Understanding the mentally ill in prison

Maryland wins award from Mental health advocacy group for its correctional crises de-escalation training

BY MARK VERNARELLI
The sunlight was streaming through the small cell window, but the encounter that was about to occur as the door opened had the potential to be anything but bright and uplifting. A distraught and non-compliant incarcerated person — one of more than five thousand in the Maryland system with a mental illness — was about to come face-to-face with a special team of officers.

The tension was palpable. But this time wouldn’t be like some past encounters, because this time, the lead officer at the cell door had received specialized training on how to deal with incarcerated individuals who have mental illness.

Crisis de-escalation, it’s called, and it’s a rigorous training that has actually won Maryland’s Division of Correction a high honor from a top mental health advocacy group.

In Maryland, as in many other places around the country, the number of mentally ill in prison has grown exponentially over the years. Today, more than 2,400 men and women in Maryland state prisons have been diagnosed. Add to this number more than 3,000 others with forms of mental illness, and the sobering reality is this: more than one in four incarcerated people have a mental illness.

Given these numbers, the Maryland Department of Public Safety and Correctional Services (DPSCS) determined that correctional staff must be trained to de-escalate confrontations to reduce the likelihood of physical violence ending in injury.

“When nearly two million people who live with mental illness are taken to jails and prisons each year, it is critical that correctional officers receive adequate crisis de-escalation training,” says Kate Farinholt, Executive Director of NAMI, the National Alliance on Mental Illness, the nation’s leading grassroots mental health advocacy organization.

That’s exactly the training the state of Maryland has undertaken, and in a big way. And it’s paid off, not only in fewer tense encounters at the cell door, case manager’s office, or medical unit, but also in a broader understanding by staff of the myriad needs and issues faced by those with mental illnesses.

Training staff to respond to mental health incidents

The National Alliance on Mental Illness gave Maryland’s prison system its highest community partnership honor, the Wild Iris Award, for the state’s commitment to Crisis De-escalation Team Training to increase positive interactions with the mentally ill population. The Maryland Public Safety and Correctional Services Secretary and his team accepted the award on the grounds of one of the nation’s premier mental health facilities.

“Our population mirrors society in general,” says DPSCS Secretary Robert Green, a 39-year corrections veteran who’s long been an advocate of programming and services designed to help both inside and outside the razor wire.

“We have a tremendous challenge to help those who suffer from these debilitating illnesses. We must, for the sake of society as a whole, and for the safety of our staff and the incarcerated, do as much as we can inside our facilities to help those afflicted.”

Partnering with the National Institute of Corrections and mental health providers and advocates like NAMI, Maryland’s prison system developed a mandated, specialized 40-hour training that gives correctional staff the tools to intervene in crisis situations involving the mentally ill. The goal is to train at least one-quarter of the state’s correctional personnel.

“This training allows for staff to identify someone in crisis, and provides them tools to de-escalate the encounter without causing harm to themselves or staff,” says Division of Correction Commissioner Annie Harvey.

“It also allows staff to help protect family members and loved ones who may have mental health issues.”

At a recent graduation of 11 correctional officers and two case managers who’d completed the training,
DPSCS Deputy Secretary Wayne Hill told the audience about one of his own relatives, a teenager, who committed suicide, and the dreadful impact of the tragedy on his family: a bedroom untouched for three years; loved ones devastated.

“There were clues,” Mr. Hill told the rapt audience. “If my family members had had this training, we would have known.”

Several hundred Maryland DPSCS officers, case managers, and medical and social work staff have become certified in Crisis De-escalation tactics. The training extends beyond those in uniform because, after all, many different people have one-on-one encounters with the mentally ill population. Just ask a psychologist, case manager or social worker who’s ever had to deliver difficult news — or even just try to communicate calmly — with a struggling incarcerated man or woman.

**Innovative techniques ensure excellent training**

Key components of the training: making correctional staff listen to multiple voices in their earphones while trying to perform simple tasks, and bringing in people who’ve had a lifelong struggle with mental illness.

“The clients with mental illness gave us a first-hand account of what it’s like to live with a mental illness,” notes Kate Lucas, a veteran case manager supervisor with 20 years in the DOC. “It’s critical having an understanding of what they’re going through as you’re talking to them, how they’re dealing with the info I’m giving them.”

The in-prison training effort complements a similar commitment Maryland has made “outside the wire.” The state Division of Parole and Probation (DPP) has put dozens of agents through Crisis Intervention Team training, which in DPP’s case, is designed to de-escalate encounters with the mentally ill that may occur in Parole and Probation field offices or during home visits to offenders’ residences.

“I have to say that the training was one of the best I have ever done,” says Vanessa Davis, a more than 25-year veteran of the Parole and Probation division who works as a Drinking Driver Program monitor. “I enjoyed every moment of it, and it was very beneficial and relevant to my job.”

Parole and Probation also organized its first statewide Mental Health Summit, bringing together advocates, treatment providers, and people with mental illness to further educate agents, supervisors, and other staff.

“It’s critical,” says Maryland Parole and Probation Director Martha Danner, “that our people in the field know how to turn a potential crisis situation into a calmer interaction.”

“It is crucially important that agents receive mental health training,” says Evelyn Young, a field supervisor for Parole and Probation, who put together the extensive day-long training summit. “A vast majority of incarcerated individuals suffer from mental illness and are being released to parole and/or probation. Individuals may also suffer from trauma and substance use disorders — including opioid addiction — along with many other complex issues. It is important for agents to know how to recognize signs and symptoms, how to respond to crisis, and how to navigate the public mental health system. These are invaluable tools that will not only help our clients to engage in mental health treatment, but will help our agency to strengthen partnerships and reduce recidivism. There is still much work to be done.”
Crisis de-escalation training having real world successes

Agents have also received training from autism awareness groups, and participate regularly in mental health courts in Baltimore City. One agent recently discovered a client with mental illness living under horrible conditions in a group home setting, allegedly being denied food and heat during the winter months. She was able to remove him from the property and place him elsewhere after alerting the court.

Meantime, back inside the prison walls, the Crisis De-escalation Training continues in earnest.

“Most facilities currently have CDT teams in place,” says DPSCS Assistant Secretary Carolyn Scruggs, who oversees all programming and treatment. “Our goal is to train wardens, assistant wardens, and their management teams.”

Lt. Kyle Shanholtz spent two years as a sergeant in a segregation unit before becoming the lead Crisis De-escalation trainer in the western part of the state, which is home to five prisons.

“Looking back,” says the twelve-year DOC veteran, “there were probably one hundred incidents that needed crisis de-escalation.”

With the training he now teaches, Shanholtz says, “I could have taken it a step further.”

As they prepared to receive their pins and certificates for completing a recent training, the room full of correctional officers and case managers responded one by one with what they’d learned in the eye-opening training, and how their future interactions with the incarcerated might go.

Maybe I should make a phone call to psychology.
Is he med-compliant?
Maybe this guy isn’t acting out just to act out.
Have you taken your meds today?

On a crisp autumn evening, Maryland prison system leaders gathered at the vast hillside compound in Towson, Maryland, just north of Baltimore, that houses the noted Sheppard Pratt Health System.

Inside the conference center, dignitaries from the National Alliance on Mental Illness and the Maryland Department of Public Safety and Correctional Services celebrated a small but significant victory.

NAMI’s Executive Director Farinholt pointed out that not only is it not often that a state agency gets awarded for its above-and-beyond work with mental health training; it’s never happened that a Maryland correctional agency has been.

In other buildings nearby on the same campus, teenagers were struggling mightily against eating disorders; adults grappled with medicine-resistant depression; and dedicated therapists, psychologists, and psychiatrists poured over case notes, trying to help people from all walks of life overcome — or at least survive — the demons associated with mental illness.

But in that conference room, at that moment, there was joy, because all sides believe a future calamity — or at least survive — the demons associated with mental illness.

Expanding training would help entire system

Maryland has one special program-heavy treatment prison — Patuxent Institution in Jessup — that’s home to a licensed mental health unit and significant therapeutic efforts aimed at dealing with mental illness issues. The licensed mental health unit houses the patients who cannot be managed in the other maintaining facilities.

Crisis De-escalation teams assist within the maintaining institutions with providing the least restrictive
treatment for the incarcerated persons with serious mental illness. But the focus Patuxent can maintain cannot easily be maintained at the state’s 16 other correctional facilities, much less at the local jail level.

Says Dr. Lynda Bonieskie, Director of Mental Health for DPSCS: “The Crisis De-escalation Teams promote an interdisciplinary treatment style which assists the mental health teams within the prisons with responses to mental health emergencies, which result in better outcomes for the patients.”

Even with a budget exceeding $1 billion, the parent agency of the state’s prison system has all it can do to keep up with the 24/7/365 needs of roughly 16-thousand sentenced individuals, plus — in Maryland’s unique case — a large municipal jail and booking population, and a pre-trial facility run by the state for the federal Marshals service.

All of this makes the Crisis De-escalation Training even more significant.

“The use of the Crisis De-escalation Training specifically with incarcerated people who have mental health issues is designed to increase their compliance with treatment while also enhancing the safety to both staff and the inmate,” says Dr. Erin Shaffer, Director of Patuxent Institution, the treatment prison. “The training allows the staff to better understand the symptoms that the person is experiencing and respond in an appropriate manner to his or her needs, even in a period of intense emotions.”

Adds Case Manager Kate Lucas: “Just having an awareness of what’s going on with that person helps me get my job done in a safer way.”

Public Safety Secretary Robert Green puts it in human terms: “This is about meeting people where they are, no matter their status in life.”

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