expert assistance to the jail physician in making a more informed decision.

Many county jail inmates show symptoms of psychiatric disorders, and some have a history of traditional treatment (medication, psychotherapy, hospitalizations); others have been self-medicating via nonprescribed drugs or alcohol.

A substantial proportion of county inmates have a history of substance abuse or addiction when they arrive, and many are coming in due to alcohol- and drug-related charges. Inevitably, some of these inmates suffer withdrawal symptoms.

The most common inmate psychiatric complaints mirror those of the general population: anxiety, depression and frequent mood changes with irritability and behavior and habit changes. Some have less common symptoms, indicating bipolar or schizophrenic illnesses, though the latter is rare.

At times, certain factors can complicate treatment, including the relatively close living quarters, ambient noises in a jail interfering with sleep, and interpersonal friction, sometimes leading to verbal/physical conflicts.

Some inmates lack sufficient conflict-resolution skills. Sometimes isolation becomes necessary. In cases of threats to self or others, prisoners may be placed in

a cell where it is literally impossible for him to harm himself.

Most inmates usually require two or more assessments from the therapist before he sees a difference in their symptoms.

One of the challenges in treating jail inmates for psychiatric disorders involves providing medication consultation that effectively treats the inmate's symptoms while still being cost-effective and not promoting chemical dependency and over sedation.

Many inmates have a history of anti-anxiety medication use while on the street, whether prescribed or not, and they ask for these medications by name.

Our goal is to provide effective treatment of inmate psychiatric disorders/symptoms while being sensitive to the costs incurred by the county jail.

This is a challenging population, and, in my experience, the Gibson County Jail staff provides very professional service and oversight.

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