GORILLA IN THE PRISON MENTAL HEALTH CLOSET

The National Alliance on Mental Illness (NAMI) reports there is increasing understanding of how psychological trauma causes an ever more familiar anxiety disorder called Posttraumatic Stress Disorder (PTSD). First recognized and referred to as "shell shock" and "battle fatigue", now assuming the proper clinical definition of PTSD in our veterans who have been exposed to physical abuses of war, in close proximity to traumatic events, and or, experienced extended tours of duty.

Psychological researchers soon found PTSD was not exclusive to veterans. Survivors of natural disasters, severely traumatic accidents, life-threatening, or overwhelming traumatic events, all can bring about PTSD. Like the veteran that suffers PTSD from enduring extended tours of duty, regular people in close proximity to events of violent content are as susceptible to suffer PTSD. Children in violent dysfunctional families, prolonged exposure to violent spouses, crime victims, hostage victims, rape victims are all examples that can permanently imprint PTSD.

NAMI describes symptoms of PTSD as depression, sleep difficulties, nightmares, avoidance of people and places, outburst of anger/irribility, difficulty concentrating, markedly diminished interest in activities, poor impulse control, exaggerated startle responses and increased vigilance that may be maladaptive.

PTSD is bad enough on its own, however the disorder left untreated, or poorly treated, can have its devastation compounded by opening the door to other mental illness disorders, such as major depression/anxiety, anti-social behaviors and suicide; a condition referred to as psychiatric comorbidity. The Veterans Administration reported between 2005 and 2007, more than 16 veterans died by suicide every day, nearly 6,000 veterans died by suicide each year.

With greater understanding researchers have found origins of PTSD can be traced back to childhood traumatic events. Children subjected to abuse, and or, neglect, can carry PTSD into adulthood where they are dealt with as aberrant individuals.

Exhaustive studies have been done on POWs with war on-set PTSD providing scientific testimony to the toll PTSD takes on our veterans. Citing a few of those studies:

Jones E., Wessely
King's Centre for Military Health Research, London (2010)

ABSTRACT: "The repatriation of 'protected' POWs in 1943 prompted a reassessment of psychological impact of imprisonment when servicemen of previous good character began to behave aberrantly."
"..., retrospective studies of veteran POWs have found a high prevalence of PTSD."

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J Am Geriatr Soc.
Department of Communication and Health Behavior,
State University of New York, at Buffalo, New York 14260, (2009)

ABSTRACT:"Traumatic memories and clinical levels of PTSD persist for WWII POWs as long as 65 years after their captivity."
"These findings inform the current therapeutic needs of this elderly population and future generations of POWs from other military conflicts."

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Bob Shappell
School of Social Work
Tel Aviv University, Isreal (2009)

ABSTRACT: A study of 21 POWs with PTSD, 58 POWs without PTSD and 70 control veterans, revealed; "POWs with PTSD reported lower levels of marital satisfaction and forgiveness than other non-PTSD groups."

Psychological studies prove PTSD takes a broad spectrum toll causing dysfunctional marital relationships, anti-social behaviors and aberrant behaviors. With this in mind VA Clinics are filled of PTSD veterans. News stories have featured special courts established to mediate criminal acts of veterans with PTSD.
Yet, there remains a gorilla in the prison mental health closet. Experts, courts and society in general acknowledge victims and our military heroes are subjected to PTSD, however few want to acknowledge that our zeroes, social offenders, also suffer PTSD. Society does not want to accept our system of judicial punishment produces PTSD; possibly at a rate more than our wars. Consequently, there isn't an abundance of PTSD studies on prisoners, but it only takes to cite a few of those studies to see the gorilla:

Wolff, Nancy. et al
Center for Behaviorial Health Services and Criminal justice Research
Rutgers university, New Brunswick, NJ (2011)

ABSTRACT: A study on identified PTSD female prisoners soon-to-be released. "CONCLUSIONs: Findings suggest strong behavioral effects associated with lifetime traumatic and stressful event histories and indicate major **psychiatric health care needs** among female prison inmates that are likely **unmet by existing services.**

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Maschi, Tina et al
Fordham University, Graduate School of Social Service
New York, NY
Centenary College, Hackettstown, NJ (2001)

ABSTRACT: "Age, cumulative trauma and stressful life events, and PTSD symptoms among older prisoners."
"The aging prison population in the United States presents a significant public health challenge with high rates of trauma and **mental health issues the correctional system alone is ill prepared to address."**

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Kubiak, Sheryl Pimlott
Wayne State University
Detroit, MI (2012)

"The effects of PTSD on treatment adherence, drug relapse, and criminal recidivism in sample of incarcerated men and women."

ABSTRACT: "... the inattention to trauma before, during, and after incarceration is troubling."
"Women with PTSD were significantly more likely to relapse than women without. Men with PTSD were more likely to enter community aftercare treatment and recidivate than those without.
CONCLUSION: "The findings suggest that trauma-related disorders, among those with substance use disorders, affect postincarceration outcomes. Therefore, from a practice and policy perspective, interventions addressing this co-occuring disorder should be available to men and women within the criminal justice system."

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Gibson, Laura E. et al
University of Vermont, Dept. of Psychology
Burlington, VT (2000)

ABSTRACT: "An examination of antecedent traumas and psychiatric comorbibity among male inmates with PTSD."
"Despite substantially higher rates of PTSD among male inmates than among men in the general population, there is a dearth of research on PTSD among incarcerated men." "Seeing someone seriously injured or killed, being sexually abused, and being physically assaulted were the 3 most commonly reported antecedent traumas to PTSD. Lifetime and current rates of mood disorders, anxiety disorders, and antisocial personality disorder were elevated among inmates with a diagnosis of PTSD."

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Guthrie, Robert Karl
West Virginia University, WV (2000)

ABSTRACT: "Epidemiological studies concerning the prevalence of PTSD have identified lifetime rates for males ranging from 0.5% to 6%. By contrast, studies of prison inmates have identified lifetime prevalence rates for PTSD ranging from 2.3% to 13%. The central hypothesis of this study stated that prevalence rates for incarcerated males are higher than previously identified.
Out of 100 prisoners studied, 44 were identified with PTSD. "Corrections psychologists were unaware of the presence of all but one PTSD case identified in the study."
"Incarceration itself was identified as a traumatic stressor that can precipitate PTSD symptomology."

There are none so blind, than those who will not see! By ignoring prison on-set PTSD and psychiatric comorbidity, our guardians of the public trust responsible for "Rehabilitation" are as criminal, as the prisoners they are supposed to be "Rehabilitating".
The California Prison Healthcare System issues Inmate Death Review reports periodicly. The latest analysis was of 2012. In that analysis California's prison homicide death rate was more than double the Bureau of Justice Statistics national benchmark. California's prison suicide rate was 33% higher than the benchmark rates of death from suicide in the total US prison population. Death and violence roams the corridors of prisons. Murders, suicides and death in general is so common in prison, there are few prisoners who don't know a prisoner who has met an untimely death.
One only needs to walk into prison to sense the ambience of violence, signs read NO WARNING SHOTS!, high advantage points are maned with guards armed with automatic rifles and prison personnel regularly wear stab-proof vests. Guards roam the prison grounds and corridors like mini-mobile arsenals adorned with violence associated accouterments: pepper spray, bully clubs, hand cuffs, manicles, chains, helmets, anti-stab vests, radios and mass pagers. On any given day, at multiple times, entire prisoner populations are ordered to drop to the ground, due to alarm of violence within the prison. A prisoner must be on constant vigilance of assault by a violent prisoner, or a guard who may be having a bad day. Liberty and personal well-being is of little regard in the prison environment. At any time a cell-mate could psychologically break and beat you to the ground, or turn you into a homicide statistic. Like in a military war zone, all of this is a breeding ground for PTSD.

Preparing to write this article, I queried a well known forensic psychologist, he responded: "Dear Robert, PTSD is not on the list for major psychiatric disorders that qualify for mental health treatment in CDC, it is ignored." His name is withheld due to retribution consideration. However, it doesn't take a doctoral degree in psychology to recognize PTSD is endemic in California prisons.
With an abysmal recidivism rate and knowing PTSD is a contributor to recidivism, failing to treat a nationally recognized mental health disorder can only be described as irresponsibility and a miscarriage of public trust.

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http://betweenthebars.org/blogs/895/