

## **Pennsylvania Implements Humane Strategies for Treating People with Mental Illness in State Prisons**

### **Featuring Lynn Patrone: Mental Health Advocate**



**Issue 1. *Field*  
*Leaders: Safe*  
*Alternatives to*  
*Solitary*  
*Confinement***

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The findings of the Department of Justice (DOJ) were grim. A federal civil rights investigation concluded that by keeping them in their cells 22 to 23 hours daily, the State Correctional Institution at Cresson, Pennsylvania, had violated constitutional rights of people who had mental illness or intellectual disabilities. The Civil Rights of Institutionalized Persons Act (CRIPA) prohibits a pattern or practice of deprivation of constitutional rights of individuals confined to state or local government-run correctional facilities, and in 2013 Pennsylvania had shown just such a pattern. The review found that the state's misuse of solitary confinement had caused mental strain, depression, psychosis, self-mutilation, and suicide.

Roy L. Austin Jr., deputy assistant secretary general for civil rights at DOJ, wrote:

*We found that Cresson often permitted its prisoners with serious mental illness or intellectual disabilities to simply languish, decompensate, and harm themselves in solitary confinement for months or years on end under harsh conditions in violation of the Constitution.<sup>1</sup>*

Today, Lynn Patrone is proud to be on the team of John Wetzel, Secretary of the Department of Corrections (DOC), and she credits the profound changes the state has made in large part to his determination to improve mental health services in state prisons. Lynn was appointed in May 2015, as the Mental Health Advocate for DOC. Pennsylvania is very likely the only state that has created such a position within DOC. On her appointment, Secretary Wetzel said he expected her to help “ensure that offenders are getting the treatment they should while in prison” and that they are “connected with benefits upon their release from prison.”

### **Skills are Up and Infractions Are Down**

Today, prisoners who have serious mental illnesses are housed in specialized units staffed by officers who have received 32 hours of Crisis Intervention Training (CIT). The curriculum was adapted from the Memphis model and adapted to Pennsylvania's needs. Officers are skilled in recognizing symptoms that might be related to mental illness and using techniques to de-escalate a situation and prevent misconduct. They may observe that a person is struggling emotionally and intervene utilizing the skills they learned through CIT. Trainees also learn recovery-based intervention skills, such as asking questions to understand what led to an incident as opposed to issuing an immediate misconduct. Data show that empathy and crisis intervention skills go a long way toward prevention. Under the new system, infractions have steadily decreased.

When nonviolent misconduct occurs, the matter is referred for an informal hearing and, if needed, psychological services are provided. More serious infractions are reviewed by a psychiatric team that includes a psychiatrist and psychologist, who conduct a psychological evaluation and determine whether the misconduct was a result of mental illness. If necessary, the individual is consigned to diversionary treatment. Even if the person is segregated in these units, he will spend a minimum of 20 hours out of the cell engaging with program staff. Segregation never persists months on end. While the person loses some freedom, the focus is on addressing the cause of poor behavior choices and preventing future ones.

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<sup>1</sup> U.S. Department of Justice. Justice Department Finds Pennsylvania State Prison's Use of Solitary Confinement Violates Rights of Prisoners Under the Constitution and Americans with Disabilities Act (May 31, 2013). See: <http://www.justice.gov/opa/pr/justice-department-finds-pennsylvania-state-prison-s-use-solitary-confinement-violates-rights>

## **Certified Peer Specialists: Bringing an Evidence-Based Practice to Prisons**

There's another reason that infractions are down in the Pennsylvania system. Long considered an evidence-based practice in the mental health field, Pennsylvania is a pioneer in employing certified peer specialists throughout the state prison system. Over 500 certified peer specialists – people who are incarcerated and who themselves have a mental illness – have been trained to help others who are coping with the symptoms of mental illness. Lynn explains that these specialists receive a 75-hour training program to prepare them for one of the highest-paid jobs in the prison system. Candidates must be role model inmates with record free of conduct issues for a given period. Their impact, Lynn says, has been “phenomenal.” The peers visit people with mental illness on suicide watch, in the infirmary, on mental health units, or in the general population. They give others a chance to open up about their challenges and learn coping skills from someone who has “been there.” Most importantly, they offer hope.

Lynn has plans for taking the state's innovative program one critical step further. Many people who are incarcerated – both men and women – have experienced trauma, and the symptoms of trauma can keep them cycling from community to prison. Lynn plans to introduce a curriculum on trauma-informed care to help peers upgrade their skills further and enable them to coach others on how to manage the troubling symptoms that often haunt people who have experienced trauma, such as child abuse. Many people who commit crimes have themselves been victims. By helping them heal, the system can also protect communities from future violence.

## **A Vital Link for People in Prison and Their Families**

Lynn herself plays a key role in ensuring that people with mental illness leave prison better able to lead satisfying and productive lives than the day they entered. She travels to every prison in the state system and lets people know that she is there for them and can help ensure access to treatment. Her credibility is enhanced by her own experience with mental illness, and she doesn't hesitate to share it. She participates in discussion groups, listens to needs, and follows up on the needs of individuals.

People will sometimes cry, Lynn says, because they are able to talk to someone. They see that something was created just for them. Someone will fight for them, if need be, and help them get through. They can share some of the intense challenges of coping with mental illness who “gets it.” For many, that is entirely new in their lives.

While some people with mental illness have no friends or family to support them, others have family members who worry about them. When someone is anxious about a loved one with mental illness, they can call Lynn or write a letter. She follows up, often visiting with the person and then letting the family know how they are doing. “You're an angel!” said a thankful mother recently. “My son said he had a great visit. Now I know he's okay.”

## **Addressing Mental Illness Benefits Individuals, Communities, Families – and Prisons**

The impact of the changes Pennsylvania is making are still being measured. Already, the kind of incidents that often result in extended solitary confinement are declining. As the correctional system improves its ability to identify and help individuals struggling to live with mental illness, both individuals and the prison system will be safer. And because people with mental illness are no longer forced to endure prolonged confinement – which has been shown to exacerbate the symptoms of mental illness – they will leave prison better prepared to rejoin their communities, and recidivism is expected to go down. However significant the savings in financial terms, however, restoring the hope of a fulfilling life is beyond price.

***Thank you, Pennsylvania, for being a pathfinder in safe alternatives to solitary confinement for persons with mental illness!***

