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

Anxiety and Insomnia-
- SSRI
- Mirtazapine
- Antihistamines (high doses)
- Trazodone
- Propranolol

Psychosis-
- Check the formulary
- Long-Acting Injectables
- Clozapine

Mood Stabilizing-
- Anticonvulsants preferred to Lithium
- 1st and 2nd generation antipsychotics

Long Acting Injectables
- Clozapine
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