Telepsychiatry addresses mental health behind bars

Meeting the mental health-care needs of inmates continues to be a challenge for correctional systems. While estimates vary, the prevalence of mental illness among inmates can reach 54% in state prisons, 45% in federal prisons, and as much as 64% in county jails.1,2

There are ethical, safety, legal, and public health imperatives for providing mental health services for inmates. In addition to the ethical imperative to provide care to patients, a healthier inmate population contributes to safer conditions for inmates and staff. Legally, the 8th and 14th Amendments require correctional facilities to provide inmates with adequate medical care through governmental or private medical staff. While there have been several initiatives aimed at increasing inmates’ access to mental health services, there continues to be a disparity between the high need and demand for services and the ability of correctional systems to provide adequate mental health services to inmates.

More recently, correctional systems have turned to technological innovations such as telehealth programs to bypass many of the barriers that hinder access to care for inmates. Telehealth has been able to improve access to care for many inmates, and in a cost-effective manner that ensures high-quality care and enhances overall safety.

Multiple Barriers to Care

A major obstacle to providing mental health services to inmates is the difficulty of recruiting and retaining psychiatrists who are qualified, able, and willing to work in correctional facilities. Several factors make it difficult to recruit and retain such psychiatrists:

1. There is a nationwide shortage of psychiatrists, who are also unevenly distributed in major cities and along the coasts. Since many correctional facilities are in rural areas, many psychiatrists are unable to work on location due to geographic limitations.

2. Some psychiatrists are reluctant to work in corrections due to safety concerns. Although there is no evidence to suggest that correctional facilities are less safe than other psychiatric settings, this misconception continues to discourage many psychiatrists from onsite work in corrections.

Other challenges to providing psychiatric services include the cost of care, such as transportation costs for inmates and clinicians, and staffing requirements to ensure safety while traveling to offsite healthcare facilities. When combined with funding and budgetary constraints, these challenges create significant financial barriers to providing care.

Many solutions have been proposed to enhance access to care, including incorporating correctional health into medical education and psychiatry training programs to increase interest in correctional health and the likelihood of graduates practicing in corrections. Other solutions have included attempts to increase funding for mental healthcare and recruiting more correctional psychiatrists. But these approaches have not been sufficient in bridging the mental health service gap. Consequently, correctional facilities have been seeking innovative methods such as telepsychiatry that leverage technology to enhance inmates’ access to mental healthcare.

Telepsychiatry

Telepsychiatry, which is also known as telemental health, is defined as the use of information and communications technologies, including videoconferencing, to provide mental healthcare remotely. While telepsychiatry has been around for more than six decades, it is only in the past decade that its adoption has significantly expanded. This is due to the high demand for mental health services, the increased comfort and acceptability of using videoconferencing in healthcare, and the improvement in technology and internet connectivity, which allows patients and in-person staff to seamlessly communicate with the telepsychiatrist.

Decades of research and experience support the use of telepsychiatry as an effective, cost-efficient, and acceptable method of mental healthcare delivery, with clinical outcomes that are comparable to in-person
care. When successfully implemented, telepsychiatry can treat a wide range of diagnoses and patient populations. Beyond using videoconferencing to provide direct patient care, telepsychiatry uses electronic health record systems and other technologies to provide consultation services to primary-care physicians and other healthcare professionals.

There is a large body of evidence supporting the use of telepsychiatry to treat inmates’ mental health conditions. Telepsychiatry provides several advantages within correctional settings. It bypasses the psychiatrist shortage and uneven distribution by drawing from a larger national pool beyond the county or the state. Not only does telepsychiatry improve access to regularly scheduled care, thereby reducing the backlog, it can provide on-time, in-place crisis management.

Telepsychiatry also minimizes or eliminates the cost, time, and burden associated with travel for both psychiatrists and the correctional system. By removing the need for transportation, telepsychiatry offers improved security and enhanced physical safety for inmates, staff, and clinicians. For example, when an inmate is transported outside a correctional facility and two officers—is a crucial component of a successful telehealth program. Being remote, the telepsychiatrist relies on the

of the correctional facility. This may make some inmates more forthcoming about discussing their symptoms and more capable of establishing trusting working relationships with their telepsychiatrist.

Despite the advantages of telepsychiatry, expansion of this method of healthcare delivery has historically faced challenges in correctional systems. Since medical practice is bound by the physical location of the patient, the psychiatrist must be licensed in the state where the patient is during videoconferencing and, depending on the correctional system’s requirements, in the state where the psychiatrist is during videoconferencing. Interstate licensure has been facilitated with the introduction of the Interstate Medical Licensure Compact, which offers an expedited path to licensure.

Another challenge that telepsychiatry faces in corrections is bureaucracy, which can be limiting and can contribute to delays in implementing changes or new programs. Such delays can also be attributed to political and risk-mitigation factors in the correctional setting. Some correctional facilities also face technological challenges, including limited connectivity to high-speed internet and limited access to a patient’s health records, if no electronic health record system exists.

Cost can also be a delaying factor. The initial costs associated with implementing telepsychiatry can be elevated, due to software, hardware, and infrastructure upgrades. However, telepsychiatry programs eventually contribute to decreased overall costs of care by mitigating the need to transfer inmates to outside healthcare facilities for treatment and decreasing overutilization of other medical services. Increasing access to care also decreases treatment interruptions and improves treatment adherence.

Ideal Implementation

As healthcare professionals, our role is safeguarding quality care for the patient populations we serve. The ideal approach to enhancing access to high-quality mental healthcare for inmates must ensure that telepsychiatry services are delivered in an integrated manner that facilitates close collaboration between the telepsychiatrist and the in-person staff, and continuity of care for patients. The goal is to have telepsychiatry services mirror in-person care and utilize best practices, an approach that avoids fragmentation of care and medical errors, and ensures that team members are following the same treatment plan.

Creating large-scale impact through correctional telepsychiatry requires several factors to be successful. It starts with a strong political will among directors of the departments of corrections, whether at the county, state, or federal levels. After all, political decisions drive strategy and ensure funding and financial sustainability of new programs.

In addition, organizational and staff buy-in—including facility directors, medical professionals, nursing staff, mental health teams, and correctional officers—is a crucial component of a successful telehealth program. Being remote, the telepsychiatrist relies on the
collective contribution of team members who identify inmates needing care, provide input through treatment recommendations and orders, and ensure safe and secure transport of inmates to the video conferencing room. Therefore, training all team members involved in care on the utility of telehealth, associated workflows and technology components increases the likelihood of buy-in and of a more seamless implementation.

Conclusion

With technological developments changing the landscape of healthcare across the country, there is an excellent opportunity for correctional systems to capitalize on these advances to optimize care, cost-effectiveness, and safety. Proper implementation of these approaches can showcase the synergy between innovative technology and high-quality integrated care, and enhance the health and well-being of inmates across the country.

References


Hossam Mahmoud, MD, MPH, DFAPA, is a board-certified psychiatrist, licensed in Illinois and Massachusetts. He is the medical director and senior vice president of behavioral health at Regroup, and the president of the Illinois Psychiatric Society. He earned his medical degree and Master of Public Health at the American University of Beirut. He completed his residency training at McGaw Medical Center of Northwestern University in Chicago. He holds an academic appointment at Tufts University School of Medicine. He can be contacted at hossam@regrouptelehealth.com.

Irene Epshteyn, MD, is a board-certified psychiatrist, licensed in Illinois and New York. She is the associate medical director at Regroup. She earned her Medical Degree at SUNY Downstate Medical School in Brooklyn, New York. She completed her residency training at Mount Sinai Hospital in New York City. She provides tele-psychiatry services to inmates at correctional sites operated by the Illinois Department of Corrections. She can be contacted at epshteyn@regroupclinicians.com.

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