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Mental Health In Massachusetts Prisons

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Mental Health in Massachusetts Prisons

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POLS 345 Public Policy Writing

Professor Charles Chieppo

Political Science & Legal Studies Department Student Research Conference 2022 & CAS
Honors Symposium

Suffolk University

Introduction

In November of last year, former Massachusetts U.S. Attorney Andrew Lelling and the Department of Justice's Civil Rights Division released the findings of an investigation of the Massachusetts Department of Corrections (MDOC). They found several violations of prisoner's constitutional rights for mental health cases under the Eighth Amendment¹. The Eighth Amendment prohibits cruel and unusual punishments for criminal defendants. The findings reveal a lack of structured mental health care for MDOC prisoners, untrained employees, and unnecessary abuse of restrictive housing for prisoners designated under a mental health watch program.

What is Mental Health Watch?

If an inmate is diagnosed with mental illness or is susceptible to suicidal thoughts, they are designated under mental health watch status. When inmates are put on mental health watch (MHW) they are placed into restricted housing. Restrictive housing places inmates into separate cells within the facility with at least one officer supervising them. In 2019, approximately 24 percent of the MDOC prison population of 8,700 were diagnosed with a serious mental illness. Compared to data collected in 2018 there was an increase of 7 percentage points of prisoners diagnosed with a mental illness. Interestingly, **MDOC does not define mental health watch as restrictive housing.**²

According to MDOC there are three warrants that designate a prisoner to be under mental health watch status:

1. The prisoner is actively suicidal.
2. The prisoner expresses suicidal ideation.
3. The prisoner acts in a manner that indicates potential for self-injury.

Under MDOC policy the maximum time spent in restricted housing for MHW prisoners is four days. Prisoners are forced to wear anti-suicide overall and only have access to books, radios, or other recreational activities at the discretion of the staff. Additionally, they only receive a daily 10–15-minute mental health assessment by a professional. These meetings between the prisoner and professional often takes place through the crack in the cell door.

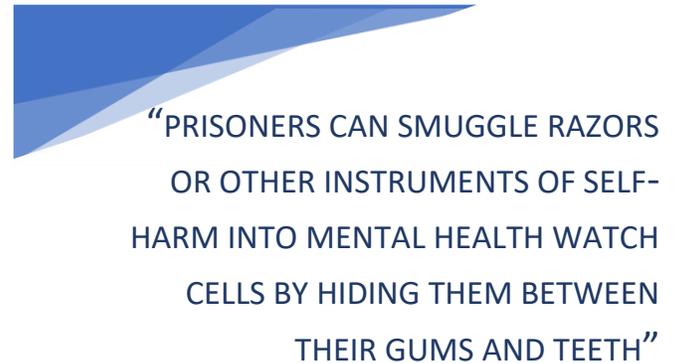
MDOC's practices and faults

MDOC policy for mental health watch calls for a **maximum time of four days**, however this is not the case for many prisoners. Mental health watch prisoners are expected to receive therapeutic interventions from mental health staff to assess the severity of the illness. For each prisoner, the degree of therapeutic intervention is expected to differ, which means each patient should receive a unique plan of recovery. However, there have been no increases in therapeutic intervention for tailored causes, and there are prolonged periods of MHW confinement.

From July 2018 to August 2019 there were numerous prolonged cases of mental health watch:

- 1) Five of ten prisons housed at least one prisoner on MHW for **at least 180 consecutive days**.
- 2) Nine of ten prisons housed a prisoner on MHW for 90 consecutive days.
- 3) All facilities housed at least one prisoner on MHW for 30 consecutive days.
- 4) 106 prisoners were placed in MHW for 14 consecutive days or more.

There were 688 cases of MHW prisoners engaging in self-harm. Even when each individual prisoner is assigned 24-hour surveillance there are still an alarming number of self-harm acts. When prisoners with mental illnesses are forced into extended solitary confinement with limited professional care and social interaction, the prisoners' mental states deteriorate rather than improve.

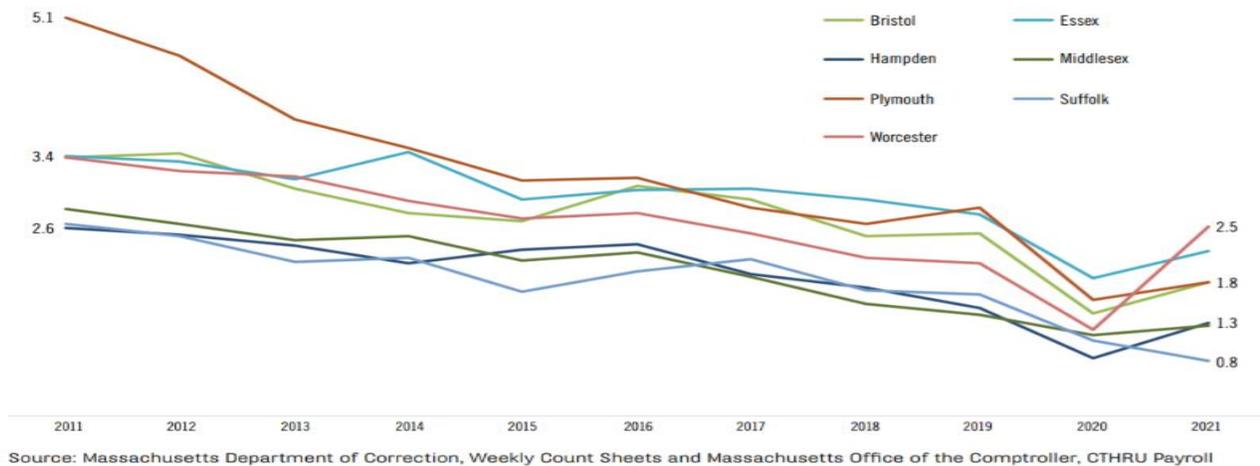


A. Removing self-harm instruments

Although MHW prisoners are under 24-hour surveillance there are still instances of self-harm. Prisoners smuggle things like razors, batteries, or makeshift hazardous tools from objects left in the cell. In one instance at Souza-Baranowski Correctional Center, a prisoner cut himself so severely that blood pooled on the cell floor. Footage of the event showed that **45 minutes passed until staff decided to intervene**, even when several employees including the watchguard were seen with the prisoner. These tools are easily smuggled in or are already in the cell before the prisoner arrives. Reports have indicated that in rare instances officers have given the prisoners' razors.

B. MDOC's lack of structured training and coordinated supervising.

Massachusetts prison population has fluctuated in the last decade, but on average it has vastly decreased. A smaller population means employees supervise fewer prisoners, and resources can be spread out broadly. While prison population decreases, policies and coordination amongst staff is not improving. The report found no formal guidelines for how employees should remove self-harm tools from individuals, or the procedure for searching a cell for self-harm tools whether it is occupied or not

Figure 1: Security and Supervision Population- to-Staff Ratios 2011-2021

Source: <https://2gaiae1lifzt2tsfgr2vil6c-wpengine.netdna-ssl.com/wp-content/uploads/2021/02/MassINC-Justice-Reinvestment-Policy-Brief-Feb-10.pdf>; Forman Benjamin & Rahman Anusha. "Viewing Justice from a Correctional Officer's Perspective." February 2021

Other findings include MDOC's inconsistent usage of body scanners to identify a possible foreign body within a prisoner. Coordination between security staff and the health staff should be adapted to be consistent. If a prisoner is placed on MHW the employees assigned to supervise report to different departments. There is no collaboration between departments for procedure or prisoner logistics. If a prisoner is released from MHW and sent to another division of the prison the new supervisors lack prior knowledge on the prisoner's status while in MHW.

Prior to the report, employees received no training designed for programs like mental health watch assignments. **Any employee regardless of experience can be assigned to do a 1:1 mental health watch post.** This means junior officers will often be assigned to MHW posts instead of experienced ones. Officers are often found sleeping during their posts, and they are not reprimanded for misconduct.

C. Mental Health Treatment Plans

MDOC's therapeutic and mental health care programs are not providing prisoners with the resources and help they need. While mental health watch is not considered restrictive housing by legislative definition, it fits all the traits of restrictive housing. MDOC defines restrictive housing as confining a prisoner to a cell for at least 22 hours per day for the safety and security of the facility. MHW prisoners face 24-hour cycles of confined housing with inadequate mental health care. Prisoners who actively perform self-harm acts are ignored, 'treated', and then thrown back into mental health watch after numerous acts of self-harm.

Under court definitions the basic prison mental health care delivery is the following three components

- 1) A basic program for the identification, treatment, and supervision of inmates with suicidal tendencies
- 2) Treatment is not exclusive to just segregation and close supervision of inmate patients.
- 3) Treatment requires participation of mental health professionals.

In MDOC facilities treatment interventions such as counseling, group therapy, and individual psychotherapy are not being provided to prisoners. MHW prisoners are supposed to have daily encounters with health providers for assessing suicide risk and documenting mental capacity.

However, these visits are reported to only occur in the morning, and if for some reason the meeting does not commence then the prisoner must wait 24 hours until the next consultation. These meetings are also supposed to occur outside the cell, but they are often done through cracks in the cell door. Prisoners also reported that they often meet with a different provider every visit which is counterintuitive to therapeutic development.

“When my clorazil was higher, the voices were less. I wake up every night of the week with nightmares, when I was getting molested when I was young and I’m hurting people too, which isn’t me. I keep wanting to hurt myself....”

One prisoner referred to as “GG” is susceptible to self-harm if placed in restrictive confinement. Whenever he was placed in MHW, he would harm himself multiple times and be sent to the hospital for treatment. After discharge from the hospital, he was sent back into MHW, which would then trigger another act of self-harm. Notes from the report indicate that GG takes Clozapine, an antipsychotic used to treat symptoms of schizophrenia and schizoaffective disorder. GG was previously committed to Bridgewater State Hospital where he had received proper mental health treatment. He had no incidents of self-harm for nearly 30 days, and could participate in treatments such as group therapy, journal writing, and was medication compliant. However, all the progress was lost when GG was transferred back to the prison facility.

Conclusion

MDOC’s usage of mental health watch and restricted confinement is detrimental to the mental states of its prisoners. There are clear violations of the departments own policies and rights protected by the Eight Amendment. Prisoners under mental health watch are confined long past the four-day period, employees are not sufficiently trained, and there is a lack of structured professional mental health care for prisoners. MDOC must see to fixing their facilities. **Potential policy implications that MDOC can see to address have been listed below.**

- 1) **Improving supervision of prisoners by minimizing human error and removing instruments that can be used to cause self-harm.**
 - a. A structured plan must be developed for identifying prisoners’ access to self-harm tools. In response to said findings, plans should be established for a daily routine.

Prior to MHW admission a thorough search of both the cell and the prisoner must be followed.

- b. A detailed report of a prisoner's previous experience with self-harm or suicidal thoughts should be documented for all incidents and explained to all watchguards.
- 2) **Advocating responsive attitudes for correctional officers and employees.**
- a. MDOC should develop routine efforts for improving communication among different departments. Correctional officers and security are not informed of what happened to a prisoner during MHW, while mental health staff are not informed of possible security breaches.
 - b. Establishing policies and trainings for employees assigned to mental health watch: type of interactions between prisoners, prisoner's history of self-harm, monitoring prisoner's state of mind during 1:1 observation, proper responsive measures to prisoner activity.
 - c. Targeted level of severity for MHW prisoner. Junior officers should not be expected to supervise MHW prisoners by themselves. Increased security staffing for MHW prisoners to reduce chances of self-harm, and to resolve if an employee is inactive or slacking.
- 3) **Establishing Mental Health Care Programs for Mental Health Watch**
- a. Revising restrictions on MDOC's mental health watch and its usage of restricted housing. Daily consultation between prisoner and mental health professionals must be conducted out of cell. Document a prisoner's acceptance or refusal of assessment, and do not limit consultation to specific time slots.
 - b. Increased staffing for mental health providers to create structured therapeutic plans for individual patients.
 - c. Creation of varying treatment interventions: group therapy, journal writing, recreational activity, outside activity.
 - d. Creation of levels/offenses of mental health watch admission. Repeated admission of restricted housing does not improve prisoners' mental states; prisoners should be evaluated for possible transfer to hospital treatment.

Endnotes

¹ Office of Public Affairs, “Justice Department Alleges Conditions at Massachusetts Department of Corrections Violate the Constitution”, *Department of Justice*, November 17, 2020

². U.S Department of Justice Civil Rights Division and U.S Attorney’s Office District of Massachusetts, “Investigation of the Massachusetts Department of Corrections”, *Department of Justice*, November 17, 2020