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

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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?


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


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
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.)
- Educationally
- Socially
- Morally
- Mental Health Challenges
  - Remedies (Guidance, Care, Nurture, Discipline)
- GED/College
- Prosocial Modeling
- Moral Rehabilitation
- Mental Health Interventions
Identity Transformation, Religion and Desistance in Prison

Replacing Old Life Narratives

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

· Case Study: R
Moral Rehabilitation Possibilities

The Power of a Prosocial Support Network
- Community Involvement
- Positive Peers
- Faith Community in Prison
- Rehabilitative/Reentry Training
- Internal and External Faith Expression

Case Study: M
Conclusion
Contact Information

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