

Psychiatric Help Within the Criminal Justice System

Summarized by Thomas T. Thomas

People with brain disorders may be susceptible to arrest and incarceration, especially during an episode. This can be a frightening experience for them and unsettling and stressful for their friends and family members. To prepare each of us for this possibility, our November 15 meeting presented background information on mental health services inside the criminal justice system. Our panel of speakers included **Carolyn Edmunds**, chief psychiatric social worker of the Criminal Justice Mental Health Program, Alameda County; **Myra Sherman**, mental health program manager of Contra Costa Health Services; and **Charles Meyers, PhD**, community program director of the Conditional Release Program, Alameda County.



CAROLYN EDMUNDS

The receiving jail for Alameda County is Santa Rita, although people may be arrested and held at city jails before being transferred to the county. Santa Rita has approximately 3,200 inmates on any day, with 1,000 bookings a month and an average stay of 44 days. The county maintains five mental health staff to serve this population.



MYRA SHERMAN

“A person who is arrested goes through a classification system,” Carolyn Edmunds said. “This separates people according to their problems, ability to get along, gang membership, and so on, in order to house people in a place where they can reasonably expect to be safe.” The booking deputy looks at the arrestee’s history, and a background of mental illness immediately triggers sending the person for screening with a nurse who evaluates medication requirements, suicidal tendencies, etc. If the arrestee denies any mental health problem and there is no history on file, then there is no trigger for this screening.

Next, the receiving process performs triage, to treat people with emergencies or acute symptoms first. Such cases are sent to an inpatient unit at North County Jail, at the foot of Broadway in Oakland. Edmunds’ five staff members perform outpatient treatment, seeing about 150 people a month at Santa Rita and a like number elsewhere in the system.

“Our treatment is according to community standards,” she says. “By law, we are not able to force treatment. The inmate has lost his right to move about freely but has not lost all civil rights. If the person refuses treatment, we may have to wait and watch while he or she goes down hill.”

The county does have a system to monitor people who may be suicidal; they are observed every 15 minutes around the clock. If they threaten suicide or make an attempt, they are sent for inpatient treatment at North County. Alameda has also started a drug treatment group, based at North County, that serves 12 to 15 inmates on average.

Contra Costa County has a smaller inmate population, approximately 1,700 to 1,800 at any one time, with fewer community resources. “So there may be a higher proportion of mentally ill people in jail,” Myra Sherman said.

The main booking is in Martinez, which is classified as maximum security. The county also maintains a medium-security facility with a campus-like atmosphere, mental health treatment capability, and classrooms and meeting rooms at West County Jail on the bay in Richmond, and a minimum-security farm-like facility at East County Jail. Inpatient treatment facilities are shared with Alameda County at North County Jail in Oakland.

The booking deputy administers a questionnaire that is half physical and half mental health related. Typical of the latter are questions such as has the person ever attempted suicide, does he hear voices, etc. If the answer to any of these is yes, the nurse sees the arrestee at booking. This is also where the system makes determinations about housing, services, and so on. Half of Sherman’s staff works on intake and booking and half on mental health cases (called “M-module”).

Sherman acknowledged that the county may have people in the general inmate population who are mentally ill—for example, bipolar or depressed—but stable and on medications. One change coming is that next year such inmates will be able to await sentencing at the bayside medium-security facility, where they will have access to mental health programs.

Charles Meyers, who used to work at the Alameda County jail, said that in his current position he is unlikely to see many of NAMI members’ relatives and friends. The Conditional Release Program works with what used to be called the criminally insane. “This is like a parallel universe,” he said. “If you put mental illness and criminal acts together, you go into another category.”

The program deals with people classified variously as:

- Not competent to stand trial.
- Not guilty by reason of insanity.
- Mentally disordered offender.
- Guilty but insane, which means they still need treatment.

Such people will go to an inpatient program, but at which hospital depends on their classification. Most women go to Patton State Hospital, men to Napa State Hospital or Atascadero State Hospital. Vacaville Medical Facility is the



CHARLES MEYERS, PHD

mental and physical hospital of the state prison system, for people who have already been convicted of a crime. The patients are committed for a legally mandated 180 days, although in reality they stay in until a psychiatrist is convinced they are no longer a danger.

Once that happens, they are under Meyer's program. The conditions of their release may be that they have to accept counseling and take their medications, enter a drug treatment program, or submit to a regular urine test. "If they fail to comply with their conditions," he said, "they can be put back in the hospital without a 5150 or other cause." (California Penal Code Section 5150 allows a person to be detained as "a danger to self or others.")

The program requires close monitoring, but caseloads are small and funding is adequate. "That's the miracle of stigma," Meyers joked. Having let these people out, society is afraid of them and provides for their supervision.

The speakers then took questions from the audience.

What kind of background do the psychiatrists on your staff have?

The staff is committed to the long haul. They know they are dealing with the afflicted, and we have very little turnover. There is also great demand for their services. Healthy but unhappy inmates want to see the psychiatrist, and the staff have to reach out to the really sick people.

How do you deal with a mentally ill person who insists there's nothing wrong with him?

The psychiatrists are not naïve. They can detect the "patina of sanity" in a sick person. Also, they have access to the person's background.

If you have a friend or relative who has been arrested, call the jail. The staff welcomes information about medical history, names of doctors who have treated the inmate, and any medications he or she may need. Although the staff cannot force a person to take medication—and by institutional requirements cannot administer medications supplied from the outside—they can keep a person from spiraling out of control by referring him or her to the inpatient facility.

Treatment can be difficult if a person is ill, denies it, and keeps quiet and in control. Concerned family members should call the programs directly:

- (510) 667-3900 in Alameda County.
- (510) 310-5700 in Contra Costa County.

Family members should state clearly that they are related to the inmate and have information on his or her medical condition.

What is the length of stay in triage?

The arrestee talks to the booking deputy and nurse immediately. He or she will then be seen by triage within the next day or, depending on the time of arrest, two days.

What is the jail program's connection with the Drug Diversion Court?

In Alameda County, the connection is a slender one: a single staff person visits the court once a month. The court is a community program, and there is not enough funding for jail staff to participate in community services.

How does the jail program deal with dual diagnosis (i.e., mental illness combined with substance abuse)?

The booking deputy will know if someone has a history of dual diagnosis. We try to see that people do detoxification in a special facility which also provides for symptomatic treatment.

Are these county criminal justice programs similar to services in other states?

Yes, remarkably so. Except for huge metropolitan areas like Los Angeles and New York, or tiny rural counties, our professional staff and mental health programs are similar. We keep in touch with other jurisdictions through conferences and association meetings. Alameda County, however, was one of the first to offer such a mental health program, about 25 years ago.