

APA Official Actions

Position Statement on Psychiatric Services in Adult Correctional Facilities

Approved by the Board of Trustees, July 2018

Approved by the Assembly, May 2018

“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*

Issue: The provision of adequate mental health care in jails and prisons remains as important now as it was in 1974, when the APA published its first position statement on medical and psychiatric care in correctional institutions (1). The United States continues to see a growing percentage of individuals with mental illness in the criminal justice system, even as the overall population of incarcerated individuals has declined in the past several years.

APA Position: This position statement addresses persons in the adult correctional system; “correctional facilities” include lockups, jails, prisons, U.S. Immigration and Customs Enforcement (ICE) detention centers, Bureau of Indian Affairs (BIA) detention centers, and U.S. Military jails, prisons, and detention centers. “Mental Health Services” in this document is inclusive of treatment for substance use disorders and individuals with intellectual disabilities. In this context, the APA endorses the following principles regarding the provision of mental health services in correctional facilities:

1. The fundamental goal of mental health services in a correctional setting is to provide the same level of care to patients in the criminal justice process that should be available in the community.
2. The effective delivery of mental health services in correctional settings requires that there be a balance and a mutually beneficial and effective partnership between security and treatment needs.
3. The effective provision of correctional mental health services requires integration of mental health administration into the overall management of the facility. Close integration of clinical services, substance use treatment, and security services fosters comprehensive treatment.
4. A therapeutic environment can be created in a jail or prison setting if there is support, guidance, and advocacy from clinical leadership and collaboration from correctional leadership to create such an environment.
5. Timely and effective access to mental health screening, evaluation, and treatment is a hallmark of adequate mental health care. Quality improvement reviews are critical elements of a correctional mental health care system. Necessary staffing levels should

be determined by what is essential to ensure access to care and to provide appropriate services.

6. **Psychiatrists should advocate for psychiatric administrative and clinical leadership roles to assist with day-to-day oversight and management of services and quality improvement. Furthermore, it is imperative that psychiatrists define their professional responsibilities to include advocacy for improving mental health services in jails and prisons.**

Elaborations and explications of these principles can be found in the 3rd Edition of *Psychiatric Services in Correctional Facilities* (2) as well as in the APA's Position Statement on Segregation of Prisoners with Mental Illness (3).

Finally, APA supports that psychiatrists take on leadership roles in the care and treatment of persons with mental illness in correctional facilities, in community settings while on probation or parole, and in jail diversion or other correctional post-release programs. Increased commitment to this population is crucial to address the breadth and depth of their needs.

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