

## **Evelyn L. Spiro School of Nursing - Wagner College**

## The Prevalence and Development of Mental Illness in the New York State Prison Population

WENER COLLEGE

Ijeoma Nwobu WCSN, Marisa Correia WCSN, Sarah Shibla WCSN

#### Introduction

 About 1 in 3 prisoners experience mental illness compared to the national average of about 1 in 5 adults.



- Preexisting mental illnesses are exacerbated during incarceration which is most often related to the environment of the prison.
- Lack of adequate, affordable, and accessible community based mental health care after serving time in jail, propels individuals back into the criminal justice system.

## **Community Assessment and Analysis**

- There is a racial disparity present; black and latino males are disproportionately incarcerated compared to whites and other races. <sup>2</sup>
- The US has the highest incarceration rate globally; currently the US has 2.2 million people incarcerated in local jails and prisons. Out of 100,000 people, 655 are incarcerated in the United States.<sup>3</sup>
- The majority of individuals entering NY State prisons struggle with substance use; nearly 70% of males and 80% of females are self reported substance abusers
- Approximately 9% of males and 18% of females are HIV positive.
- Almost 25% of all inmates are infected with tuberculosis.<sup>4</sup>



## **Problem**

- •The United States has the largest incarceration rate globally, but only the third largest population. <sup>3</sup>
- Inadequate mental health and substance use treatment in poor communities and communities of color, funnel people struggling with mental illness into handcuffs, jails, and prisons:<sup>5</sup>
- Inmates that experienced solitary confinement are seven times more likely to perform self-harming acts within the NYC jail system.
- Solitary confinement contributes to 65.5% of later diagnoses of a mental health illness. <sup>6</sup>
- Prisoners with mental illness may display concerning, annoying, or dangerous behavior thus having higher rates of disciplinary infractions than the average prisoner.

## **Proposed Solution**

"Mental Illness is an Illness; not a Punishment!"

#### Part I

# Targeted at the mentally ill inmates. Prison nurses will:

- Monthly screenings with a culturally sensitive questionnaires
- Based on each screening a nurse will develop an individualized care plan taking cultural backgrounds into consideration when implementing interventions <sup>5</sup>
- Every six months the nurse will reevaluate the effectiveness of their interventions
- Ensure medication compliance daily
- Teach inmates calming techniques and different coping mechanisms including pet therapy, art therapy, music therapy, and group therapy, all while taking into account cultural backgrounds.

#### Part II

Nurses will provide a teach back workshop to help the Correction Officers identify triggers, signs, and symptoms of decompensation of different types of mental disorders.

Included in the training will be cultural competency for different ethnic and racial backgrounds along with calming techniques that the COs can use prior to initiating punishments, such as solitary confinement.

### **Programing Goal:**

To maintain mentally ill prisoners at their baseline and decrease the number of prisoners that develop mental illness while circulationing through the criminal justice system in New York by providing them with resources to better deal with their disorders.



#### Poforoncos

1. "Mental Health by the Numbers." National Alliance on Mental Illness. (2019). <a href="https://www.namiour/learn-more/mental-health-ovelne-numbers">www.namiour/learn-more/mental-health-ovelne-numbers</a>. Lippman, J. (2019). A MORE JUST NEW YORK CITY: Independent Commission on New York City Criminal Justice and Incarceration Reform. IV

. The Correctional Association of New York. (2000). Health care in New York State prisoners a report of findings and recommendations by the prison sisting committee of the correctional association of New York, IV

5. Menschel, B. (2018, November 15). TESTIMONY OF: Brooke Menschel. Retrieved from <a href="http://bds.org/4563-2/">http://bds.org/4563-2/</a>, I 6. Kaha, F. Solimo, A. Graves, I. Glova, Kollisch, S. Vise, A. MacDonald, R. Venters, H. (2015). Disparities in Mental Control of the Control of

 Kaba, F., Solimo, A., Graves, J., Glowa-Kollisch, S., Vise, A., MacDonald, R.,... Venters, H. (2015). Disparities in Mental Health Referral and Diagnosis in the New York City Jail Mental Health Service. American Journal Of Public Health, 105(9), 1911–1916. I
Hagan, B., Wang, E., Aminawung, J., Albizu-Garcia, C., Zaller, N., Nyamu, S..... Fox, A., (2017). History of Solitary Confinement is Associated with

Post-Traumatic Stress Disorder Symptoms among Individuals Recently Released from Prison. The New York Academy of Medicine. II s. Mezera, P. Fellner, J. (2010). Solitary confinement and mental illness in U.S. prisons: A challenge for medical ethics. The Journal of the American Academy of Psychiatry and the Law 38, 104.9. W.