

Prison May Be Good Place to Help Mentally Ill

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SCOTTSDALE, ARIZ. — Incarcerated women with both substance abuse problems and mental illnesses have many treatment needs, and even short-term incarceration is an excellent opportunity to help them deal with their problems, Debra Hrouda said at the annual meeting of the American Academy of Psychiatry and the Law.

Even when a jail term is just 8 or 9 weeks, "that's adequate time to get them started," said Ms. Hrouda, an instructor in the psychiatry department and a researcher in the Dual Disorders Research Program at Case Western Reserve University, in Cleveland.

Ms. Hrouda and colleague Kathleen Farkas, Ph.D., studied 198 women incarcerated in the Cuyahoga County Corrections Center. Participants were selected

Barriers to mental health and substance abuse treatment included lack of health insurance, lack of money, and lack of available space in a program.

from a list of inmates who had received mental health services, as well as from the facility's general population. The study was funded by the National Institute on Drug Abuse.

Three trained interviewers conducted face-to-face interviews with participants, lasting an average of 3 hours. Ages of subjects ranged from 19 to 61 years, with an average age of 35; 54% were African American, 29% were white, and 17% were Hispanic, biracial, or of another race.

At the time of the interview, subjects had been incarcerated an average of 9 weeks; time in the facility ranged from 1 to 55 weeks. Most offenses were drug-related, followed by thefts, violent crimes, other crimes, and then parole violations.

Sixty-nine percent of respondents met the criteria for major depressive disorder; 60% were positive for posttraumatic stress disorder, and 30% had generalized anxiety disorder. As for substance use issues, 77% screened positive for cocaine dependence, 67% for alcohol dependence, and 40% for marijuana dependence.

More than three-fourths of respondents had both mental health disorders and substance use disorders, while 16% had only substance use problems, and 3% had only mental health issues, Ms. Hrouda said.

One striking finding of the study was the amount of social support respondents said they had, she noted. Subjects reported "moderate" levels of social support—an average of 28 on a scale of 0-48. "It could be an artifact of measurement" or just a difference between their perception of their support levels versus how much support they actually have, Ms. Hrouda noted.

When it comes to barriers to either substance abuse or mental health treatment, the most frequent barriers identified

were not having health insurance, not being able to pay for treatment, and having to wait for an opening because the program was full. But despite these similarities, there were also differences in perceived barriers to the two types of treatment, Ms. Hrouda said.

For instance, many of the barriers involved in getting substance abuse treatment were patient-related: no health insurance, inability to pay out of pocket, inability to stay clean, lack of follow-up

care, and seeing substance abuse as a personal weakness.

Barriers to mental health care, on the other hand, were more system-related: waiting for an opening in the program, no transportation, or not knowing the location of the treatment facility.

Another frequently mentioned treatment barrier was fear of losing custody of children.

The fact these barriers existed was a shame, since many inmates showed a

readiness to accept treatment, Ms. Hrouda said. According to their scores on the Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES), 5% of respondents were ambivalent about treatment, while 65% recognized they had a problem needing treatment, and 30% were taking steps to get help.

"This is not surprising, since they are in a controlled setting where they are clean, and they also are experiencing the consequences of [their actions]," she said. ■



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