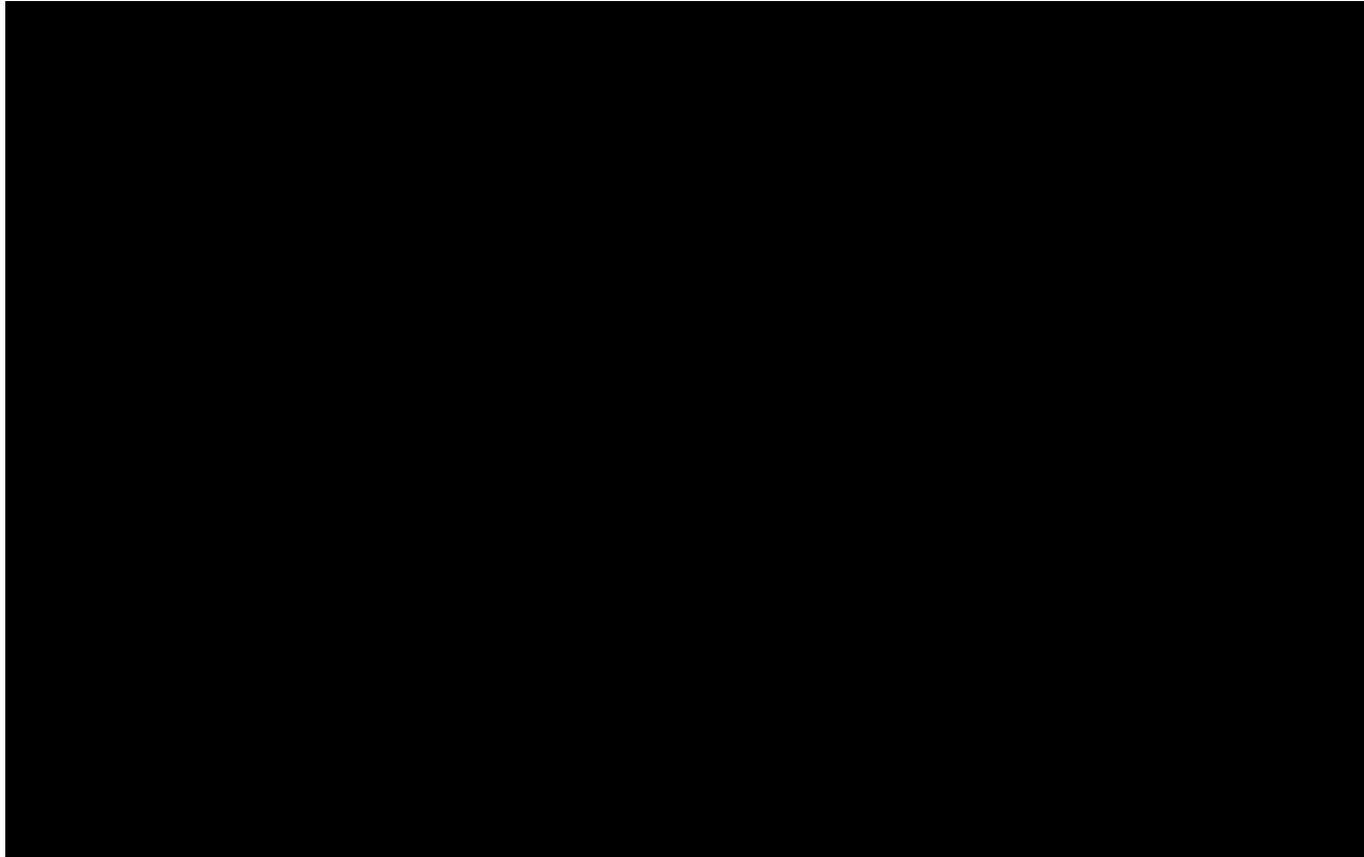


# “Cooling A Catastrophe”

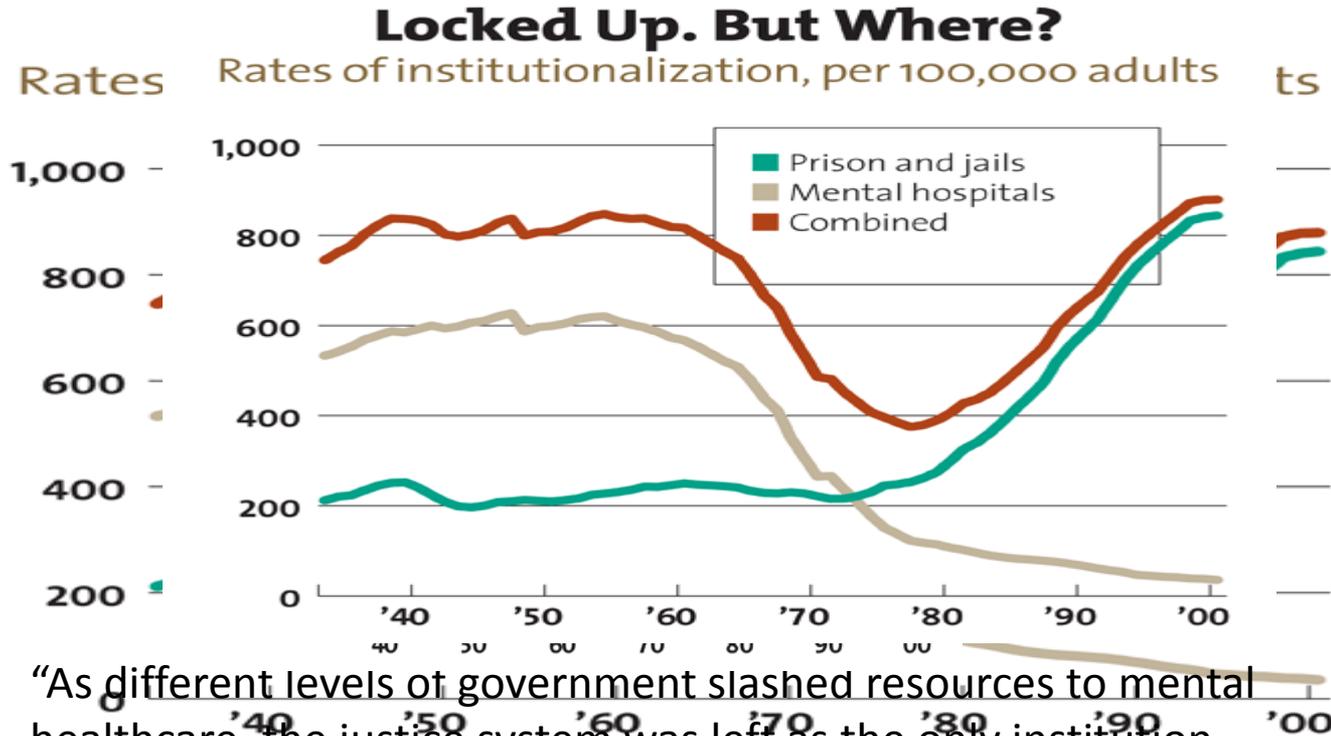
## Mental Illness in Corrections

**Mandi Smith Hixenbaugh, BA, MA, LMHC, LPC, CAP**

# Jails, the new insane asylums?



# Statistical Information

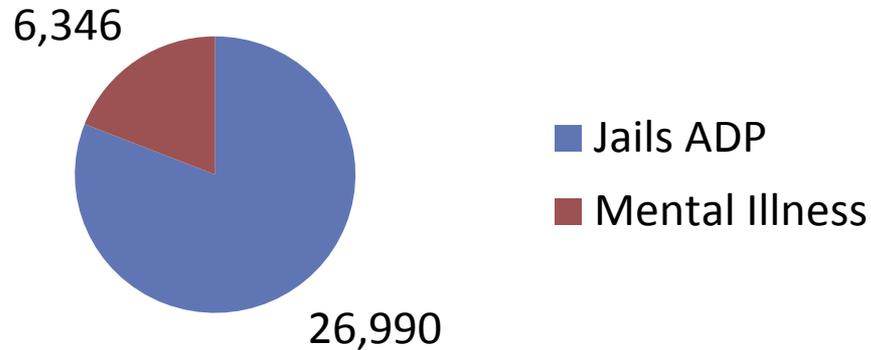


“As different levels of government slashed resources to mental healthcare, the justice system was left as the only institution equipped to respond. As a result 15% of men and 30% of women booked into jail have a serious mental condition.”

*NAMI- National Association of Mental Illness*

# Statistical Information

## Commonwealth of Virginia



### *Mental Illness in Jails Compensation Report - November 2013*

- Data collected from 58 of 64 Local and Regional Jails in Virginia during the month of July 2013
- 23.5% of the Average Daily Population in VA Jails have a known or suspected mental illness
- 9,316 prescriptions for psychotropic medications were being dispensed at a total cost of \$2.7 million
- 6.71% of individuals diagnosed with mental illness refused psychotropic medications
- Approximately \$10.7 million was spent on the total cost of mental health treatment in jails during the fiscal year 2013.

# Suicide Risk and Prevention

## Statistics:

- 48% of all jail suicides take place within the first week of incarceration with over 25% occurring within the first 48 hours of incarceration
- Jail suicide rates increase with age; inmates ages 18-24 are least likely to commit suicide while inmates age 55 and older have the highest rate of suicide.
- Males are 56% more likely than females to commit suicide and white jail inmates are 6 times more likely to commit suicide than black inmates and 3 times more likely than Hispanic inmates.
- 50-75% of all people who commit suicide tell someone about their intention.

# Suicide Risk and Prevention

## Risk Factors

- Previous Attempts
- Lack of social supports, lives alone, homeless
- Significant or recent loss of someone close
- First incarceration, legal stressors
- History of trauma, abuse, self injury
- Chronic illness

## Protective Factors

- Supportive spiritual beliefs
- Children in the home
- Believes the family would be worse off without them
- Positive connections to family, peers, community
- Skill or ability to solve problems

# Suicide Risk and Prevention

## High Risk Populations

- Inmate Patients with thought disordered mental illness (Schizophrenia, Bipolar with psychotic features)
  - Why? Psychotic thought patterns often feature auditory and visual hallucinations that are command in nature and a psychotic individual may act on that hallucination impulsively.
- Active acute withdrawal with features of altered mental status
  - Why? An individual in withdrawal from drugs or alcohol may act impulsively and without the ability to rationally think through a decision.
- Inmates with a personality disorder
  - Why? Personality disordered individuals are often impulsive and attempt to gain attention through self destructive patterns of behavior. They often are successful in suicide attempts by accident.
- Post Traumatic Stress Disorder
  - Why? The experience of flashbacks and nightmares are often exacerbated when segregated or in isolation.

# Suicide Warning Signs

Warning Signs that may indicate a referral to mental health and/or suicide watch precautions:

- Talking about wanting to die, having no reason to live
- Hoarding medications
- Alterations to the environment – covering cell window, tearing bed sheets, withholding a razor
- Hunger strike – refusing meal trays
- Changes in mood: uncontrollable crying spells, agitation, sudden euphoria
- Changes in behavior: social isolation, sleeping too little or too much.

# Interventions

- Ask the inmate if he/she is feeling suicidal – be direct
- Ask the inmate if he/she feels safe
- Involve other staff by placing the individual on suicide precautions, just to be safe
- Notice if the inmate is engaging in odd behaviors and draw attention by asking questions.
- Request assistance from mental health staff

Remember..... 50-75% of all people who commit suicide tell someone about their intention. Act on the safe side and take precautions!

# Temporary Detention Orders

Virginia Code 19.2-179.6

An inmate of a local correctional facility may be hospitalized for psychiatric treatment under a temporary detention order following an examination conducted by an independent evaluator who is an employee or designee of the local community services board. The examination must find clear and convincing evidence of the following factors:

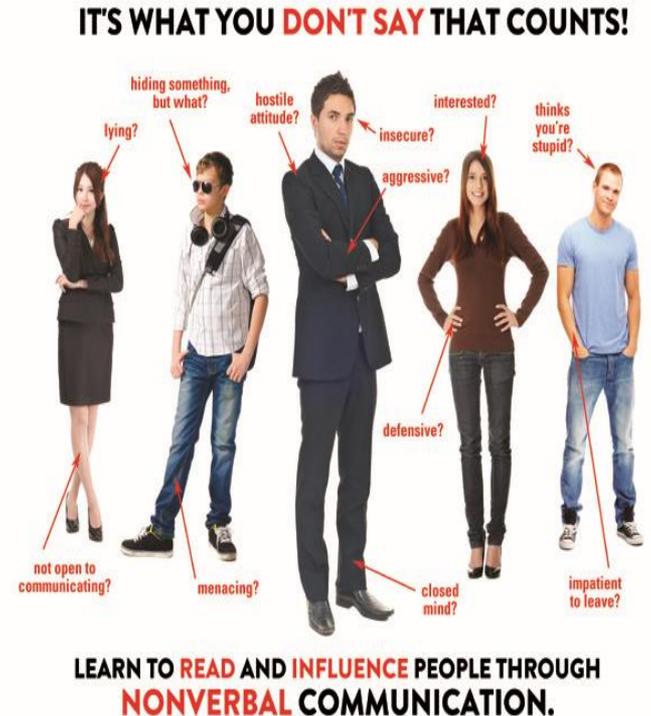
- (1) The inmate has a mental illness and will in the near future cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting or threatening harm.
- (2) Suffer serious harm due to his/her lack of capacity to protect him/herself from harm
- (3) The inmate requires treatment in a hospital rather than the local correctional facility.

# “Grey Areas” in Practice

- Suicidal Gestures vs. Attention Seeking Behavior
  - What’s the difference?
- Psychosis – Hallucinations and Delusions
  - Does this alone meet criteria for hospitalization?
- Drug Induced Psychotic and Suicidal behaviors
  - Intoxication vs. Psychosis?
- Hunger Strike
  - How and when to intervene?
- Use of Force
  - How and when to use restraint chair? Chemical restraint?
- Chronic mental illness
  - Is there a limit to the number of TDO’s for an inmate?

# Techniques and Interventions

- Verbal De-escalation Techniques
  - Voice tone, volume and speed
- Non-verbal communication
  - Body Language
  - Use of personal space
  - Eye contact
- Team Approaches
  - Appropriate number of staff
  - Identification of the lead member
  - Debriefing with staff following an incident
- Referrals to Mental Health Staff



# Contact Information

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