

Oklahoma Watch (<https://oklahomawatch.org/2014/02/01/prison-meds-reveal-disorders-severe-for-mentally-ill-inmates/>)

Prison Meds Reveal Disorders Severe for Mentally Ill Inmates

By: CLIFTON ADCOCK AND SHAUN HITTLE | February 1, 2014



(<http://oklahomawatch.wpengine.netdna-cdn.com/files/2014/01/Joseph-Harp-image.jpg>)

Aaron Byrd / OETA

Joseph Harp Correctional Center in Lexington is one of three Oklahoma prisons that specialize in incarcerating mentally-ill prisoners.

Two times a day, seven days a week, hundreds of prisoners at Joseph Harp Correctional Center in Lexington break into four lines to receive medications from prison staff.

There is Thorazine and Geodon for schizophrenia and bipolar disorder, Wellbutrin for depression and Trilafon for schizophrenia. Inmates step up to get one or more drugs in a paper cup, pop them into their mouth, and must prove they swallowed them by opening their mouth again for inspection. “Cheeking” a pill to trade later results in discipline.

Top 10 Mental-Health Drugs Dispensed in Prisons

(<http://oklahomawatch.org/2014/01/31/top-10-mental-health-drugs-in-prisons/>)

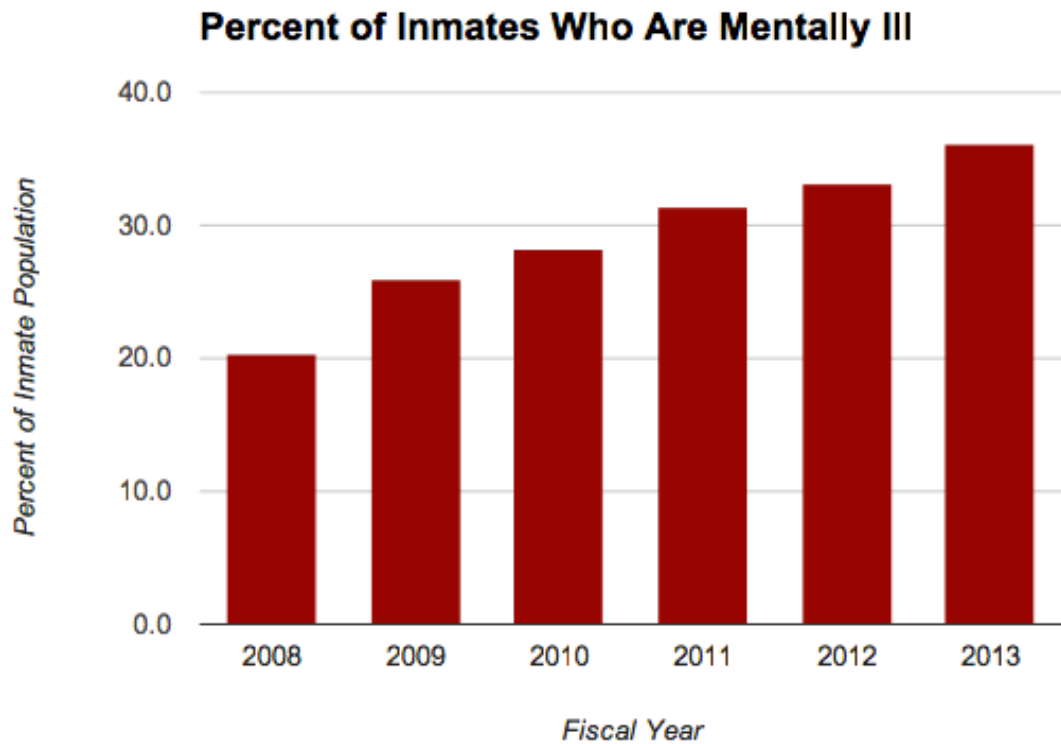
In corrections facilities statewide, of the 10 psychiatric medications the Department of Corrections spent the most on in 2013, seven were antipsychotics and three were anti-depressants, according to data obtained by Oklahoma Watch. The total cost of all such drugs was at least \$1.3 million, or 52 percent more than in 2010.

The breakdown indicates that many Oklahoma inmates who need mental-health treatment are suffering from serious disorders, not just mild forms of depression or the “blues” about being locked up. And the number of mentally ill prisoners is rising.

In the past five years, the percentage of incarcerated inmates diagnosed with mental illness has nearly doubled, from 20 percent to 36 percent, according to department figures, further straining the agency's budget, low staffing levels and available bed space. The number of inmates on psychotropic medications has climbed by 50 percent since 2007, to 6,200 last year, data shows.

Use of medications has not been controversial among corrections experts or prisoner advocates. Representatives of ACLU Oklahoma and Oklahoma CURE, a prison-rights group, said their organizations have not received complaints about widespread misuse of psychiatric drugs to manage prisoners.

The drugs are dispensed to address specific diagnosed problems, not to put inmates in a zombie-like state, corrections officials say. The effectiveness of some drugs, such as generic Wellbutrin XL, have been questioned by researchers, but loss of psychotropic drugs would be "catastrophic" for the inmates and the prison system, said the corrections department's chief mental health officer, Janna Morgan.



<http://oklahomawatch.wpengine.netdna-cdn.com/files/2014/01/Prison-Meds-Percent-Mentally-Ill.png>

The New Asylums

In Oklahoma and nationwide, the remark is heard so often that it's becoming a truism: Prisons are now de facto mental institutions.

But repeating the words hasn't halted the trend.

"It's a travesty," said Robert Powitzky, who retired as chief mental-health officer in 2013 after 14 years at the Department of Corrections. "We're really getting the people society doesn't want to address."

As a beginning psychologist in the 1970s, Powitzky said he remembers touring the state's prison facilities, which were filled with hardened criminals. When he returned to the prisons in the 1990s, they looked like psychiatric hospitals, he said.

"There are some mentally ill people who should be in prison," Powitzky said. But "50 percent of the inmates with severe mental illness should not be in prison."

The growing numbers correlate with a decrease in community mental-health services across the state, said Morgan, Powitzky's successor.

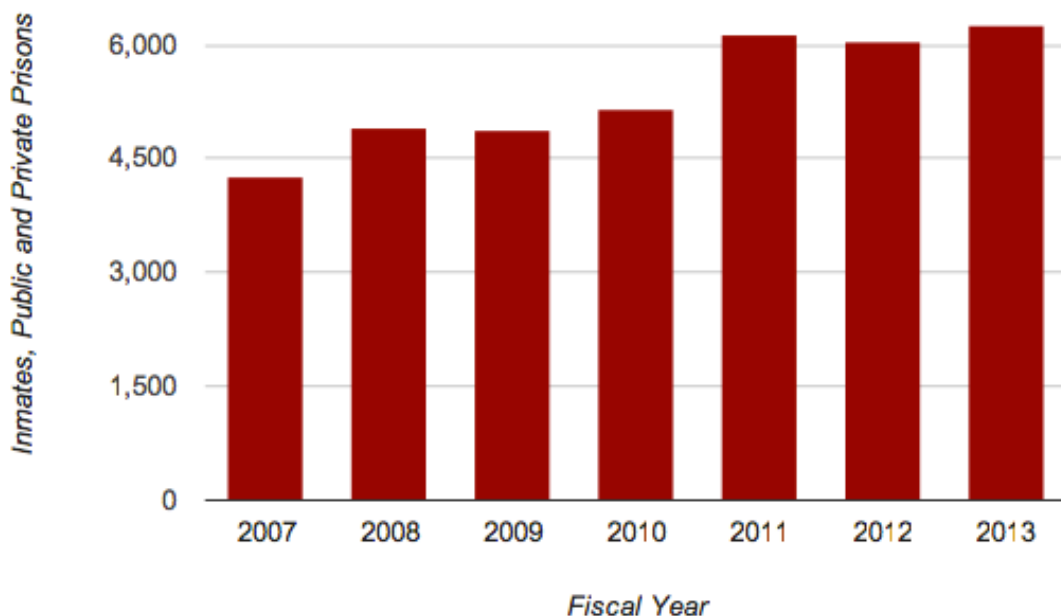
"It's been steadily increasing for the past five years -- during the past couple of years, an even sharper increase in those numbers," Morgan said. "As the resources in the community and the public have decreased, the mentally ill are coming into prison at a much higher rate."

Officials in the corrections and mental health fields say they expect the numbers of mentally ill inmates to continue rising unless community programs and alternative sentences for nonviolent offenders with mental-health needs are expanded.

A Mental-Health ‘Grade’

When a prisoner is brought to the corrections department’s Lexington Assessment and Reception Center, he is evaluated for mental-illness symptoms.

Inmates on Mental-Health Drugs



<http://oklahomawatch.wpengine.netdna-cdn.com/files/2014/01/Prison-Meds-Inmates-on-Drugs.png> The assessment takes into account a prisoner’s mental health history and allows the department to classify his problems, Morgan said. Those with no history or evidence of mental-health problems are classified as “o.” Those with a history of mental illness but no current symptoms or episodes in the previous year and not in need of psychotropic medication receive an “A.”

Those who show varying degrees of mental illness and need medications are classified as B, C or D, with D being the most severe cases, Morgan said.

Three prisons in the state specialize in incarcerating offenders with mental illness: Mabel Bassett Correctional Center in McCloud, for female inmates; Oklahoma State Penitentiary in McAlester, for maximum-security male prisoners, and Joseph Harp Correctional Center in Lexington, for community corrections and minimum- and medium-security male prisoners.

When the Harp center was built in 1978, it had four cell houses. Now it has eight, holding around 1,400 inmates, of whom 500 to 600 fall into one of the B, C or D categories, said Warden Mike Addison.

Unlike most other facilities, Harp has its own mental-health unit, with 120 beds and 30 “safe cells” that have tamper-proof lighting and extra beds for inmates suffering an episode that may endanger themselves or others, Addison said. The facility also has a 100-bed mental-health “step-down” unit that helps a prisoner who suffered an episode ease back into the facility’s general population, he said.

Other prisons around the state, including private ones, will often send offenders who develop mental health issues or have a psychotic episode to Harp, Addison said. However, there is often a waiting list to get into the facility, and other prisons, which usually have only a single safe cell, must make do until bed space becomes available.

“We’re pretty full,” Addison said. “We very seldom have an open bed. And if we have an open bed, someone is usually on their way.”



<http://oklahomawatch.wpengine.netdna-cdn.com/files/2014/01/Paul-Sopsher.jpg>

Aaron Byrd / OETA

Paul Sopsher

'Back to Being Paul'

The smiling faces of family and friends surround Paul Sopsher, along with inspirational quotes and Scripture.

Those pictures and posts remind Sopsher of his past and motivate him to hope for a better future.

"It keeps me reminded, if I have a bad day or something," he said.

Above Sopsher's bunk in Harp's mental-health unit is a picture that does not feature a smiling face. It is Sopsher in a police mug shot, after he was arrested for killing a man.

"It's hard for me to believe that sometimes," he said, staring at the gaunt face. "What was I thinking?"

Sopsher was arrested on Christmas Day 2010 for beating a man to death with a pipe. Sopsher said he caught the man with his girlfriend.

"When I saw him laying there, he was asleep," Sopsher said. "I lost my head."

Sopsher, 46, pleaded guilty to second-degree murder in January 2013 and was sentenced to 35 years in prison.

Addicted to crack cocaine, Sopsher had been in and out of the state's prison system. When he was sent to the Oklahoma State Reformatory in Granite, his mental health problems, whether brought on by drug use or occurring naturally, got him sent to the Harp facility.

When he arrived, he was in bad shape. His behavior was erratic, paranoid and uncontrollable, he said.

"There was a period that I looked at myself and really thought I was dead," Sopsher said. "I didn't even know I was at Joseph Harp for awhile."

Diagnosed with paranoid schizophrenia, Sopsher was given medication and the prison staff worked with him until he eventually regained control.

"From what he was to what he is now is like a 180-degree change," said Diana Givens, a clinician at Harp who worked with Sopsher.

"This staff -- I call them angels -- they helped get me back to being Paul," Sopsher said. "They brought me back."

Sopsher said he works with other inmates who have mental illnesses.

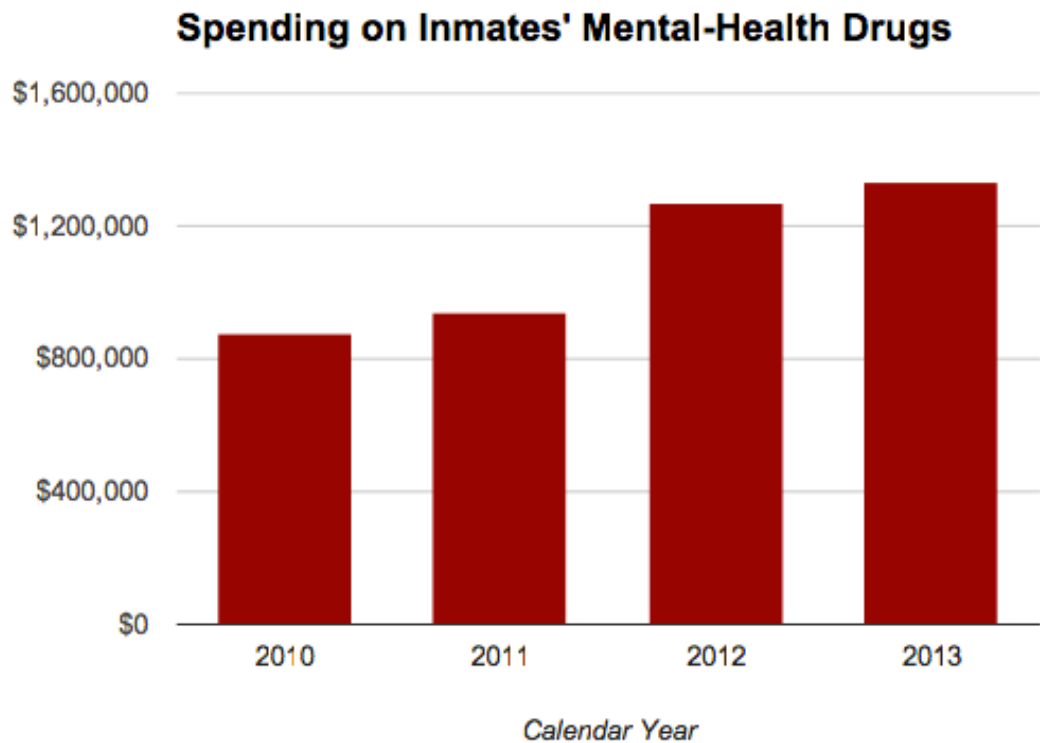
“Some of them are really bad off. They have conversations with themselves. I’m not criticizing, but that’s what goes on,” he said. “I try to help them out. I talk to the younger guys who are having a hard time.”

Risks and Costs

The daily dispensing of psychiatric medications can create problems in prisons.

One of the biggest at Harp is inmates not taking their medications or trading the drugs to fellow prisoners for other items, said Addison, the warden.

Lynn Powell, director of Oklahoma CURE, said her organization has received reports of prisoners not getting their psychotropic medications when being moved between facilities or when the medication runs out.



<http://oklahomawatch.wpengine.netdna-cdn.com/files/2014/01/Prison-Meds-Spending-on-Drugs.png>) This has resulted in prisoners going without medication for a month or more, Powell said. The situation appears to have improved, but she’s not sure what will happen if the agency’s funding remains constrained.

However, Morgan, the system’s chief mental health officer, said it would be rare for a prisoner not to receive medication because the supply had run out.

Addison said the growing use of psychiatric medications also drives up costs. “We give out a lot of medication,” he said.

While the corrections department has a formulary, or a list of pre-approved drugs to prescribe for certain conditions, mental-health professionals can prescribe drugs off-formulary if an inmate is not showing improvement. There no set budgetary limit on prescribing medications prisoners may need, Morgan said.

“If it’s needed, it’s ordered,” she said. “We don’t have a limit on what we can do in that area.”

But prison medications are not the answer to Oklahoma’s mental-health issues, various officials said.

Corrections and mental health professionals say an increase in mental health resources is needed to address Oklahomans’ needs before they wind up in prison. State cuts to treatment centers and other programs have lowered the odds that a person will receive treatment before coming into contact with law enforcement, Morgan said.

“I definitely think if there were more resources in the community, it would help decrease the number of mentally ill people coming into prison,” Morgan said.

Northcare, a mental-health nonprofit in Oklahoma City, has several programs aimed at addressing the problem, including working with mental health courts and diversion programs in jails, said Randy Tate, chief executive officer. Offenders who are given such help have a high success rate, but only a few, mostly non-violent offenders go through the programs, Tate said.

“I think we produce more prison-bound people all the time,” Tate said. “We have a lot of things in Oklahoma that create cycles of trauma” such as high rates of sexual abuse, child abuse and teen pregnancy.

Leaving Prison

When a mentally ill prisoner is released from the Joseph Harp center, he receives up to 60 days worth of the psychiatric medication he needs, a prison clinician said.

The former inmate also is guided to various state agencies that have teamed up to try to ensure that mentally ill prisoners have access to prescription medicine after release and don't reoffend.

Efforts include offering reintegration services and connecting prisoners with mental-health services on the outside, Morgan said.

Evidence shows such programs work, cutting recidivism rates among participating offenders by around half, Morgan said. But similar programs would have a greater impact if administered before someone went to prison.

Tate, of Northcare, said it could take decades to reverse all of the issues surrounding mental illness in the state.

“We have to change our thinking to, ‘It's too expensive to throw people away,’” Tate said.

Reach Clifton Adcock at cadcock@oklahomawatch.org or (405) 325-2783.