



Lessons Learned in Prison and Jail-Based Telepsychiatry

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Abstract

Purpose of Review The purpose of this article is to review the unique benefits and challenges of implementing telepsychiatry in correctional facilities.

Recent Findings Telepsychiatry has been shown to be an effective mode of patient care delivery in jails and prisons. Psychiatry staffing shortages nationwide are impacting the ability of correctional facilities to provide sufficient psychiatric care to inmates. However, telepsychiatry has helped alleviate the staffing shortages.

Summary Correctional facilities are obligated to provide adequate psychiatry services to inmates in need of them. Unfortunately, many facilities are not able to recruit sufficient numbers of psychiatrists due to the nationwide shortage of doctors. Telepsychiatry is a way to meet these needs by providing services remotely. Telepsychiatry is an attractive option for providers who want to avoid some of the less pleasant aspects of working in a jail or prison. Also, telepsychiatry offers unique advantages to the way care can be given. However, there are also aspects of this mode of healthcare delivery that require systems to be thoughtful about how the doctor can best be integrated into the treatment team and the facility at large.

Keywords Telepsychiatry · Tele-behavioral health · Telemedicine

Introduction

Tele-behavioral health including telepsychiatry is the fastest growing specialty of telemedicine [1•]. One of the reasons for this growth has to do with the fact that telepsychiatry, unlike other specialties of telemedicine, requires little more than a simple video connection, making it a relatively inexpensive way to provide psychiatric care to patients remotely [1•]. Several telepsychiatry companies have sprouted up in recent years, demonstrating that there is a tremendous business case for leverage technology to provide behavioral healthcare to patients.

There are a multitude of uses cases for telepsychiatry, including hospitals, emergency rooms, community mental health clinics, and addiction treatment centers. However, some of the best use cases of telepsychiatry have been for

forensic mental health services. For example, in Australia, videoconferencing has helped link remote prisons, courts, and psychiatric clinics to experts providing remote assessments and treatment [2].

Initial studies indicate that telemental health works for forensic populations. A study of inmates in a prison demonstrated that telepsychiatry resulted in less psychiatric distress reported by patients and patient improvement over time as reported by their psychiatrists [3]. A review of telepsychiatry within forensic practice proffered evidence of its reliability, efficacy, and acceptability [4]. Even a review of telepsychology studies indicated that outcomes were at least comparable with in-person outcomes [5].

Perhaps the most successful correctional telepsychiatry program in the world was developed for the California Department of Corrections and Rehabilitation (CDCR). The program was established in 1997, making it one of the first of its kind. Although it was small and slow to sprout in its first decade, the program has grown substantially in recent years. At the time of this publication, the program services approximately 30 correctional facilities across the state. The CDCR telepsychiatry program has become an invaluable and indispensable cornerstone of the overall mental health program.

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Although the CDCR telepsychiatry program serves as a model for other aspiring and progressive correctional mental health programs, success did not come easily. The program was compelled to circumnavigate myriad barriers that are endemic in a typical correctional culture. Many of the pearls and insights described in this article are drawn from lessons learned by the author as he developed the California prisons system's telepsychiatry program.

Definitions

Telepsychiatry is the use of videoconferencing technologies to provide psychiatry services. Telepresenters are key onsite staff who interface with the psychiatrist throughout the clinic day, help bring the patient to the appointment, ensure that the technology is working, and assist in coordinating care. Correctional facilities are jails and prisons under local, county, state, or federal jurisdiction. Collateral information is clinically relevant data obtained through a secondary source regarding the status, health, and behaviors of the patient.

Why Do Prisons and Jails Need Psychiatrists?

Mental illness is highly prevalent in correctional environments. According to the Bureau of Justice statistics, more than half of all prison and jail inmates have a mental health problem [6]. Furthermore, BJS reports that incarcerated people have a higher prevalence of serious psychological distress than the general population [7].

For a multitude of reasons, it is crucial that jail and prison inmates have sufficient access to appropriate psychiatric care during their incarceration.

Firstly, prisoners have a constitutional right to adequate healthcare according to the Supreme Court in the case of *Estelle v. Gamble* [8•]. This right to care extends to treatment of the mentally ill [9•]. In recent years, jail and prison systems have come under scrutiny over their failure to provide adequate mental health treatment. US Federal judges have threatened to impose heavy fines in response to failure by State prisons to address longstanding limitations and problems with their mental health programs [10].

Secondly, a healthier inmate population is more likely to behave appropriately and conform to prison rules. This leads to a safer and more secure correctional facility [11•].

Perhaps the most compelling rationale for the provision of psychiatric treatment to inmates is the marked benefit to the community. Inmates with mental disorders are less likely to endanger society following their release from incarceration if they have received appropriate mental health treatment ([11•]).

Stripping back all other practical arguments, it is arguably an ethical imperative to provide adequate psychiatric treatment to inmates in order to ease their suffering. Perhaps that is why access to adequate healthcare is a protected legal right under the 8th and 14th Amendments to the US Constitution.

How Does Telepsychiatry Help With Recruitment Challenges?

Unfortunately, many jails and prisons have difficulty filling psychiatry vacancies. One reason for this is the overall shortage of psychiatrists in America. US medical schools and psychiatric residency programs have struggled to produce psychiatrists in sufficient numbers to meet the growing mental health needs of our country. By 2025, it is projected that the demand for psychiatrists will outstrip the supply by up to 15,600 psychiatrists [12].

Another important reason why many correctional facilities lack sufficient numbers of psychiatrists is the misconception that working onsite in a correctional facility is less safe than the average psychiatry job. However, there is no compelling evidence to suggest that correctional psychiatry jobs are unsafe, particularly if the doctor adheres to facility rules and maintains appropriate boundaries with incarcerated patients. For example, of the 20 male California prison staff members killed on duty by inmates between January 1952 and December 2012, none were identified as healthcare staff [13]. Nevertheless, misconceptions about safety concerns continue to stymie the correctional world from recruiting sufficient psychiatric resources to support the demands of their inmate populations.

Fortunately, there is a clear solution which addresses this severe lack of psychiatric resources: *Telepsychiatry* provides correctional facilities with rich access to psychiatric treatment resources since treatment need not be an in-person clinical encounter between doctors and inmates. Psychiatrists can maintain control over their personal safety and comfort while engaging in the exciting and rewarding work of helping inmates which they may have otherwise avoided. Telepsychiatry therefore offers correctional facilities virtual access to a massively larger pool of talented psychiatrists willing to provide correctional treatment to inmates.

The Prison Environment

Prison can be a bleak and austere place to work. The steel bars and concrete walls deliver a cold feel. Survival is a constant theme for patients and staff alike. Feelings of hopelessness can dominate and an authoritarian vibe can overwhelm even those who can leave this work environment daily. The power

differential between staff and inmates often transforms the mindset and behavior of those exposed to this environment over time.

This transformation of mindset was demonstrated with the Stanford Prison Experiment [14]. In 1971, a psychology professor at Stanford University created an experiment to investigate the relationship between inmates and correctional officers. In this experiment, college students were recruited to participate in a prison simulation. Half of the students were assigned the role of inmate, while the other half were assigned the role of guard.

Very quickly, the mindset of the inmates became defiant and unruly. The guards, in turn, developed a harsh and punitive mindset. The guards harassed and punished the inmates in an increasingly cruel and sadistic manner. They deprived the inmates of necessities such as mattresses, clothing, and access to the restroom. Guards allowed the conditions of the mock jail to become unsanitary and oppressive. Ultimately, the inmates developed a condition of learned helplessness. They stopped resisting authority, allowed the abuse to go unchecked, and internalized an identity of an unimportant human being.

The Stanford Prison Experiment is an extreme manifestation of the darkest elements of human nature and does not represent the norm of behavior for most correctional officers and healthcare staff. There are countless correctional officers and healthcare staff who demonstrate professionalism and compassion within this inherently hostile and dehumanizing work environment. Nevertheless, working within prison walls presents a risk of being pulled into an authoritarian mindset. Although healthcare staff are there to care for patients and ease suffering, over time they may become increasingly cynical and distrustful of inmate patients. Mental health staff, including psychiatrists, might be urged by their environment to be more punitive and harsh in their dealings with inmates.

These feelings are often heightened when working in an especially harsh prison environment such as a maximum security unit. In these environments, inmates are identified as more dangerous and therefore subject to stricter controls. These dehumanizing conditions can cause the mental state and behavior of the inmates to deteriorate. Staff must comply with heightened safety protocols such as wearing stab-proof vests, alarms, and facemasks. It is easy to imagine how this environment encourages staff to feel they are going to war, rather than treating patients. Unfortunately, this can evoke even more aggressive and hostile dynamics between inmates and staff, which potentially spills into the dynamics of treatment sessions.

Ironically, staff have anecdotally reported that safety protocols and protective gear can make them feel even *more* vulnerable as these measures convey to inmates that staff

should be fearful of them. Given the opportunity, inmates may leverage such fear by pressuring their doctors into providing special or inappropriate treatments. It is well understood that misdiagnosed prescription of medication has a high potential for abuse and is often traded as a commodity in the underground prison market.

While many custody officers are faithful allies in the effort to protect the health of inmates, there are some officers who may resent the role of healthcare staff or do not support the mission of providing healthcare to inmates. Such custody staff sometimes give healthcare staff pejorative labels such as “Care Bears” or “Hug-a-thugs” in an effort to delegitimize their important role.

Telepsychiatry Insulated From Authoritarianism

Telepsychiatrists are less likely to succumb to the authoritarian culture of a prison or jail because they are not as entrenched in it. They are not subject to heavy restrictions about what to wear and what to bring into their treatment setting. They are not as affected by the local institutional mood, prison politics, or the misconceived opinions of some custodial officers. They are completely outside of the immediate zone of physical danger and need not dilute their efforts for fear of their personal safety or of retaliation. Therefore, in many cases, virtual doctors are better able to focus on the task at hand of treating their patients.

Likewise, an inmate may be more apt to trust a telepsychiatrist who is not beholden to the pressures of the authoritarian culture. Inmates might feel more comfortable sharing thoughts and feelings with a doctor that is seemingly not a product of the prison culture.

In addition, the work environment of a telepsychiatrist tends to be brighter, cleaner, and more comfortable than that of a doctor working within prison walls. Studies have shown that a person’s work environment is one of the most significant factors that affect the quality of their work experience [15]. Thus, it is no surprise that telepsychiatrists tend to have a more positive and hopeful outlook and are able to maintain “their cool” when confronted with unique issues related to prison. This ultimately translates to more effective patient care.

The Anomaly of Telepsychiatry

The well-observed success of correctional telepsychiatry programs is fueling rapid growth and acceptance in the healthcare community. Nevertheless, there exist a set of perceived and/or actual differences between telepsychiatry and onsite psychiatry.

Telepsychiatrists as Outsiders

Although serving inmates from a distance has its benefits, there are some limitations which ought to be acknowledged. Telepsychiatrists run the risk of being perceived as outsiders by other correctional staff, most often at the commencement of a telepsychiatry program due to the lack of familiarity with the relatively new concept of virtual healthcare. Also, a lack of personal interactions between telepsychiatrists and custodial staff limits opportunities for confidence to develop in such working relationships. Telepsychiatrists report wariness from onsite officers, who may be reluctant to answer the questions or provide information to a doctor they do not personally know or yet trust. This phenomenon is heightened during periods of cross coverage in unfamiliar working situations.

Therefore, any efforts to facilitate interactions and strong working relationships between telepsychiatrists and the institutions they serve are helpful. The psychiatrist must rely on good interdisciplinary communication and collateral information in order to understand what is happening in the remote institution.

Fortunately, as telepsychiatry takes root in a facility, onsite staff tend to see that offsite psychiatrists can provide valuable contributions to shared goals. In most cases, the perception of telepsychiatrists as outsiders fades quickly as the benefits of telepsychiatry become apparent to both onsite staff and patients. Curiously, telepsychiatrists often achieve a “celebrity status” with onsite staff and patients. The reason for this may have to do with the fact that staff and patients at the receiving facility are excited by the rare opportunity to meet telepsychiatrists “in the flesh” whom they have otherwise only viewed on the screen. Although periodic onsite visits are not required for a successful telepsychiatry program, it can help all stakeholders feeling special and engaged.

Reporting Structure

Telepsychiatrists in the prison system may report through a matrix—that is, they have a direct supervisor (Chief of Telepsychiatry) offsite as well as a functional supervisor (Chief Psychiatrist) located within the prison walls. Sometimes, there is confusion regarding the reporting structure. This problem can be particularly salient during times of trouble, such as when a telepsychiatrist needs redirection or must submit to corrective action.

The easiest way to avoid miscommunication is to foster an atmosphere of open communication. There must be an avenue for the telepsychiatrists to express concerns, as it is not possible for them to simply storm into the office of a facility supervisor to demand change. Strong advocacy from a central telepsychiatry administration is helpful in that regard. It is important that telepsychiatrists feel they have a voice and that someone will listen to their expressed concerns. It is equally

important that leadership fosters an atmosphere of open communication and trust. This begins with careful hiring practices that emphasize the need for teamwork and collaboration. It continues through effective training of staff as well as supervisors. Ultimately, it is maintained with an organizational ethos that focuses on delivering the best possible healthcare to patients. Table 1 represents the elements needs to deliver a successful reporting structure.

Collateral Information

The manner in which a patient presents himself to a doctor may not always tell the whole story about how the patient is functioning. Collateral information is data obtained through a secondary source regarding the status, health, and behaviors of the patient, such as the observation of patients while “on the yard” or in their cells. This information helps supplement the limited information a doctor can obtain from direct observation during a patient session.

An effective patient care plan will require psychiatrists to understand how their patients function across in the varied settings of their incarcerated environment. Having access to collateral information will give the treating physician a more complete picture of the patient and leads to the development of a more appropriate and effective treatment plan.

Onsite psychiatrists potentially have access to significant collateral information during the course of their day. For example, they may hear about an event while walking to their office which transpired in the yard that day. Telepsychiatrists, by contrast, may not have such chance encounters with onsite staff. Thus, they may be a step behind or out of the loop about important daily developments which may be relevant to patient care. Fortunately, this problem is easily remedied with regular check-ins and communication protocols. Onsite staff who are engaged with and supportive of telepsychiatrists can be incentivized to provide collateral information to remote doctors. As the relationship between telepsychiatry and onsite staff develops, so will the flow of valuable collateral information.

Physical Space and Confidentiality

Finding confidential space for appointments can be challenging in a correctional environment. Many facilities were built decades ago, when healthcare staff did not have a presence in corrections. Thus, mental health clinics are often established in odd and sometimes inappropriate spaces such as old showers and closets. Furthermore, safety and security protocols further limit the way mental health clinics can be organized. Sometimes healthcare staff are forced to see patients in the dayroom of housing units, within earshot of other inmates.

Table 1 Hierarchy of needs for a successful telepsychiatry reporting structure

Telepsychiatry offers distinct advantages over onsite psychiatry in regard to physical space and confidentiality. A telepsychiatry camera takes up far less space than an onsite psychiatrist who would require a chair and desk. Thus, telepsychiatry clinics can be conducted in the smallest of rooms and spaces. If custody mandates that the appointment cannot be within an enclosed space (as often happens in inmate reception centers), confidentiality can be substantially preserved through the use of headphones.

In order to appropriately balance confidentiality issues with safety and security, it is helpful for stakeholders from all relevant disciplines (including custody administration) to be involved in the development and planning of a telepsychiatry program and the appropriate physical environment conducive to proper tele-treatment.

Inmate Reaction to Telepsychiatry

The degree of acceptance of telepsychiatry by inmates is variable and is, in some part, affected by age, socioeconomic status, and comfort with technology.

Younger inmates who have experience with smartphones, tablets, and newer technology (“digital natives”: those individuals who grew up with these technologies) appear to be more open to treatment via telepsychiatry. Many inmates enjoy telepsychiatry because it makes them feel connected with state of the art technology. Inmates tend to have little access to technology because they are so removed from the real world,

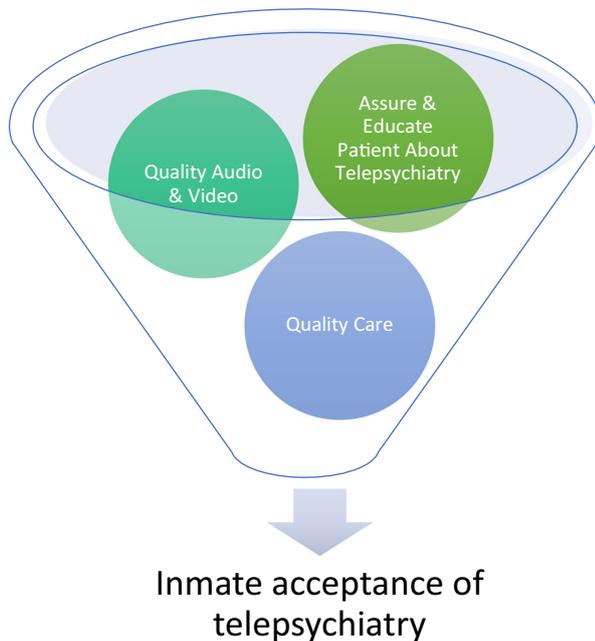
so being a part of a “cool” program like telepsychiatry can engender positive feelings of privilege.

In rare cases, inmates may express hesitation or concern about telepsychiatry. They sometimes bring preconceptions that telepsychiatry is second-rate care. In addition, some inmates may take offense while under the misconception that their doctor does not care enough about the session to be there in person.

In order to increase inmate acceptance of telepsychiatry, patients should be educated that telepsychiatry does not represent inferior care. The patient must be informed they are still seeing high-quality doctors who can understand their conditions and will meet their mental health needs as well as and perhaps better than an onsite doctor. In addition, high-quality audio and video help to ensure that the experience is smooth and enjoyable (see Table 2).

A continuity of care approach will support inmates in accepting telepsychiatry as their preferred healthcare delivery method. Establishing consistent caseload assignments makes it easier for telepsychiatrists to establish rapport with their patients and also encourage gains by ensuring traction and progress toward treatment objectives.

Fortunately, the vast majority of inmates quickly shed their concerns after meeting with a caring and interested telepsychiatrist via videoconference. It also helps that inmate patients are provided an opportunity to share their experiences living in the prison to an unbiased third party “outside” the walls. In learning about the patient’s living conditions, the telepsychiatrist builds rapport and trust with their patient. As

Table 2 How to increase inmate acceptance of telepsychiatry

a general rule, inmates will tend to have favorable impression of virtual treatment so long as the videoconferencing technology has reliable and high-quality audio and video.

Telepsychiatrists as Members of the Interdisciplinary Treatment Team

Mental health treatment in the prison system is a team activity which integrates the efforts of psychiatrists, psychologists, nurses, social workers, administrators, and custody staff. There are a myriad of factors that play a role in the clinical functioning of a patient in prison. Staff will have various perspectives and ideas regarding the patient's treatment. Therefore, it is important that each member of the interdisciplinary team contributes to treatment team discussions (2. [16]).

Depending on the structure of the mental health program, distinct efforts must be made to make sure there is frequent communication between the telepsychiatrist and other members of the treatment team. This communication may be include emails, telephone calls, or videoconferences. The telepsychiatrist must feel that (s)he belongs to the community and has an equal voice, despite being in a different geographic location.

Furthermore, it is very important for administrators to facilitate a culture of teamwork. Leadership of telepsychiatry programs must work closely with onsite prison officers in order to provide a role model for their staff. Expectations of teamwork must be clearly defined and articulated, and

protocols be designed to facilitate the resolution of communication breakdowns. Every effort must be made to encourage an atmosphere of trust and collaboration. Due to the complicated nature of prison work and great geographical divides, correctional telepsychiatry programs can be vulnerable to breakdowns of communication and trust. Constant and open communication helps reduce misunderstandings and helps bridge gaps between providers.

Some models incorporate a telepresenter at the receiving facility who is also a member of the treatment team and is present at every psychiatric session. With this model, the telepsychiatrist will regularly communicate and coordinate with onsite staff throughout the day. Decisions can be made collaboratively and concerns can be addressed instantly. Such constant communication can even result in greater teamwork as compared to a psychiatrist working alone onsite.

Summary Pearls

Challenges of Telepsychiatry

- The authoritarian culture of correctional facilities can adversely impact how staff interact with patients.
- Telepsychiatry requires buy-in from patients, doctors, administrators, and onsite staff
- Telepsychiatrists can be considered outsiders.
- Telepsychiatrists can be less aware of the goings-on in facilities that may have relevance to patient care.
- The reporting structure for telepsychiatry can sometimes be confusing.

Advantages of Telepsychiatry

- Telepsychiatry helps correctional facilities fill vacancies.
- Telepsychiatry improves access to care to patients.
- Telepsychiatrists are insulated from some adverse conditions and authoritarian pressures in facilities.
- Telepsychiatry can help preserve confidentiality through the use of headphones.
- Telepsychiatrists take up less space than onsite psychiatrists.

Lessons Learned

- Telepresenters provide a crucial role in coordinating care and making telepsychiatry successful.
- Administrators and staff should make explicit efforts to integrate the telepsychiatrist into the treatment team.
- Quality of care, quality of the video/audio, and patient education help increase the rate of patient acceptance.

- Reporting structures are successful when communication is clear and telepsychiatrists have advocacy.
- Telepsychiatry is an appropriate and beneficial use care in correctional environments.

Conclusion

Telepsychiatry is an excellent way correctional facilities can fill staffing vacancies and help meet the mental health needs of inmates. While there might be unique challenges associated with this mode of healthcare delivery, obstacles can easily be overcome with planning and collaboration among interdisciplinary stakeholders. Furthermore, telepsychiatry offers unexpected advantages over onsite psychiatry in correctional environments.

Compliance with Ethical Standards

Conflict of Interest Edward Kaftarian is CEO of Orbit Health which provides telepsychiatry services to correctional facilities.

Human and Animal Rights and Informed Consent This article does not contain any studies with human or animal subjects performed by any of the authors.

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References

Papers of particular interest, published recently, have been highlighted as:

- Of importance
- 1. Ziegler. Deconstructing the telehealth industry: part II. Improving the access points of healthcare delivery. Industry white paper. Spring 2018. **This is a review of driving forces for virtual care and an overview of the virtual health ecosystem of care.**
- 2. Sullivan DH, Chapman M, Mullen PE. Videoconferencing and forensic mental health in Australia. *Behav Sci Law*. 2008;26(3):323–31. <https://doi.org/10.1002/bsl.815>.
- 3. Zaylor C, Nelson E-L, Cook DJ. Clinical outcomes in a prison telepsychiatry clinic. *J Telemed Telecare*. 2001;7(1_suppl):47–9.
- 4. Sales CP, et al. The use of telepsychiatry within forensic practice: a literature review on the use of videolink—a ten-year follow-up. *J Forensic Psychiatry Psychol*. 2018;29(3):387–402.
- 5. Batastini AB, King CM, Morgan RD, McDaniel B. Telepsychological services with criminal justice and substance abuse clients: a systematic review and meta-analysis. *Psychol Serv*. 2015;13(1):20.
- 6. Bureau of Justice Statistics. Mental health problems of prison and jail inmates. September 2006. <https://www.bjs.gov/content/pub/pdf/mhppji.pdf> (last accessed on 9/14/18).
- 7. Bureau of Justice Statistics BJS finds inmates have a higher rates of psychological distress than the U.S. general population. 2017 <https://www.bjs.gov/content/pub/press/imhprj1112pr.cfm> (last accessed on 9/14/18).
- 8. • *Estelle v Gamble*, 429 US 97 (1976). **This is the Supreme Court case which established that correctional facilities who deliberately deprive adequate medical care to inmates violate the Eighth Amendment of the US Constitution.**
- 9. • *Bowring v Godwin*, 551 F2d 44 (4th Cir 1977). **This Supreme Court case established that the right inmates have to adequate healthcare includes psychological and psychiatric care when needed.**
- 10. KQED News. Judge threatens to fine California prisons for delayed mental health treatment. April 2017. <https://www.kqed.org/news/11418506/judge-threatens-to-fine-california-prisons-for-delayed-mental-health-treatment> (last accessed 9/14/18).
- 11. • Human Rights Watch. Mental Illness, Human Rights, and US Prisons. September 2009. <https://www.hrw.org/news/2009/09/22/mental-illness-human-rights-and-us-prisons> (last accessed 9/14/18) **This is a statement to the Senate Judiciary Committee Subcommittee on Human Rights and the Law.**
- 12. National Council Medical Director Institute. The psychiatric shortage, causes and solutions. March 2017. https://www.thenationalcouncil.org/wp-content/uploads/2017/03/Psychiatric-Shortage_National-Council-.pdf (last accessed 9/14/18)
- 13. CDCR, Data Analysis Unit, Department of Corrections and Rehabilitation, Estimates and Statistical Analysis Section State of California, Offender Information Services Branch January 2013
- 14. • Zimbardo P. The Stanford Prison Experiment, a simulation study on the psychology of imprisonment. 1999–2018. <http://www.prisonexp.org/> last accessed on 8/7/18. **This is the official website of the Stanford Prison Experiment, featuring information about the experiment to include an overview of the experiment and a discussion of its significance.**
- 15. Facility Executive. Why workplace cleanliness is key. <https://facilityexecutive.com/2017/12/workplace-cleanliness-key/> (last accessed 9/14/2018).
- 16. Downen, Daniel Patrick. What works in corrections: teamwork; a tool in driving organizational culture change. 2011