

**CORRECTIONS, MENTAL HEALTH,
AND SOCIAL POLICY:
INTERNATIONAL PERSPECTIVES**

CORRECTIONS, MENTAL HEALTH, AND SOCIAL POLICY

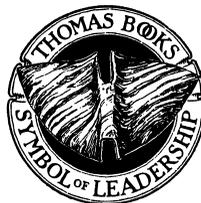
International Perspectives

Edited by

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and

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He retired in 2006 from the University of New Brunswick. Presently, he is Professor Emeritus at UNB and Visiting Scholar, Division of Criminal Justice, University of Cincinnati.

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In 2007, he was appointed an Officer of the Order of Canada "for achievement and merit of a high degree, especially service to Canada or to humanity at large."

He has published extensively on "what works" in the assessment and treatment of offenders, the effects of prison life, and has recently written about the use of statistics for the purposes of knowledge cumulation.

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This book is dedicated to our mothers:

Laura MacCorkle Ax (1912-1967)

and

Frances M. Fagan (1927 -)

PREFACE

In Section One, U.S. correctional mental health care is illuminated in its historical and international context, providing a framework from which its past and present can be understood and a more desirable future can be planned. The current state of affairs in U.S. prison systems is then described. The final chapter in this section views correctional mental health care from a public health perspective.

Section Two shifts the focus to mental health systems and services provided to those under the care, custody, and control of foreign governments. Our choices in this section represent Western democracies with whom we share much of our cultural, intellectual and institutional heritage. Authors emphasize innovative and data-based policies and interventions, discussing them in terms of the politics and policies of their respective countries.

In Section Three, the contributors consider special topics with national and international implications and consequences. Topics in this section include the benefit of empirical data in treating mentally disordered offenders, the death penalty, mental health care in nonwestern prison systems, prison gangs, imprisoned terrorists, and roles for non-governmental organizations. It is perhaps here that conventional concepts of *prison*, *treatment*, *crime*, and *inmate* will be disturbed and ultimately transformed for many readers.

Section Four consists of a final chapter which summarizes the lessons that have been learned, and those that still need to be, integrates and synthesizes the central ideas and concepts of the previous contributions, and offers an optimistic proposal for the international future of U.S. correctional mental health care and policy.

To care genuinely about the well-being and recovery of persons with serious mental illness is to be concerned about correctional mental health care. As we hope the reader will see, the history of corrections is replete with instances of failed policy and retrenchment. It is hoped that the pooling of ideas in this book will promote fresh thinking and new, effective treatment strategies. Those who work directly or otherwise concern themselves with incarcerated persons in the United States confront great obstacles associated with improving the lot of a devalued population in times when resources for the poor and

marginalized are already scarce. That they should continue to do so is vital if we are to call ours a compassionate society.

Robert K. Ax
Thomas J. Fagan

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INTRODUCTION

The justification for this book rests on three facts and one prediction. Here are the facts. First, the United States incarcerated more than 2,100,000 persons in its various prisons and jails in 2005 (Harrison & Beck, 2006) with more than an additional 5 million individuals under criminal justice supervision (Glaze & Pella, 2005). Second, at the time this project was getting underway, the U.S. incarceration rate was 6 times that of Canada, 5 times that of England and Wales, and 8 times that of France (Mauer, 2003). Third, more than 16% percent of the U.S. prison population is considered seriously mentally ill (Ditton, 1999) and according to some researchers, this may be an underestimate (James & Glaze, 2006).

Now for the prediction: current domestic and foreign policies, including those predicated on the necessity of confronting terrorism in the post 9/11 era, virtually guarantee that the United States will attain greater and greater oversight in the coming years for an ever increasing number of foreign-born prisoners. This process has already begun and includes many individuals who committed their crimes outside the United States, particularly those held as unlawful combatants or prisoners of war in Iraq, at the U.S. Naval Station in Guantanamo, Cuba, in secret CIA prisons in Europe, and in domestic facilities. The coming decade could see the United States become the world's jailer.

Given these circumstances, the task of providing adequate mental health care to the burgeoning U.S. prison population, including those thousands with serious mental illnesses who have defaulted from the nation's disjointed mental health systems, increasingly compels a consideration of approaches and ideas beyond those generated in the domestic academic-practitioner community. Beyond this, the government of the U.S. is increasingly confronted with mental health concerns that transcend borders and national sovereignty. In this category are the treatment and management of terrorists, immigrants, political prisoners, transnational gang members and drug traffickers, and those who have been victimized by imprisonment. These are matters which mental health professionals have chosen or been forced to confront for many years. Certainly, as the United States faces the social and political consequences of

globalization, its correctional mental health professionals can benefit from the experiences of their foreign colleagues.

An earlier effort of ours (Fagan & Ax, 2003) was a survey of contemporary mental health theory, research, and practice in the United States. It was a guide to best practices, but also the delineation of an ultimately orthodox body of knowledge, written by U.S. academic and correctional mental health professionals. Accordingly, this book is intended as a complement to the *Correctional Mental Health Handbook*. It purposely takes a heterodox approach intended to challenge intellectual complacency, to leave readers with fresh perspectives regarding previously familiar concepts, and to propose new ideas and goals for correctional practice, research, teaching, advocacy, and social policy development.

Toward this end, we have invited several distinguished authors, many of them foreign mental health professionals or academics with a specialty in correctional mental health research and practice, to contribute to this volume, knowing that we will not agree with everything they say—and perhaps disagree vehemently in some instances—and that some of their comments may challenge the ways in which we approach correctional mental health issues. However, we have done so in the belief that their comments and insights can better inform and guide our own work here in “the States” as theorists, scientists, practitioners, and advocates.

CONTENTS

	<i>Page</i>
<i>Preface</i>	xix
<i>Introduction</i>	xxi

PART I: CORRECTIONS AND MENTAL HEALTH IN THE UNITED STATES

CHAPTER 1: AN INTERNATIONAL HISTORY OF AMERICAN CORRECTIONAL MENTAL HEALTH: THE ENLIGHTENMENT TO 1976 .....	.5
<i>Robert K. Ax</i>	
Introduction .....	.5
The New Prison .....	.6
Social Control and Counterforce .....	.10
Mental Health and Corrections .....	.23
Conclusions .....	.30
CHAPTER 2: CONTEMPORARY UNITED STATES CORRECTIONS, MENTAL HEALTH, AND SOCIAL POLICY .....	.41
<i>Jennifer L. Boothby</i>	
Introduction .....	.41
Correctional Systems .....	.41
The Correctional Population .....	.42
Mental Health and Substance Abuse Issues .....	.45
Mental Health and Substance Abuse Treatment .....	.46
Continuity of Care .....	.48
Mental Health and Drug Courts .....	.51
Elderly Offenders .....	.52
Sexual Victimization in Correctional Institutions .....	.54
Cultural Challenges in Corrections .....	.55
The Future .....	.56

CHAPTER 3:	U.S. PRISONS: A PUBLIC HEALTH PERSPECTIVE	61
	<i>R. Scott Chavez</i>	
	Introduction	61
	Health Disparities Among Prisoners	63
	Specific Solutions for Public Health	68
	Specific Solutions for Correctional Health	74
	Conclusion	80
PART II: CORRECTIONS AND MENTAL HEALTH IN THE WESTERN EUROPEAN TRADITION		
CHAPTER 4:	PSYCHOLOGICAL SERVICES IN ENGLISH AND WELSH PRISONS	87
	<i>Graham J. Towl and David A. Crighton</i>	
	Introduction	87
	The Prison Population	88
	Work with Prisoners	93
	Conclusions	101
CHAPTER 5:	CORRECTIONS IN FRANCE: CURRENT ISSUES AND FUTURE CHALLENGES	107
	<i>Annie Kensey and Harry R. Dammer</i>	
	Introduction	107
	Crime, Corrections, and the Mental Health System	107
	Correctional Model, Philosophy, and Social Policy	114
	Relationships between Courts, Corrections, and Community Organizations	115
	Substance Abuse and Mental Health Laws	118
	Substance Abuse and Mental Health Issues	119
	Current Trends in the Criminal Justice System	123
	Conclusions	125
CHAPTER 6:	LEGAL AND PSYCHOLOGICAL CONTRIBUTIONS TO THE DEVELOPMENT OF CORRECTIONS IN CANADA	129
	<i>J. Stephen Wormith and Duyen Luong</i>	
	Introduction: The Geopolitical Context of Canadian Corrections	129
	Legal and Health-Related Public Policy	133
	Mental Health and Substance Abuse Issues	140

	The Impact of Homegrown Expertise on Canadian Corrections	153
	Conclusions	158
CHAPTER 7:	CORRECTIONS IN AOTEAROA/NEW ZEALAND: CURRENT ISSUES AND FUTURE CHALLENGES	174
	<i>Llewelyn A. Richards-Ward and Crista McDaniel</i>	
	Introduction	174
	Demographics	176
	Psychological and Treatment Services within the Department of Corrections	180
	Social Policy: Principles, Practices, and Innovations ..	182
	Mental Health and Correctional Systems	186
	Alcohol and Drugs	189
	New Zealand's Correctional Model/Philosophy	190
	Summary and Conclusions	199
	 PART III: CURRENT CHALLENGES TO CORRECTIONAL SYSTEMS	
CHAPTER 8:	“WHAT WORKS” IN PREDICTING PSYCHIATRIC HOSPITALIZATION AND RELAPSE: THE SPECIFIC RESPONSIVITY DIMENSION OF EFFECTIVE CORRECTIONAL TREATMENT FOR MENTALLY DISORDERED OFFENDERS	209
	<i>Paula Smith, Paul Gendreau, and Claire Goggin</i>	
	Introduction	209
	Specific Responsivity	212
	Study #1	213
	Study #2	215
	Conclusions	227
CHAPTER 9:	PRISONS AND THE ROLE OF NONGOVERNMENTAL ORGANIZATIONS	234
	<i>Carol Gallo</i>	
	Introduction	234
	Definition	235
	A Brief History of Prison Relief Organizations	236
	Human Rights Standards	237
	The Functions and Philosophical Background of NGOs	239

	Contemporary International Prison NGOs . . . . .	.241
	National and Local Prison NGOs in the U.S. and Abroad . . . . .	.242
	NGOs with a Specific Focus . . . . .	.243
	Prisoners in Need of Special Consideration . . . . .	.244
	Promoting Rehabilitation, Diversion, and Restorative Justice . . . . .	.249
	Emerging Concerns and Future Directions . . . . .	.252
	Conclusion . . . . .	.254
CHAPTER 10:	PRISON POLICY AND TERRORISM: LEARNING THE LESSONS OF THE PAST . . . . .	.259
	<i>Michael von Tangen Page and Robert K. Ax</i>	
	Introduction . . . . .	.259
	The European Experience with PMVOs: 1960s–1990s . . . . .	.262
	Conclusion: Implications for Contemporary Prison Policy and Practice . . . . .	.266
CHAPTER 11:	PRISON GANGS . . . . .	.275
	<i>Joyce K. Conley and Dawn Zobel</i>	
	Introduction . . . . .	.275
	Gangs . . . . .	.275
	General Trends . . . . .	.277
	Migration and Transnational Gangs . . . . .	.279
	Prison Gang Initiation . . . . .	.282
	Street Gang Initiation . . . . .	.283
	Gang Structure . . . . .	.283
	Gang Recruitment . . . . .	.284
	Traditional Prison Gangs . . . . .	.284
	Classification of Prison Gangs . . . . .	.288
	Correctional Deterrence . . . . .	.289
	Prevention Efforts . . . . .	.291
	Conclusion . . . . .	.292
CHAPTER 12:	THE DEATH PENALTY: A BRIEF REVIEW OF HISTORICAL ROOTS AND CURRENT PRACTICES RELEVANT TO THE CORRECTIONAL MENTAL HEALTH PRACTITIONER . . . . .	.295
	<i>Alix M. McLearn and Patricia A. Zapf</i>	
	Introduction . . . . .	.295

Early Capital Punishment Practices	296
Exploring the Purpose of Capital Punishment	298
Evolution of the Death Penalty in the United States . . .	300
Capital Punishment in the International Community	304
Current Death Penalty Issues in the United States	308
Psychologists and the Death Penalty	313
Conclusion	315
CHAPTER 13: DIFFERING PERSPECTIVES: CORRECTIONAL SYSTEMS IN NON-WESTERN COUNTRIES	320
<i>Aven Senter, Robert D. Morgan, and Jon T. Mandracchia</i>	
Introduction	320
China	321
Russia	324
South Africa	329
Conclusion	330
PART IV: GENERAL CONCLUSIONS	
CHAPTER 14: FUTURE DIRECTIONS	337
<i>Thomas J. Fagan, Shelia M. Brandt, and Andrea L. Kleiver</i>	
Introduction	337
Are There Better, More Efficient Ways of Managing Diverse Correctional Populations?	341
Are There Other Models with Potential Benefits for Corrections?	355
Can Decisions be Better Made Using Empirical Data?	366
Conclusions and Recommendations	370
<i>Name Index</i>	387
<i>Subject Index</i>	399

**CORRECTIONS, MENTAL HEALTH,
AND SOCIAL POLICY:
INTERNATIONAL PERSPECTIVES**

PART I

**CORRECTIONS AND MENTAL
HEALTH IN THE UNITED STATES**

Chapter 1

AN INTERNATIONAL HISTORY OF AMERICAN CORRECTIONAL MENTAL HEALTH: THE ENLIGHTENMENT TO 1976*

ROBERT K. AX

INTRODUCTION

This first chapter outlines the influence of several nations on the development of contemporary correctional mental health theory and practice in the United States, as well as the reciprocal impact of America on other Western democracies. Here, seemingly disparate themes and issues, several to be discussed in greater detail in subsequent chapters, are identified and integrated in order to show their impact on contemporary prison systems within and across these countries. The final product is a broader, more protean conceptualization of mental health in correctional systems, perhaps one that is at variance with the notions held by many readers. It necessarily involves considering all parties involved: citizen activists, governments, nongovernmental organizations (NGOs), health care providers, and particularly the individuals under the custody and control of their criminal justice systems, as active agents in shaping mental health missions and practice. With this shared heritage, it would seem reasonable that American policymakers and practitioners should look to these other countries' correctional systems and policies as they consider the ideas that will define domestic correctional mental health practice in the coming decades.

* Author's Note: For the general concepts on which the chapter is based, the author is particularly indebted to the work of Roy Porter and David Rothman.

THE NEW PRISON

The Penitentiary and the Rehabilitation Ideal

The modern prison has its origins in the eighteenth century. During this era, France and England were mainly and even collaboratively responsible for producing the Enlightenment, a fulmination of ideas and scientific knowledge which rapidly drew several prominent American colonials into its vortex. It inaugurated an intercontinental process of intellectual and political cross-fertilization which has since regularly influenced the terms of the debate over the constitution of a just and humane society. Enlightenment principles of liberty and equality framed Western liberal democracy, although class distinctions on both sides of the Atlantic endured.

Prior to this era, criminal matters in Europe were largely disposed of by secular and religious authorities through punishments ranging from milder forms: fines, admonitions and public shaming, to the harshest measures, torture and execution (Spierenburg, 1998). From the early eighteenth to the early nineteenth centuries, English common law provided the death penalty for over 200 hundred offenses, which came to be known collectively as the *Bloody Code* (Potter, 1965). Simultaneously, however, a countervailing force began gaining momentum—a sentiment that increasingly eschewed corporal and capital punishment in favor of confinement and rehabilitation. Houses of correction, the early antecedents of the penitentiary, originated in England in the sixteenth century. They had a rehabilitative mission and found their way to the American colonies in the late seventeenth century (Walker, 1998). With the dawn of the Enlightenment, a new sense of the power of environments to shape behavior prevailed, and social philosophers like Antoine-Nicolas de Condorcet (1795/1979) asserted that even the most flawed individuals could be improved by modern scientific methods. The eventual results were the penitentiary and the asylum (Rothman, 1971).

First, however, came the Philadelphia Jail, opened in 1790, which was the first to experiment with isolating prisoners as a means of rehabilitating them. The influence of the city's Quakers was considerable in establishing its mission and the form it took (Walker, 1998). It was only one of many instances of their involvement in various prison initiatives over the course of 300 years.

Isolation was central to the concept of the penitentiary that soon followed. Penitentiaries were of two distinct types. The Auburn, New York, facility employed the congregate system, in which inmates worked together during the day, but were separated at night. Penitentiaries in Pittsburgh and later in Philadelphia originated the silent system, enforcing solitary confinement at all times. Silence was also the rule under the Auburn system, even during work

(Rothman, 1971). In such conditions, it was believed, prisoners would contemplate the error of their ways and so turn toward virtue (Walker, 1998). These facilities constituted the dominant penological innovation of the century and in short order drew investigators from other countries. A committee from Ontario visited the new Auburn prison and subsequently used it and its congregate system as the basis for their prison at Kingston, Ontario. It was the first penitentiary in Canada, opening in 1835 (Hennessy, 1999). Alexis de Tocqueville, subsequently the author of *Democracy in America*, toured many of the prisons in the Eastern United States and returned to France enthusiastic about the potential of the American penitentiary there (Beaumont & Tocqueville, 1833/1979). William Crawford (1835/1969) performed similar services on behalf of the British government, and left one of the most detailed reports of the period on the status of American prisons. Pentonville, the first penitentiary in England, was based on the state prison Crawford visited in Trenton, New Jersey, which in turn served as the basis for many other European prisons (Johnston, 1969).

Cycles of Reform and New Problems

However, the desire to reform under humane conditions was coupled with the felt need for order in a young, growing nation: “The almshouse and the orphan asylum, the penitentiary, the reformatory, and the insane asylum all represented an effort to insure the cohesion of the community in new and changing circumstances” (Rothman, 1971, p. xviii). The new American penitentiaries, many opening in the Northeastern States during the first half of the nineteenth century, were facilities which served not only the rehabilitation mission, but, especially as prison sentences got longer, to remove the unwanted. So did the new mental asylums, which also proliferated during the era, and whose course was joined with the prison from the start.

By mid-century, the penitentiary experiment was in trouble. Aside from the expense of keeping all inmates in solitary confinement, the potentially iatrogenic effects of prison had been known from the start. In his report to the British government, Crawford (1835/1969) acknowledged the impossibility of keeping inmates from communicating and, consequently, from corrupting each other. “The shades of difference in the manners and corrupting influence of the ordinary felon and misdemeanant are often slight, and there exists in each class so great a variety of character as to defy every attempt to prevent contamination by the separation of classes” (p. 40). By the end of the Civil War, overcrowding, corruption, and regressive prison discipline undermined the reform ideal in American prisons (Rotman, 1995). Similarly, the Kingston, Ontario, penitentiary was troubled almost from the start by corruption and a