Ohio’s prisons hold 10 times as many mentally ill as its psychiatric hospitals do

Dr. Kathryn Burns, left, chief psychiatrist for state prisons, talks with inmate Quiana Froe, who has improved with treatment.

Rita Greifenstein, a 78-year-old inmate, said that officials “haven’t found the medicine that works for me yet.”

MARYSVILLE, Ohio — The largest provider of mental-health services in Ohio is easy to find: Look no farther than the nearest state prison.
More than 10,500 people in Ohio prisons, more than 1 in 5, have a diagnosed mental illness. And 1 in 12 has a serious and persistent condition such as schizophrenia or bipolar disorder. There are 10 times as many mentally ill inmates as there are patients in Ohio’s six psychiatric hospitals.

The numbers are higher for females: 41 percent of 2,510 inmates at the Ohio Reformatory for Women in Marysville are on the mental-health caseload.

Terry Russell, executive director of the National Alliance on Mental Illness Ohio, said these alarming figures are no accident.

“These people are generally not in prison because they are criminals,” he said. “Most people that end up there are the most severely mentally disabled who get into trouble because they are untreated or resistant to treatment. Families many times desert them or don’t know how to help. They end up in the street, which puts them in harm’s way. In most cases, law enforcement gets involved.”

Quiana Froe, 35, of Scioto County, is one of more than 1,000 women with mental illness at the Marysville prison. Froe said she had a mental breakdown midway through a previous eight-year prison sentence.

“I started hearing voices,” she said. “I had heard them before, but I thought it was the drugs.”

When Froe’s mental illness caused her to act out, she was thrown into a segregation unit by herself. There, she said, the voices continued calling to her through the vents in her cell. “There were scary moments,” she said quietly.

She was released from prison but committed a new crime and ended up back in Marysville. She thinks that lack of treatment made her condition worse.

When she came back, things were different. She now receives treatment and medication to cope with her bipolar disorder, and she is much calmer and “at peace,” she said. If problems recur, “I make sure I go see someone to talk it out.”

Taxpayers pay the hefty tab for the 10,596 mentally ill inmates. The Ohio Department of Rehabilitation and Correction spent $41.7 million on mental-health care and medications in fiscal year 2014 and is projected to spend $49 million this year. That is on top of the $22,836 annual overall cost per inmate.

Gary Mohr signed up to run state prisons, not mental-health facilities, but he’s doing both. Cognizant of the issues, and the costs related to mentally ill inmates, Mohr opened residential treatment units at four prisons, including the Marysville facility. He is opening a fifth at the Grafton Correctional Institution. And he is hiring 27 more mental-health staffers and adding beds at the Allen Oakwood Correctional Facility in Lima, where seriously mentally inmates are housed.

Mohr said he is relaxing the long-standing policy of segregating mentally ill inmates with behavioral problems.
"We are coming up with a policy where we do not keep inmates who are mentally ill in long-term isolation. Segregation is our default sanction, but our goal is to ensure that the behavior that got them there doesn’t happen again. This is going to be a major reform in Ohio and across the U.S."

Mohr also is pushing for greater support and more funding for mental-health courts, currently in just eight of 88 counties, to divert mentally ill people to less-costly, more-effective programs.

“If these courts become familiar with the issues and can find suitable placements, particularly with Medicaid, we ought to be doing that instead of just launching them into prison.”

Dr. Kathryn Burns, chief psychiatrist in the prison system, said people with mental illnesses typically get arrested more often because their untreated behavior brings them into conflict with law enforcement. In the legal system, they have fewer chances of getting community treatment or probation because judges have limited options. The offenders have burned bridges with family members and in the community. Prison is often the last resort.

“They are our family members. They are going to come home. Very few people will stay in prison forever,” Burns said.

Ohio Reformatory for Women Warden Roni Burkes adds, “Folks should care because they are human beings: our mothers, daughters, sisters. They deserve care like anybody else.”

Rita Greifenstein, 78, from Lake County, who is serving four years for voluntary manslaughter, has bipolar and anxiety disorders and post-traumatic stress syndrome. She has struggled with mental-health issues since age 5 and has been in and out of state institutions.

“I feel like they don’t know what is going on,” Greifenstein said of the prison health staff. “They haven’t found the medicine that works for me yet.”

The stigma of mental illness exists inside prison walls just as it does in the outside world, she said. While other housing units at Marysville have names such as Lincoln, Kennedy and Harmon, the mentally ill live in the Residential Treatment Unit, marking them as different. Greifenstein said women in the unit get harassed by other inmates.

The Ohio Department of Mental Health & Addiction Services is working with prisons on treatment for inmates with substance-abuse problems, but the agencies aren’t yet sharing services for the mentally ill.

“For individuals who are exhibiting symptoms, the first interface with the system is criminal justice,” said Dr. Mark Hurst, medical director of the mental-health agency. “Not all those individuals need to end up in jail.”

But the agencies are cooperating to find treatment, housing and employment for ex-offenders. Mental-health personnel begin working with inmates up to 90 days before they are released so they have a place to live and access to treatment.
The expansion of the federal Medicaid program by Gov. John Kasich’s administration is making a big difference, officials from both agencies said. While Medicaid can’t be used to treat inmates in prison, it applies once they are discharged. The state has signed up all female prisoners for Medicaid and is working to enroll the men.

While there are encouraging developments, NAMI Director Russell remains troubled that prisons have become asylums for the mentally ill. The organization’s statewide conference on Friday and Saturday at the Hyatt Regency will focus on “criminalization” of the mentally ill.

“We just have no place for those individuals who are ill enough to be in harm’s way but are not ill enough to end up in a hospital,” he said. “Criminalizing the mentally ill just makes no sense from a treatment and economic standpoint.”