

TEXTO 3. PSICOLOGÍA



The psychological impact of prison

In prison, inmates face a variety of challenges that affect their ability to become productive members of society once they leave confinement, the report says. Vocational training and educational programs have not been used as widely as they could be, while re-entry programs and other transitions to the community need improving, the report found. In addition, imprisonment can create or exacerbate mental health conditions.

While at least half of prisoners have some mental health concerns, about 10 percent to 25 percent of U.S. prisoners suffer from serious mental illnesses, such as major affective disorders or schizophrenia, the report finds. That compares with an average rate of about 5 percent for serious mental illness in the U.S. population in general. Dependence on drugs, alcohol or both is also common among prisoners.

It can be difficult to offer quality mental health treatment in corrections facilities, says Haney, because "prisoners are reluctant to open up in environments where they do not feel physically or psychologically safe." Also, the transition to care outside of prisons often is spotty. "Prisoners essentially fall out of the system because there's not an effective pass-off to the service providers in the community," Haney says. Treatment for mental health — as well as medical conditions — also is less effective in privately run prisons (about 10 percent of prisons), which may see medical treatment as a place to cut costs, the report says.

Indeed, private prisons' business model appears to be at odds with moves to reduce the incarceration rate, as that would relieve them of customers. "Because the private prison industry has an interest in expanding the market for its services, policies and programs that would significantly reduce the overall amount of imprisonment are not likely to be policies and programs they would support," says Haney.

Costs for inmates to access medical and mental health care are another concern. Most prisoners enter prison as indigents; if they have Medicaid, Medicare, Social Security or similar resources, those are discontinued. Many federal prisons, a majority of state prisons and an unknown number of jails require prisoners to pay a co-pay of \$2 to \$5 for medical visits, in an attempt to reduce frivolous use of medical services (fees can be waived for emergencies). Prisoners generally pay for these services from the minimal wages they earn doing prison jobs, yet the cost of the visits can deter them from seeking preventive and routine care.

The National Commission on Correctional Healthcare opposes any fee-for-service for inmates, says Thomas Fagan, PhD, director of the social and behavioral sciences division at Nova Southeastern University and APA's representative on the commission's board of directors. "The commission took the position that regardless of the reason for having it, it has a potential for being an obstacle to care."

In addition to the deprivations of ordinary prison life, further concerns arise with solitary or isolated confinement — when prisoners are typically confined to their cells for 23 or more hours a day, with little or no programming or meaningful social interaction. This kind of confinement creates serious psychological risks for prisoners; many of them experience panic, anxiety, rage, depression and hallucinations, especially when confined for long periods of time (some up to 25 years). Haney says

he has observed cases where people enter without symptoms of mental illness and become mentally ill while confined this way.

"Segregated housing should not be used as a treatment strategy for seriously mentally ill offenders," says Fagan. "This is an issue correctional systems are struggling with right now."

Overcrowded prisons also can produce worsened health outcomes, decreased psychological well-being and increased risk of suicide, the report found. Such situations are still common today due to mandated sentences and lack of money to build more prisons, resulting in states using prisons over their rated capacities.

The overuse of solitary confinement, overcrowding and other inhumane conditions need to be changed, the NRC committee concluded.

Policy changes and other solutions

In the past few years, as costs of incarceration have mounted, the Obama administration has worked to reduce jail time for federal prisoners in for some drug offenses. Meanwhile, legislation has been proposed to modify mandatory sentencing and increase services to prisoners that are designed to cut recidivism.

The proposed laws have had some bipartisan support, says Roberta Downing, PhD, APA's senior legislative and federal affairs officer. "There has been a recent bipartisan nexus (between) the Tea Party and liberal Democrats on Capitol Hill who are concerned about mandatory minimum sentences, recidivism, solitary confinement and other related issues," she says.

The Smarter Sentencing Act, for one, would cut some mandatory sentences for nonviolent drug offenders. Some of those currently imprisoned for these offenses could apply to get their sentences reduced.

Congress is also considering the Recidivism Reduction and Public Safety Act, which would provide more drug treatment and job training and would allow inmates who complete such programs to reduce their sentences.

In addition, the U.S. Sentencing Commission earlier this year voted to cut sentences for some nonviolent drug offenses, and this change is expected to go into effect in November. This follows the commission's 2011 ruling to cut penalties for crack cocaine crimes. The U.S. attorney general's office is changing rules to allow more nonviolent, low-level drug offenders to win early release.

Some of these measures were recommended in the NRC report, which urges policymakers to revise criminal justice policies to reduce the rate of incarceration; to review mandatory minimums, long sentences and drug laws; and to consider more community-based alternatives to prison. But beyond steps to simply cut sentences and reduce the number of people in prison, the committee also recommends resources to help ensure prisoners are supported so they don't re-offend. For example, the committee recommended more vocational training and better prisoner re-entry programs as well as more research into the impact of mental illness and substance abuse on incarceration and recidivism. The committee also called for policymakers to address the wider social and economic conditions that cause crime in the first place, such as poverty, drug addiction and lack of education.

"The recommendations we made to reduce the number of people in prison and the amount of time they spent there need to go hand in hand with the other recommendations we made, which underscore the importance of providing people with resources while they're in prison to reduce the likelihood they'll come out unprepared to reintegrate into society," Haney says.

