Wilkie, W. W. (1975). New perspectives for consumer information processing research. *Communication Research, 2,* 216–231.

Yates, S. M., & Aronson, E. (1983). A social psychological perspective on energy conservation in residential buildings. *American Psychologist, 38,* 216–231.

The System That Cannot Say No

Robert Levinson
Deputy Assistant Director of the Federal Bureau of Prisons (Retired)

Teplin (this issue) suggests that the criminal justice system cannot say no. Those of us working in the corrections component of this system know that this is, indeed, the case. Surpassed only by the problem of overcrowding, the second highest area of concern for jail and prison administrators is coping with the increasing number of mentally disturbed offenders.

As with other social agencies, budget cutbacks have reduced the availability of correctional resources to deal with the mentally disturbed. When budgets are short, a disproportionate reduction usually falls on program/treatment staff. This follows from corrections "prime directive," which is to protect society by carrying out the dictates of the courts (i.e., maintain security). Moreover, it generally is easier to eliminate mental health positions. Such jobs are difficult to fill; consequently, positions often remain vacant. These are simply "wiped off the books," thereby accomplishing budgetary savings without recourse to laying off current employees.

It is important to consider how the corrections system attempts to cope with the increasing influx of mentally disordered offenders.

The Transfer Solution

Teplin has mentioned the difficulties the police have in gaining admission for mentally disturbed citizens into community mental health facilities. A parallel situation exists in correctional systems. Prisoner A, either on admission or at some time during a period of incarceration, displays signs of mental disturbance. Because corrections administrators view their staff as not appropriately trained for handling "mental cases" (and their prison facility as ill designed for this purpose) the management decision is to transfer the inmate to a more appropriate setting (i.e., a secure ward in a state mental hospital). Unfortunately, this "transfer solution" presents some problems.

The mental health facility receiving the patient has also suffered budget cuts. Its staff, too, is stretched thin. State hospital personnel may feel that the patient's criminal sanction impedes their treatment regimen. Mental health staff may be reluctant to treat such individuals. There may also be an (often unwarranted) assumption that anyone arrested or convicted of a crime is dangerous. Further, as Teplin states, individuals with "mixed" diagnoses are persona non grata in all settings. Frequently, the consequence is that Prisoner A, who was "crazy" in the prison setting, is "sane" in the state hospital. In a short time, prison walls again surround the disturbed individual.

Another obstacle exists for the transfer solution. The mental health facility is in the Department of Health (or Mental Hygiene, or Human Services); this is separate from the Department of Corrections (or Public Safety). Each department has its own set of regulations; often they do not mesh well. Although the jurisdictional lines may be clearly drawn, the patient's problem, however, does not fall neatly into either area.

Despite some heroic maneuvers, this game is often lost by the corrections team. The courts have committed the individual to the care and custody of the prison system, and it cannot say "no." As a consequence, a number of local and state correctional systems have faced the inevitable: They have developed a capability for handling the mentally disordered offender within their own system.

The In-House Solution

The specific nature of the in-house solution depends upon the size of the problem for a particular department of corrections. It reflects not only the total number of inmates, but diagnostic propensities as well. Either a section within an existing institution or a total facility may be designated to handle that system's mentally disturbed individuals. Once again, however, a possible solution comes replete with problems.

One issue concerns philosophy. Prisons are multipurpose facilities. Their role in society is not only rehabilitation of law violators, but they are also the community's agents for incapacitation, deterrence, and retribution (depending upon each offender's particular circumstances). Among such a multiplicity of objectives there are inherent inconsistencies.

"Dumping" is still a problem for the in-system solution. Just as diagnostic differences exist between agencies, there is strong reason to believe they will also be found between different facilities within a single agency. In other words, whether a specific inmate is "bad" or "mad" may be highly correlated with where the prisoner is located and/or the staff member who does the diagnostic workup. Unless the in-house mental health facility has the continual support of high-level department administrators for its decision making, the unit may soon find itself the repository for the system's troublemakers.

Recruiting qualified personnel will be another concern for the in-system mental health facility. Because of historical difficulties in attracting fully trained mental health personnel into prison work, eligibility standards for employment established by professional organizations have not always been adhered to strictly. Although currently this is less the case, the unfavorable image still persists. In part, such beliefs explain why many in psychology have not viewed work in corrections as a "respectable" professional career. The existence of subspecialties in correctional and forensic psychology at some universities has helped change the negative stereotype. Nevertheless, recruiting qualified staff is a problem for the in-house mental health facility.

Assuming for the moment that qualified personnel can be hired, a related problem concerns staffing patterns. Correctional facilities are not richly staffed—particularly in regard to program/treatment personnel. The patient-to-professional staff ratios found in hospital settings are rarely approached in prisons. Thus, an issue is raised concerning the quality of care that the in-house facility can provide.

The Quality of Care Issue

Standards for the delivery of mental health services in any type of setting are, at best, sketchy—if they exist at

all. The situation in correctional psychology is not unlike that in other areas of psychology. Professional standards and guidelines exist primarily in the training area. Psychology curricula and programs either are or are not APA-approved; internship programs are similarly rated. But after graduation, service-oriented psychologists may find themselves working in real-world situations that are far from anyone's notion of what is acceptable.

How many fully trained (in APA-approved programs) psychologists should there be in a 1,000-inmate prison, in a 35-bed unit for mentally disturbed prisoners, or in a 125-cell unit housing sex offenders? Regardless of the setting, are there guidelines or standards concerning what kind of office space and equipment each full time staff psychologist should have? How large is the budget? To whom should the psychologist report in the facility's (and system's) table of organization?

Conclusion

Turning from questions to possible answers, in her article, Teplin offers a number of public policy recommendations to cope with the increasing criminalization of the mentally ill. The following section deals with these sequentially.

Not only is increased training needed in the recognition and handling of mentally ill persons by law enforcement officers, it should also be required for staff at all decision points in the criminal justice system (i.e., courts, probation, corrections, and parole personnel).

"No-decline" agreements between police and hospitals would appear to be beneficial, but how would they work in practice? What happens when the hospital's professional admission unit staff disagree with the police officer's "diagnosis?" How long must the hospital keep police-admitted patients that the hospital staff feel are there inappropriately?

The jail and prison administrators certainly would agree with using the least restrictive alternative. The question is whether the citizenry will agree. Many times it is not the severity of the criminal act but its long-term repetition that exhausts the patience of the community (or the court), which then demands that the individual be incarcerated.

It is, indeed, unfortunate that patients do not read the appropriate textbooks so that they might better conform their mental problems to a single category. The situation is not as neat as the law would suggest (and as some practitioners desire). No one wants to deal with the difficult patients, and everyone defines *difficult* idiosyncratically. As long as treatment resources are scarce (and patients plentiful), individuals who do not fit the available regimen will be extruded. It is as if the patients are selected to fit the treatment rather than the other way around.

Although the above comments demonstrate the ease with which one can "shoot holes" in suggested remedies, the ideas described in Teplin's recommendations should be supported. Their implementation would help rectify a serious, growing problem

REFERENCE

Teplin, L. A. (1984). Criminalizing mental disorder: The comparative arrest rate of the mentally ill. *American Psychologist, 39,* 794–803.

Journal Citations

Murray J. White
Victoria University of Wellington
Wellington, New Zealand

Haynes's (August 1983) comment on core psychology journals contains the following statement: "Two of the APA journals in the DIF list, *Journal of Experimental Psychology: Human Perception and Performance* and *Journal of Experimental Psychology: Human Learning and Memory* failed to be included in the CI list because of extremely low citation impact for the JCR" (p. 960). CI (citation impact) is the number of citations a journal gets in any period divided by the number of articles it has published in that same period. These data are found in *Journal Citation Reports: Social Science Citation Index (JCR)* (1980–1981) published by the Institute for Scientific Information.

According to the 1980 *JCR*, as quoted by Haynes, the *Journal of Experimental Psychology: Human Learning and Memory (JEP:HLM)* had a CI of exactly zero and the *Journal of Experimental Psychology: Human Perception and Performance (JEP:HPP)* had a CI of 0.034. A CI of zero here means, in effect, that none of the 113 articles published in *JEP:HLM* in 1978 and 1979 was cited in any journal, anywhere, in 1980. Now this seems odd, simply because the first reference in the first article of the first issue of the 1980 *JEP:HLM* is to an article published in the 1979 *JEP:HLM*. More curious still, the 1980 *JCR* (p. 8) shows that a journal abbreviated J. EXP. PSYCHOL. published no articles in 1978 and 1979 and that these nonarticles were cited nine times in 1980. Of course, with a denominator of zero, the CI for this journal would be infinitely great.

In short, the *JCR* for 1980 is an unreliable source of information about *JEP* journals. The 1981 *JCR* also confounds the citations for *JEP:HLM* and *JEP:HPP*, a fact admitted by the editors on p. 9A. None of these points are acknowledged in Haynes's comment. He just didn't bother to do his homework.

REFERENCES

Haynes, J. R. (1983). An empirical method for determining core psychology journals. *American Psychologist, 38,* 959–961.

Journal Citation Reports: Social Science Citation Index. (1980–1981). Philadelphia: Institute for Scientific Information.

Comment on Gilbert

Thomas H. Murray
The Hastings Center

There was a remarkable communication in the January 1983 issue of the *American Psychologist* by Steven J. Gilbert that can only be described as amoral—that is, having nothing to do with morality. Under most circumstances this would be unremarkable, but the issue addressed by Gilbert involves the work of institutional review boards, those committees set up to safeguard the ethics of research with human subjects. The closest the author comes to ethics is a suggestion that the committees be given "prosocial feedback," a phrase that is by no means clear in that context.

The peculiarity of the letter in question would not be worth mentioning if the sentiment betrayed by it was not, I suspect, shared by many members of the psychological community. There has been a general tendency within psychology, especially

Online Staff Survey

You spend a lot of time with inmates on your job, and you probably get to know them pretty well. Aside from the men who "bug out" completely and get shipped to places like [redacted] Matteawan, have you run across any men recently* who seem to be falling apart, or finding it particularly difficult to do their time?

Exploration of suggested incident(s): Typical follow-up questions

1. Maybe we can reconstruct the most recent incident you've mentioned? What did you first notice about this guy that made you suspect he wasn't making out too well?

   A. Did this guy stand out to you because he was acting different than he usually does, or would this kind of behavior strike you as unusual in anybody? Do you think this (eg, irritability) was something you noticed because you've spent a lot of time around this man and know him pretty well, or do you think that anyone who laid eyes on the guy would figure that something was wrong?

   B. Did anybody else recognize that the guy had problems?

2. Now, when you saw that this man was upset, was there anything you could do to help out?

   - explore what actions (if any) were taken by the respondent -

   A. If you were free to do what you thought would have been most helpful for this fellow, what would you have done?

   - explore the constraints under which the respondent feels he must operate -

*We may eventually select a uniform time period for our respondents to focus on (such as 1 week, 1 month, or 6 months) to enhance comparability.

B. What finally happened to the man?

- explore what was done for the man, and how he looks now. Is he still in crisis, or has his situation improved? -

3. Did you have any idea as to what was bothering the man?

A. Do you think anything about this prison in particular had anything to do with his problem? Maybe the type of inmate housed here, or the program - or maybe just the general climate of this place?

It seems like you're pretty aware of inmate problems, and you've been kind enough to tell me some of your personal experiences with men who've experienced difficulties adjusting to prison life. I'd like to trouble you with just one last question. What would be your educated guess as to the percentage of inmates who have recently* experienced problems like those you've described to me?