

Carcerality in Psychiatric "Treatment"

Weaponizing the Notion of Safety

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Abstract

- Background:** Psychiatrically disabled people are intentionally disappeared from the populace under the justification that they are dangerous
- Methods:** Disability studies encourage analyzing political and moral dimensions of structures that encounter people whose bodies and minds do not align with dominant American society's expectations, Alison Kafer's political/relational model
- Discussion:** This work problematizes the relationship between carcerality and psychiatry: active rescue, penal incarceration, and in-patient psychiatric policies
- Conclusion:** Safety narratives are weaponized to justify harms to and carceral treatment of psychiatrically disabled people

Introduction

Methods

Disability Studies (DS) (Carlson, 2015)

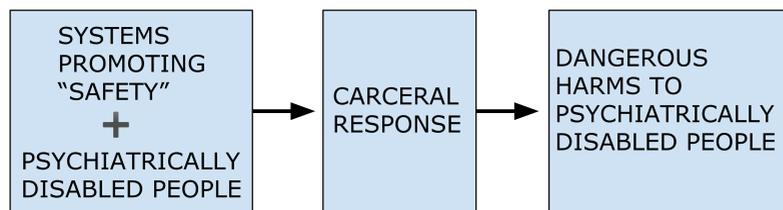
- Examines normalized practices of institutionalizing and dehumanizing disabled people
- DS is multidisciplinary: philosophy, law, political science

Political/Relational Model of Disability (Kafer, 2013)

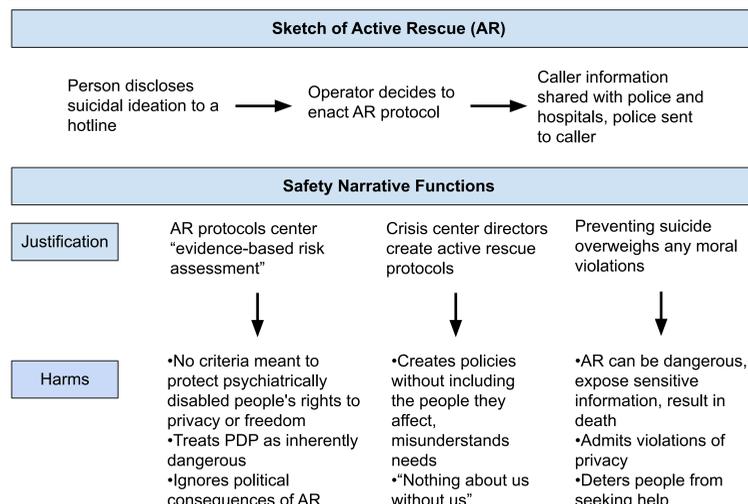
- Frames disability as a political issue of the body and mind
- Invites activism and deconstruction, embraces historical and political context
- Medical Model:** disability is conceived as something "deviant" and "pathological" and in need of treatment

The Problem

- How do systems that promote safety represent harmful, carceral realities for psychiatrically disabled people?
 - Autonomy/privacy and active rescue
 - In-patient psychiatric institutions, restraint, seclusion, involuntary holds
 - Overrepresentation of disabled people in penal incarceration



Active Rescue



National Suicide Prevention Lifeline AR Justification

- AR procedure creation's goal is to "Identify the most salient evidence-based risk and protective factors" (Joiner, 2007)
- Information hand off for the "continuous, safe care of suicidal callers" to "rescue" the caller (Draper et al., 2015)
- Suicidal people are "often cognitively constricted," which "can be successfully addressed in clinical settings" (Draper et al., 2015)

Utilitarian Justification for AR (Mishara & Weisstub 2010)

- There is a "relationship between" suicidal ideation and mental disorder
- Active rescue is a means to suicide prevention
- Violations of autonomy are outweighed by the preservation of life

Trans Lifeline's Rejection of AR (Why No, 2018)

- Police officers puts callers at risk of "being harmed or killed"
- Risks of "abuse, rejection, and... unexpected homelessness"

In Patient "Care"

New York State Law and Involuntary Holds (Mental, 2022)

"Person has a mental illness for which care & treatment in a mental hospital is essential to his/her welfare; person's judgment is too impaired for him/her to understand the need for such care and treatment; as a result of his/her mental illness, the person poses a substantial threat of harm to self or others"

- Two physicians + staff psychiatrist = up to 60 days

Restraint and Seclusion (Restrains, 2000)

- Restraint:** chemical, physical, or mechanical restriction of movement
- Seclusion:** isolation of an individual
- Used in "emergent" situations
- Restraint and seclusion duration varies, many states max is 24 hrs
- Use of restraints and seclusion are "linked to numerous deaths"

Deaths from Restraint and Seclusion (Hospital, 2006)

- Between Aug 1999-Dec 2004, hospitals in the US did not report 44 out of 104 deaths caused by restraint and seclusion

Penal Incarceration

- Carceral institutions disappear undesirable people from the population
- Closures of mental institutions in the 1980s, many converted into prisons (Moshe, 2011)
- Society intentionally aligns "madness with badness" as a means of controlling its population (Schnittkey et al., 2012)
- National Inmate Survey

Prevalence of disabilities among state and federal prisoners and the general population, standardized, 2011-12

Disability	State and federal prisoners		General population* ^a	
	Percent	Standard error	Percent	Standard error
Any disability	31.6%**	1.40%	10.9%	0.06%
Vision	7.1**	0.69	2.1	0.02
Hearing	6.2**	0.61	2.6	0.02
Ambulatory	10.1**	0.76	5.1	0.03
Cognitive	19.5**	1.13	4.8	0.04
Self-care	2.1	0.29	2.1	0.02
Independent living	7.5**	0.71	4.0	0.03

Table taken From US Justice Department Report, *Disabilities Among Prison and Jail Inmates* (Bronson, 2015)

Conclusion

- Further quantitative research is necessary to analyze deaths related to restraint and seclusion, active rescue, and amount of disabled people in penal incarceration
- Disability studies is a necessary field because it encourages critical and political examination of normalized and harmful practices towards disabled people
- Carcerality contradicts safety, it is a danger and harm in itself
- Need to approach psychiatric disablement with compassion, understanding, and respect NOT imprisonment

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