6-2020

Controlled Observation: The Challenges of Therapy for the Mentally Ill Incarcerated Population

Esther Tingué
The Graduate Center, City University of New York

CONTROLLED OBSERVATION: THE CHALLENGES OF THERAPY FOR THE MENTALLY ILL INCARCERATED POPULATION

by

ESTHER TINGUÉ

A capstone project submitted to the Graduate Faculty in Liberal Studies in partial fulfillment of the requirements for the degree of Master of Arts, The City University of New York

2020

Controlled Observation: The Challenges of Therapy for the Mentally Ill Incarcerated Population

by

Esther Tingué

This manuscript has been read and accepted for the Graduate Faculty in Liberal Studies in satisfaction of the capstone project requirement for the degree of Master of Arts.

Date	Lucia Trimbur Thesis Advisor
Date	Elizabeth Macaulay-Lewis Executive Officer

THE CITY UNIVERSITY OF NEW YORK

ABSTRACT

Controlled Observation: The Challenges of Therapy for the Mentally Ill Incarcerated Population

by

Esther Tingué

Advisor: Lucia Trimbur

When the United States initially developed its penal system, the intent was to rehabilitate the individual before integrating them back into communities. But as time progressed, and with an increasing population, incarceration is now a dominant institution in the United States. The organization and dominance of incarceration in the U.S. demonstrates the fascination with control, control of bodies, and movement of those bodies. There has become an increasing focus on crime, then the punishment system, with less focus on rehabilitation. Scholars of mass incarceration point to the1970s as a pivotal turning point in U.S. penal history, marked by a shift

toward more disciplinary policies and a consensus that policies during that time just did not work in rehabilitating inmates (Phelps 2011).

Today the popular perception and objective of incarceration is confinement, brutality and in some cases inhumane conditions. But what about the incarcerated population who suffer from the additional burden of mental illness? How does confinement affect mentally ill inmates? This capstone project asks: (1) how do individuals/organizations provide rehabilitative services in this evolved culture of crime and punishment? And (2) how is therapy provided in a restricted environment? I examine these questions from the perspective of the therapist, the person who (in a restricted environment) takes on the responsibility of treating and managing the effects of mental illness for this population.

I do not argue that correctional facilities do not provide some form of rehabilitation services for the incarcerated population. Rather I analyze the process of treatment for the incarcerated population who suffer from mental illness. I am interested in how this shift to punishment affects the mentally ill in the correctional setting. I talked with the people responsible for changing that focus back to rehabilitation for this vulnerable population in an already constrained environment. Specifically, I interviewed therapists who currently work with the incarcerated population in Rikers Island. I look at this location because recently New York City officials have decided to shut down Rikers Island and plan on replacing it with smaller correction facilities in four of the five boroughs. I was interested in the opinions of the therapists on this closure and I wanted to know what challenges they face in their work. The questions that guided my interviews are: Do therapists see progress when delivering mental health in jail? How is this progress measured? How does mental illness affect an inmate's ability to improve? And how does mental health get addressed? In the situation in which an inmate is released, how does

therapy manage the issue of mental illness integrating back into the community and other concerns with this population? How has working with this population affected the therapist personally, mentally, and politically? What are their thoughts about the current incarceration system in the United States? I wanted to comprehend some of the changes therapists see in the penal system and in therapy involving mental illness for the incarcerated population.

My goal of this project is to shine light on another space in the penal system. I wanted to bring attention on the rehabilitation efforts as they pertain to mental health in correctional settings, and what therapists claim the effects this has on communities. I want to point out how the deficiency of needed therapy for mental health in correctional facilities is expressed in the form of inconsistent therapy or lack of consistent funding, incorrect analysis, and not enough discourse on this matter. I also call attention to recent changing policies one major change being the closing of Rikers and what this means for the incarcerated with mental illness. As the number of people incarcerated continues to rise in the U.S., understanding the importance of rehabilitation becomes significant in comprehending the importance of mental health for inmates.

ACKNOWLEDGMENTS

First, I want to acknowledge and thank God for this achievement because without him, this would not be possible. Secondly, I want to thank all of the GC faculty who always encouraged me to do my best on every assignment, even when my confidence in writing was not where I wanted it to be. Thank you Prof. Trimbur, on your guidance with this project. And lastly, thank you to everyone who supported me returning to school, pursuing a degree, and a profession that was always a passion of mine.

This project is Dedicated to Mikael "Miki" Adam Ayub, internally you fought a battle that some of us couldn't even imagine, what you desired is to be at peace, may you Rest In Peace Miki your family love, and misses you every day.

I want to also dedicate this project to Monzis Tingué, I know if you were here, you would have been proud. There is not a day that passes that I wonder what you would say to me pursuing higher education, probably something like this, (in a thick Haitian accent) "so…you think you smart eh?" I laugh just think about it, I love you and miss you so much. Rest In Peace.

TABLE OF CONTENTS

Digital Manifest

I. Capstone Project Whitepaper

II. Audio of Interviews: https://archive.org/details/interviewwithcashel

https://archive.org/details/audiointerviewwithlisa

INTRODUCTION

In an interview with *New York Magazine,* a therapist who works for the Mental Health Project of the Urban Justice Center and visits Rikers weekly briefly described what therapy is for the mentally ill and what it involves:

> Therapy at Rikers often involves only a one-minute talk in which the doctor or social worker may say, "You're at risk of injuring yourself. Are you okay?" And then say, "Yeah? Good?" And then they [doctor or social worker] move on…And it might be done in such a non-confidential manner. One person I was working with, he had anger-management issues, and he was aware of it. He knew he needed to talk with someone and had requested mental-health services. But they would only see him in his unit, in the presence of his peers, and that didn't work. People could hear everything he was saying and it wasn't therapeutic at all (Chammah et al. 2015).

The deficiency of proper analysis and discretion indicated by the therapist reveals a system that lacks concern for appropriate treatment for conditions that can develop into critical illnesses in a restrained environment as well as for inmates who already suffers from mental illness. Their symptoms become increasingly difficult and life-threating.

Mental illness affects millions of people. Its many derivations have the ability to disrupt a person's ability to function physically, socially, and financially. The struggle to suppress the symptoms of mental illness becomes incredibly difficult, and in some cases painful for people. But what is considered a mental illness? Mental illness is a broad range of medical conditions that are marked primarily by sufficient disorganization of personality, mind, or emotions that impair normal psychological functioning and cause marked distress or disability. Disabilities that

are typically associated with mental illness are a disruption in normal thinking, feeling, mood, behavior, interpersonal interactions, or daily functioning (NIH 2019). Because mental illness has such a broad range of conditions, it is now divided into two categories. The first is Any Mental Illness (AMI), which is defined as a mental, behavioral, or emotional disorder. AMI can vary in impact, ranging from no impairment to mild, moderate, and even severe impairment e.g., anxiety disorders, obsessive-compulsive and related disorders (AMI excludes developmental and substance use disorders). The second is Serious Mental Illness (SMI), which is defined as serious functional impairment, which substantially interferes with or limits one or more major life activities, e.g., schizophrenia spectrum and other psychotic disorders. The burden of mental illness is particularly concentrated among those who experience disability due to SMI (NIMH 2019). In 2018, roughly 47.6 million adults (19.1%) in the United States experienced some form of mental illness, which is equivalent to 1 in 5 adults. Of that population, 11.4 million adults (4.6%) experience Serious Mental Illness (SMI), which represents 1 in 25 adults (Mental Health By the Numbers 2019). These numbers also include the incarcerated population who often receive inadequate treatment for mental illness.

According to Sawyer and Wagner from the Prison Policy Initiative Organization, the U.S. criminal justice system holds almost 2.3 million people in 1,719 state prisons, 109 federal prisons, 1,772 juvenile correctional facilities, 3,163 local jails, and 80 Indian Country jails as well as in military prisons, immigration detention facilities, civil commitment centers, state psychiatric hospitals, and prisons in the U.S. territories (Wagner and Sawyer 2019). It is estimated that approximately 17 percent of inmates in New York jails have some form of SMI (Carroll 2016). With numbers in the millions the U.S. has the highest incarcerated population of any developed country. This makes one ask: in the context of incarceration, does mental illness

get addressed, dismissed, or overlooked? There are professionals who work in the criminal justice system, such as therapists, medical staff, social workers, and doctors who provide some form of treatment for inmates with mental illness. In this project, I study treatment for this population thorough the view of the therapist by talking with them and reading accounts of therapists who have worked in correctional settings in order to get an understanding of treatment provided for mental illness in a restricted environment.

THE ROLE OF ALTRUISM

> "It's no way for a civilized society to treat its mentally ill. But here they are. Jail's their new home. It's really sad."-Janet Waters (Buser 2015)

In the book, *Lockdown on Rikers: Shocking Stories of Abuse and Injustice at New York's Notorious Jail*, Mary Buser, who worked for the Mental Health Department at Rikers for ten years as a mental health professional, advocates against inhumane treatment for the incarcerated population. Buser, who first started with an internship in social work and mental health which then progressed to a position with the Mental Health Department, describes in detail her experience and challenges providing therapy for mentally ill inmates in an environment of brutality, confinement, and inhumane conditions. Buser reveals from her experience at Rikers the challenges of rehabilitation, and the focus punishment during her period there.

Buser begins describing her journey into therapy which started at a young age. She is a person who was taught to practice "altruism" and to always be willing to help and listen to people in need. When conducting the interviews with therapists, they expressed the same sentiment when asked how did they got involved in therapy. The correlation between selflessness and the need to help and or listen to those in need was a consistent theme with my conversations

and in my close readings. Each expressed their desire to help this vulnerable population within the criminal justice system.

LEARNING THE METHODS OF INCARCERATION

The first few chapters of Buser's book talk about her experience working as an intern in the Rose Singer building for women at Rikers. This is where she began to understand the harsh realities of providing therapy in an incarcerated setting. One of the many responsibilities Buser took on working in the Mental Observation Unit (MOU) in particular was to identify the suicidal and mentally ill. Through the new responsibilities, Buser gains valuable insight and during her sessions with some of the women, she learns and realizes that not all inmates see jail as the end all, and rather some view jail as a type of "safe place," a place where they can separate themselves from their circumstances outside of jail. Circumstances of abuse, drug addiction, and homelessness are some of the justifications for viewing incarceration itself as some form of therapy.

Buser recognizes that even when making considerable improvements and breakthroughs therapeutically with inmates, working in an incarcerated setting also means that detainees can be sentenced and sent to prison without any notification to the MOU. Buser comprehends the rationale but struggles to understand how it corresponds to the "rehabilitation" of inmates. She states, "From a security standpoint, this policy made perfect sense, but from a therapeutic perspective, it was a disaster" (Buser 2015). This forces Buser to become aware of the inmate's legal proceedings as well as their mental health.

Buser's workload continues to increase along with her responsibilities at Rose Singer and eventually she is assigned to co-lead a therapy group for newly mothers with infants at Rikers.

This is a challenging project. One reason is that the setting for this group therapy is in a nursery with the infants present and constant distractions such as crying babies. The women in the group cannot focus during the therapy session. Another reason is the inmates show little to no interest for the group. Lack of engagement is one of the major challenges when providing therapy in a restricted environment. This sentiment is common among the therapists with whom I talked. But as Buser comes to realize, inmates may not be willing to talk in a group but in a one-on-one setting, inmates feel that they have some privacy and confidentiality as they shared traumatic aspects of their lives and the hope to change them.

THE PREDICAMENT OF CONFIDENTIALITY

Privacy and confidentiality are not exercised regularly at Rikers as it was mentioned in the introduction of this project. Confidentiality is something I understand very well as I am also a licensed dental health practitioner. Confidentiality builds trust between practitioner and patient. Buser grasps that ensuring confidentially with the inmates would make them willing to participate in therapy. This approach works, and Buser becomes their confident and trusted counselor. She states, “But while their behavior may have hit the societal bottom, they were still human beings with the inherent dignity of all life, and with the ever-present possibility for change” (Buser 2015). But being a trusted confident presents another challenge in therapy as Buser is placed in a difficult situation when an inmate confides in and confesses to Buser that she is having a sexual relationship with one of the correction officers. Buser is understandably angry about this and disgusted by how an officer can exploit his authority by having a sexual relationship with an inmate.

And yet sadly, sexual abuse and exploitation are not new in correctional facilities. In an interview with *Fresh Air* with Dr. Homer Venters, who served as the head of New York City's correctional health services and discusses his nine years managing the care of thousands of inmates at Rikers Islands from 2008 to 2017. Dr. Venters discusses the continual sexual abuse in correctional facilities (Davies 2018). He gives an example of a case of a female inmate that was being harassed by a correctional officer; not only did the officer sexually abuse the inmate but also the officer used personal information about the inmate to threaten the inmate's family members. Dr Venter states, "that detainees do not feel safe reporting any type of abuse, and if the detainee reports abuse, the response from security or health services will not do anything to help them" (Davies 2018). Dr. Venter emphasizes that the need to develop a secure system where detainees can safely report any type of abuse, and not to having procedures in place ensuring safety in place is a huge failure in correctional facilities (Davies 2018).

THERAPY FOR THE MENTALLY ILL

The sympathy and empathy that Mary Buser develops in her work at the MOU deepens as she depicts treating an inmate who suffers from schizophrenia. The inmate explains to Buser the disturbance in perception day to day, the hallucinations and the lack of discernment from reality. The challenges that Buser encounters in treatment for this inmate is comprehending that treatment for all inmates at the MOU is temporary. Buser's supervisor explains that the inmates are here until deemed emotionally stable. Then the inmate will be discharged to the general population[1] (GP), so it will free up beds, as space is limited at the MOU. It seems that just as

[1] General Population is a term that is used to refer to the group of people within the jail who do not have symptoms of mental illness.

Buser is engaging positive therapeutic sessions with inmates, there is a new challenge to prevent the possibility of successful rehabilitation. Here Buser gives another example of challenges she encounters as a therapist: capacity and time are things that can prohibit therapy in restricted environments.

Another case Buser encounters at the MOU is the case of Daisy Wilson. Daisy is a woman who is diagnosed with AIDS, the advance stages HIV. Daisy is waiting for "compassionate release," which will allow her to spend her remaining days at home. It is Buser's responsibility to help Daisy cope with her grave diagnosis and illness and help her reveal the current state of her health to her family. What is challenging for Buser with this particular case is the difficulty getting Daisy to acknowledge her current circumstance. When Buser tries in her sessions with Daisy to discuss her illness Daisy skillfully changed the subject, started to brag about her larceny skills, and showed no remorse or principles for any of her previous criminal behavior. Buser has a revelation; what she was dealing with was a sociopath but it was not the only thing Buser gathers from this case. The frustration of this case allows Buser to have resentment towards Daisy. Buser explains:

> I had an uneasy feeling. There was something very different about this woman, and as much as I hated to admit it, I didn't like her. I felt guilty about this, as I had just assumed that there would be no one about whom I couldn't find something to like. But rather than trying to sort out my feelings, I figured it made better sense to just close the case (Buser 2015).

Buser's statement resonates with one of the therapists I interviewed. In the interview Cashel Campbell, a dance movement therapist at Rikers talked about therapists working in correction facilities needing a thick skin for this job, but also that the reality is that it is difficult.

She said “As I am talking to you, my patients are with me” (Campbell 2019). This was in reference to the difficulty separating personal emotions of how therapists feel about inmates/patients. For the therapist, it is sometimes challenging to detach. Therapists share a determination to not let situations hinder the focus of each case because therapists understand the need for service for this population and that it is critical to society.

THE BING

Buser ultimately transfers to the Otis Bantum Correctional Center (OBCC) at Rikers, which is a jail for men. The OBCC is also where it the jail houses the Central Punitive Segregation Unit also known as the “Bing,” where detainees with mental illness are housed. At the OBCC, Buser’s new responsibilities entail supervising a mental health team in treating detainees in solitary confinement, and they must determine if a detainee in solitary confinement is at the end of their rope and genuinely attempting suicide. In the event the detainee is in serious condition, they will be transferred to the Mental Health Assessment Unit for Infracted Inmates (MHAUII). This is a mental observation unit for Bing inmates. The unfortunate thing about this is that once the inmates get better and starts to improve, they are returned to the Bing to complete their sentence. It is a cruel cycle. In some cases, inmates stage a suicide just to be released from solitary confinement, the perpetrators of which medical staff label as a “malingerer.” Solitary confinement is extreme isolation and it can exacerbate or cause symptoms of psychosis such as hallucinations, paranoia, sleeplessness, and self- harm (Metzner 2010). A study of self-harm incidents at Rikers show that inmates who had spent time in solitary were almost seven time more likely to try to hurt themselves than inmates who had not (Fatos Kaba et al. 2014).

Buser's initial start as Acting Chief of Mental Health at the OBCC was received with encouragement by other staff and Buser's vision for a more therapeutic environment in the MOU is to provide group therapy sessions and reading material for inmates. But this small proposal is quickly overshadowed by the numerous calls from the punitive unit of inmates at the Bing attempting suicide. This occurs daily during Buser's leadership of mental health at OBCC. What Buser understands is that inmates who are in the Bing are desperate to acquire release from the anguish of solitary confinement. Self-mutilation, defecation scatolia[2], banging their head against the door or wall until they pass out are some of the extremes inmates will take. Even more troubling, causing fires in the cell was a common strategy inmates use to be released from the Bing. Removing an inmate from the Bing is not without some opposition, as space in MHAUII is filled to capacity, and finding room for the inmate who reach their limits in the Bing is very challenging. Buser attempts to give her all into this new role as chief, but the overwhelming aspects of this new position are too much for her emotionally and physically to the point where her health is declining, and she decides to resign as chief of Mental Health. Buser continues to advocate for the incarcerated population, concentrating on the mentally ill, and ceasing the practice of solitary confinement in correctional facilities.

WORKING ON RIKERS TODAY

For this project, I wanted to talk with specialists who take on the responsibility to help individuals with mental illness in a restricted environment. I got an opportunity to sit and talk to therapists who work at Rikers. One of the therapists is Cashel Campbell, MS, R-DMT, LCAT-

[2] This is the clinical term for playing with feces. It is commonly used by people with mental illness who are confined in jails or prisons. This behavior indicates the desperation of the inmates.

LP, who is the first African American Dance/Movement Therapist at Rikers Island, working first hand with the jail complex mental health population (male and female inmates) and within an extraordinary interdisciplinary team of Creative Arts Therapists. In 2018, she created a spiritual counseling practice, integrating 2°Reiki healing and intuitive medium channeling.[3] Cashel utilizes her profession to offer individuals the opportunity to build social, emotional and communication skills through creativity, compassion, and movement.

Cashel and I agreed to meet to talk during her lunch break, and we met at a restaurant in Astoria. I had arrived early, picked a place to sit and waited for her. She did warn me that she is coming from Rikers and must wait for transportation to leave the island. Once she arrived, I introduced myself, we sat down, ordered lunch, and promptly got right into the discussion.

My conversation with Cashel was informative and I learned about her personal journey into therapy, how she got into providing therapy when seeking therapy herself, and how she uses that to help others in the criminal justice system. Cashel has a passion for healing, patience, and growth for her patients (she prefers to refer inmates as patients), and she enjoys being a part of that progress. She described some of the traumas her patients experience in a correctional setting and what that does to them physically and mentally, and its effect to their overall well-being. Cashel wants to call attention to the lack of support for therapists working in the criminal justice system, just as mentioned in Buser's book. Cashel does not think there is enough support and recognition for the people who work in mental health at correctional facilities; she also touched on the false sense media/TV/movies plays on that perception of working in correctional facilities; she stated that "it's a warped sense of jail and prison," and the only way to combat that

[3] Reiki is a form of alternative therapy commonly referred to as energy healing. It emerged in Japan in the late 1800s and is said to involve the transfer of universal energy from the practitioner's palms to their patient.

and to promote change is to be informed about what is involved when it comes to therapy in correctional settings.

The second therapist I talked with is Lisa Clementi, MS, R-DMT, LCAT Dancer and Dance/movement psychotherapist. Lisa worked as a contracted employee of Greenhope Services for Women, a nonprofit organization helping women who are incarcerated through therapy or providing services aiding women integrate back into communities after release. Lisa conducted monthly dance/movement therapy groups with incarcerated women in five different units at Rikers Island, and one of the units she worked at was Rose Singer, which, as earlier stated, is where Buser also got her first experience working at Rikers.

Lisa is a professionally trained dancer and performs with a few dance companies in the NYC area. Luckily for me, she had time off during the afternoon and agreed to meet at her home to talk. When I arrived, Lisa opened the door and I was greeted by the friendliest dog (her dog Bruce who looked like a mix of an Alaskan Malamute and something else) who does not hesitate to jump on you and greet you with dog kisses on the face. After that warm greeting, Lisa escorted me to the living room where we could talk.

In my discussion with Lisa, she expressed the same sentiment as Cashel when it came to support for therapist in correctional settings. One of Lisa's points during our discussion is the lack of privacy and confidentiality when providing therapy in correctional settings, and this resonated in Buser's book. Lisa stated "There is a limited amount of space and privacy." When Lisa worked at Rikers she was not given a private room for her sessions. Dr. Venters also mentioned the lack of privacy and space for therapeutic treatment in Rikers; there was no real therapeutic or secure space for the inmates there. Another point Lisa brought up during our discussion is the concept of inmates finding rehabilitation in correctional settings itself. It is the

realization that some inmates remain incarcerated because it is a form of safety from their situation outside of jail or prison. Lisa mentioned that some of the inmates would confide in her and tell her that being at Rikers was safer than being out on the streets or being homeless. The example Buser mentions is that of an inmate who found a sense of safety at Rikers from an abusive husband; for some detainees incarceration is their way of life/routine. It is what they know and understand.

My conversations with Cashel and Lisa were enlightening, and they revealed some of the issues therapists encounter in their profession in correctional facilities. Both of these women expressed concern for this vulnerable population in the penal system.

U.S. MANAGEMENT OF MENTAL HEALTH: THE CORRELATION WITH INCARCERATION

I want to understand the high risk among people with mental illnesses to encounter law enforcement or among people who have a history of being processed in the penal system. To look at this, I had to understand the long and ongoing association between mental illness treatment and the penal system in the U.S. The history reveals brutal and inhumane treatment for mental illness. In an essay by Matt Vogel called "Mental Illness and the Criminal Justice System," Vogel gives a brief description of different treatments of mental illness in the U.S. Vogel talks about how mental illness was regarded and the changes in treatment. He details procedures to "cure" this unexplained disorder in America:

> During the 18th century, mental illness came to be viewed as an individual deficiency. The treatment for this disorder similar to the domestication of wild animals-individuals were subjected to beatings and torture. Those with the most

> severe forms of mental illness were often killed or driven from their communities, while those with less severe symptoms were forced into madhouses, workhouses, and jails. Conditions in these facilities were dismal, and many of those incarcerated within would spend their days shackled in damp basements (Vogal et al. 2014).

In early America, people with mental illness were forced into harsh environments and sadly, not much has changed since the 18th century. People with mental illness have a higher risk of suffering some form of confinement.

Treatment for mental illness continued to evolve in the U.S., and in the early 20th century, one popular treatment for mental illness was psychiatric surgery. Psychiatric surgeries were brutal and unnecessary procedures that left patients with terrible side effects and permanent damage such as bladder and bowel incontinence, diarrhea, and brain hemorrhaging (Vogal et al. 2014). Another treatment for mental illness was the practice of eugenics, which focused on efforts to stop the transmission of harmful or unfavorable traits from generation to generation. To address the "problem" of increasing unfavorable traits in the U.S. population, sterilization was used to prevent certain individuals from passing on their undesirable traits (Genetics Generation 2015).

By the 1950s, the practice of eugenics and psychiatric surgeries was seen as brutal, inhumane, and without valuable therapeutic merit. This led to the increasing population of patients in mental facilities, and it continued to increase exponentially throughout the early decades of the 20th century. By 1950 it had surpassed to well over 500,000 and the mental health facilities were filled to overcapacity (Torrey 2010). The U.S. encountered urgency in mental health treatment and received pressure from all aspects of society to resolve this crisis.

Pharmaceuticals became a decisive factor in treatment for mental illness. Pharmacological innovations allowed for suitable management of symptoms. What also manifested with this change was the reduction of mental hospitals and the deinstitutionalization of the mentally ill. Policies endorsed deinstitutionalization, and one major policy change was made under the Kennedy Administration. The 1963 Community Mental Health Service Act established community mental health centers to provide outpatient, emergency, and partial hospitalization services for the mentally ill (Raphael and Stoll 2013). Unfortunately, most of these community-based health centers could not provide comprehensive care which lead to inadequate care (Vogal et al. 2014). Most of these community-based health centers closed, which lead the mentally ill to be at high risk increasing the probability of homelessness, crime, abuse, or incarceration.

These risks marked people with mental illness as the vulnerable to incarceration. Once one factors in race and poverty, criminal justice involvement becomes almost inevitable. Mental illness in the U.S. affects all facets of the criminal justice system from the officers, courts, jails/prisons, and the numerous individuals who cycle within this system. Because seriously mentally ill individuals are likely to be arrested at some point of their lives, correctional facilities have become the "clinic" for the mentally ill.

THE SHIFT TO PUNISHMENT AND ITS EFFECT ON THE MENTALY ILL

The health risks for people while incarcerated are high when compared to the non-incarcerated population. For mental illness, the risks are even greater. Many correctional facilities, however, are not outfitted to address the special health needs of individuals with mental illness (Freudenberg 2001). Dr. Homer Venters's book, "*Life and Death in Rikers*

Island," reveals the type of harmful healthcare provided during his time as the head physician from 2008 to 2017. Dr. Venters offers a valuable perspective on the difficulties correctional healthcare workers face when providing care at Rikers.

In a chapter called "Serious Mental Illness in Jail," Dr. Venters provides different cases where the inmates who suffers from SMI are punished for their condition and symptoms to the point of death. Dr. Venters argues that the mentally ill population is the most vulnerable group at Rikers, and that the criminal justice system is not able to manage the needs of the mentally ill accurately. Signs and symptoms of mental illness are answered with abuse and neglect as Dr. Venters states, "To make matters worse, most of these units were physical designed for punishment, with little open space for programs of group activities and such decrepit walls, floors, and ceilings that is was easy to fashion weapons from almost any surface" (Venters 2019).

The example Dr. Venters gives of punishment for mental illness is the case of Bradley Ballard. Ballard has a history of incarceration in New York but was arrested in Texas for lewd behavior. He did not notify his parole officer when he left New York therefore Ballard was transferred back to Rikers. When Ballard returned to Rikers, his aggressive behavior towards other inmates and correctional staff in general population housing got him relocated to an inpatient psychiatric ward at Bellevue Hospital. There Ballard receives appropriate care to manage his serious mental illness of schizophrenia. But once he becomes stable he is returned to Rikers, where the environment caused him to revert to an unstable state. Unfortunately, Ballard's case is no different from many who return to Rikers MOU. There Ballard's mental health was deteriorating, and his behavior increasingly became more extreme toward other inmates and correctional staff. When Ballard symptoms got worse and he displays such behavior, he would

get locked in his cell for days unable to receive the care or medication for his condition. Dr. Venter states, “This isolation from care hasten Mr. Ballard’s deterioration from his schizophrenia as well as infection”(Venters 2019). Here Dr. Venters provides an example of an inmate who has serious mental illness and that in an appropriate setting such as Bellevue, he showed great improvement in managing his illness and could be stable. But once that inmate is placed in a correctional, restricted environment that is not proficient to help the inmate to manage their illness, their condition will start to worsen. Mr. Ballard’s condition is not answered with proper analysis, treatment, and medication. Mr. Ballard’s symptoms from his illness is responded to with abuse, punishment, and neglect. Eventually, Mr. Ballard is placed in solitary confinement and by the seventh day he is unresponsive, drooped over covered in his own feces. It is so horrendous that staff have a difficult time entering his cell. Mr. Ballard went into cardiac arrest and died soon after. This treatment towards the symptoms of mental illness cost Mr. Ballard his life. Mr. Ballard’s case is a tragic reminder about and reflects how poorly correctional institutions approach mental illness.

CLOSURE OF RIKERS ISLAND: WILL IT IMPROVE MENTAL HEALTH OUTCOMES?

As of October 2019, New York City officials have decided to close the second largest jail complex (second to California) in the U.S. by 2026. Such a closure would be the major first step in an attempt to reform the NYC criminal justice system (Haag 2019). Mayor Bill de Blasio and City Council speaker Corey Johnson, along with advocates for the closure of Rikers want this to be the mark of new reform policies in the NYC criminal justice system. With its historic vote comes an estimated cost of $8 billion dollars in building new facilities in the other boroughs.

This is part of a plan led by the Mayor De Blasio with an additional $391 million for the city to invest in criminal justice reforms with the intention to reduce the city's jail population (Khurshid 2019).

De Blasio's plan to close Rikers stems from its history of inhumane treatment, poor conditions, and recent cases of such treatment that were being made public. One well-known case is former detainee, Kalief Browder, who was arrested at the age of 16 and charged with second degree robbery. He remained in Rikers for three years without trial. In 2013, he was released and the charges against him were dropped. Later that year, Browder died by suicide; he had developed serious mental illness during his stay at Rikers. What Kalief revealed about his experience at Rikers in an interview with Jennifer Gonnerman from *The New Yorker* was the constant abuse from inmates and correction officers. Kalief spent months in solitary confinement and he first attempted suicide after breaking down under the pressure of being in confinement (Gonnerman 2014). What is utterly disastrous in Kalief Broder's case is that mental illness had progressed during his time on Rikers. He stated in an interview:

> Before I went to jail, I didn't know about a lot of stuff, and, now that I'm aware, I'm paranoid… I feel like I was robbed of my happiness (Gonnerman 2014).

Kalief had no outlet to report the abuse. There was absolutely no safe system in place for him to report without risking further scrutiny from other detainees and correctional staff. This echoes what Dr. Venters points out during his interview about securing a system where inmates can report abuse without fear of any ramifications I can only hypothesize if Kalief had an opportunity to safely report the abuse he encountered and/or witnessed at Rikers, he would be alive today. This is a tragedy that could have been prevented if the criminal justice system created a protected wat to report abuse at Rikers.

What is common in the Browder case is that bail was something that neither he nor his family could afford. Rikers is not a prison, which means that so-called "detainees" may be innocent. Many cannot provide bail and they anticipate waiting for trial; in Browder's case the wait was three years. In jails, inmates usually serve short-terms while awaiting trial. Economics plays an important factor in length of stay for inmates, and majority of the inmates at Rikers come from low-income communities in New York City.

As revolutionary and prodigious a transition in the New York criminal justice system would be, the vote to close Rikers will change the criminal justice system in NY. What will this new approach in criminal justice reform mean for inmates with mental illness? The proposed plan on this closure and how it will be executed is drawing a significant amount of pushback from politicians and the communities that will be affected by this change. The question at hand is what will happen to the mentally ill population when Rikers closes. Mayor De Blasio is looking into moving inmates with mental illness into what it is being called therapeutic housing units. Ideally these units would be located near to existing hospitals. The proposed plan for these new facilities is to not only treat inmates with mental illness but also treat drug abuse and complicated medical needs. These therapeutic housing units would be managed by Correctional Health Services (CHS) and the Department of Correction (DOC). The CHS proposed a plan on how it will manage the possible new facilities; in the proposition CHS is requesting to provide consultant services to explore the feasibility, conceptual design, and cost for Outposted Therapeutic Housing Units (OTHU). Based on the findings of the feasibility study and a subsequent decision by the City to proceed, the City may also task the selected consultant to: (1) prepare environmental review materials, as warranted, and/or (2) prepare applications and assist

with public approval processes that may also be required to implement some or all of the components of the proposed project (CHS 2019).

But this plan is not definite, and all do not agree to have the DOC monitor inmates with mental illness. Cheryl Roberts, executive director of the Greenburger Center for Social and Criminal Justice, opposes having the Department of Correction staff at these proposed therapeutic units. Roberts states, “We have a chance right now to decouple the criminal-justice system from the mental-health system… we should take it” (Goldensohn 2019). Roberts’s group advocates for diversion of inmates with serious mental illness into treatment instead of jail.

CLOSING RIKERS: ACCOMPANIED WITH OPPOSITION

Opposition to the closure of Rikers Island is led by community leaders and residents who live near the planned sites for the new correctional facilities. The plan for the new facilities will be built in four of the five boroughs (excluding Staten Island) the community boards and residents of the boroughs have voiced their frustration and concerns about the plan. One major concern of community boards and residents affected by the closure is Mayor De Blasio’s plan to close Rikers without their input. Their concern is a lack of engagement and decision-making during this closing process. Another concern about De Blasio’s plan is the possibility of an increase in crime and that these new facilities will not have the capacity to accommodate a crime spike. Queens councilmember Robert Holden, who opposes the plan, calling the new planned replacement facilities "skyscraper jails," expressed concern that they would be too congested if there is an increase in crime, and that closing Rikers will not fix the NYC criminal justice system but is a scapegoat for other serious issues of the NYC criminal justice system.

Councilmember Holden joined with Bronx councilmembers Ruben Diaz Sr. and Andy King in protest against the closing of Rikers. The three councilmembers agree that the closing of Rikers is not going to be the solution to NYC criminal justice system and that some of the many issues with the criminal justice system extend to the demographics of the population of Rikers, in which minorities make up about 85% of NYC jail population (Press 2019). Further, courts are overwhelmed with cases. Another argument the councilmembers give is that most of the population in Rikers come from communities with low economic status (Press 2019). Instead of closing Rikers and spending close to $8 billion dollars to put the same population into smaller jails, the city could shift its focus into giving this population the possibility of education. Educational Improvement Facilities (EIF) is where individuals who need assistance can receive services directly while awaiting their outcome in court. What these councilmembers prefer to closing Rikers is to renovate the jail, and in May 2018 Holden proposed a bill that would study the cost of renovating Rikers. In a press release Holden stated, "If we're going to have taxpayers foot the bill for the city's jail facilities, we should be able to show them the facts and figures"(Kelley 2018). Other borough community leaders and residents where the planned new facilities are to be built show support of this bill as looking for other options the city should consider instead of just closing Rikers. NYC officials' crucial vote to close Rikers in an attempt to restructure NYC criminal justice system will not be simple, and shutting down the second largest jail complex in the U.S. faces opposition from residents and community leaders. Opponents to this closure will continue to campaign and assemble to hopefully cease this proposed plan that they fear will have a negative effect on crime and their community. The mental health of detainees at Rikers remains uncertain.

CONCLUSION

Therapy is a treatment that usually corrects or counteracts undesirable behaviors or illness. As a licensed dental health professional (preventive therapist/hygienist), therapy is something I provide to all my patients. But providing therapy where there are set limits, times, and spaces without support can be discouraging and ineffective. And yet, people like Lisa, Mary, and Cashel continue their work to ensure help for a population that is, as Lisa would sometime put it, "the forgotten ones." My initial vision for this project was to spotlight therapists' views on providing treatment for the mentally ill in a restricted environment. I have come to understand several things about therapists who work in restricted environments and what they share. First, they have a genuine empathy for the detainees. The majority of the detainees' background consists of abuse, trauma, and/or drug use with some born into circumstances that were difficult to imagine. Therapists do not see them as criminals but patients who need help. Second, therapists need more support and acknowledgement for the work that they do and for their impact on this vulnerable population. They have a great effect on the overall health of communities everywhere.

From what I understood by the time this project was completed is that presently there is no established plan for the mentally ill population in Rikers once it closes in a few years. When I asked the therapists about what will happen to this population, they could not give me a definite answer because they do not know what will happen with all the upcoming changes in the next few years. They do not even know where they will be reassigned. What was consistent in my interviews and in the literature is the need for privacy during treatment and ensuring a safe space/place for detainees. Safety and confidentiality are important factors in rehabilitation if that is set in place it would have produced different outcomes for some of the detainees, some might

be alive today. What was not consistent were the thoughts on the closure on Rikers. Dr. Venters and Mary Buser agreed on the closure, and both recognize the oppression and control the penal system places on the most vulnerable the United States. Venters and Buser are advocating for a more humane approach when it applies to criminal justice. In the interviews, the closing of Rikers meant uncertainties of what will become of the mentally ill and where they will be reassigned once the closure is complete.

Buser and Venters's revelations on the treatment of the mentally ill at Rikers was disturbing. The necessity of more humane alternatives when treating/providing therapy for the mentally ill population in correctional settings is desperately needed. Today may be an opportunity for NYC to truly observe the major issues with incarceration and how to shift the attention to rehabilitation rather than punishment. This is a crucial period for the NYC criminal justice system because if the proper methods are not in place after this closure, it will be a continuing cycle for the mentally ill and their communities. Expectations for the best outcome is required, and we cannot afford the health of this population to be compromised.

APPENDIX

CONVERSATION WITH CASHEL CAMPBELL

Length of audio 26:26.72 Transcribed by https://otter.ai

https://archive.org/details/interviewwithcashel

This meeting took place at a restaurant in Astoria, close to transportation stop to and from Rikers Island as Cashel agreed to meet during her lunch break. We sat in the back of the restaurant next to the kitchen door, that continuously swings as the employees' walk through. There is ambiance music playing in the background.

Tingué 0:03

So, … Do you want to introduce yourself?

Cashel 0:06

Yeah sure, my name is Cashel Campbell, I am a master's level registered dance movement therapists license creative arts therapist, limited permit so I'm not ready to practice yet, but I'm in the process of getting my hours.

Tingué 0:24

Okay fantastic …now how did you get started as a therapist, and how did you get started in the criminal justice system?

Cashel 0:30

Okay, so a little bit of both so as a therapist um… I was seeking my own therapy and I found it and I was working with practitioner who was a black woman who actually was Caribbean American like myself and I felt really connected and seen by her and um I think that's really where it all started because, honestly I don't know if she wasn't um a reflection for me a brown women Caribbean American if it would have resonated the same but she held space for me and she was a wonderful therapist and she was always trying to um give me goals that I didn't realize it goals at the time but she was weaving into our sessions and she mentioned something about therapy and um she mentioned something about drama therapy because I stared off as an actor and performer and you know I've always been in the creative arts and stuff and she said something about drama therapy and I felt well I would really love to do dance therapy if that existed and so I looked it up and lo and behold it did exist and it was like a ten step process to how to become a dance therapist and that was it I did everything and I found my way and um simultaneously I would say criminal justice social justice is something that I've feel um really passionate about really impacted by I think it's hard to be of brown skin of black context in America or in the world at large and it doesn't serve you to turn a blind eye to social justice um the first book that I've read that kind of peep my interest was Assata Shakur's autobiography I don't remember the name right now but she was depicting her life and everything that occur for her being in the panthers and sought after by the police and her exile in Cuba and I was sixteen when I read that and that was it I was fired up I was always knowing that no matter what work I did, it would have to also be outlined in the betterment of other especially those that are marginalized and disenfranchised so I always had a dream about in prison or jails I didn't know the difference before I was one of the same to me

Tingué 3:01

So that introduction guided you towards criminal justice…

Cashel 3:04

Yeah, exactly and I knew that whenever I got into I was going therapeutically I really wanted to be in a relationship this community of people who are either in the penitentiary or in the jail system um- and one thing, one other thing is in the social justice work, so I was performing like for entertainment and main stages theaters in Manhattan and traveling and doing all this stuff and then alongside that, I had friends that were social justice artists also so we used to perform together they supported movements that were about bringing eyes to people who may have been wrongfully incarcerated and many of those people were black panthers so I've reached out many black panthers who are still incarcerated some of them and began writing letters and send them like posters of me as a dancers and just creating my own relationship with them just from a compassionate space just thinking like wow these guys are away for the amount of time I've been alive.

Tingué 4:08

And were surprise like okay his person sought me out, like how did she hear about me, how did she you know?...

Cashel 4:13

Yeah, I think a lot of them… they were surprised….I think the most were surprised of them of my angle because it wasn't always it wasn't so much about like how do I rally with you, or how

do I joint a movement it’s really more about caring more about their wellness and their um their mental spiritual sexual emotional health in their circumstances and that’s how I really lead the conversation so, you know, it was only appropriate that I was able to get a job that allowed me take my hours for my license in Rikers Island.

Tingué 4:45

Very interesting…and what difficult challenges you encounter when providing treatment for patients?

Cashel 4:57

I would say…you know, becoming a therapist is a very, um, it’s a very excavating choice of employment, career aspiration, like, you really have to learn how to dig deep into yourself, if you're going to do it in a way that's going to be effective. And I think it's important to know that when you're there, you are part of the journey of people. That's really it. I mean, many of us, you will be both. God forbid, but one of us can wind up in jail one day, you don't know? I don't know, either? Right? We're just people. And so, you know, I like to think of it as being able to be with people who are going through complex times and need support, like I would want support or you would. So that's the pleasurable part about being there. And that's kind of what gets me through the more difficult times. You know, I work in Mental Health at the jail. So, most of the patients that I would call them patients because that's what they are right? Um. You know, most of the people I see are suffering with some kind of psychological impairment disorder or disturbance. And, you know, mental illness is an illness just like kidney disease is an illness or cancer is illness. And so, the main ingredients, there are compassion and patience, and a gentle way of being.

Tingué 6:31

Something that I find that, the history of this society or I should say the US have not been the most friendliest when it comes to dealing with mental illness

Cashel 6:40

Absolutely. So that's something I agree. Absolutely. potential. Yeah, sure. Sure. That's

Tingué 6:47

So that also plays a part why the penal system treats people with um mental illness a certain way… It stems its roots form there…

Cashel 6:54

Yeah. I mean, I think, I think, when we talk about jail prison. punitive punishment, penal codes mean all of these things. They have their own connotation, their own sense of harm, how they are experienced by us and our body. But, you know, I work for the hospital, a hospital, New York Health and hospital. And it's a I think it's a blessing that they're there. Because it's like having a hospital space inside of a space that is not a hospital, Department of Corrections is not that it's a correctional facility. Right. So saving grace is to have people who are trained clinicians, for coming with that approach, like anybody would close the hospital wouldn't help him. So some of the challenges are the same challenges you can expect when you're working with someone who may be acute or not very well. And, you know, I don't really have to describe that we can use our imagination.

Tingué 7:55

Right. Yeah, I see…

Cashel 7:57

And I think outside of that, You know, social, getting people engaged in the therapeutic process is a challenge. But that's not so different for mental health or normal people, quote unquote, because we all know people who need to go to therapy and don't (*laughing). I think we all as human beings, we have an aversion to being told that we need help all of us, even if we're sick, and you know, so. And I would also say that I'm happy to be working alongside the Department of Corrections and a lot of ways. I've met some wonderful officers and men, some officers that are… who need to get a job working in therapeutics because their heart is so pure and passionate about seeing the betterment of individuals, but like any job, then there are people who are not so great.

Tingué 8:53

That is really interesting that you say that because especially media you get a whole different view of um the people who work in the criminal justice system, as people who don't care, who don't have those views, so it's very nice to hear that, And, it is very inspirational to hear that, there are people who do care.

Cashel 9:12

Oh sure.

Tingué 9:13

And I think… you know related popular belief that they're just there doing their job they don't have to care. So it's very nice to hear that. Yeah. And it's very grateful to you. Yeah. I'm sure. Well, I think, you know…

Cashel 9:20

Yeah. So no, that's not the truth…yeah, that's not true. It's, it's the same thing that we can imagine about anything. I mean, looking take that I will go on. But if you take the beast of like celebrity, and fame, people think a lot of things about celebrity and fame until you get there and you realize that's not what's going on. It's the same thing, you know. It's easy to read papers or watch the news or, again, I'm not saying everyone's an angel, but there are a lot of wonderful officers.

Tingué 9:52

Now, what treatment approaches you utilize with patients with mental illness?

Cashel 9:58

Well, I'll speak to the treatment team that I'm on, I mean, classically, we have social workers licensed mental health clinicians. They are psychiatrists, nurse practitioners, um lead doctors, clinical psychologists, whole gambit of people who are qualified and very I work with a really wonderful group of people who I mean that um. I'm specifically on the creative arts therapy team. And we're the largest team in the country from what I understand (oh nice). Yeah, I think

wildly is creative arts therapy in different places. From what I hear. We're the team that has the most variety and abundance. I feel like there's about 10 of us all together. Yeah, and it's a mixture of, we have the one and only licensed poetry therapists in the country. There are more than a few art therapists who are wonderful. We have a wonderful music therapist, wonderful drama therapist, and I'm the only dance movement there.

Tingué 10:57

Oh fantastic, I mean, I didn't know all that was…but that's a pleasant surprise. Um, now with so many different therapists working together, how um…do you see any success in this approach, do you see any improvements in your patients? What do you see as for the outcome for your patients?

Cashel 11:17

I, you know, I wish you know, you and I were talking prior about how we kind of classify, describing the experience of working in jail or prison and being able to like bring it to life for people but being respectful of the boundaries when you're talking about working clinically versus working recreational. Yes. But I wish that didn't exist in the realm of me being able to document on media, the experiences of myself and my colleagues with our patients it is… I have chills, really, I mean, some of the things that we experienced watching People who have their own levels of trauma, and their own levels of internalized criminality. When I say that, I mean, that while they may have had a different vision for their life, their community or their family, or the image that was reflected back to them was for them to be a criminal. That's something that happens a lot to black and brown boys and women, right? That even that if that's not who you

see yourself as the consciousness of racism sees you that way and forms you into that, and that's really rough to deal with. So, you know, all the internal battles or struggles that a lot of my patients go through to see them negotiate. emotional wellness on their own is phenomenal. Because you're talking about, again, people who may be coming from intense trauma, or intense PTSD or intense or psychological interruption or psychosis. So, I mean, and they navigated so well and then on top of it, you know, so imagine emotional regulation, and then creative expression on top of that, which is usually expressed with laughter or joy or um or ingenue at individuality. I mean, one of the things I love, I love the art therapists, I love what they do with the patients. Sometimes you'll see guys and they, they do artwork, and it's a phenomenal artwork. It's chill, I'm telling you, or sometimes I'm facilitating a dance and movement, room. And people just break out into this, like, in emotion, synthesize movement, and you I mean, if you blink your eyes for a second you think you're at a barbecue and you forget where you are, because everyone is so invested in this emotional experience of joy.

Tingué 13:53

And everyone needs that space, especially being in a correctional facility, they need that platform to escape. There is a popular belief that there's not much emphasis and focus on rehabilitation in the criminal justice system. In your opinion, what effects do you think that have on communities and society?

Cashel 14:18

Yeah, you know, I don't know a whole bunch about this from the book places statistics place, I can only speak to what I see. We have something where we as a team of a team, not just the

creative arts therapist, but also just the mental health, clinicians, the Health and Hospitals. We get together once a month for what's called Grand Rounds. And in the Grand Rounds is usually some kind of conversation or lecture about something centered on rehabilitation and relationship to incarceration. And last month, we had two gentlemen come in and who were incarcerated as teenagers, and now they are free, their young men living their lives. One is a carpenter and the other is manager of a Culinary Institute. Yeah. And then they are creating programming to give back and try to encourage young men like, this is not the way let's try a different way. So, you know, I think people underestimate the importance and the power of just patience and compassion and love and that even if I'm not a therapist, or even if I'm not working on some branch strategic plan to rehabilitate you. Your growth and change is actually rehabilitating me and changing my mind about what I think and also allowing the space for you to be reborn and centered a new way around who you are.

Tingué 15:43

Now, how do you track your patients' improvement? Is there something you use to track their improvement? Okay, this patient is getting better you know… and I'm sure you provide some feedback to your patients and how do they feel about that feedback, do they appreciate it?

Cashel 16:02

So we do have team meetings often, which is great, because then we get to, you know, when you're talking about mental health, and people are not well, they can be triggered, they could be gone to something episodic, it could be symptomatic to their illness, they're going to present differently sometimes. So how someone might appear with me, they may not appear with him or

her. So the team, we get to kind of discuss what we see happening and our experiences individually, that's a great way to kind of feel like, Oh, I thought this person was progressing. So clearly, they're not you know what I mean? Or maybe more attention needs to be given in this particular area. So that's one way. We do also have a tracking system where we take notes, and in the notetaking sometimes we're specifically looking at how the behaviors or the symptoms of a person may be improving or declining. Something that I personally have gotten an idea that my supervisor gave me has been about creating my certificates to celebrate certain aspects of growth. in businesses like getting that, you know, it's like, you know, this is what I did. Yes. So Cooper, I do that.

Tingué 17:05

And there's nothing like getting that, you know, it's like this is what I did, this is to show prove I did this.

17:10 Cashel

Exactly. So, thanksgiving just passed, I created these certificates called the thankful for you certificates. And I wanted to impress upon my patients that while I know they have gratitude for the programming that we come in, and do I have an abundance of gratitude for the growth that I've seen in them in the time that I've been working with them. And so the certificate detailed for each one of them, a personality attribute that's outstanding. And they were really excited to get it. They were like, these diplomas (*Laughing)? Like no, oh, they were happy to have it, to know, like, wow, someone is paying attention.

Tingué 17:47

Some that they achieved themselves, and improved and to see that reflected, like you know what? I did this. That's right….do you want a break?

Cashel 17:58

No, it's okay, let's power through.

Tingué 18:02

Okay, two, maybe three more questions? What would you say? Or do you know the rate of recidivism the inmates who already received treatment or patients who already received treatment? Do you know, is there some way you follow that, the rate of recidivism?

Cashel 18:22

So I will say this, one thing I've learned from Oprah, which I think is fantastic is that when you don't know, you ask questions, so can you tell me what recidivism mean?

Tingué 18:30

It means the rate of once an inmate is released, how fast they return back.

Cashel 18:35

Gotcha. Okay.

Tingué 18:36

I had to look that up too, I couldn't even pronounce it I was like, re-sit-a sis um…(*Laughing)

Cashel 18:41

Again, that something I don't know the facts, figures and statistics on but um, I do know, you know, we have some, some patients that swiftly haven't turned around and they come back and I think one thing that's important for people to remember, you know, very similar to when I was training, I was interning in psychiatry. And one thing I remember is like, patients would be on the unit and then they would be released in the next week, they'd be back. And one of the first things I learned was that you know, if you're not well, if you are, well, if you're middle of the road, if you're human and living, we seek a community, we want what's familiar. And so a lot of times is related to recidivism. It may not always be about the intent to create to, to pursue crime, or the intent to not be better or make another choice. But it also may be the fear of what life looks like outside of what I know, for a lot of these individuals. I work with young men and some middle-aged men. So many of them have grown up in the foster care system, or they have been in and out of jail over 20 or 30 times. And so at some point, you want to look and say okay, Well, is this about criminally? Or is this something else, and some of it is social. Some of it is familial. Some of it is, I get three meals here a day, I have clothes, I have a bed.

Tingué 20:11

It’s their shelter, if they’re back out there it is out on the streets, it is a place that they’re not used to, so this is what they become used to.

Cashel 20:20

Yeah. It's rough. And, and it is sad. But I think what gives me hope for them and what the hope I see them starting to create is being able to work with people like myself and my colleagues to

start to build in a life. How can you build a life? I do meditations on Wednesdays, some meditation groups, I try to have them do creative visualization around, create your own home design the home created in your mind, what does it look like? I mean, you have to encourage people to dream before they can make something a reality. And I think creating the measures where we talk about the dream how's your dream car your dream job is have a vision, it gives them a vision. Then remember some people again inside jail and outside, inside prison and outside I've never had anyone sit and dream with them. I mean, that's the thing that we do with babies, right? We tuck them in and we read a bedtime story was a bedtime stories me dreaming with you. I'm pretending so many of them. I've never had to do that with them.

Tingué 21:28

Wow, never even thought about that. Working with your patients like that, never thought about it.

Cashel 21:35

Sure.

Tingué 21:39

Now um, from your experience, what changes are needed to improve mental services for patients who are incarcerated?

Cashel 21:47

I think what I would say from what I've experienced so far, I would love to see more support and more recognition for the people who work in month how things have been, I think. And to me that looks like corporations or nonprofits who want to take people like myself and my team and bring us to I don't know, maybe a forum for a day, we can sit down and speak to people firsthand about our experiences. Because I think between television and movies, people have a very warped sense.

Tingué 22:27

Very, very, people think oh that must be everything… or what's that show? Oz, oh yes!

Cashel 22:34

Yeah. So they have a very warped sense of what that reality is. And I think in order to enact proper change, people have to have knowledge. You know, they have to be informed firsthand. And I think that us as creative arts therapists, one of the biggest parts of our work is the embodiment of expression, creativity and feeling. So we're walking I'm with you, as I'm talking to you. My patients are with me in my body at the table, right I'm carrying that truth with me. And I think that we can really, if with the right support, just garner attention and awareness and bring knowledge and education to people to understand the power of creative art therapy and what it does and what can be for populations that are underserved.

Tingué 23:28

Well, this is an extra question from one of my classmates' um… She wanted to know about continuing therapy for, after the inmates have been released to better integrate them back into society, or back into their community. Is there some type of therapy that can do that?...

Cashel 23:46

You know, that's such a loaded question. I'm glad it was the last one, yeah. Because, you know, our lives unfortunately, are not a fairy tale. Right? And I wish I could sit here is say that I am permitted to be in touch with my patients once they leave, but I'm not.

Tingué 24:07

Is that for privacy reasons?

Cashel 24:09

I think that's privacy. I think it's also just respecting the, you know, if you think about the phrasing of DOC, it's the Department of correction and you once you've left the department, you leave everything that's there, right? So you know, it's there for you to revamp and take what you've gotten and try to make something new with it. And I wish that there was a way that we could stay in touch if not all the time, in a market way like once the season is when we sit down and do when we get together. I wish that happen. Um, but no for myself and my colleagues, we are not permitted to continue any of the treatment and care. However, the good news is, there are many aftercare programs, which is great that makes me so happy. A lot of… I work with 18 to 22-year-old men. What I love is that sometimes in response to the allegations that they're under

or they are released to program, the program serves to kind of PC this rehabilitation process and provide therapy, things like that. So…

Tingué 25:20

Thank you very much for, you know, giving me the time to talk about what you do.

Cashel 25:23

My pleasure.

Tingué 25:25

Because what you do is so important to society, to communities everywhere and not just in New York the world because once your patients leave, they can be anywhere?

Cashel 25:30

Thank you

Tingué 25:31

Everywhere and not just in New York the whole world because once your patients leave, they could be anywhere?

Cashel 25:40

Yes. That's right.

Tingué 25:42

So it’s not you're not doing a service just for the New York City or doing a service to the world

Cashel 25:47

Yes.

Tingué 25:48

So, I appreciate that, thank you so much, you know, giving your time for explaining…

Cashel 25:53

Likewise, thank you for, thank you for caring, you know right? … It's only as valuable to valuable people. That’s how I feel, so I appreciate it. Yes.

Tingué 26:03

And that’s a wrap.

Cashel 26:04

Yes (*Laughing)

(The food is brought to the table by the waiter) Oh my goodness, that bowl looks incredible. Oh my God this looks so good. My God it smells delicious….

CONVERSATION WITH LISA CLEMENTE

Length of audio 23:33.05 Transcribed by https://otter.ai

https://archive.org/details/audiointerviewwithlisa

This meeting took place at Lisa's residence, she happened to have the afternoon off, so she agreed to sit and discuss her work at Rikers Island.

Tingué 0:01

Okay, so, um, before we get started if you would like to introduce yourself?

Lisa 0:07

Sure. I'm Lisa Clemente. I'm a dance… do you need to know my…

Tingué 0:12

Yes, your…(*Laughing)

Lisa 0:14

So I'm a dance movement, psycho therapist and I'm at my right now I am a licensed Creative Arts therapist in New York State. And I'm a registered dancing therapist within the ADT organization.

Tingué 0:27

Okay, fantastic. Now, my first question for you is, how did you get started as a therapist um, and working in the criminal justice system?

Lisa 0:37

So I mean, I have a lot to say about this first one. I'm curious, like how far back I should go like, do you want to just know specifically in the Justice criminal justice system or just how I got my like when I began as a therapist?

Tingué 0:50

Um, when you got your experience in a criminal justice system.

Lisa 0:53

Okay, so I my first, very first internship when I was studying to be a dance movement therapist was at Bellevue Hospital Center. And I was there in 2013 and 2014. And I was working under my supervisor who had gotten a…we were, I was a dance therapy intern at a dual diagnosis unit there. And while I was doing my internship with her, she got a promotion and her promotion was, she was moved to the forensic unit at Bellevue. So, only like a month or two into my internship there, I got to then be a dance movement therapy and turn on the forensic unit. So, most of the and it was an male forensic unit. So, these males were in need of acute psychiatric care that were coming either from Rikers or nearby detention centers and a need of their care at Bellevue and then once they were stabilized there, then they were sent back to whichever detention center or jail or you know, so it's kind of like this moving um plate here. So in between Bellevue getting their psychiatric care and then back to um, to jail. So, that was my first taste of

working in the criminal justice system, it was pretty shocking to be in a hospital setting but with bars and seeing those kinds of sites um. And then from there, just I connected with the dance movement therapist who she had been working on that forensic unit, and she just saw the high recidivism rate and wanted to do something. So she kind of created this model at Rikers. So she was working with most of the folks I guess, that she was seeing at Bellevue and then going and working with them at Rikers. So I kind of had that early on in my studies. So by time, fast forward, I became I graduated became a dance movement therapist in 2015. I was contacted by this organization called Green Hope Services for Women and they were looking for a dance therapist. They somehow found my, my name and contact information and wanted to bring me into run groups on Rikers. So then I felt like oh, this is where I could connect back to my early on studies and felt a calling. And, and that's and that's how I became a therapist working in the criminal justice system.

Tingué 3:14

Okay, cool. And you said you've been working at Rikers for at least two years, right?

Lisa 3:20

Yeah.

Tingué 3:20

Okay

Lisa 3:21

Just under two years.

Tingué 3:22

Okay. Great. So I want to ask, especially as a therapist, what difficult challenges do you encounter when providing treatment for inmates or should I say patients?

Lisa 3:34

Yeah, I mean… interchangeable that I always prefer, I mean, even clients?

Tingué 3:40

Yes. Okay, clients. Sorry, clients.

Lisa 3:43

I think it depends on the…

Tingué 3:46

Because if they go for therapy, then they are patients…

Lisa 3:48

Yeah. But yeah, I mean, I feel like it depends on the depends on I think maybe the theoretical framework of the therapist.

Tingué 3:55

Because everyone to me is a patient, that's just in my profession. I have to make sure to say patients…hmm okay so um, what challenges do you encounter in your work when you do dance therapy? In a restricted environment like Rikers?

Lisa 4:12

Yeah, it is a restricted environment well that, that just being said are like a unlimited amount of space and privacy. Because working with this organization, I went into each of the, the units there, so I wasn't given a private room where those in particular and speaking about this population, these inmates could come to me and feel like they're coming to this, this room. So once they walk into this door, there, they know they're entering a therapeutic space. So I was bringing the work to them, which didn't really the challenge there is that it doesn't provide a therapeutic safe container because…

Tingué 4:54

No confidentiality.

Lisa 4:55

Exactly.

Tingué 4:56

You risk when, you know, the one thing about building any relationship is confidentiality. People want to know that what happens between or any type of it will remain in what I say in those walls in that space.

Lisa 5:07

Exactly.

Tingué 5:08

And if that space is not secure then…

Lisa 5:12

Yeah, absolutely that.

Tingué 5:13

Okay, and as for your treatment approach, what is utilize with your, your clients or patients with mental illness? What treatment what is the treatment plan and how successful is your approach when you provide therapy for people with mental illness?

Lisa 5:35

Well, you know, in my in my line of therapy, which is dance movement therapy, it's the idea that connecting the mind the body in the spirit as one and, and kind of getting back into your body because that's where we hold all of our thoughts, our feelings, our experiences, our traumas, whatever it may be, and bring them back to the body because if we can, if we can expand our, our movement, then then in that sense, we can expand our thought process we can expand, access more of our emotions and create this much healthier way of existing these rounds. So the idea is, yeah, as bringing folks back into the body to connect to themselves, and then and then in

turn, they can create safer and healthier ways of connecting to others. So it's kind of like the basis of dance movement therapy, but then working with folks in Rikers, in particular, it's about, you know, here are folks that don't have much say in anything that they're doing. So being able to kind of give them the power back and realizing that they, hold that within their body. reconnecting to that empowering sense of self given that choice, and then just also again, bringing them back into their body so they can access the thought what they're holding in this literal holding space to

Tingué 6:57

And when you see, let's say, one of your clients that that shows in less showing improvement, like what does that do to them when it comes to their illness? Do you see like a difference in the way they react or the next the next therapy session to you see them and being involved more? What's the process for that?

Lisa 7:16

I mean it can show up in many ways, and it's an obviously, over time. But I mean, I think the beauty about dance movement therapy is that you see it in the body. You see it by your right by somebody showing up and actually wanting to stay within the group time, you know, maybe the first few times of kind of building that therapeutic relationship and building the trust. Maybe they only come for five minutes of the hour group, but next week, they're going to come for 15 minutes, the next week, they're going to come longer. So literally showing up in time and space, but then also, you know, as they're working through therapy, and I'm using the body, then you see you see a whole person you can see that they're grounded. You see that their present. They're

more open and you see actual physical changes in the body. And perhaps even how, you know, like how we're sitting down having conversation and just how we can, you know, we can really be matching each other and are on a body level and, and having, you know, just being aware of each other and space having it's just so interesting to me and fascinating how it just shows up like that in the body.

Tingué 8:23

Okay. And being what you said, I'm sure that that approach is very successful when it comes to seeing one of your, one of your clients come in and stay longer than the previous week, and I do… so they could come in and let's say… they can leave when they want to or some choose to stay for the whole session, some choose to stay for half of the session, you know, they have a choice of coming and going or…?

Lisa 8:50

They do, I mean I again like you know, these sessions can look a lot different in different populations and especially in different space and being given that I am taking myself onto their unit. And onto the cell block, I'm there and I'm actually logged into that space literally to I'm locked in for that for that hour or an hour and a half group. And if within that hour, there's no interest, I'm still there amongst, among and I worked with incarcerated women. So I'm with these women and maybe the group is going to look a lot different that we're not going to be up in the I use them. Like a Maryann Chase is a "Grand Dame," they call her a dance movement therapy creator. So a lot of the work is done in a circle by moving in a circle. But perhaps, that session is not going to look like that at all and we're sitting down at a table just talking or coloring or doing

something else. Okay, so that was that mean, and that kind of ties back into the challenge of working within this kind of locked system here. But yeah, I mean, within that hour or hour and a half I'm there. It's really up to that, that…

Tingué 10:03

That individual who wish to show up and be like, okay let me try this. So let me, you know…

Lisa 10:08

This is too much for me. I'm going to go sit down, I'm going to go lay down that. Yeah, they have that choice. Of course, it's hoped that, you know, we can get more involved get more. Yeah. And we can have a cohesive group.

Tingué 10:21

Yeah. All right. Okay. So with, according to what I understand, there's not much emphasis and focus on rehab rehabilitation in the criminal justice system, in your opinion, what effects would have on communities, societies, when that's not when that's not the focus when it comes to incarceration?

Lisa 10:43

Well, I guess in my personal experience of working with these women, I mean, I've heard so many stories about you know, I, or at least so many of their stories, and there always seems to be like this common thread that they were though actually the ones in danger and making choices. for themselves to be safe, which I'm thinking that if we can reframe, you know, how we look at

what's happening in these individuals lives, and we realize that going into the jail system is not necessarily the safe haven. And, I mean, we would I think we would see that I mean, I guess the question, I'm not sure if I'm answering which one is the number?

Tingué 11:25

Um, yeah.

Lisa 11:27

The effects on communities?

Unknown 11:28

Yeah, like, you know, let's say a person does, you know, gets released without having the proper rehabilitation and they're supposed to have him in prison. And let's say the something that that's like mental health, mental illness, because what from what I understand is like, there are a lot of people that are incarcerated that suffer from mental illness, whether it's serious mental illness or, you know, and you're bringing them trying to get them back into, you know, the community. It's going to be very difficult and like you said, the rate of recidivism that also plays a part of getting back into the system. Yeah. So, you know, as a therapist, you work with these people. So what? Why is there not so much emphasis? I think like they're supposed to be not that confidentiality, why is that not?

Lisa 12:13

Why is it not happening?

Tingue 12:15

Yeah, why isn't it happening so people can get the proper therapy, so they can, you know, get the help that they need in that space? Yeah. And get back to, you know, get back into that community and get back, you know, so I just find that so frustrating for lack of a better word. Yeah, that's not happening. You think is common sense. But it's just…

Lisa 12: 39

Yeah.

Tingué12:40

It's so difficult in this day and age. So it wouldn't this is not the emphasis is just very difficult

Lisa 12:45

I think, perhaps, and I am just a little, you know, I'm just one voice of the many but I perhaps I often wonder if it's a trickle-down effect of just the um, well of course a broken system, but of course how we view mental illness and the stigmas around it. And then if we're not, you know, if we're kind of ignoring it, or not really delving into what needs to be done, you know, and then we just shove a bunch of people that we kind of don't know what to do, or do we want to really know what to do about it. It just, it's better off in the corner. And I think about this one woman and one of my groups there, who, when I met her for the first time, and we had an hour and a half session of group therapy session, where it was a very cohesive group and the women were moving the entire time and a lot of themes were coming up and at the end of that group, she said

to me, she's like, please don't forget about us. “We're We are the Forgotten Ones.” And I will never forget that statement. I wrote that down on my journal. And I often revisit that often because I think that that does say a lot about that where the emphasis is in the focus on rehabilitation because, you know, I was just one person going in only five, running five groups a month, right. And the organization I was working for, didn't have any other therapists that they were working with. So I really the emphasis is just not there. Or at least from my perspective.

Tingué 14:06

Okay, yeah, I think you kind of tied into the next question I was going to ask you about what are the challenges about what are the challenges do you see as the biggest challenges for mentally ill patients that are incarcerated? I think you kind of touched on that they're seen...

Lisa 14:21

They’re not seen, they're not in the right place. They're not seeing they're not getting the right attention, the care and they're just kind of getting shoved in a corner and then when it's time to go back to worry go back to their place back out into the community, but there's no I don't know the kind of support that they're getting.

Tingué 14:40

Yeah. Okay, and that's what I wanted to ask…to the next one. I mean, I don't know if this applies to you and your position, but do you track our monitor the inmates that are out? Like do you, you don't keep in contact with them once they leave… that you know…?

Lisa 14:59

Yeah, for me I was not but I know my organization does. They, they actually, and I think they're onto something because the beauty of the organization I was working for is they actually have a kind of like a halfway house set up in East Harlem so that for the women that they do work with in Rikers, they help them to come back into the community and perhaps they will be living in this this home and they often they that's where they do offer more classes and groups and that sort of stuff as far as there being therapists on staff, I think there's some licensed social workers but I know that I at the time, I was the only creative arts therapist on there and I was working only on site in Rikers so I personally do not track…

Tingué 15:50

Okay, okay. I don't know if that was something else because I didn't know that was something that you did or, being as your job because I know some people they they're not allowed to

Lisa 16:00

Right.

Tingué 16:01

Getting contact with the inmates, after they released that's a no-no.

Lisa 16:04

But honestly, I, you know, a lot of those women said, Can I see you when I'm backed home? Yeah. And I and I think that's the that's the key to is that there is a community of, you know, in

my role therapist, whatever it may be, but a community that's kind of following along with, with their journey as well as for support and I and I did see that kind of start to happen with the dance therapist I met early on.

Tingué 16:30

And I think this you mentioned about the rate of recidivism now, along with this, now, do you…no, I should rephrase this question, your time at working at Rikers? Did you notice? Did you see any recidivism in some of the clients that you work with? Did you actually see them actually come and then come back?

Lisa 16:54

I did, I did, and you know, and talking with them and hearing their stories, I mean, because that's what are, you know, our part of the therapy process of not is really hearing them, he's dreaming (*Laughing and pointing to her dog Bruce sleeping on the floor) is you know, and I would, hearing some stories, you know, they would share with me that being at Rikers was a state was safer than being out on the streets or out at or whatever home was like so…

Tingué 17:17

Third time I'm hearing that same, same thing

Lisa 17:20

I know I get the chills. I'm getting the chills, and that was on more than, you know, that was more than one story that I heard. And it's similar thing I mean, because whatever, you know, whatever their personal story was, it was safer to be awaited.

Tingué 17:35

They have shelter, they have food, they have a meal. They have a bed.

Lisa 17:38

And they have a community there. Yeah. And I did see a strong sense of community amongst these women really did. So. There's something to be said about that. That I think if we can rework and create a strong, you know, like to be able to create a safe space for that to happen, but not within the jail system because that's not they…yeah

Tingué 18:02

Exactly, okay, um, and you've kind of answered my next question about what's the I mean, you pretty much answered the next question about providing therapy for inmates who are released. And with your organization, they do provide like a halfway house. So that's fantastic. So I'm going to move on to the next one. Do you know what will happen to the inmates at Rikers with mental illness wants the facility closes in a few years?

Lisa 18:27

I don't. The only thing I could speak to is that I know that they while I was there, they transfer they got rid of the adolescent jail. And they were transferred off to different detention centers

that actually the company that I work with now as a dance therapist was running some therapy groups there. So I know that they were trying to filter you know that they did filter the adolescents out already and they were going to other sites. But I don't know I don't know what that means for these folks. And I just makes me ponder if its, you know? Yeah I wish I…

Tingué 19:05

Okay, yeah. Okay, well I'm going to move on to the next question for your experience, what changes are needed to improve mental services for inmates? What do you think needs to change in the criminal justice system?

Lisa 19:16

Well, what needs to be in order?

Tingué 19:19

Yeah. I know that's a loaded question.

Lisa 19:20

Yeah, no, I mean, I just for my two years working at Rikers is just seeing the…(*Laughing) so where do I want to begin? Having more access, more, more attention, more, more mental health staff, on site, providing care, truly providing care, just and more access to it and it not being looked down upon. And, you know, and I think it's interchangeable what needs to change in the criminal justice system because, you know, the criminal the criminal justice system itself needs to make room to allow for that to happen. Because, you know, I would show up, and I would go

to each unit. And I would try and run my groups with whoever was there the unit, but if something else was happening at the same time and they were taking away those inmates in that cell, then they're taking them away from some therapeutic time. And if they can provide a space and actually have the employees that are on staff at Rikers the officers be able to transport you know, to be able to transport them to where they need. So yeah, for the services, and just more services.

Tingué 20:35

Okay, and for… oh, I think so. In the criminal justice. Well, you did mention that in criminal system, but you also mentioned something earlier about, like support, support for therapists in you know, doing this in is, this might be another loaded question. But do you feel there's enough support, like support as in… support besides having more therapists on hand besides support as and making sure every inmate have some type of confidentiality, support as in, I don't want to say funds because that's a whole other topic.

Lisa 21:14

Sure.

Tingué 21:16

That's a whole other topic. But you did mention something about support and support for therapists working in the criminal justice system, because I've heard before to another therapist, that there's not enough support. And I've read in books, that there's not enough support for therapists and the criminal justice system. So I've heard I know, that's something that, that also

needs to be touched on, and also needs to be addressed. My question is, will that be addressed one Rikers close… something?

Lisa 21:45

Yeah, I mean, yeah, you named all the needed things for support. But you know, as a therapist, and I think specifically working in a system like Rikers is, maybe there needs to be a little bit more psycho Education isn't the right word. But I mean, I think as far as like the supportive what therapists are doing is bringing it to all levels, even the officers that are there, because if their understanding of the work that we're trying to do, then that just creates a little bit more support the time in the space and you know, it's going to show up in a multitude of ways. And I can say that there was one group that I was running one day on, on the unit and you know, there's obviously always officers in the unit and, and I, you know, I try like I kept inviting them and hold them in and they did, and it was one of the most powerful therapy groups that existed there for me and my time working at Rikers because here we have a group of incarcerated women, with the officers moving and connecting together and actually joining in a therapeutic process. So that says a lot to the incarcerated women and also says a lot to the officers partaking because…

Tingué 23:00

They show that they care.

Lisa 23:01

And they care.

Tingué 20:02

They’re concern, well not concern, but they show an interest in the process.

Lisa 23:09

Yeah exactly. Exactly. So I don’t know, that can probably touch on a lot of things.

Tingué 23:14

Well yeah, I think everyone touched on one, you know, one or two there, but this is great. Thank you so much.

Lisa 23:19

Yeah.

Tingué 23:20

And thank you for your time and I appreciate that. And thank you for our friend here (*Referring to her dog waking from his nap). Who’s just, there he goes (*Laughing). Okay, so, that is a wrap.

Lisa 23:32

And you don't need any…

Works Cited

Buser, Mary E. Lockdown on Rikers; Shocking Stories of Abuse and Injustice at New York's Notorious Jail. St. Martin's Press, 2015.

Campbell, Cashel. MS, R-DMT, LCAT-LP, Conversation with Cashel Campbell. 4 Dec. 2019.

Carroll, Heather. "Serious Mental Illness Prevalence in Jails and Prisons." Treatment Advocacy Center, https://www.treatmentadvocacycenter.org/evidence-and-research/learn-more-about/3695. 2016. Accessed 9 Nov. 2019.

Chammah, Maurice. Weichselbaum, Simone. Tabor, Nick. "Inside Rikers Island, Through the Eyes of the People Who Live and Work There." Intelligencer, 29 June 2015, http://nymag.com/daily/intelligencer/2015/06/inside-rikers-island-interviews.html.

CHS CITY plan. https://www.documentcloud.org/documents/5775803-CHSplan.html. March 8, 2019. Accessed 8 Nov.2019.

Clementi, Lisa. MS, R-DMT, LCAT. Conversation with Lisa Clementi. 28 Jan. 2020.

Davies, Dave. "Fresh Air": Alisa Roth on 'America's Criminal Treatment of Mental Illness': Shots - Health News: NPR. https://www.npr.org/sections/health shots/2018/07/10/627519801/behind-bars-mentally-ill-inmates-are-often-punished-for-their-symptoms. Accessed 26 Sept. 2019.

Definition of MENTAL ILLNESS. https://www.merriamwebster.com/dictionary/mental+illness. Accessed 3 Nov. 2019.

Fatos Kaba et al. "Solitary Confinement and Risk of Self-Harm Among Jail Inmates." American Journal of Public Health, Mar. 2014, http://ajph.aphapublications.org/doi/full.

Freudenberg, N. "Jails, Prisons, and the Health of Urban Populations: A Review of the Impact of

the Correctional System on Community Health." Journal of Urban Health: Bulletin of the New York Academy of Medicine, vol. 78, no. 2, June 2001, pp. 214–35, doi:10.1093/jurban/78.2.214.

Genetics Generation "Introduction to Eugenics." Genetics Generation, https://knowgenetics.org/history-of-eugenics/.

2015. Accessed 18 Oct. 2019.

Goldensohn, Reuven Blau, Rosa. "City Seeks to Move Mentally Ill Inmates to Hospitals." *Intelligencer*, 21 Mar. 2019, http://nymag.com/intelligencer/2019/03/nyc-seeks-to-move-mentally-ill-inmates-to-hospitals.html.

Gonnerman, Jennifer. "Before the Law." The New Yorker, https://www.newyorker.com/magazine/2014/10/06/before-the-law. Accessed 1 Feb.2020.

Haag, Matthew. "N.Y.C. Votes to Close Rikers. Now Comes the Hard Part." The New York Times, 17 Oct. 2019, https://www.nytimes.com/2019/10/17/nyregion/rikers-island-closing-vote.html.

Kelley, Ryan. "Queens Council Members Call for a Commission to Study the Cost of Rejuvenating Rikers Island." QNS.Com, https://qns.com/story/2018/05/25/queens-council-members-call-commission-study-cost-rejuvenating-rikers-island/May 2018. Accessed 17 Feb. 2020

Khurshid, Samar. "How the City's New Jails Plan Accounts for Those with Serious Mental Illness." Gotham Gazette, https://www.gothamgazette.com/city/8910-how-city-close-Rikers-jails-plan-serious-mental-illness. Accessed 24 Nov. 2019.

Mental Health by the Numbers | NAMI: National Alliance on Mental Illness.

https://www.nami.org/learn-more/mental-health-by-the-numbers. Accessed 26 Sept. 2019.

Metzner, Jeffrey L. "Confinement and Mental Illness in US Prisons: A Challenge for Medical Ethics." Journal of the American Academy of Psychiatry and the Law, vol. 38, no. 1, Jan. 2010, http://www.hrw.org.

NIMH »MentalIllness.https://www.nimh.nih.gov/health/statistics/mentalillness.shtml#part_154784. Accessed 3 Nov. 2019.

NYC Seeks toMoveMentallyIllInmatestoHospitals.https://nymag.com/intelligencer/2019/03/nyc-seeks-to-move-mentally-ill-inmates-to-hospitals.html. Accessed 5 Feb. 2020.

Phelps, Michelle S. *"Rehabilitation in the Punitive Era: The Gap Between Rhetoric and Reality in U.S. Prison Programs*." Wiley on Behalf of the Law and Society Association, vol. 45, no. 1, Mar. 2011, pp. pp33-68, www.jstor.org/stable/23011958.

Press, Robert. "Council Members Diaz Sr., Holden and King Protest Closing Rikers on the Steps of City Hall." The Bronx Chronicle, 20 Oct. 2019, https://thebronxchronicle.com/2019/10/20/council-members-diaz-sr-holden-and-king-protest-closing-rikers-on-the-steps-of-city-hall/.

Raphael, Steven, and Michael A. Stoll. '*Deinstitutionalization of the Mentally Ill and Growth in the U.S. Prison Population.'* Why Are So Many Americans in Prison?" Russell Sage Foundation, 2013, p. pp.121-161 JSTOR, www.jstor.org/stable/10.7758/9781610448161.10.

Transcribed by https://otter.ai

Torrey, Fuller. *More Mentally Ill Persons Are in Jails and Prisons than Hospitals: A Survey of the States*. The Treatment Advocacy Center Arlington, Virginia, 2010.

Venters, Homer. *Life and Death in Rikers Island*. John Hopkins University Press, 2019.

Vogal, Matt, et al. “(PDF) Mental Illness and the Criminal Justice System.” ResearchGate, https://www.researchgate.net/publication/264806391_Mental_Illness_and_the_Criminal_Justice System 2014. Accessed 17 Oct. 2019.

Wagner, Wendy Sawyer and Peter. *Mass Incarceration: The Whole Pie 2019.* https;//www.prisonpolicy.org/reports/pie2019.html. March 19, 2019. Accessed 30 Sept. 2019.