

# PSYCHIATRY IN CORRECTIONAL SETTINGS

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# DISCLAIMER

▶The views expressed herein are solely my own and do not necessarily reflect the views, opinions, or policies of a specific correctional facility or government entity.

# OBJECTIVES

- ▶ An Overview of the Correctional Setting
- ▶ Limits and Opportunities for Treating Patients with Severe Mental Illness
- ▶ Diagnostic and Prescribing Challenges

# OVERVIEW OF THE CRIMINAL JUSTICE SYSTEM

- ▶ 4 Theories of Punishment are Retribution, Deterrence, Rehabilitation, and Incapacitation
- ▶ Multiple Entry and Exit Points
- ▶ Settings include Lockup, Jail, Prison
- ▶ Classification attempts to match inmates with the appropriate Level of Security, Custody Supervision, and Services necessary to meet their needs

# WORKING IN A CORRECTIONAL SETTING

- ▶ Public service
- ▶ Ability to focus primarily on clinical care
- ▶ Complex and interesting cases
- ▶ Working with a team of health care, forensic, and custody professionals
- ▶ Appreciation from patients and staff
- ▶ Safety, staffing, resources
- ▶ Practicing in a setting designed for security
- ▶ Negative feelings about patients
- ▶ Complaints, litigation, and limitations on autonomy

# SEVERE MENTAL ILLNESS

- ▶ High Prevalence of Affective, Anxiety, Trauma, Psychosis, Substance, and Personality Disorders
- ▶ Mental Illness is Overrepresented compared to the Community
- ▶ Significant Overlap between Mental Illness and Involvement in the Criminal Justice System
- ▶ Becoming a De Facto Treatment Center

# DIAGNOSTIC OPPORTUNITIES

- ▶ Controlled Setting
- ▶ Observation by Multiple Disciplines
- ▶ Collaboration with Outside Agencies
- ▶ Complex and Interesting Presentations
- ▶ Collaboration and Connection with Community Resources
- ▶ Restoration to Competency

# DIAGNOSTIC CHALLENGES

- ▶ Fast-paced
- ▶ Reluctance to engage in an interview
- ▶ Comorbidity including medical, substance, personality, developmental delay
- ▶ Embellishing, Exaggerating, Feigning
- ▶ Medication-seeking
- ▶ Sub-optimal treatment environment



# DECEPTION

- ▶ Feigning, Exaggerating, Embellishing, Malingering
- ▶ Factors
  - Safer Housing Location
  - Obtaining Preferred Medication
  - Seeking Attention
- ▶ Suspicion
  - Medicolegal Context of Presentation,
  - Marked Discrepancy Between the Symptoms and Objective Findings
  - Lack of Cooperation and Non-Compliance
  - Personality Disorders
- ▶ Use of Well Validated Instruments (M-FAST, SIMS)

# SUBSTANCE USE DISORDERS

- ▶ Very common
- ▶ Screening and Evaluation at intake (and ongoing)
- ▶ Length of Custody
- ▶ Drug Court Programs, Connection to Community Programs

# SUICIDE PREVENTION

- ▶ Suicide Assessment at intake recognizing current behaviors as more significant
- ▶ Communication is Critical
- ▶ Special Housing Units
- ▶ Reducing Risk in the Environment

# MANAGING AGGRESSIVE AND DISRUPTIVE BEHAVIORS

- ▶ Medications
- ▶ Incentives as part of Behavioral Management Plan
- ▶ Modeling Behavior and Collaborating with Security and Staff
- ▶ Flexibility and Creativity

# MEDICATIONS

ADHD- Sometimes up to 25%, often left untreated

- Atomoxetine
- Guanfacine
- Clonidine
- Venlafaxine

Psychosis-

- Check the formulary
- Long-Acting Injectables
- Clozapine

Anxiety and Insomnia-

- SSRI
- Mirtazapine
- Antihistamines (high doses)
- Trazodone
- Propranolol

Mood Stabilizing-

- Anticonvulsants preferred to Lithium
- 1<sup>st</sup> and 2<sup>nd</sup> generation antipsychotics

# MEDICATION SEEKING

- ▶ Controlled Medications with Limited Exceptions (Management of Withdrawal)
- ▶ Bupropion, Venlafaxine
- ▶ Buspirone, Gabapentin
- ▶ Quetiapine

# SUMMARY AND QUESTIONS

- ▶ The Correctional Facility can be a highly rewarding place to practice Psychiatry
- ▶ Treating Severe Mental Illness in this setting requires knowledge of a unique system and environment, while understanding the limits and opportunities present
- ▶ Thanks to everyone for your attendance