

## **A Prisoner's View: The Mentally Ill in Prison**

by David M. Reutter

*Editor's Note: David M. Reutter is an inmate serving time at Florida's Cross City Correctional Institution. I initially came to know Mr. Reutter through his writings published in the newsletter, Prison Legal News.*

*Impressed with his writing and analytical abilities, I wrote Mr. Reutter to congratulate him on his work and then eventually invited him to contribute a piece to this publication.*

*What follows is Mr. Reutter's voice, words, and style. I tweaked the original manuscript here and there but what you will, indeed, should, read is David Reutter describing the plight of the mentally ill in our prisons. The text is neither maudlin nor high-pitched ideology.*

*You may not find the story entirely new but it is nonetheless compelling. It adds to what we already know and serves as another piece of evidence that prisons-as-mental hospitals are outrageous failures.*

Dealing with and treating a mentally ill person can be a very challenging task under most circumstances. When you compound that by herding together in a walled space hundreds, even thousands, of mentally ill people, you now have a monumental task. That situation becomes more difficult when you have varying degrees of mental illness to treat.

Since the 1950's, when America began closing its "insane asylums" and reducing social services to treat the mentally ill, the onus of dealing with and treating the mentally ill has been placed upon the prison system. Left to wander the streets to fend for themselves, many who are mentally ill find themselves violating some law and gaining entry to the criminal justice system and on to jail or prison, which has as its main objective to provide "care, custody, and control." The emphasis is mostly upon custody

and control. Care is usually considered providing the basic necessities for living and essential medical care.

Over the last two decades, tighter rules and the widespread use of lockdown tactics have become the norm in prison. Guards are trained to treat all prisoners the same and apply the rules evenly. Rarely are they given training on how to recognize mental illness or how to deal with the people under their control who are so afflicted.

Some estimate that as many as 40% of all prisoners suffer with some type of mental illness. To deal with these prisoners, a basic “treatment” philosophy has been adopted: sedate and keep them calm. The emphasis is on having the prisoner deal with his situation by not causing havoc. The success stories in prisons are usually only with the marginally mentally ill. The horror stories usually stem from the chronically and seriously mentally ill.

Understanding the dynamics of the mentally ill in our nation’s prisons is something few truly understand. Sadly, even fewer seem to care about that problem. Not many people understand mental illness and they deal with that by trying not to think about it or by having as little as possible to do with those who have such problems.

In the annals of law can be found volumes of cases that detail the suffering of the mentally ill caused by the deliberate indifference of a prison guard. Those who are interested can also find reports issued by non-governmental organizations, governmental agencies, or perhaps this publication. The most unique perspective, however, is the one stemming from personal experience, and that is what follows.

### **Experiencing the Calm**

Until my arrest in July 1988, I had never even heard the words “psychotropic medication.” Within days of my arrest, however, I was on such medication. Other than issues of substance abuse, I had never been diagnosed or treated for mental illness in my life.

When I revealed to a jail psychologist that I was experiencing horrid nightmares that kept me awake and made me afraid to go to sleep, I was sent to see the jail psychiatrist. He diagnosed an “adjustment disorder.” For that, I was placed on psychotropic medication. In a brief time, I was taking 300 mg. of Sinequan per day, the maximum dosage.

My "mental health" day would begin with breakfast at 6:00 a.m., only to return to bed until lunch at noon. At 1:00 p.m., I would receive my first daily dosage of 50 mg. Another dose of the same size would be administered at 5:00 p.m. A final dosage of 200 mg. was delivered at 9:00 p.m. Each dosage was mixed into a small cup of applesauce, preventing the hoarding of pills.

Within 45 minutes of that final dose, I would be knocked out. My days in jail were like an enveloping haze. On occasion, I would attempt to draw in the afternoons, but mostly I only ate and slept. Over a 14-month period in jail, I gained 42 pounds. The effect of the medication so inebriated my mental faculties that a state court later vacated my guilty plea as involuntarily entered. For jail officials, I was a success story because I was calm; I was quiet.

Upon entering the Florida Department of Corrections (FDOC), I was immediately labeled a "bug." That is what anyone on psychotropic medication is called by guards and other prisoners. This landed me at one of the prisons designated to hold and treat "bugs."

FDOC assigns a psych grade to each prisoner: "one" requires no care; "two" sees a psychologist monthly; and "three" requires the administration of psychotropic medication, sees a psychologist monthly, and a psychiatrist quarterly. Anything above a "three" entails a Crisis Treatment Center.

A monthly visit with a psychologist lasts 15-30 minutes, sometimes even less. With a caseload of 100 to 140 prisoners, a psychologist has little individual time to spend with prisoners. Psychiatrists have an even larger caseload, and seem to be there only to manage the administration of psychotropic drugs.

When I entered FDOC, a psychiatrist advised me that I was taking far too much medication that did not appear to be medically indicated. At his suggestion, I agreed to be taken off of it. After a few weeks, my mental haze lifted. I was amazed at the state I had been in all those months. It was then that the reality of the condition of my body and my surroundings began to hit home.

### **Spectating the Mentally Ill**

Over the years, I have done time at two of the Florida prisons designated to hold the mentally ill. Imagine, for just a moment, what it must be like to be mentally ill. A friend once characterized it best one day while we were walking the track on the

recreation yard: "Who do you think has it better, us or them?" he asked. "Look at that guy, he's in his own world, not having a care in the world. He is not worried about family or ever being on the other side of these fences."

To prison officials, that seemingly tranquil "guy" was a success story because he was calm and had adapted to the confines of prison. It is doubtful that any of us can truly understand what it is like to walk around talking to unseen figures that seem real or to have our mind invaded with delusional thoughts and images.

Those who are only mildly mentally ill adapt best to prison, and they are often a welcome comedic relief. The most memorable to me was prisoner I nicknamed Champ. He was a tall black man in his mid-40s. To maintain his skinny frame, he had a rigorous exercise regimen.

It was that very regimen that earned him the nickname. Because FDOC does not have enough jobs to keep all its prisoners busy, and it has eliminated all activities such as hobby craft, it forces all those idle prisoners into the recreation yard to spend the day. This enforced idleness finds prisoners with nothing to do but exercise, play games, or engage in spectating the surroundings.

While at Tomoka Correctional Institution (TCI) from February 2004 to August 2007, spectating became one of my favorite past times. Sitting on a bench or on the grass of the field presented a panoramic view of human activity. Over 90% of the prisoner population there were classified as bugs. The medication dispensation line was run four times a day, took over an hour to dispense, and was always longer than the canteen line.

On the yard, one could always find a bug engaging in some type of bizarre behavior, but Champ's antics made him stick out. It was quickly apparent that Champ aspired to be a boxer. He exhibited his admiration for the classic boxers by using a black magic marker to put their names on homemade head sweatbands.

Champ's exercise routine began with walking the quarter-mile track at a fast pace, his arms moving about wildly. He would then pace back and forth across the front stretch of the track where all the benches were. He then marked a start and finish line down that stretch, which were always placed in different locations from the previous day. After pacing back and forth several times, Champ would hop into the imaginary starting blocks to begin the countdown. False starts and an admonishment to the imaginary

offender was not an unusual event. When a correct start was made, Champ would run at a half sprint, dodging the other prisoners who walked the track. Of course, Champ won every one of his four or five races, causing him to raise his hands in victory while whooping, "Yeah, Yeah, Yeah." There are few real victories, afterall, in prison.

Mentally ill prisoners like Champ adjust in prison. They are usually quiet, usually respectful, and are conscious of the fact they are different than normal people. Thus, an admonition to calm down is usually effective.

Most prisoners try to keep to themselves or their established cliques. So long as another prisoner does not affect them, prisoners stay within the established parameters. Still, the weak are preyed upon, and sadly the mentally ill are usually weak. As a result, many become the victims of involuntary sexual activity. Inducements may come from the offer of tobacco, food, or other canteen items, while forcible rape may be imposed upon others.

Guards recognize the mentally ill and some will even protect a bug by admonishing predatory prisoners to leave them alone. Often, they will pull one aside just to have a little fun; to see what kind of crazy things they can get the prisoner to say in a state of confusion before shooing them away. Other times, it is to fulfill a sadistic need to assert control and authority. Because of their impaired mental state, the mentally ill prisoner is typically placed in a job assignment that does not entail labor or the use of tools.

The mildly mentally ill, as stated, do relatively well in prison. The medications keep them calm and they are able to abide by most rules. Even when they land in confinement, they do well by sleeping through the event. It is those mentally ill prisoners who are unable to "go peacefully" that frustrate guards and administrators. It makes them the most vulnerable.

### **Confining the Chronically Ill**

On occasion, a mentally ill prisoner will land in confinement (segregation) for a flagrant, outrageous act. More often, guards tire of continuously telling such a prisoner to come into compliance with prison rules and regulations. Sometimes, the guard is fed up with the prisoner's bizarre conduct, and placing them in confinement passes the

problem to someone else. A new housing assignment is the normal result when the prisoner is released from confinement.

A 10' by 7' confinement cell contains only a bunk bed and a stainless steel toilet/sink combination. The opaque windows prevent viewing the outside world, and the cell door is off limits. Aside from approaching that door to receive a food tray through a slot, any viewing out the door's small window for any reason other than to respond to a staff member will result in further disciplinary action that extends the stay.

Guards also require strict quiet while in such confinement. With the stricter rules and the rigors of isolation, the chronically mentally ill often find themselves unable to earn their way back into population. In my experience, often times it is not meant for them to do so.

This revealed itself to me when I was a security orderly at TCI's, Y-unit confinement, which is known to prisoners as the dungeon. This is where prisoners with severe mental issues or serious disciplinary charges are held.

The dungeon held a small, old man who spoke only Spanish. He was chronically mentally ill and blind. These conditions were more than the guards and other prisoners were prepared to handle. This man could not understand us but he was still considered obnoxious.

His favorite activity was to chant loudly. He would go on and on, ignoring guards' admonishment to shut up. When he was not chanting, he would shadow box. Because he could not see, he would often miss the toilet in his trash-strewn cell, which had a putrid stank emanating from it.

While there was no official memorandum or other documentation, it became apparent that TCI officials and guards decided to pass this problem on to another prison. Thus, guards began stacking disciplinary actions onto this old man. On a day that guards were extremely frustrated with his chanting, they pepper sprayed him. When I cleaned up the mess, you could see where the prisoner had stood against the cell's back wall while he was "painted" with pepper spray. The entire wall, except for his silhouette, was orange from the spray.

When prisoners accumulate an excessive amount of disciplinary reports, they become eligible for close management (CM), which is FDOC's version of long-term

administrative confinement. To be released, a prisoner must remain infraction free for at least one year. This mentally ill, blind prisoner was placed on CM in the summer of 2004. An outside source confirmed in January 2009 that he still remained in that status.

For most prisoners, CM is a harrowing experience. I found myself in this situation in 1998. During a six-month stint of solitary, I watched several prisoners literally lose it. Within the confines of that cell, stripped of all property, prohibited from talking to anyone, and only allowed three hours of recreation a week; one has a daily battle to remain sane.

The first month on CM, however, was a welcome relief from the daily stress of the prison. At that time, Martin Correctional Institution was one of the most violent prisons in the state. After that month, I had a constant battle with depression.

Although I was able to overcome that battle, others did not. It was a regular event to watch another prisoner snap, literally. They would start screaming, yelling, and beating on the cell door. Guards would respond. If the prisoner did not calm down, he was pepper sprayed twice. When that did not work, six guards from the "goon squad" would respond in full riot gear for a cell extraction.

The brutality of such extractions is difficult to express: The prisoner is subdued, chained, and carried out with four guards each using a limb as a handle. From there, the prisoner is placed in a cell, naked, for at least 72 hours. After facing disciplinary confinement on multiple charges, he is returned to CM.

### **Living With A Schizophrenic**

It was not until I finished my stint in solitary to continue my CM with a cellmate that I ever contemplated what it would be like to be mentally ill. I was thrust into a cell with a 50-something year old man. Within two minutes, I knew my cellmate had serious issues.

Once I settled in, he explained that he was a bi-polar, paranoid schizophrenic. I had no clue what these terms meant or the behaviors that such people exhibit when so afflicted. I quickly learned. Shortly after dinner, a nurse gave my cellmate a hand full of medication. He explained with the joy of a child holding a handful of candy what each one was, what it was for, and how often he received it.

A little later, he asked me, "You're not going to steal my stuff are you?" I learned that every previous cellmate had either stolen the stamps he had received in the mail, the canteen he had ordered, or his meal trays. I also learned that he was on CM for verbally threatening to kick a guard's ass after the guard had cussed him out. Over the four years he had been on CM, he had received several disciplinary reports for varying behaviors related to his illness.

A nurse brought more medication at 9:00 p.m. Breakfast was uneventful. Things began heating up after the 9:00 a.m. medication. After consuming his handful, his obsessive-compulsive behavior exhibited itself. While I initially was pleased to see that the cell was extremely clean, I was less than enthused when I saw the behavior that caused that result.

"Pop," as I had named him, used his shower slide to scrape the floor of every speck of lint, dust, and dirt. He then scrubbed every wall, followed by the toilet/sink. I could not complain about the cleanliness, the opposite is a much worse condition, but since my way of dealing with CM was to sleep half the day away, I asked him to be quieter about completing his ritual.

After lunch, another round of medication was brought. At this point, Pop's other problems began to emerge. He couldn't stay out of the cell door's window and he constantly paced the cell. It was the noise outside the cell door that affected him most.

Aside from the yelling, screaming, and banging by prisoners in other cells, there is the slamming of cell doors, rattling of chains, and loud commands from guards to shut up. Pop thought every comment was directed at him.

He would sit against the cell door on the floor for hours on end, listening to every sound, mumbling a reply. Eventually, there would be a human explosion. Pop would stand up and begin screaming at the person he thought had disrespected him. Other prisoners would feed off this, antagonizing Pop into a froth. I understood this came from sheer boredom on their part, and I would ask Pop to calm down.

Whenever he would receive mail, Pop swore everyone was trying to read it, forgetting that only someone standing at the door could even see into the cell. My only relief from this daily routine was the weekly three-hour recreation period in a dog run sized, chain-link cage.



Slowly, I was losing my patience and my mind. After a few months, Pop had a bad day. He had been on the door all day. It was a constant battle to calm him. Around 8:00 p.m., as I was reading my newspaper, Pop stood up to scream, "What the hell is the matter with you?" I lost it, sitting up to ask Pop the same question. I then told him to shut up and sit down, and now! A few other choice words were included.

Thankfully, Pop had a sense of danger. He threw the peanut butter sandwich he had in his hand in the toilet and laid on his bunk underneath me. After I laid down to read my paper, minutes of utter silence imposed a sense of guilt and relief that Pop had not said a word in reply to me. In the morning, we apologized and he agreed to go lay down when I said it was time for a break.

After four months of living with Pop, I was released to general population. Pop had received no disciplinary action while celled with me, but within two weeks of my release, he received one, which further extended his stay on CM.

### **Final Thoughts**

At least 90% of all prisoners will eventually be released from prison to be unleashed upon society. The implications of their treatment, or lack thereof, will determine the magnitude of the crimes they too often commit upon release.

While I have enjoyed a laugh at the bizarre behaviors of prisoners like Champ, I shudder when thinking of how people like him will interact upon their release. Contemplation of people like Pop and the chanting blind man spending years on end in a confinement cell because the prison system is ill equipped to deal with them or meet their needs leaves me disillusioned.

Imagine yourself as chronically mentally ill and being confined to a cell for years on end. I can only say that I'm glad I have only been a spectator to that horror show, and that my participation in the correctional mishandling of the mentally ill was limited to an adjustment disorder.