

APA Official Actions

Position Statement on Psychiatric Services in Jails and Prisons

Retained by the Board of Trustees, December 2017
Retained by the Assembly, November 2017

Reaffirmed, 2007

Approved by the Board of Trustees, December 1988
Approved by the Assembly, November 1988

“Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . .” – *APA Operations Manual*

Position:

The American Psychiatric Association accords a high priority to the care and treatment of patients from groups that are underserved, especially groups that lack strong political constituencies. Such groups include the chronically mentally ill and the mentally ill homeless. Also included, but less visible, are the mentally ill in jails and prisons.

The mentally ill are especially vulnerable to the difficult conditions that typically prevail in our jails and prisons. Psychiatrists practicing in such facilities attempt to provide adequate services under the most difficult working circumstances, with inadequate professional recognition and remuneration, and, perhaps most burdensome of all, in the midst of frequently deplorable conditions.

In the 1974 “Position Statement on Medical and Psychiatric Care in Correction Institutions” (1), APA called for a “full range of . . . psychiatric services” in jails and prisons. Noting that “an essential part of a minimal medical care delivery system consists of the early detection, diagnosis, treatment, and prevention of psychiatric illness,” the APA position statement went on to forcefully state that “the fact of incarceration imposes upon public authority the special duty to provide adequate medical services, including psychiatric services. Availability of such services is and should be a right of the incarcerated individual.”

However, a decade later, in 1983, APA was obliged to observe that “providing mental health treatment for persons in jails and prisons has, over the years, proved a refractory problem” (2). In part, this situation persists because of the altered social context of the operations of correctional facilities, which has resulted in tightened admission criteria for psychiatric hospitalization, fewer beds, limits on length of stay, reduced availability and use of civil commitments, and changing sentencing practices that have increased the number of inmates needing mental health services. Legislative demands for fiscal austerity and associated public policies, such as deinstitutionalization, have led to a complex set of circumstances that have been associated with an increase in the number of mentally ill persons who are at risk of incarceration in local jails because of minor charges used to address their disturbed behavior. This situation has resulted in a substantial increase in the population of inmates requiring mental health care.

Severe overcrowding is an additional factor often contributing to the inadequacy of psychiatric services

in jails and prisons. Conditions are often so bad in contemporary jails and prisons that both state and federal courts have mandated sweeping changes in their operations. The Supreme Court has ruled that it is the obligation of correctional officials to ensure that the civil rights of the mentally ill are protected. This obligation includes the right to adequate mental health care. Providing adequate mental health care in this context rests on the following principles:

1. The fundamental goal of a mental health service should be to provide the same level of care to patients in the criminal justice process that is available in the community.
2. The effective delivery of mental health services in correctional settings requires that there be a balance between security and treatment needs. There is no inherent conflict between security and treatment.
3. A therapeutic environment can be created in a jail or a prison setting if there is clinical leadership, with authority to create such an environment.
4. Timely and effective access to mental health treatment is a hallmark of adequate mental health care. Necessary staffing levels should be determined by what is essential to ensure that access.
5. Psychiatrists should take a leadership role administratively as well as clinically. Further, it is imperative that psychiatrists define their professional responsibilities to include advocacy for improving mental health services in jails and prisons.
6. Psychiatrists should actively oppose discrimination based on religion, race, ethnic background, or sexual preference, not only for mental health services but for all activities in the judicial-legal process.

Elaborations and explications of these principles can be found in the report of the Task Force on Psychiatric Services in Jails and Prisons, June 1988, which will be available from the APA Office of Psychiatric Services in the near future.

Finally, APA calls on its members to participate in the care and treatment of the mentally ill in jails and prisons, for without an increased commitment and involvement of its membership in providing services to the mentally ill in jails and prisons, position statements such as this will be meaningless. The breadth and depth of these problems demand much more.

REFERENCES:

1. American Psychiatric Association: Position statement on medical and psychiatric care in correctional institutions. *Am J Psychiatry* 1974; 131:743
2. American Psychiatric Association Insanity Defense Work Group: American Psychiatric Association statement on the insanity defense. *Am J Psychiatry* 1983; 140:681-688

Authors:

This statement was prepared by the Task Force on Psychiatric Services in Jails and Prisons of the Council on Psychiatric Services. It was approved by the Assembly in November 1988 and by the Board of Trustees in December 1988. The statement was reaffirmed in 2007.