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**| RESEARCH ARTICLE**

## **The Role of Management Information Systems in the History of Mental Health Care for Prisoners in the USA**

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**| ABSTRACT**

From the prehistorical to contemporary periods, prisoners' mental health has been a burgeoning issue in the United States (USA). After a decade of incarceration and a misleading penal system, prisoners' mental health has become a discussed topic for scholars not only in the correctional system but also in other disciplines. Despite having diverse initiatives for the improvement of the penal system, few initiatives have been held to take into consideration of prisoner's mental health. To fill this gap, the main purpose of this paper is to provide a brief overview of the mental health of prisoners by analyzing previous research on the mental health of prisoners along with suggesting some probable ways from management information perspectives that can be helpful to reduce a great number of prisoners and bring some positive changes in the correctional system.

**| KEYWORDS**

Management Information Systems; Mental Health Care

**| ARTICLE INFORMATION**

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### **1. Introduction**

America's modern mental institutions are prisons and jails. An assessment found that over 50% of inmates have psychiatric problems, and 20% of prisoners need mental health care (Morgan, Steffan, Shaw & Wilson, 2007). Approximately 6.5% to 10% of prisoners experience "severe" mental diseases, and another 15% to 40% experience "moderate" mental illness, which is equally frightening (Ogloff, Roesch & Hart, 1994). The prevalence of mental health disorders among young prisoners is up to 70%. The Bureau of Justice Statistics estimates that 60% of adult inmates in state prisons and local jails are mentally ill (Fellner, 2006). Schizophrenia, non-schizophrenic psychotic disorders, bipolar and anxiety disorders, or chronic depression are among the serious mental illnesses prisoners usually suffer. The National Alliance for Mentally Ill (NAMI) reports that at least 7% of all jail inmates and 14% of all inmates suffer from schizophrenia, bipolar disorder, or major depression (Kondo, 2000). High rates of suicide, homelessness, unemployment, lengthy incarceration, and recidivism are linked to untreated mental diseases and co-occurring disorders (Balyakina, Mann, Ellison, Sivernell, Fulda, Sarai & Cardarelli, 2014). Such high prevalence rates result in substantial mental health needs and pose several challenges to the criminal justice system (Gonçalves, Endrass, Rossegger & Dirkwager, 2016). Inmates who have physical, mental, or substance use issues have more difficulty adjusting to life after release (Morgan, Steffan, Shaw & Wilson, 2007) and receive poor outcomes in their later lives (Cutcher, Degenhardt, Alati & Kinner, 2014). This also affects their employment and reintegration with their family and community (Pia, 2017). On the other hand, prisoners have a right to medical care, and this right extends to people with severe mental illnesses. Post-release results might be improved by continuing therapy for these health issues (Pavel & Pia, 2024). Moreover, evidence-based programs, mental health screening, and community health services are treatment strategies that correctional systems can employ (Mueser, Torrey, Lynde, Singer & Drake, 2003). This paper intends to talk about the history of mental health in prison, mass incarceration, and prisoners' mental health, mental health

and the contemporary criminal justice system, the good and bad aspects of mental health in correction, and some suggested ways to improve effective mental health services for prisoners from the management information system's perspectives.

## **2. Literature Review**

In American history, mentally ill patients were religiously punished until the 1700s (Barry, 1983). As methods of mental illness treatment, the justice system in this period demonstrates inhumane punishment, institutionalized repression, and indifference (Barry, 1983). In the 1800s, there were initiatives to move mentally ill people from almshouses to country asylums (Weiss, 2011); however, those asylums placed more emphasis on the management of the asylums than the treatment of mentally ill patients (Pia, 2018). Following the unsuccessful treatment of those asylums, a movement titled "American Asylum Movement" (Parry, 2006) was led by Dorothea Dix in 1843. She described unethical, rude, and intolerable behavior toward prisoners in her Memorial to the Legislature of Massachusetts (Parry, 2006; Pia, 2019). She had a significant impact on the expansion of 32 state hospitals for the insane. Dorothea Dix was recognized for shifting mentally sick prisoners from overcrowded jails and poorhouses into state hospitals (Roberts & Farris Kurtz, 1987). Following Dorothea Dix's asylum movement in 1844, the American Psychiatric Association in Philadelphia was founded by 13 groups of asylum superintendents who began to think about the care of insanity and the diverse problem of mentally ill prisoners, though it did not show any progress in the treatment of mentally ill patients (Weiss, 2011). After that, mental hospitals started to spring up across the United States (Barry, 1983). In 1896, the classification of mental diseases was introduced by Emil Kraepelin, and his idea has governed the area for about 80 years, although research on the suggested disease model of abnormality determined that normality was dependent on the characterizing group's biological, regional, and sociocultural factors (Engstrom & Kendler, 2015).

Clifford Beers pioneered mental health services at the turn of the twentieth century as part of the "Mental Health Hygienic Movement" (Barry, 1983; Pia, 2018). He formed "Mental Health America—National Committee for Mental Hygiene" and published his autobiography, titled "A Mind That Found Itself," in 1908, where he first opened outpatient mental health services in the United States (Roberts & Farris Kurtz, 1987). At the same time, Clifford established mental hygiene organizations—the Connecticut Society for Mental Hygiene in 1908 and, in 1909, the National Committee for Mental Hygiene in New York City—to remove mental health disorders and also combat the associated stigma of the society (Dain, 1976; Pia, 2019). To care for emotionally disturbed children and pre-delinquents, psychiatric social workers were hired in great numbers in the 1930s (Dain, 1976). They collaborated with psychiatrists in these teams. During the Second World War, the term "mental hygiene" was continuously replaced by the term "mental health" because of its positive aspects that evolved from mental illness treatment to preventive and promotive areas of healthcare (Dain, 1976; Pavel, 2023).

In 1939, Lionel Penrose, a Galton Professor of Eugenics at University College London, ushered in transinstitutionalization, known as Penrose's Law. His study, "Mental Sickness and Crime: Outline of a Comparative Study of European Statistics," was cross-sectional and included data from 18 different European nations (Crecelius, 2016; Pavel & Pia, 2024). In his research, Penrose discovered an opposite relationship between the number of state prisoners and the proportion of beds in state mental hospitals. Interestingly, he compared this relationship to a balloon that expands when one side is pressed while maintaining depression on the other (Crecelius, 2016).

In 1950, deinstitutionalization came up with the idea of examining the relationship between criminal justice and mental health systems, and it focused on the transfer of mental health services from the state level to community mental health services, leading to a dramatic decrease in the overall number of state psychiatric facilities (Crecelius, 2016; Pavel, 2024). By the peak of 1955, one-third of the prison population had decreased (Baumeister, Hawkins, Cohen, & Garand, 2015). In 1961, at the end of the development of sizable mental facilities, the American Psychological Association vowed that the community should accept responsibility for those who are in mental trouble. As a result, the state hospital population nationwide dropped from 560,000 in 1955 to 193,000 in 1975 and 180,000 today (Barry, 1983). In September 1979, based on a conference, The National Alliance for the Mentally Ill was formed, and it galvanized the community-based support system in the form of psychosocial rehabilitation centers (Barry, 1983; Robert, Bruininks, Florence, Hauber, Mary, Kudla, 1977). However, the new federalism stopped funding for community health services, and deinstitutionalization's flaws started to grow (Parry, 2006; Pavel, 2024).

Over the last decade of the 20th century, policies of mass imprisonment, the war on drugs, the punitive punishment system, the widespread use of "warehouses," and supermax prisons are returning the USA to its history regarding prisoners' mental health (Pia, 2024). The US has one of the highest rates of incarceration in the world, with 750 people behind bars for every 100,000 people (Eytan, 2011). On any given day, approximately 210,000 people with severe mental diseases are detained in jails and prisons run by the federal government and individual states (Kondo, 2000). The process of imprisonment, solitary confinement, and the overcrowded environment of prison affect the mental health of the prisoners (Henry, 2012; Abu Sayed et al., 2023). Over the course of three years of incarceration in a South American prison with limited resources, mental health symptoms and disorders significantly improved (Gabrysch, Fritsch, Priebe & Mundt, 2019). Almost 70% of inmates with substance use disorders and mental trauma make suicidal attempts while in confinement (Goss, Peterson, Smith, Kalb & Brodey, 2002).

After the last four decades of mass incarceration and the overrepresentation of mentally ill inmates in prisons, criminal justice systems have come up with the idea of alternative strategies to deal with mental health in the contemporary period- Crisis Intervention Teams (CITs) (Vogel, Stephens & Siebels, 2014). The Crisis Intervention Teams (CITs) program is a cutting-edge community strategy to enhance the treatment of mental illness. It links people with mental illness and their families with law enforcement, mental health professionals, hospital emergency services, and other resources (Pavel, 2024). Under the CITs, the officers are being given the training to treat mentally ill patients, assist in recovering from mental illness with the help of community supervision, and apply tactics so that the mentally ill do not have to come to the criminal justice system (Vogel, Stephens & Siebels, 2014). In the contemporary criminal justice system, mental health courts (Vogel, Stephens & Siebels, 2014; Pia, 2019) are working side by side with Crisis Intervention Teams. Mental Health Court seeks to reduce the frequency of individuals' interactions with the criminal justice system by giving them tools to enhance social well-being and connecting them to jobs, housing, treatment, and support services. Additionally, Mental Health Court is included in the specialty courts that work collaboratively with community-based treatment services to increase social safety and minimize recidivism rates, as well as mental health specialty courts are being investigated as a viable solution to the difficult legal obstacles and psycho-social issues the judicial system has in dealing with mentally ill offenders (Kondo, 2000; Pavel, 2024).

### **3. Current Situations of Mental Health of Prisoners**

#### **3.1. Overpopulation, Violence, and Lack of Meaningful Activities:**

At present, high rates of mentally ill inmates are prevailing across the US correctional systems. Overpopulation, violence, invasion of privacy, lack of meaningful activities, distance from family and friends, uncertainty about life after jail, and poor health care all harm the mental health of prisoners (Fellner, 2006).

#### **3.2. Mental Health Treatment Crisis:**

The prisons are not equipped, especially for mentally ill prisoners. A substantial portion of mentally ill inmates is not receiving proper treatment and medication, which results in reoffending, reintegration problems, and re-incarceration (Reingle Gonzalez & Connell, 2014; Pia, 2024). A small percentage (18%) of the inmates were taking medication for their conditions at the time of their admittance to the prison, and about 26% of them had mental health diagnoses at some point in their lives. More than 50% of inmates who were taking medication for mental health issues at the time of their admittance to jail did not continue taking it while they were incarcerated (Reingle Gonzalez & Connell, 2014).

#### **3.3. Lack of Qualified Staff:**

The paucity of qualified staff, lack of developed treatment plans, and lack of proper mental health supervision result in severe limitations of mental health for corrections (Fellner, 2006).

#### **3.4. Treatment Practices:**

In the pretext of treating and managing psychological diseases, mentally ill people are segregated from society and subjected to inhumane practices (Vogel, Stephens & Siebels, 2014). According to NAMI, prisons lack the necessary resources to treat severely mentally ill people who are incarcerated effectively.

#### **3.5 Limited Research on Identifying Inmates' Mental Diseases:**

Due to the correctional staff's lack of understanding about the nature of the mental disease, mentally ill inmates are routinely mistreated, physically injured, or left alone in solitary units (Kondo, 2000).

#### **3.6 Failure of Successful Reentry:**

When reentry and recidivism have been extensively researched, most notably, major mental illnesses have been found to appear to be risk factors for failure. One in four male and one in five female interviewees described their readiness for resuming life in the community as "poor" or "fair," and half did not know whether they would be able to support themselves once they were released, according to the New Jersey Department of Corrections' analysis of interviews with soon-to-be-released inmates (Fisher, Hartwell, Deng, Pinals, Fulwiler & Roy-Bujnowski, 2014). Thus, proper mental health services can benefit prisoners with reintegration and reentry.

### **4. The Positive Aspects of Fostering Mental Health Services**

#### **4.1 Reduce Reoffending Rates**

The identification of psychotic inmates and the provision of therapy will reduce the reoffending mentality of the prisoners (Igoumenou, Kallis & Coid, 2015). The significant mental health treatment of correctional systems will reduce probationers with co-occurring substance use disorders and bipolar disorders who had the highest likelihood of being at moderate to high risk for future criminality and violence.

#### **4.2 Minimize Violence Behind Bar**

Proper mental health services for inmates will also help to reduce violence behind bars (Balyakina, Mann, Ellison., Sivernell, Fulda, Sarai & Cardarelli, 2014).

#### **4.4 Reduce the Suicidal Tendency of the Inmates**

Compared with the 15% jail population, 70% of inmates with mental illness attempted suicide while they were in jail (Goss, Peterson, Smith, Kalb & Brodey, 2002). Thus, the jails implemented interventions in correctional systems, such as more suicide screening and treatment for inmates, can reduce their suicidal tendencies.

### **5. Suggested Ways to Implement Effective Mental Health Services for Prisoners from Management Information System Perspectives**

Management Information Systems (MIS) can play a vital role in establishing substantial policies and solutions for mentally ill prisoners (Pavel & Pia, 2024). Firstly, MIS can help identify convicts who are at risk of having a mental health crisis or harming themselves (Garcia & Haskins, 2020). By combining data from many sources, such as incident reports, behavioral observations, and medical records, the system can identify individuals who may require additional monitoring or intervention from mental health providers (Garcia & Haskins, 2020).

Evidence-based transitional programs for prisoners with a history of mental health disorders should be provided at a level commensurate with need (Cutcher, Degenhardt, Alati & Kinner, 2014; Mueser, Torrey, Lynde, Singer & Drake, 2003). A specialist in MIS can provide administrators and mental health providers with detailed information about prisoners' mental health status, treatment history, and reactions to interventions. This data-driven approach allows for evidence-based decision-making when allocating resources, planning interventions, and assessing program efficacy to better support prisoners' mental health (Pia, 2017).

Secondly, MIS can assist with the training and professional development of correctional officers and mental health specialists working at the facility (Patterson, 2018; Pavel & Pia, 2024). Access to training materials, certification tracking, and performance assessments can help ensure that staff members have the skills and information they need to properly handle prisoners' mental health needs.

Finally, an efficient MIS can facilitate the effective planning and monitoring of medical appointments, including mental health care (Patterson, 2018). Timely access to healthcare, especially psychiatric tests and therapy sessions, is critical for resolving prisoners' mental health concerns.

### **6. Discussion and Limitations**

From pre-historic times, the mental health of prisoners has been a burgeoning issue in the United States (US). In the era of incarceration and privatization, it is a crucial need to think about the mental health of prisoners. The main purpose of this study was to focus on the history of the mental health of prisoners along with suggesting some probable ways to improve the mental health condition of prisoners from the information management systems. A broader understanding of the mental health of prisoners can foster new insights for future research in this area.

Though the mental health of prisoners is a necessary concern for discussion, there are a couple of limitations of this study. Firstly, this study suggested probable suggestions based on the previous research and qualitative analysis accomplished on this topic; however, broader data and interviews on the prisoner's mental health would not be able to follow for this study. In fact, this study fails to make an analysis based on the empirical data collected on the prisoner's mental health, which can be considered as the biggest weakness. Secondly, certainly, in this brief analysis, this study could not include all the historical and contemporary literature on the prisoner's mental health conditions. Lastly, the suggested ways that were discussed in this study were not already practically proven or applied to the prisoners, though some of the ways were collected from reliable research on the prisoner's mental status.

### **7. Future Research**

Despite some limitations, this study can be considered a significant contribution to the field of prisoners' mental health based on the management information system because there are still lots of developments and positive initiatives that need to be done on prisoners' mental health in the US. Future research can consider significant data on the prisoner's mental health and foster future research on them. Thinking for them and accomplishing deeper empirical research on them may contribute to some positive and hopeful changes in their mental health condition. This research suggests future research on prisoners' mental health from the management information systems perspectives.

## 8. Conclusion

Mental health services for prisoners are a pressing need in the era of mass incarceration and privatization. Using actual data through a management information system, prisoners should be provided with therapy, and treatment should be implemented to reduce co-occurring mental disorders while they are incarcerated (Kondo, 2000). To avoid missing instances, repeated screening with increased identification accuracy is important. For mentally ill prisoners, accurate data should be collected. The Crisis Intervention Teams and the Mental Health Court should work pragmatically to eradicate the persistent mental illness of the offenders. Community reentry programs are also effective for mentally ill inmates. Further research needs to be materialized to develop better mental health services for mentally ill inmates, as well as new policies should be fostered by the state and the federal government to develop resources and effective mental health care facilities for mental health correction.

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