
CORRECTIONAL PSYCHIATRY

PRACTICE GUIDELINES AND STRATEGIES

**Ole J. Thienhaus, M.D., M.B.A.
and
Melissa Piasecki, M.D.**



Civic Research Institute

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**Edited by
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Civic Research Institute

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Introduction

On any given day, 2.2 million people are incarcerated in the United States, and over the course of a year, an estimated 13.5 million individuals spend time in prison or jail. 750,000 men and women work in these facilities. The annual cost: [amounts to] more than 60 billion dollars. At this moment, the effectiveness and decency of America's approach to corrections has the attention of policy makers at all levels of government and in both political parties. Now is the right time for a national discussion about the most serious problems of life behind bars and for constructive recommendations for reform.

— Commission on Safety and Abuse in America's Prisons
www.prisoncommission.org (accessed April 11, 2006)

More than 2 million people are incarcerated in the United States, and a disproportionately high number of them suffer from mental illness. In some areas (e.g., in Nevada) the number of psychiatric inpatient beds in facilities of the Department of Corrections exceeds the number of hospital beds controlled by the state mental health system. Given the epidemiological proportions and the specific circumstances of delivering psychiatric care in jails and prisons, the dearth of pertinent textbooks and practitioner desk references is surprising.

We decided to put together this book after practicing correctional psychiatry for a few years at a detention center in Reno and a maximum-security prison in California (OJT). General psychiatric residents and third-year medical students were starting to participate in the clinical services we provided, and we hoped to direct them to a clinically oriented resource for information about incarcerated psychiatric patients and how to treat them. At the time, we found a few texts that addressed the psychological assessment of incarcerated patients and some peer-reviewed articles, but no clinically oriented books.

After we had decided to proceed with a book, we were lucky to find willing chapter authors with expertise in special topics and subpopulations. We are grateful to them and to Civic Research Institute for allowing this text to grow into its current form, and Dr. Jeffrey Metzner for his good advice and support. Our goal is to provide practical information for the general psychiatrist or general practitioner in the correctional setting. To treat patients in jails and prisons effectively we believe the physician must have understandings of the common clinical problems and how to manage them. The legal and ethical context of correctional psychiatry is unlike most other settings. The contextual factors inform all clinical discussions in this book but also merited dedicated chapters on select topics.

This volume tries to address each topic area in a comprehensive manner. It is necessarily incomplete in scope, failing to address a number of relevant areas of concern. For instance, the specific issue of minorities and their psychiatric needs, the problem of gangs in prison settings as they can contribute to mental health issues, and the notoriously difficult challenge of transitioning mentally ill inmates out of the correctional

setting into the community all deserve discussion. Similarly, the complex organizational and ethical problems of practicing in a resource-controlled, coercive environment appear repeatedly in the present text but should be dissected on their own merits as well. We refer the reader to a planned second volume that will complement the current book to provide a truly comprehensive resource on all aspects of this important and growing field of clinical practice.

— *Melissa Piasecki and Ole J. Thienhaus*
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"Zero tolerance" policy, for prison rape,
 2-29
Ziprasidone, 16-8
Zolpidem, 4-7
Zopiclone, 4-7