Participants

Participants (N = 5) were employees of Taycheedah Correctional Institution: 1 administrator, 1 psychologist, 2 psychological associates, and 1 correctional officer. All participants were assigned to the Monarch Special Management Unit.

Materials

The researchers developed a structured interview to assess participants’ experiences with mental health service delivery at Taycheedah. The interview probed for details about how they assessed and accessed mental health services, and the mental health providers’ role in the delivery of these services. The interview also gave participants the opportunity to talk about any other rewards and/or challenges they face in their day-to-day work.

Procedure

One of the researchers scheduled a 3-day visit to Taycheedah Correctional Institution. During the course of the visit, the researcher conducted one-on-one interviews with each participant. Data collection was not permitted in the facility; therefore, the researcher recorded responses via handwritten notes. Each interview took approximately 30 minutes.

Introduction

Incarcerated women are some of the most marginalized members of American society (Marcus-Mendoza, 2011). Not only is every minute of each day strictly accounted for, but female inmates have almost no freedom of personal choice. Each day, prison staff chooses what the inmate will eat, when she will eat, when she can be out of her cell, when she is allowed to socialize, what kind of psychological care is given to her, and if she is allowed to participate in group therapy. Given the innumerable responsibility prisons have to make all of these choices, for each woman, decision-making must be guided by research about what is best for the woman prisoner. Psychological care is especially important for women in prison because they have higher rates of sexual victimization during childhood, homelessness, abuse, having parents with substance abuse problems, and living in foster care as a child than non-incarcerated people (Belknap & Holinger, 2006; James & Glaze, 2006). Incarcerated women also suffer from the same physical and mental health issues as other women, but with greater severity and higher frequency (Arriola, Braithwaite, & Newkirk, 2006). Krinder and Saaman (2007) indicate that people tend to cope with prior abuse through anger and violence, depression, and substance abuse. Rather than rehabilitating offenders, Krinder and Saaman argue that the U.S. prison system is “incarcerating last generation’s abuse survivors” (p. 84).

According to Marcus-Mendoza (2011), access to feminist therapy is essential to the well-being of marginalized women. Some feminist principles have been applied to programming for female inmates, but feminist therapy is not the modal practice in women’s prisons. Marcus-Mendoza (2011) argues that the U.S. must work towards a truly feminist paradigm of corrections, one that “empowers incarcerated women and transforms women’s correctional facilities into rehabilitative environments” (p. 79).

This study was to assess the current status of mental health services for incarcerated women housed at Taycheedah Correctional Institution in Fond du Lac, Wisconsin. Taycheedah is maximum-security facility that houses approximately 700 female inmates. The Monarch Special Management Unit (MSMU) at Taycheedah’s specialized unit for inmates with mental health needs. MSMU has the capacity to house and provide on-site treatment to 64 inmates. In 2008, the U.S. Department of Justice (USDOJ) and the Wisconsin Department of Corrections entered into a Memorandum of Agreement related to mental health care for female inmates housed at Taycheedah. The USDOJ identified 13 areas of need to be addressed within four years’ time. This is an analysis of how these areas are being addressed in the psychology area of the prison.

Method

Assessment and Access to Mental Health Services

Although the administrator expressed satisfaction with assessment procedures, all three mental health providers reported dissatisfaction. They indicated that there were no standard assessment procedures, not all staff were informed about the fact that standard assessments were developed with male offenders and may not be able to accurately determine the risk or needs of women.

All participants reported that mental health care is readily available to all inmates at Taycheedah. There are no instances in which inmates are denied access to treatment.

Discussion

Incarcerated women are some of the most marginalized members of American society. Not only is every minute of each day strictly accounted for, but female inmates have almost no freedom of personal choice. Each day, prison staff chooses what the inmate will eat, when she will eat, when she can be out of her cell, when she is allowed to socialize, what kind of psychological care is given to her, and if she is allowed to participate in group therapy. Given the innumerable responsibility prisons have to make all of these choices, for each woman, decision-making must be guided by research about what is best for the woman prisoner. Psychological care is especially important for women in prison because they have higher rates of sexual victimization during childhood, homelessness, abuse, having parents with substance abuse problems, and living in foster care as a child than non-incarcerated people (Belknap & Holinger, 2006; James & Glaze, 2006). Incarcerated women also suffer from the same physical and mental health issues as other women, but with greater severity and higher frequency (Arriola, Braithwaite, & Newkirk, 2006). Krinder and Saaman (2007) indicate that people tend to cope with prior abuse through anger and violence, depression, and substance abuse. Rather than rehabilitating offenders, Krinder and Saaman argue that the U.S. prison system is “incarcerating last generation’s abuse survivors” (p. 84).

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The researchers developed a structured interview to assess participants’ experiences with mental health service delivery at Taycheedah. The first section of the interview consisted of 3 questions that focused on assessment and access to mental health services. The second section consisted of 11 questions focused on treatment. The third section consisted of 6 questions focused on participants’ work with other staff members (i.e., medical providers). One final question gave participants the opportunity to talk about any other rewards and/or challenges they face in their day-to-day work.

Not only are resources needed to expand staff and programming, resources should also be devoted to educating existing staff about assessment tools available at Taycheedah and when to use them. Many of the psychologists did not know if Taycheedah had certain assessment tools, and all participants agreed that assessments were used rarely, if ever. Also, the assessments available at Taycheedah have not been normed specifically for women. More resources should be devoted to research on gender-responsive assessment measures, and training for mental health providers to implement these assessments. Also, mental health providers at Taycheedah and around the nation should be encouraged and receive support to apply feminist principles to programming for women in prison.

Conclusion

This study does have limitations, including a small sample size. Another limitation is that the researcher conducted interviews only with staff from the Monarch Special Management Unit. It is not clear how representative the participants are of staff from other units within Taycheedah or of prison staff in general.

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