

Correctional Mental Health: Best Practices: What Works?

Presentation to the
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AGENDA

- 1) *Best practice and guidelines*
- 2) *Implementation science*
- 3) *Suicide risk reduction*
- 4) *Psychotherapy*
- 5) *Pharmacology*
- 6) *Community Transitions*
- 7) *Academic partnerships*

Psychiatric Services in

Correctional Facilities

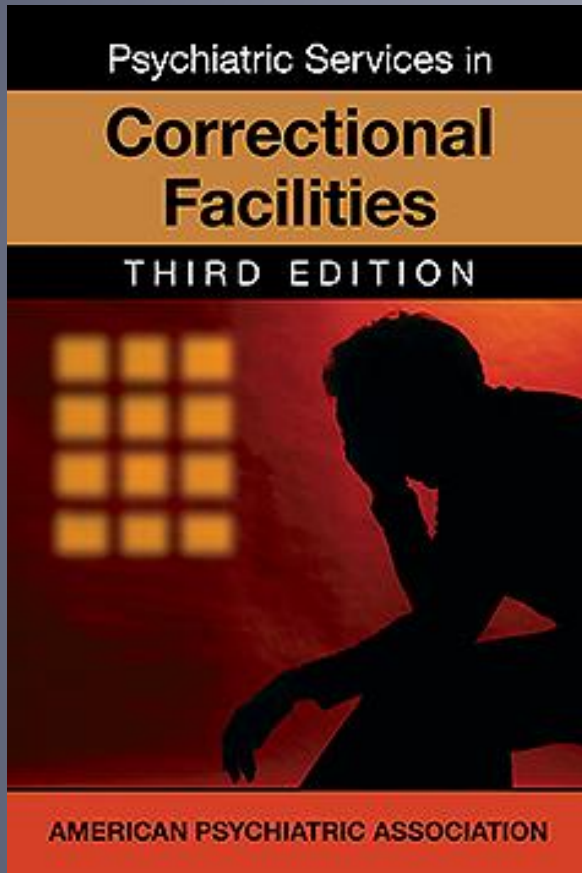
THIRD EDITION

1: Principles Governing the
Delivery of Psychiatric Services

2: Guidelines for Psychiatric
Services

3: Special Applications of the
Principles and Guidelines

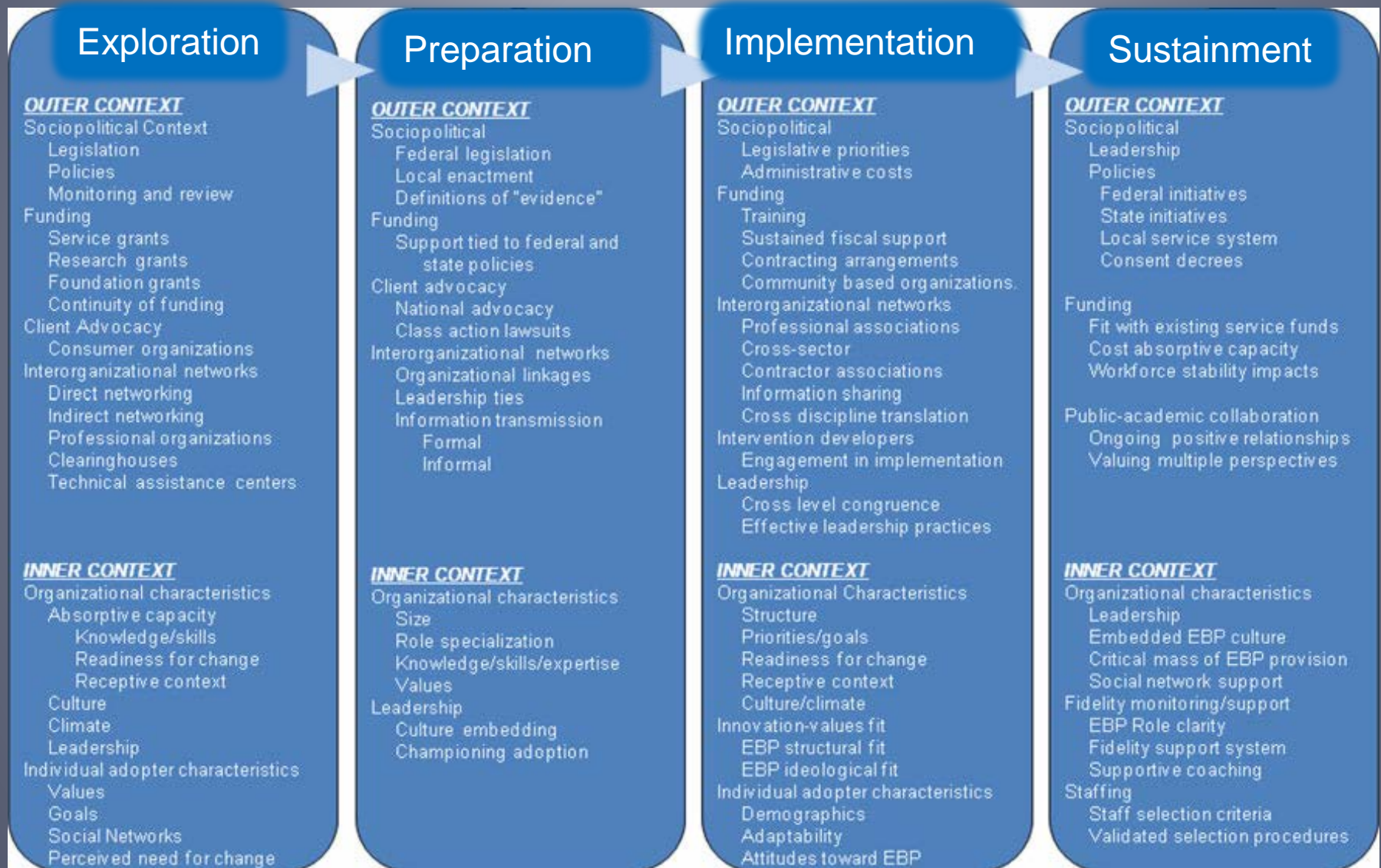
AMERICAN PSYCHIATRIC ASSOCIATION



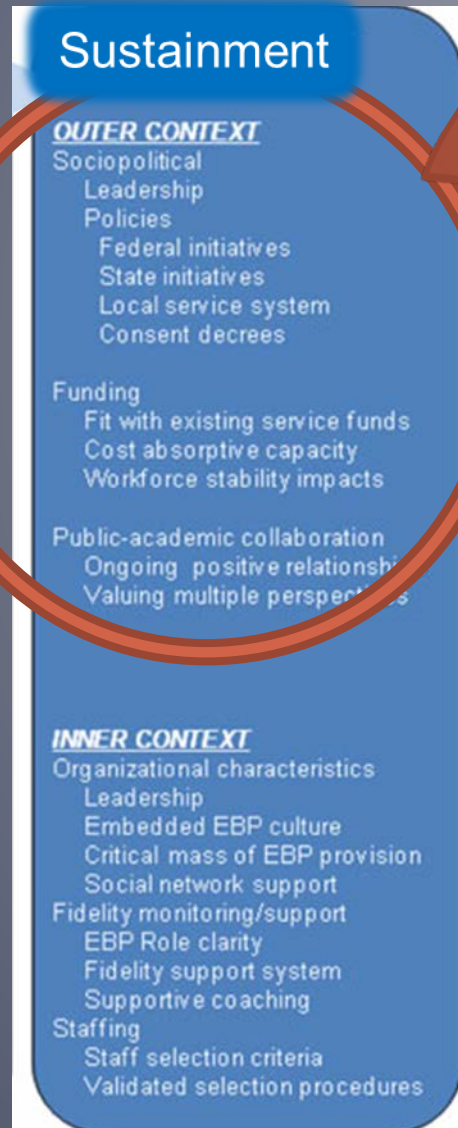
- *Community Standard: “what the community should be providing. . .”*
- *Staffing- adequate to provide services*
- *Culture*
 - *Therapeutic vs retributive*

IMPLEMENTATION SCIENCE

Adm Policy Ment Health (2011) 38:4–23 7



1) IMPLEMENTATION SCIENCE IN CORRECTIONAL MENTAL HEALTH



OUTER CONTEXT

Sociopolitical
Leadership
Policies
 initiatives, settlements, decrees
Funding
Public-academic collaboration

1) IMPLEMENTATION SCIENCE IN CORRECTIONAL MENTAL HEALTH

INNER CONTEXT

Organizational characteristics
Leadership
Embedded EBP culture
Critical mass of EBP provision
Social network support
Fidelity monitoring/ support
EBP role clarity
Fidelity support system
Supportive coaching
Staffing
Staff selection criteria
Validated selection procedures

Sustainment

OUTER CONTEXT

Sociopolitical

Leadership

Policies

Federal initiatives

State initiatives

Local service system

Consent decrees

Funding

Fit with existing service funds

Capacity absorptive capacity

Workforce stability impacts

Academic-academic collaboration

Ongoing positive relationships

Valuing multiple perspectives

INNER CONTEXT

Organizational characteristics

Leadership

Embedded EBP culture

Critical mass of EBP provision

Social network support

Fidelity monitoring/support

EBP Role clarity

Fidelity support system

Supportive coaching

Staffing

Staff selection criteria

Validated selection procedures

SUICIDE RISK REDUCTION

- *Culture*
- *Screening- admission and at times of high stress*
- *Assessment*
- *Treatment*
- *Physical plant issues*
- *Non-punitive suicidal ideation management*
- *Supervision / Quality Assurance*
- *High Risk : Restricted Housing Environments*

PSYCHOTHERAPY

- *Cognitive Behavioral Therapies*
- *Manual-Guided, Clinician Driven*
- *Evidence of Benefit:*
 - *Moral Reconciliation Therapy*
 - *Reasoning and Rehabilitation*
 - *STEPPS*
 - *START NOW*



- *Developed for offenders with behavioral disorders*
- *NIJ funded development*
- *Public domain materials*

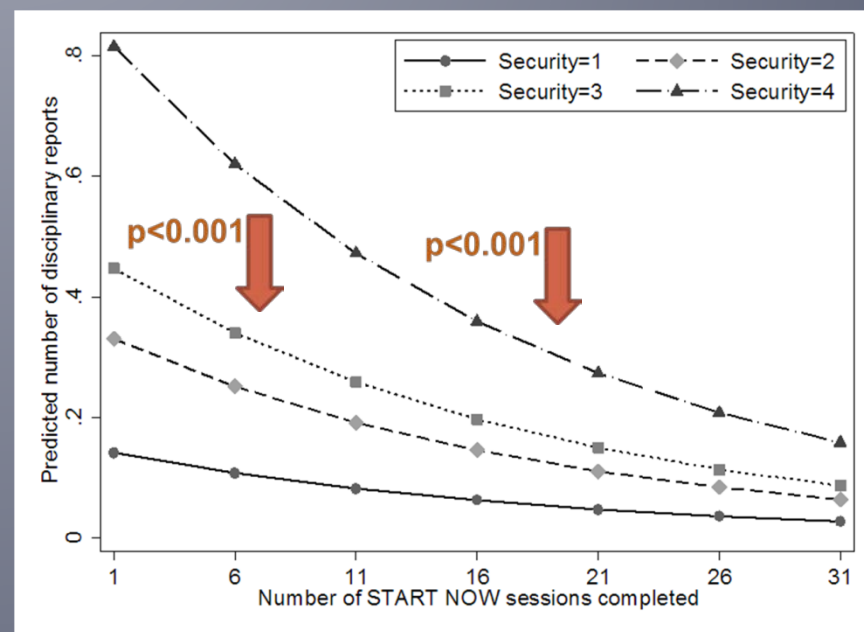
Connecticut

Maine

New Jersey

New York

(training begins March 2016)



PHARMACOLOGY

- *Current community medications may have been determined while ongoing illicit drug use confounded diagnosis*
- *Collaboration between clinician and patient may have been poor; treatment adherence may in turn have been marginal.*
- *Patients with schizophrenia: 29% non-adherent, with substance abuse a significant risk factor*

- Advantage of correctional psychiatry: opportunity to observe the functioning of a patient in a safe, monitored environment
- When diagnostic ambiguity exists, appropriate tapering off of community medications can be conducted with greater safety and collateral information than achievable elsewhere.
- Very little evidence that several drugs are ever better than one

Trestman R. Transition of pharmacology from community to corrections. In Trestman RL, Appelbaum KL, Metzner JL (Eds), Oxford Textbook of Correctional Psychiatry, Chapter 19, 2015.

Tiihonen, J., et al. (2012). Archives of General Psychiatry, 69(5):476-483

These drugs may be abused for their sedative properties, mind altering effects, or for the potential to get a high

– pulverized & snorted or IV

**RISK:
ABUSE OF
PRESCRIBED
MEDICATION**

- *bupropion (Wellbutrin)*
- *gabapentin (Neurontin)*
- *quetiapine (Seroquel):*
 - “quell”, “Susie Q”, “Q-ball”, or “baby heroin”*

- *Reccoppa L , Malcolm R , Ware M. Gabapentin abuse in inmates with prior history of cocaine dependence. Am J Addict. 2004;13(3):321-3.*
- *Pierre JM , Shnayder I , Wirshing DA , Wirshing WC. Am J Psychiatry. 2004;161(9):1718.*
- *Waters BM , Joshi KG. Am J Psychiatry. 2007;164(1):173-4.*
- *Pinta ER , Taylor RE. Quetiapine addiction?. Am J Psychiatry. 2007;164(1):174-5.*
- *Hanley MJ , Kenna GA. Am J Health Syst Pharm. 2008;65(7):611-8.*

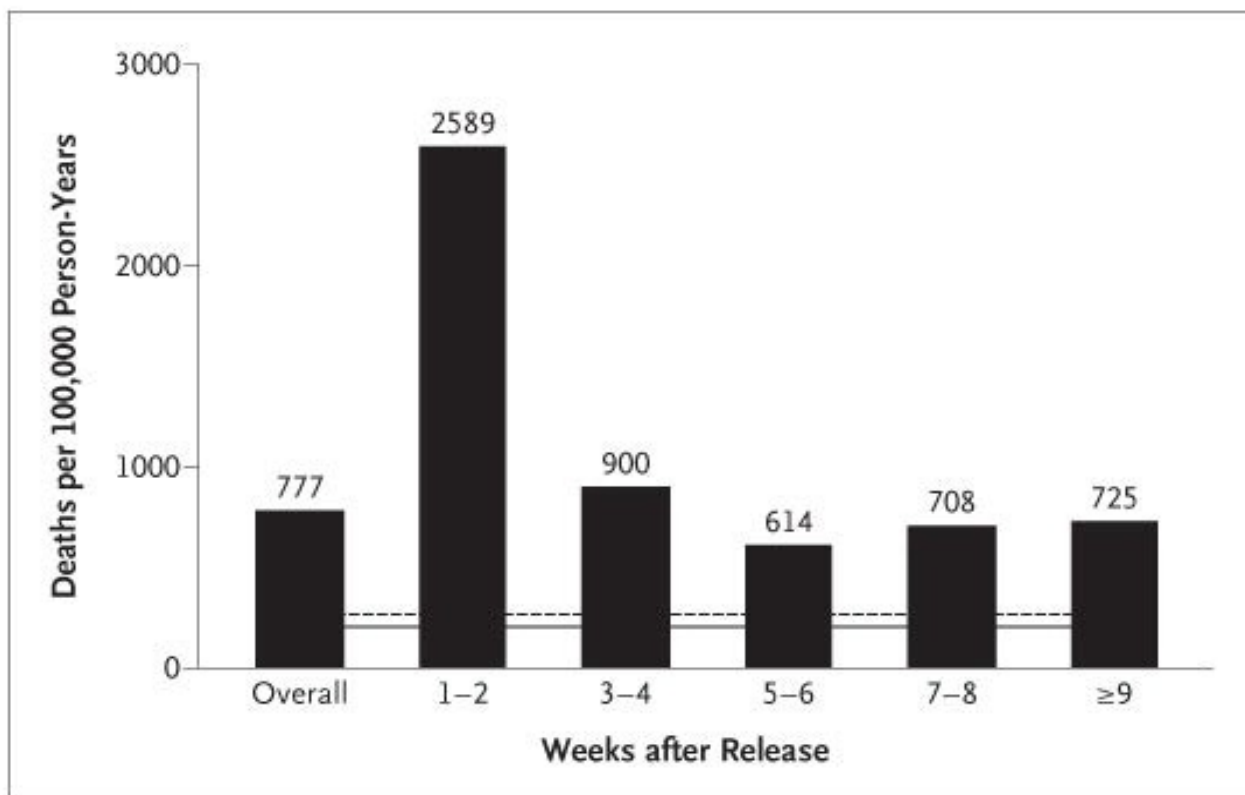
COMMUNITY CONTINUITY

- *Education and engagement*
- *Reduce pill burden: Once daily dosing when possible*
- *Transition back to the community*
 - *Medicaid continuity/ enrollment*
 - *Clinical connection: in-reach and out-reach*

Kesten KL, et al. Journal of Correctional Health Care, 2012, 18(1):20-8.

Trestman RL, Aseltine RH. Perspectives in Health Information Management. 2014 Winter; 11(Winter): 1e.

Mortality Rates among Former Inmates of the Washington State Department of Corrections during the Study Follow-up (Overall) and According to 2-Week Periods after Release from Prison.



ACADEMIC PARTNERSHIPS

- *Research and evaluation*
- *Training and recruitment*
- *Enhanced employee engagement and morale*