



CRIMINAL JUSTICE

Mental health care at state prison is 'insufficient, and almost non-existent,' expert testifies in federal civil rights trial

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David Wade Correctional Center (Nick Chrastil/The Lens)

Mental health care — from screening, to staffing levels, to suicide watch — at the restrictive housing unit of a Louisiana state prison is all but non-existent, the former chief psychiatrist for the Ohio state prison system testified this week in a federal class-action suit against the state Department of Public Safety and Corrections.

Dr. Kathryn Burns was called as an expert witness by civil rights attorneys for people in held in solitary at David Wade Correctional Center, a state prison in Claiborne Parish, who allege that the conditions of their confinement are unconstitutional. A four-week trial in the lawsuit, which was filed in 2018, began last week. It covers conditions at the prison up until March of 2020.

In the first week of the trial, several people who were formerly held in restrictive housing at David Wade testified about the conditions at the facility, saying they were kept in often filthy cells for up to 23 hours a day with little social interaction other than the relentless taunting and humiliation from prison staff. They also said that people in custody with obvious signs of mental illness received little, if any, treatment.

On Tuesday and Wednesday, Burns corroborated much of that testimony. Over the course of the pretrial discovery period, Burns visited the prison twice — in 2018 and 2019 — during which she interviewed over 30 people being held in solitary confinement. She also reviewed medical and mental health records of prisoner and prison policies.

Burns said on Wednesday that her overall impression from the visits and review was that mental health care for people in restrictive housing at David Wade was “insufficient, and almost non-existent except for medication.” And even medication, she said, “was not accurately administered, or documented, or supervised.”

The lack of care, she said, initiates a cycle in which extended stays solitary — sometimes lasting years — exacerbate mental health problems among prisoners. Then, the symptoms of prisoners’ deteriorating mental states are treated as disciplinary infractions, leading to write-ups, and more time in solitary confinement. The cycle has the potential to end in prisoners harming themselves or others, or result in guards using force against them.

Dr. Gregory Seal, the prison's only contracted psychiatrist, also testified on Tuesday. He said that he visited the prison twice a month for about six hours each time, during which he would meet with individuals for about 3-5 minutes each, and was primarily responsible for diagnosing patients and prescribing medication. (If it was a new patient, Seal said those visits would be closer to 10 minutes, on average.)

Seal also said that he was not aware of any mental health risks associated with prisoners with mental illness being placed in restrictive housing, despite the fact that the American Psychiatric Association warns against using restrictive housing for prisoners with mental illness.

Lawyers for the Louisiana Department of Public Safety and Corrections have argued that no one with a serious mental illness that is not stable or in remission are held at David Wade in the first place, and those individuals that are held there in restrictive housing are given sufficient treatment in the form of medication.

Even before the trial began, the state paid nearly three million dollars to private attorneys to defend the case over the last several years, according to reporting from the Louisiana Illuminator. Those contracts are overseen by Attorney General Jeff Landry.

The plaintiffs are seeking changes to the administration of mental health care and the conditions of restrictive housing at David Wade, not monetary damages.

Louisiana Solicitor General Liz Murill told the Illuminator that Landry opposes settlements in cases where the state may lose control of its budget, and would prefer to take them to trial so the state would be able to potentially appeal a ruling for the plaintiffs.

Surveillance and treatment

Chief among Burns' criticism of care at David Wade was that regular mental health evaluations — conducted 30 days after a person is first placed in solitary confinement, and every 90 days after that — were typically brief and perfunctory.

(Since March of 2020, those evaluations have been increased to every 30 days, according to Burns.)

What's more, the sessions weren't private. They were instead done "cell-front," meaning they were not confidential and could be overheard by other prisoners housed nearby, along with corrections staff.

The documentation produced by mental health staff for the interviews primarily consists of a checklist of mental health indicators, and very little individual detail. She said that most of the prisoners she talked to weren't even aware that they had participated in a mental health evaluation.

Without adequate and confidential surveillance of prisoners' mental state while in solitary confinement, Burns said, new issues won't be brought to the prison psychiatrist's attention for treatment, and a prisoner can deteriorate without receiving necessary treatment.

She also said that the "individualized" mental health treatment plans she reviewed for prisoners were all exactly the same, and did not change based on a person's changing condition.

Burns elaborated on the plans in a January report filed in the suit. Every treatment plan contains both long-term and short-term goals for each prisoner — things like "maintain compliance with all institutional rules and regulations." The goals identified in the files she reviewed were all identical.

On Tuesday, she questioned whether or not they could even be considered mental health treatment plans, and said they were not of any practical use.

She also was critical of the fact that none of the prisoners were offered any individual or group therapy for their mental illness.

"I did see places where inmates requested counseling," Burns said. "I did not see it provided."

Despite potential security challenges, Burns said that it was possible to provide counseling for and confidential mental health interviews with prisoners on extended lockdown, with the proper infrastructure and staffing. She said that soundproof rooms with windows could provide auditory confidentiality while still allowing security to monitor what was going on, and that certain restraints — which she called “high-security furniture” — can be used during therapy sessions to ensure the safety of everyone involved.

Rather than counseling, prisoners with mental illness were treated solely with drugs. But even medication treatment was not being carried out correctly, Burns said. Prison records showed that medicine was not being regularly delivered to patients on extended lockdown, and that she saw instances in which there were “days, and sometimes weeks of missing medications for people.”

Dr. Gregory Seal, the prison psychiatrist, said that he had encountered prisoners held in restrictive housing who he said could have benefitted from psychotherapy, and told that to the mental health staff. But he said he couldn't recall any instances in which psychotherapy was incorporated into a treatment plan for a person being held in restrictive housing.

“I may have said that they might benefit from therapy, but I didn't write it anywhere,” Seal said.

He also said that he wasn't involved in making a determination about whether a person with mental illness was put in restrictive housing, and was unaware of the conditions of confinement on the restrictive housing tiers — such as how much out-of-cell time a person receives, whether or not they are allowed phone calls or visitation.

Staffing

Burns testified that one of the main issues preventing David Wade from delivering adequate mental health care for people on extended lockdown is too few — and insufficiently trained — mental health staff.

Seal, the sole psychiatrist at the jail, is there on a contract basis. And he only works part time. His contract calls for 18 hours a month — which he divides between two days. His commute time is counted as part of his work hours under the contract. He spends six of his 18 monthly hours driving back and forth from Shreveport.

“People can’t get in to see Dr. Seal timely because he’s only there one day, every other week,” Burns said. “So if they’re not taking their medicine or they need a medication change, or the person is decompensating, it might be two weeks before he can see somebody. It might be two months.”

She testified that for a facility of David Wade’s size — which has an incarcerated population of around 1,000 — should have at least one psychiatrist on full-time.

She also said that the prison should have more qualified mental health staff. As of March 2020, in addition to Seal, there were three people on mental health staff at David Wade who provided direct services to prisoners. But Burns said that it was “clear from the records that some of the mental health staff at the time were not aware of psychiatric signs and symptoms, didn’t necessarily recognize them, didn’t document them.”

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