Mental Illness and the Criminal Justice System

Today, some 283,800 inmates are identified as having a mental illness. This represents 16% of the inmate populations of state and local jails. Jails have effectively become America’s new mental institutions; they house a larger volume of mentally ill people than all other programs combined. However, these inmates rarely receive the treatment that they need and have a right to. The criminal justice system is overpopulated and under equipped to deal with those with psychotic disorders requiring mental health care services.

<table>
<thead>
<tr>
<th>Reported a...</th>
<th>State Prison</th>
<th>Federal Prison</th>
<th>Jail</th>
<th>Probation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental or emotional condition</td>
<td>10.1%</td>
<td>4.8%</td>
<td>10.5%</td>
<td>13.8%</td>
</tr>
<tr>
<td>Overnight stay in a mental hospital</td>
<td>10.7%</td>
<td>4.7%</td>
<td>10.2%</td>
<td>8.2%</td>
</tr>
<tr>
<td>Estimated to have a mental illness</td>
<td>16.2%</td>
<td>7.4%</td>
<td>16.3%</td>
<td>16.0%</td>
</tr>
</tbody>
</table>

Background

The shift in residency of the mentally ill from hospitals to the criminal justice system is the result of deinstitutionalization, which occurred in the early 1990’s. The impetus began in the 1970’s to eliminate the infamous mental institutions. These “warehouses” of the past where known for their sparse living conditions, brutal treatment of patients, and harsh medical procedures and treatments such as electroshock therapy. Concern for the civil rights of mentally ill persons, a desire to cut costs, and a hope that new medications could replace supervised care spurred the movement to close the institutions.
A majority of the deinstitutionalized mentally ill had anosognosia, a condition that made them unable or unwilling to recognize their illness. In the civil rights conscious state of the era, they were allowed to make their own decisions regarding their need for treatment. Not surprisingly, many went off of their medication and lost touch with mental health care centers.

Without family or a means to earn money for rent, many turned to life on the streets. They were then arrested on minor charges by the police, under social pressure to “do something” about the homeless population. Approaching one third of homeless people have a psychological disorder.

<table>
<thead>
<tr>
<th></th>
<th>State Prison</th>
<th>Federal Prison</th>
<th>Local Jail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeless</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In year before arrest</td>
<td>20.1%</td>
<td>18.6%</td>
<td>30.3%</td>
</tr>
<tr>
<td>At time of arrest</td>
<td>3.9%</td>
<td>3.9%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Employed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>61.2%</td>
<td>62.3%</td>
<td>52.9%</td>
</tr>
<tr>
<td>No</td>
<td>38.8%</td>
<td>37.7%</td>
<td>47.1%</td>
</tr>
</tbody>
</table>

**Implications for the Mentally Ill Inmate**

A common disorder to develop in prison is depression, a byproduct of institutionalization. In the context of a total institution, inmates are systematically broken down and manipulated by the staff. Their lives are completely supervised, homogenized, and organized. In the process, inmates tend to learn behaviors counter productive to their survival in the outside world. Some of these behaviors may include, “aggressiveness and intimidation of others or, conversely, extreme passivity, manipulative behavior and reluctance to discuss problems with authority figures. These behaviors create barriers to engagement in mental health services and treatment.” (Barr)

A result of the effect of prison life on inmates is the alarmingly high rate of suicides. Suicide is the leading cause of death in inmates, accounting for over half the deaths occurring while inmates are in custody. Almost all who attempt suicide have a major psychiatric disorder. More than half of the victims were experiencing hallucinations at the time of the attempt. These deaths are tragic because mental disorders are highly treatable with 60-80% success rates.
Implications for Society

The overflow of the mentally ill has overloaded the prison system. The American Correctional Association recommends that jails should operate at 90% of capacity. All jails were at 85% capacity in 1985, and were up to 111% capacity in 1987. The overcrowded conditions disrupt the efficiency and function of the prison system. Room for booking and close observation areas upon admission is at a scarce. Even if a mentally ill inmate is correctly recognized as in need of further observation or treatment, on-site mental health professionals are scarce; there may not be anyone on duty at odd hours. Admission screening is rushed and many mentally ill inmates who should receive treatment instead slip through the cracks of the system. The original social goal of society to provide these individuals with more humane mental health care is lost.

Half of mentally ill inmates report three or more prior incarcerations. The long-term costs quickly add up. While the direct cost of mental health services was $69 billion in 1990, the estimated hidden costs of loss of productivity and long term health care costs were an additional $78.6 billion.

Why You Should Get Involved

Our society has attached a glaring stigma to mental illness, which makes it difficult for individuals to ask for or receive help. The perception that mentally ill people are violent is a common one. In reality, studies have shown that they commit violent acts no more often than a random sample of their peers, if they do not abuse alcohol or drugs. The small percentage of mentally ill people who do represent a significant risk to themselves or others should not be ignored though. These people do belong in a correctional facility. However, many are arrested on minor charges and for non-violent crimes. In fact, 29% of jails in one survey reported holding mentally ill persons against whom no charges were ever pressed. They are jailed because more appropriate community based programs do not have the funding or space to deal with them.

Mental illness is stigmatized across every culture, every gender, and every geographic region of America. These individuals are feared and avoided as perpetrators of violence, an undeserved reputation. People need to realize that psychological disorders are a disease. They can be diagnosed and treated as such with high rates of success. Living with mental illness is a terrifying experience. It can be a confusing and disorienting time of their lives. On their own, those with mental illness often end up jobless and on the street. They need our help to set them on the path to mental health. We cannot morally afford to toss them into the prison system, to hide them in a dark corner of the American conscious. Out of sight, out of mind.
A large number of prison inmates today suffer from psychotic disorders that are severe enough to warrant mental health care. Numerous court cases have established that mentally ill inmates have the constitutional right to these services. However, more often than not, inmates are denied these needed services. Most prison administrators report that they do not have the resources or ability to respond to the needs of mentally ill offenders. They describe their programs as “grossly understaffed” and “in urgent need” of help from mental health organizations to develop appropriate programs. In effect, today’s prisons and jails are shouldering the responsibility for the mentally ill which used to reside with community based hospitals and institutions.

<table>
<thead>
<tr>
<th>Reported a mental or emotional condition</th>
<th>State Prison %</th>
<th>State Prison Cumulative %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported a mental or emotional condition</td>
<td>10.1%</td>
<td>10.1%</td>
</tr>
<tr>
<td>because of mental or emotional problem inmate had...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Been admitted to a hospital overnight</td>
<td>10.7%</td>
<td>16.2%</td>
</tr>
<tr>
<td>Taken a prescribed medication</td>
<td>18.9%</td>
<td>23.9%</td>
</tr>
<tr>
<td>Received professional counseling or therapy</td>
<td>21.8%</td>
<td>29.7%</td>
</tr>
<tr>
<td>Received other mental health services</td>
<td>3.3%</td>
<td>30.2%</td>
</tr>
</tbody>
</table>
What Should Be Done

The federal district courts have formulated six components of a minimally adequate mental health treatment program:

- A systematic screening procedure
- Treatment that entails more than segregation and supervision
- Treatment that involves a sufficient number of mental health professionals to adequately provide services to all prisoners suffering from serious mental disorders
- Maintenance of adequate and confidential clinical records
- A program for identifying and treating suicidal inmates
- A ban on prescribing potentially dangerous medications without adequate monitoring

Programs designed to fulfill these criteria would help to ensure that people already within the criminal justice system receive the help they need and deserve. Why should we wait until a psychological crisis develops and the mentally ill individual is arrested to receive treatment though? Resources need to be re-channeled back into community mental health services so that the mentally ill can get the help they need at reasonable cost before it is too late.

What You Can Do

The following is a sample letter that you can print off and send to any of the persons on the list below. Or, use your own creative voice to get involved. You can make a difference.

A large number of prison inmates today suffer from psychotic disorders that are severe enough to warrant mental health care. However, less than a third of these individuals receive the care that they have a constitutional right to. I find it abhorrent that, instead of seeking to rehabilitate these inmates, prison conditions drive them further into their illness, even to the point of suicide.

Rehabilitating and treating the incarcerated mentally ill benefits everyone. The inmates can become productive members of society once again. The overcrowded prison system saves money and space by not having to deal with repeat offenders. Short-term costs are offset by the long-term savings in health care.

Please work to ensure that the mentally ill receive the help they need. The Correctional Mental Health Associates recommend that prisons employ at least the following staff to provide adequate care:
1.5 FTE psychiatrists
1 MSW social worker supervisor
3 BA level social workers
2 registered psychiatric nurses
5 licensed practical nurses

Also, please increase the supervision and access to crisis centers to decrease instances of suicide upon admission.

Thank you for your efforts to reform the mental health loop holes of prisons.

Sincerely,
Your Name Here

Federal Bureau of Prisons Central Office
320 First St.
Washington, D.C. 20534

National Criminal Justice Reference Service
P.O. Box 6000
Rockville, MD 20849-6000

U.S. Department of Justice
950 Pennsylvania Avenue, NW
Washington, DC 20530-0001

Links

**SOROS**
http://www.soros.org/crime/research_brief__1.html

**NAMI**
http://www.nami.org/fact.htm

**Mental Health: A Report of the Surgeon General**
http://www.surgeongeneral.gov/library/mentalhealth/home.html

**Report by Heather Barr**
http://www.soros.org/crime/MIReport.htm

**Mental Health and Treatment of Inmates and Probationers**

**Jail Diversion for the Mentally Ill**