

Reducing stigma of criminal insanity

Andrew Axer, Robert C. Beckett, Jennifer Jones

Summary

Aim. Analysis of phenomena and possible factors influencing public opposition to the program of Residential Secure Treatment Facility for criminally insane patients.

Method. Review of the minutes of meeting with neighbours and officials.

Results. Study of the 31 statements revealed different aspects of prejudices and negative emotional reactions. Contacts between members of community and residents evidently improve the relations.

Conclusions. The authors conclude that the implementation the Good Neighbor Agreement and encouraging direct contact between neighbours and patients both reduced to some degree the public stigma of criminal insanity.

stigma / criminal insanity / conditional release

INTRODUCTION

In this article, we present a case study of strong public opposition to the newly developed Residential Secure Treatment Facility for the Criminally Insane Patients in Milwaukie, Oregon. We review and categorise the probable reasons for anger and fear expressed by neighbours prior to the opening of the program. We also describe the strategy that seemed to be effective in reducing stigma of criminal insanity.

Oregon's System for managing individuals placed under the jurisdiction of the psychiatric security review board

In 1977, the Oregon Legislature created the Psychiatric Security Review Board (PSRB), a five member Board charged with the responsibility of managing and monitoring mentally ill persons who have committed a crime and have been found by the courts to be "guilty except

for insanity." The key task of the PSRB is to determine the eligibility of patients for conditional release from the state hospital when they are no longer posing a danger to society. Another important task of the PSRB is to match the individuals under its jurisdiction with the proper level of support and supervision in the community [1]. In April of 2008, the Governor's Office appointed The PSRB Siting Workgroup which confirmed that 1) the lack of consistent guidelines for siting and operating Secure Residential Treatment Facilities contributes to the mistrust among all parties involved; 2) that a relatively low risk presented by the individuals under the supervision of the PSRB seems to be in conflict with the public perception. Not surprisingly, the final report emphasised the need for greater education and support of advocacy organisations in combating stigma and providing credible information about the PSRB system to all key stakeholders [2].

Distinguishing between discriminatory reactions and other concerns

On November 11, 2008, the large meeting of the Johnson Creek Neighborhood Association, with 118 persons in attendance, was devoted almost entirely to the development of the new

Andrew Axer¹, Robert C. Beckett², Jennifer Jones³: ¹Johnson Creek Secure Treatment Facility, Columbia Care Services, Inc. 2808 SE Balfour Street Milwaukie, OR 97222; ²Columbia Care Services, Inc. 2015 NW 507 Flanders St., Portland, Oregon 97209 USA; ³Office 3587 Heathrow Way Medford, OR 97504; Correspondence address: Andrew Axer, Columbia Care Services, Inc.; 2015 NW 507 Flanders St., Portland, Oregon 97209 USA. E-mail: haxer0812@gmail.com

PSRB facility in the residential area of Milwaukee. Among the participants were neighbours, local law enforcement officers, state, city, and county public officials, state and county mental health representatives, the executive director of the PSRB, as well as several representatives from the media. The meeting lasted almost three hours and the emotional climate was considerably intense. In the aftermath of the meeting, the first and third author reviewed the minutes from the meeting to distinguish between issues which directly reflected public prejudice against the mentally ill from legitimate safety concerns and critical comments voiced against state, county and city governments involved in siting of a new facility. Factual questions with no underlying value statement were excluded from consideration. In three instances, the authors could not agree on the meaning of the statement. The content analysis of the remaining 31 statements revealed that only slightly more than a quarter of them reflected directly public prejudice against persons labeled as "the criminally insane" irrespective of their strong accusatory tone.

The first category includes seven clearly discriminatory statements (27%) resulting from negative emotional reactions toward individuals labeled as "the criminally insane" ("I don't care about the size of the facility, I want to stop it"). The most common sentiment expressed by the public is that it is inappropriate to house "murderers", "rapists" and "arsonists" next to "little children, senior citizens and other vulnerable populations". Responses based on fear of random, unpredictable and therefore the most frightening violence, has been expressed most clearly by one of the neighbours who made a distinction between "mentally ill who we do not mind" and "the criminally insane who we do mind." Another example of discriminatory reaction was the statement suggesting that the undeveloped open areas of Eastern Oregon were better suited for this "unwelcome facility" than "this little town." One must note that such discriminatory avoidance should not be confused with the criticism related to the uneven distribution of treatment facilities across socioeconomically diverse communities.

The second category includes thirteen inquiries, which at least on the surface, are raising legitimate public safety concerns (42%). These inquiries

pertained to specific security protections, monitoring devices, local police response, supervision of patients during community outings, and county/state oversight and ways to prevent a potential system failure. The company developing the facility was questioned about its experience in operating secure PSRB facilities, data regarding staff-ratio and credentials of staff, and qualifications of the future facility administrator.

The last category includes eleven items related to the siting process (35%). All statements in this category targeted County and State officials, and indirectly representatives of facility, which were perceived as the parties acting together in the secret collusion. One participant made a sarcastic remark at the end of the meeting: "You shoved it down our throat and now you want to communicate." The public expressed profound dissatisfaction mostly about "shortcuts" and lack of transparency. The members of the neighbourhood association were also concerned about the impact of the siting decision on their property values, disproportionately high distribution of treatment facilities in low-income residential areas, and perceived lack of concern of the state and county officials for the livelihood of socioeconomically troubled communities.

Direct contact between residents and facility neighbours

As long as even a minimal risk exists, no amount of statistical data showing an extremely low level of recidivism by PSRB patients on conditional releases, or even actual testimonies from individuals who successfully "graduated" from the PSRB system, will be reassuring to a neighbour who is convinced that it would take just a single escapee from the facility to kill him and his family. The research on strategies to reduce stigma suggests that the benefits of education may not be lasting and the positive change in attitudes may not be reflected in change of actual behaviour toward concrete individuals [3, 4]. Keeping this in mind, in September 2009, the new facility signed The Good Neighbor Agreement with representatives of the Johnson Creek Community, Local Law Enforcement and NAMI to provide foundation for ongoing problem-solving efforts, fostering the spirit of

mutual collaboration, and addressing safety/security concerns.

We anticipated that stigma would be diminished if the neighbours were given a real life experience communicating with patients who are coherent and able to describe how they could use the rehabilitation program to achieve their personal goals. One such opportunity came quite unexpectedly when the neighbour from across the street expressed concern after seeing residents during supervised morning walks, which in his mind were supposed to be an occasional earned privilege. The Facility Administrator explained to him that this was part of the daily exercise routine and offered the neighbour the opportunity to meet in a visiting room with a few residents. The neighbour shared with them the story of his hyperactive son who was afraid of the facility. The residents openly acknowledged they would also be afraid of people with their past but also stressed how much they have changed. A female resident offered to meet the neighbour's son one day when she would have her own children visiting in the facility. They both agreed that this would be great idea.

The first formal opportunity for direct contact between members of the community and residents of Johnson Creek took place during the initial "Good Neighbor Agreement" meeting (with four neighbours, six residents, Chief of City Police and County Case Manager in attendance) took place six weeks after the opening of the facility in February of 2010. Originally, it was not planned to include patients but all sides consented to it. It turned out to be an exceptionally open and mutually respectful exchange. Residents dressed up for the occasion and offered the guests more comfortable seating in the living room. Two residents who cherish their privacy greeted the neighbours, one offered them tea, and then both excused themselves to their bedroom. The rest commented on their past struggles and spoke eloquently about their strong motivation to move forward. One resident shared his perception of the differences between those in prisons and those who are working in the PSRB system. Another person reassured the neighbours that he appreciates the benefits of medications and has every intention to act responsibly. One of the residents described to the neighbours her particular experience with

the Symptom Management Module: "I had so much fun role-playing as a therapist explaining what warning signs are that I thought that my stomach would explode."

In general, residents described psychosocial treatment received at the centre, such as the illness self-management and interpersonal problem solving skills modules, as both entertaining and closely aligned with their personal goals [5]. Their direct testimonies convincingly showed the neighbours that people with mental illness can recover, and although not responsible for their chronic disease, they are committed to their own recovery goals. In turn, the neighbours showed genuine interest in the well being of patients. One of the neighbours, who in the past publicly threatened to protect his family with a shotgun, asked the patients if they felt safe in the neighbourhood. He also admitted openly that he would still need to overcome his own prejudice. After the meeting, neighbours and residents continued chatting informally for a moment. The Chief of Police was truly impressed with both sides.

CONCLUSION

Giving residents a chance to speak coherently and relevantly - in particular, telling true and candid stories of how treatment and rehabilitation has restored them to healthier and more productive lives, initiates the process of overcoming the stereotype that criminal insanity is always unpredictable, senseless and dangerous condition.

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