

5 Terrifying Truths of Working with the Criminally Insane

Despite what pop culture and bad lawyers who work for gift cards insist, pleading insanity isn't a magical loophole that lets you get away with murder. You just end up in a mental hospital until you're found competent enough to stand trial. We spoke to a source who worked direct care in a Florida maximum security forensic mental hospital for almost a decade, and learned that maybe we should all have an alternate defense planned. Alien doppelgangers are a legit legal excuse, right?

There Are Frequent, Violent Fights Between Dangerous Criminals

The majority of our residents, including some of our most dangerous ones, were charged with banal crimes like trespassing and theft. The sort of mental illness that makes a person wander into someone's garage, start taking things that they think belong to them, and then attack the homeowner who intervenes is the same mental illness that makes them unpredictable in *any* setting. You can't estimate whether someone is dangerous based on their crimes -- the Joker could be in Arkham for shoplifting laundry detergent, but he's still the Joker. It was probably to get all the blood out of his purple Prince suit.

Of course, we did have some crimes straight out of the movies. One resident had thrown Molotov cocktails at an apartment building before getting in a shootout with the police. Another gentleman murdered his girlfriend, and the story was that he drove down the highway while throwing pieces of her out the window. I had neither the time nor the inclination to go through his giant legal file to verify this, but he looked like the "limb litterbug" type.

Breaking up fights is just a part of your day. At one point, I had to pull Molotov Mike off of another resident who decided it would be a good idea to spit on him, maybe in a misguided attempt to preemptively put out his next arson. Who knows? MM responded by beating his attacker with a PlayStation 2. Not "at" -- "with."

One time, a female colleague was pulled into a room by a resident while she was alone. She was able to fight him off, but no one had a clue what had happened until she reported it. There was no rescue on the way. If she hadn't escaped... well, he didn't drag her in there because he needed a second pair of hands to help assemble an Ikea shelving unit.

There Are No Real Qualifications (Or Training) For Working With the Criminally Insane

We had minimal self-defense training in a setting where I would have vastly preferred "maximum." Those in charge almost went of their way not to train us. I was told that if we were given self-defense training, we'd be legally liable if something went wrong. In other words, "We can't train you because then you could use it." Instead we were told, "Well, simply stop fights before they start."

With ... psychic powers? Prayer? Time travel?

Prevention isn't always possible when you're dealing with people who are there specifically because they don't act rationally. We do get trained in de-escalation techniques, and they can be incredibly

effective. But they don't help when someone's already erupted, at which point our training boils down to "Screw it! Run!"

Not only is that not ideal, it's not always even possible. In one incident, a resident chased a staff member around the dining room with a mop. Because of the layout of the room, my colleague's sole option was to hop back and forth over a counter that was attached to the wall. It was like a terrifyingly high stakes *Looney Tunes* cartoon. The solution to prevent this absurdity in the future? Move the counter.

At this point, you're probably wondering why we don't apply all of our fancy social work education to diffuse situations. The answer is that we have little to none of that -- the qualifications needed for this job are even less impressive than our training. This started as a summer job for me during college. A guy told me I could make \$10 an hour, and I said, "That sounds better than Arby's!" (In fairness, literally everything is better than Arby's.) If you have a high school diploma and the ability to pass a background check, you too can be responsible for crazy murderers!

Some of Our Methods Are Messed Up

Mental health is already a tricky subject, and adding violent criminal behavior cranks the difficulty up to Legendary. You need to do absolutely everything you can to rehabilitate mentally ill criminals, but you also need to make sure that the people helping them don't go home with half a face. The rights of both group "to be cared for" and group "continue having faces" need to be respected, and no tool demonstrates this dilemma better than seclusion.

Seclusion is exactly what it sounds like: We lock a resident away from everyone else. It was the most useful method at our disposal for keeping everyone safe, and it was also the most abused. When I started, there was a resident who had been in seclusion for about two years. He belonged there; he would be the first to tell you that if you let him out, he'd hit someone. Proof positive that you can be crazy and still be realistic.

But staff members also knew how to set a resident off just enough for a doctor to order seclusion. So if someone started getting on our nerves on a Friday afternoon, we could get under their skin in turn, make them respond, and report the incident. They'd get ordered into seclusion until Monday because the doctor wanted to spend all weekend playing Xbox without interruption.

I'm not proud of it, but sometimes we did it because we knew the resident was on the verge of assaulting someone. And other times, they got locked up because they were annoying us. We're still human, and sometimes humans suck.

Because of stuff like this, mental health advocates are working to eliminate seclusion. They have nothing but the best of intentions, and maybe they're right. But my residents were not quirky folks in there because they call flowers by their first names -- they're criminally insane. The second part of that term doesn't totally negate the first.

There Is a Ton of Sex In the Psych Ward

Our residents masturbated everywhere, often and with great creativity and enthusiasm. Some would even call us to their rooms under false pretenses so that we could admire their ability to do their thing.

Something about mental hospitals seems to drive people into a lustful frenzy. At night, residents are locked in their rooms, but there's a little door that can be unlocked to pass them food or whatever. If someone were to squat, that door would be at crotch level, and you can connect the dots from there. I worked with a woman who was caught on the surveillance camera positioning herself in front of the door *juuust* right. That's embarrassing enough on its own, but it's not like the cameras were hidden. *Part of her job was to monitor them* (yeah, we're talking about staff now). She had to know she was going to be caught, but apparently the only thing sexier than a bad boy is a criminally insane boy.

Some May Never Be Rehabilitated, But You Can't Forget the Ones Who Are

When you're working with severely mentally ill criminals, there aren't a lot of feel-good stories. But there are some. One resident was arrested for minor crimes, sent to us, tried and released, and arrested again. The first time he was admitted, he was 18 and, for lack of a better word, a vicious monster. He insulted and threatened everyone like he was on Xbox Live. But the second time he came through, he was totally pleasant. He had just been so terrified that first time that he wanted to scare everyone else so they wouldn't mess with him. I helped him pass his competency test, explained where he could look for a job, and told him what his educational options were. He was released, and later a coworker ran into him bussing tables at Red Lobster. The kid thanked us for our help, and that really made my day -- not as much as it would have if he'd been at, like, a Sizzler or something, but at least it wasn't a Chili's.

Then the kid got arrested again because he had stopped taking his medication. The relapse cycle is depressingly common. Sometimes residents don't even make it to trial before being readmitted. When a resident is found competent they go back to county jail to await court. Jails can't force them to take their medication, so they might stop and regress to the point where there's no choice but to send them right back to us.

But you can't let all the failures get you down, or else you won't be able to enjoy the progress. I've worked with people who have gone from uncontrollably smearing their feces on the wall to stable human beings who write on the wall with markers. It's truly moving.