

## AAPL Outreach to Front Line Correctional Psychiatrists

Jeffrey S. Janofsky MD



AAPL's incoming President Mike Norko has announced a special initiative during his presidential year to reach out to psychiatrists

delivering direct care to psychiatric patients in correctional settings. Our next Annual Meeting in Denver in 2017 will have an extra correctional track added to Saturday sessions (four extra sessions total). Those Saturday sessions will focus on helping correctional psychiatrists improve practice in correctional settings. Mike is especially interested in collaborative submissions emphasizing continuity of care and the collegiality of public sector psychiatrists working in different settings for the largely overlapping public sector and correctional populations. Workshop presentations designed to encourage discussion about practical tips to improve forensic practice are also encouraged. Mike hopes that local correctional psychiatrists will be able to attend the Saturday session, even if they are unable to attend the whole meeting.

Those of you who were certified by the old AAPL Board of Forensic Psychiatry probably remember that the treatment of patients in correctional settings was not originally a focus of our speciality. It was only after forensic psychiatry became an American Board of Medical Specialties subspecialty that correctional psychiatry became a core competency for board certified forensic psychiatrists. Mike, through his correctional initiative, hopes to continue the expansion of correctional psychiatry at AAPL, and to make AAPL the professional home of correctional psychiatrists.

As we all know, jails and prisons treat many persons with serious mental illnesses. According to the Treatment Advocacy Center (TAC) the

number of persons with severe mental illness in jails and prisons exceeds the number treated in state psychiatric hospitals by a factor of ten. The TAC also found that in 44 of the 50 states and the District of Columbia, correctional facilities hold more persons with serious mental illness than the largest remaining state psychiatric hospital.<sup>1</sup> Thus there is a significant need for psychiatrists to provide direct treatment care to incarcerated persons.

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I had an opportunity to interview Mike. He talked about his hope to see more correctional psychiatrists join AAPL. By collaborating with front line correctional psychiatrists Mike hopes that we can learn more about what they experience on the front lines, and that together we can think about more ideas for how to combine our efforts. Mike notes that AAPL presently has many great correctional academicians doing policy work, but he hopes the Denver session will focus in part on issues front line correctional psychiatrists don't get to hear about in other settings. Mike is particularly focused on boundary issues, ethics concerns, and the conflicted relationships that correctional psychiatrists have to deal with every day. Mike believes that many front line clinicians may be left to their own devices and may not have an organized practiced way of thinking about these issues. He hopes to begin to solve that problem at our next meeting.

Mike's interest in correctional psychiatry began when he started work

as a clinician in Connecticut's maximum security mental hospital in 1988. Although run by the public health authority, the Whiting Forensic Institute had a Memorandum of Agreement with the Department of Corrections that Corrections would give Connecticut funds to create a unit and, in return, Connecticut offered hospital services for correctional patients who were the most severely mentally ill. When Mike came on board he opened two new units to provide clinical treatment services to the correctional population. At Whiting, Mike treated people who might otherwise have been in a prison infirmary bed. Mike's group at Whiting provided treatment. After stabilization the patients were sent back to Corrections for outpatient prison treatment.

Mike worked as a front line clinician at Whiting for four years. After that Mike became the Assistant Director of a hospital and then CEO. After taking time off from the public sector Mike returned and then eventually became the Director of Forensic Services for the State of Connecticut.

Mike's other main academic interest that informs his care of patients is his interest in religion. He obtained his Master's Degree in religion from Yale. Mike sees his clinical and religious work as connected. Since he finished his degree Mike has taught a twelve week course at Yale on religion, spirituality and world view in psychiatry. He is trying to get people interested in thinking about the spiritual dimensions of patient care, and is also getting divinity students involved in the course. Mike is hoping the interaction between divinity students and clinicians will help spur interest in prison chaplaincy as a vocation. Mike hopes to have a session on prison chaplaincy at our annual meeting. ☪

### References:

1. Torrey EF et al: The Treatment of Persons with Mental Illness in Prisons and Jails: A State Survey. 2014. <http://www.treatmentadvocacycenter.org/storage/documents/treatment-behind-bars/treatment-behind-bars.pdf>