

At the Intersection of Mental Health and Spirituality: A Productive Partnership

VANCE DRUM, D. MIN

NANCY C. KEHOE RSCJ, PHD.

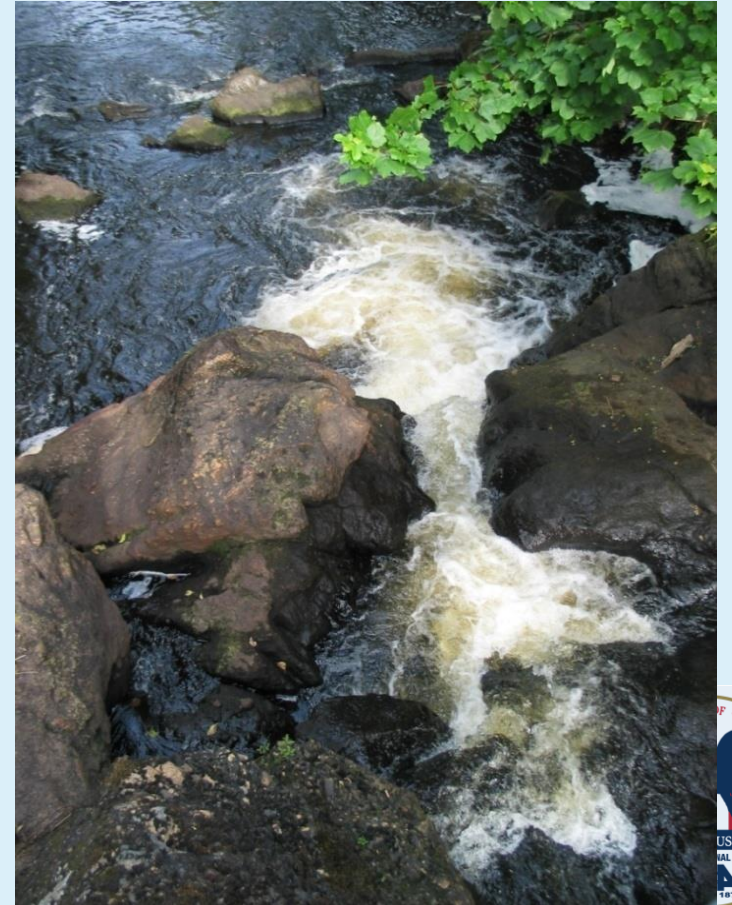
None of the planners, moderators, or presenters of this Continuing Education activity, have any financial relationships to disclose relating to the content of this activity

In the interest of our environment,

handouts are not being provided in this workshop to conserve on paper and waste.

If you would like a copy of this power point presentation it can be provided to you.

Please leave me your
email address.



At the intersection of Mental Health and Spirituality: A Productive Partnership

Workshop Agenda

Review of research on mental illness within correctional facilities

Review of research on role of spirituality/religion in lives of inmates

Define Mental Illness

Define Spirituality/Religion

Focused exercises

Case studies that illustrate the interface between mental illness and religion

Questions and discussion

Your Questions/Hopes

When you leave here this afternoon, what would you like to have put in your tool box?

What experience do you bring to this conversation that can enrich us all?

How many are in administration?

How many are correctional officers?

How many are chaplains?

Eytan, A. (2011). Religion and Mental Health during Incarceration: A Systemic Literature Review. *Psychiatric Quarterly* 82:287-295

Allen, R., Phillips, L, Roff, L., Cavanaugh, R., Day, L. (2008) Religiousness/Spirituality and Mental Health among older male inmates. *Gerontologist*, 48,(5) 692-697.

Miller, K., Drum, V. (2019) Inmate peer ministry: The Chaplain's role. *Corrections Today*, March-April, 10-13.

Heines, V. (2005). Speaking Out to improve the health of inmates. *American Journal of Public Health*, October 95(10) 1685-88.

O'Connor, T., Duncan, J. (2011). The Sociology of Humanist, Spiritual and Religious Practice in Prison: Supporting Responsible and Desistance from Crime. *Religions*, November, 590-610

Mental Health America. Access to Mental Health Care and Incarceration.

Koenig, H. (2009). Research on Religion, Spirituality and Mental Health: A Review

Canadian Journal of Psychiatry, 54(5) 283-291.

Thompson, C. Eldridge, T., (2018). Treatment Denied: The Mental Health Crisis in Federal Prisons. The Marshall Project, published in collaboration with the Washington Post.

Schaefer, L., Sams, R. & Lux, J. (2016). “Saved, Salvaged or Sunk: A Meta-Analysis of the Effects of Faith Based Interventions on Inmate Adjustment.” The Prison Journal. June, 96(4), 600-622.

Ferszt, G., Salgado, D., DeFedele, S. & Leveille, M. (2008). “Houses of Healing: A Group Intervention for Grieving Women in Prison.” The Prison Journal, October, 89(1), 46-64.

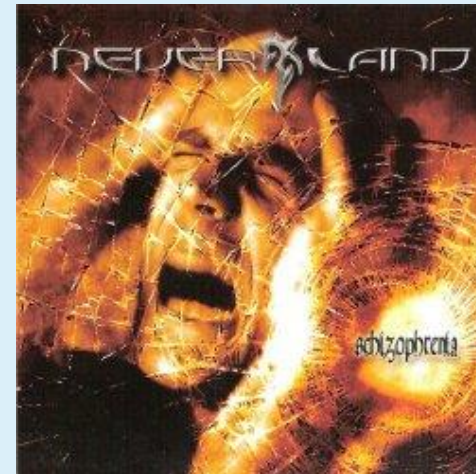
Johnson, B., et al., (2017). The Angola Prison Seminary: Effects of Faith-Based Ministry on Identity Transformation, Desistance, and Rehabilitation, Routledge, 248 pp.

Titus, Tracey. (2019). “Chatham County Makes Mental Healthcare a Top Priority.” American Jails. July/August, pp 25-28.

Webb, F. (2019). “Beginnings: Diverting.pp.8-12” American Jails. July/August,

What is the experience of mental illness?

People are sick before they are bad.



Mental Illness

Schizophrenia
Bi-polar
Depression
Schizo-affective
PTSD
Personality disorders





There are several types of schizophrenia, and no one characteristic is common to all. Psychotic symptoms include:

- delusions
- hallucinations
- incoherence
- catatonic or hyperactive behavior
- flat affect

 ADAM

Mental Illness

Bi polar illness: extreme mood swings that go:

from being excessively revved up, talking loudly and rapidly and having grandiose ideas to despairing, being suicidal and having no interest in anything, even living.

Depression: feelings of hopelessness, worthlessness, decreased energy for everything, even living, suicidal, poor sleeping and eating.

Schizoaffective Disorder includes elements of both psychosis and mood disorders: loss of contact with reality – auditory or visual hallucinations, delusions, elements of bi-polar

○

Personality Disorders: patterns of thought, feelings and behaviors exhibited by an individual over time – maladaptive. It creates psychological distress and life coping problems.

Borderline

Narcissistic

Obsessive Compulsive
Paranoid

Antisocial

Histrionic

Avoidant

Dependent

PTSD

Re-experiencing the traumatic event:
memories, flashbacks, distress, physical reactions,
difficulty falling or staying asleep
outbursts of anger
hypervigilance (on constant “red alert”)

Suicide

- A result of the effect of prison life on inmates is the alarmingly high rate of suicides.
- Suicide is the leading cause of death in inmates, accounting for over half the deaths occurring while inmates are in custody.
- Almost all who attempt suicide have a major psychiatric disorder. More than half of the victims were experiencing hallucinations at the time of the attempt.
- These deaths are tragic because mental disorders are highly treatable with 60-80% success rates.
- Half of 110 incarcerated juveniles who committed suicide from 1995 to 1999 were in isolation.

Bureau of Justice Statistics



Lock down facts

Estimated 1/4 of inmates in lockdown are mentally ill.

Almost 555,000 people with mental illness are incarcerated while fewer than 55,000 are being treated in designated mental health hospitals. That is inadequate provision.

Youth in juvenile justice system have substantially higher rates of mental health disorders than in general population



Brief exercises

Depression

Schizophrenia

PTSD

The Intersection of Religion and Spirituality

Religion – organized system of beliefs, espoused by a community with an oral and written traditions, with authority figures, rules and rituals.

Spirituality may refer to

- the transcendent dimension of life and existence, the Other, the sacred
- one's ultimate values, faith in something
- a sense of meaning and purpose
- personal beliefs and practices
- that which gives hope, brings peace
- a sense of belonging or connection with something beyond the self
- blessing, goodness, how we treat ourselves and others,
- reverence and respect for life, one's own life and that of others

Your experience

In your work in correctional facilities, to what extent has the aspect of spirituality/religion been addressed with those who suffer with a mental illness ?

Are those with mental illness, behavioral problems allowed to attend services or see a chaplain?

In your facility do chaplains work with the mental health providers?

The intersection of mental illness and spirituality

Small pebble in a large pond: a spirituality group in a forensic psychiatric hospital



The Group

- ❖ Hospitalized in forensic hospital due to serious crimes but not guilty for reasons of insanity
- ❖ Voluntary
- ❖ Safe place where they could talk about their beliefs and how to deal with issues of God's punishment, forgiveness, personal responsibility
- ❖ Goal: Integrate different realities in their lives, crime, mental illness, beliefs
- ❖ Outcomes: Benefit of learning from others about how they saw God and their dangerous behavior, understanding the difference between healthy religion and psychotic beliefs, learning how to forgive oneself by hearing from others, finding a way forward with some hope.

Resources

NAMI (National Alliance on Mental Illness)

CIT (Crisis Intervention Team)

NCCHC (National commission on Correctional Health Care):

- Provides resources, publications, conducts educational conferences and offers certification program for health, security and other professionals working in correctional healthcare.

Chaplains' focus: How do inmates come into prison?

Deficient (early trauma and neglect, etc.)

- o Educationally
- o Socially
- o Morally
- o Mental Health Challenges
 - Remedies (Guidance, Care, Nurture, Discipline)
- o GED/College
- o Prosocial Modeling
- o Moral Rehabilitation
- o Mental Health Interventions

Identity Transformation, Religion and Desistance in Prison

Replacing Old Life Narratives

- o Worthless to Worthy
- o Narcissistic to Empathic
- o Antisocial to Prosocial
- o Hateful to Caring
- o Taker to Giver

- Case Study: R

Moral Rehabilitation Possibilities

The Power of a Prosocial Support Network

- o Community Involvement
- o Positive Peers
- o Faith Community in Prison
- § Rehabilitative/Reentry Training
- § Internal and External Faith Expression

- Case Study: M

Conclusion



Contact Information

Vance L. Drum, D.Min., worked as a chaplain in the Texas Department of Criminal Justice for 32 years, retiring as Director of Chaplaincy Operations. He now works with Global Prison Seminaries Foundation.

E-mail: vancedrum@windstream.net

Nancy C. Kehoe RSCJ, PhD., Assistant Clinical Professor of Psychology, Department of Psychiatry, Harvard Medical School. For 35 years led groups on spirituality with adults with serious psychiatric disorders, author of “Wresting with Our Inner Angels: Faith, mental illness and the journey to wholeness.”

E-mail: Nancy_kehoe@hms.harvard.edu