

Statement of Virgil Meyer

May 24, 2016

Good afternoon. My name is Virgil Meyer and I have been a corrections officer with the Pennsylvania Department of Corrections for the past 10 years. Since 2013, I have been working in Muncy at one of the state's two female prisons, specifically in the mental health unit and the infirmary. I am also a trainer for our system's Crisis Intervention Team as well as Mental Health First Aid instructor.

Many people do not know that more than two thirds of inmates have a mental illness, are addicted to drugs or alcohol, or both. In fact, more people with behavioral health conditions are in jails and prisons than in hospitals, making our correctional system the largest inpatient care provider in the country.

In my 10 years as a corrections officer, I have witnessed many changes. The biggest change has been in our approach to dealing with inmates who have a mental health diagnosis. At the direction of Governor Wolfe and with support from the Secretary of Corrections, John Wetzel as well as the National Council for Behavioral Health, every member of my department has completed Mental Health First Aid training.

Working in the mental health unit of a state correctional institution is stressful and challenging at times. Mental Health First Aid training has changed the way we do our job.

In the past, we might not have recognized the signs of a mental health crisis – even within the mental health unit. An inmate that refused to cooperate with instructions might have been seen as simply being non-compliant, making a conscious choice not to follow an order. For an inmate that is hallucinating or experiencing some kind of psychosis for example, they are not in a position to follow orders. But we were not trained to see it that way. Instead, non-compliance becomes a disciplinary issue and the response would have been some form of punishment. The inmate would likely have been put in a more restrictive environment. When that happens, any mental health treatment that inmate was receiving would have been halted until they were transferred back to their unit. In addition, they would be cut off from any other programs they were a part of, including education or job training as well as drug and alcohol treatment. And because it was a disciplinary matter, their parole date could be affected.

Today, because of our training, we respond very differently. Rather than using a very authoritative, "command and control" style with an inmate experiencing a mental health crisis, we begin with a more compassionate and empathetic approach. Our officers are trained to tell the difference between non-compliance and an inmate who cannot follow orders because they are in crisis. We let them know we understand they may not be able to control themselves. We listen more so that we can understand what is happening. We de-escalate the situation so they do not feel threatened. Doing so reduces the need for force, which is better for everyone – inmates and corrections officers.

The inmate may still need to be moved to a safer environment, but not as part of a disciplinary response. They will continue to receive mental health treatment regardless of where they are located. And we work to make sure they can continue to participate in necessary programs.

Corrections facilities are not factories and we cannot deal with people in a one-size-fits all, black and white manner. We have to work with inmates as individuals. And for those with mental health issues,

we are part of their treatment. We observe them, we interact with them, we see changes in their behavior and can report those changes to the treatment team quickly so they have a complete picture of the inmate's health. Part of our job is to have compassion and empathy, something you might not expect from a corrections officer. But our goal is to help people receive the necessary treatment while they are in our care and complete their service in a timely way so they can get out. Mental Health First Aid has given us important tools – how to talk, how to stand, what questions to ask, how to listen, how to evaluate a situation – and with those tools we can do our job better while keeping everyone safe.

Mental Health First Aid also helps us as individuals. Many corrections officers are military veterans. I served for 13 years as an active duty Marine with the Pennsylvania Army National Guard and I was deployed to Afghanistan. When I came home, I went back to work very quickly, without much time to decompress and think about what I experienced during my deployment. This is true for a lot of my peers. We jump back into civilian life and we put our problems on the back burner. With Mental Health First Aid training, we are better equipped to help each other. This job is tough, no doubt about it. And we are a family, we take care of each other and when one of my colleagues is suffering, I know how to help them. I know how important it is to tell them they are not alone and that its ok to ask for help.

I wish that every corrections officer could receive Mental Health First Aid training. I believe that our corrections system would be better because of it – the inmates would benefit, the officers would benefit and ultimately our communities would benefit. I want to thank my shift commander Capt. Curham for her support and allowing me to attend training. I also want to thank my Superintendent Robert Smith and Superintendent Marirosa Lamas for the opportunities and their support as well. And of course, I want to thank you all for taking the time to be here today to learn about this important program.