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Caging the Ill

The Mental Health Crisis in U.S. Prisons and Jails



by Christina Smart

The U.S. criminal justice system contains many people with mental illness. In fact, the lack of mental health institutions has, in part, converted prisons and jails into detainment facilities for the mentally ill. Yet prisons and jails are ill-equipped to handle these individuals. Additionally, prisons and jails foster an unstable environment for the mentally ill that can ultimately result in harm to themselves and others. A viable alternative for mentally ill offenders is the use of mental health courts. These courts provide professional treatment, supervision, training, and disciplinary proceedings that reduce recidivism, promote rehabilitation, and incur fewer financial costs. The psychiatric specialization of mental health courts enables mentally ill offenders to navigate the criminal justice system in a more efficient and effective manner that yields better outcomes than regular courts. Preliminary studies of mental health courts support the notion of their widespread incorporation into the U.S. criminal justice system.

Caging the Ill: The Mental Health Crisis in U.S. Prisons and Jails

In 2003, Human Rights Watch reported that “prisons have become warehouses for a large proportion of the country’s men and women with mental illness” (Abramsky & Fellner, p. 18). In 1998, the U.S. Bureau of Justice Statistics estimated that 283,800 inmates in U.S. prisons and jails had been diagnosed with a serious mental illness, such as schizophrenia, bipolar disorder, or major depressive disorder (Ditton, 1999). The high prevalence of mental illness in U.S. prisons and jails raises the question of how effectively the U.S. criminal justice system manages mentally ill offenders.

Within the past century, the United States has incarcerated increasing numbers of mentally ill individuals. At least some of this increase is associated with the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963. The purpose of this act was to treat mental illness by focusing federal funding on community-based mental health programs instead of on state institutions. After the act was passed, the mental hospital population in the United States declined from 500,000 in the 1950s to 38,000 in the 1990s (Dumont & Dumont, 2008). Subsequent statistical analyses indicate that this decrease in mental health admissions correlated with an increase in jail/prison admissions (Palermo, Smith, & Liska, 1991). When individuals with serious mental illnesses are denied admittance to or ejected from state mental hospitals, they often enter the criminal justice system because jails and prisons are often the only institutions for mentally ill individuals who exhibit disruptive or illicit behavior (Palermo et al., 1991).

Although mentally ill offenders may be guilty of crimes punishable by incarceration, U.S. prisons and jails are ill-equipped to handle mentally ill individuals. Inmate brutality, unsuitable disciplinary policies, undertrained correctional officers, and inadequate access to mental-health services create an unstable environment for mentally ill inmates that can ultimately result in harm to themselves and others. A viable alternative for mentally ill offenders is the use of mental health courts. These courts provide professional treatment, supervision, training, and disciplinary proceedings that reduce recidivism, promote rehabilitation, and reduce costs.

Mentally Ill Individuals in the U.S. Criminal Justice System

In the U.S. criminal justice system, 14.5% of men and 31% of women suffer from a serious mental illness (Steadman, Osher, Clark Robbins, Case,

& Samuels, 2009). Between 1989 and 1999, 69% of U.S. jails reported an increase in the number of inmates with serious mental illnesses (Ditton, 1999). Mentally ill individuals are increasingly placed in prisons and jails incapable of meeting their needs.

Prison Environment

The prison environment can be dangerous for mentally ill inmates. In prisons and jails, overcrowding, undertrained staff, violence, and inadequate facilities can weaken the safety and psychological stability of inmates (Abramsky & Fellner, 2003). The stressful prison environment can instigate rapid emotional deterioration and impair rational judgment, especially for inmates who are already psychologically unstable. Fewer than half of U.S. local jail systems offer mental-health services (Solomon, Osborne, LoBuglio, Mellow, & Mukaua, 2008). Of U.S. jail inmates who reported mental health problems in 2006, only 18% received treatment after admission, and most of those were only prescribed medication. Of the inmates who did receive treatment, only 15% received their prescribed medication, and only 7% received professional therapy (James & Glaze, 2006).

Placing mentally ill offenders in a stressful environment without access to mental-health resources can exacerbate their mental illnesses, thus contributing to destabilization. Forensic psychiatrist Dr. Cheryl D. Wills argues that the brutal prison environment ultimately "puts mentally ill inmates at substantial risk of seriously harming themselves, seriously harming others, and of being seriously harmed and/or killed" (Abramsky & Fellner, 2003, p. 54).

Physical & Sexual Harm

Interaction between mentally ill inmates and other inmates can be mutually harmful (Palermo et al., 1991). Studies reveal that mentally ill inmates are nearly twice as likely as other inmates to be physically victimized and nearly three times as likely to be sexually victimized than non-mentally ill inmates (Blitz, Wolff, & Shi, 2008; Blitz, Wolff, & Shi, 2007). However, mentally ill inmates can also be victimizers. Some mentally ill inmates are disruptive and aggressive (Abramsky & Fellner, 2003). In 1998, the U.S. Bureau of Justice Statistics (BJS) reported that mentally ill inmates have greater tendencies toward violence than other inmates have. The BJS report revealed that since admission, 21% of mentally ill federal inmates reported involvement in a fight compared to 9% of other federal inmates (Ditton, 1999). The presence of mentally ill inmates may increase prison crimes and elevate the risk of physical and sexual abuse among inmates.

In the prison environment, mentally ill inmates are also at greater risk of suicide than other inmates. According to Goss, Peterson, Smith, Kalb, and Brodey (2002), 15% of the general jail population had attempted suicide during incarceration. In contrast, 77% of the mentally ill jail population had attempted suicide during incarceration. These comparative statistics emphasize the severe impact of the prison environment on mentally ill individuals. In the hostile prison environment, mentally ill offenders can rapidly deteriorate, often to the point of self-mutilation and suicide (Abramsky & Fellner, 2003). Violence, isolation, poor supervision, and a lack of mental health services may facilitate suicide among inmates who are already weakened psychologically and emotionally.

Disciplinary Action

Mentally ill inmates are often held to the same behavioral standards as other inmates. As a result, they often have more disciplinary problems. In 1998, 41% of mentally ill federal inmates had been formally charged with a violation of prison rules. In comparison, 33% of non-mentally ill inmates had been charged with a rule violation (Ditton, 1999). Mental illness symptoms may be manifested as acting out and rule breaking, which result in punishment (Kupers, 1999).

An inmate at Tamms Correctional Center in Illinois with a diagnosis of chronic schizophrenia attempted several times to harm himself and his surroundings. After attempting suicide twice by swallowing a piece of his mirror, this inmate was found guilty of damaging state property. When he attempted to hang himself with a rope made from a bed sheet, correctional officers ticketed him and ordered him to pay restitution for the torn sheet (Abramsky & Fellner, 2003). Punishment of mentally ill inmates attempts to deter unwanted behaviors while possibly ignoring the inmate's mental illness. Disciplinary action may intensify the psychological and emotional strain of mentally ill inmates and counter therapeutic and behavioral progress. In the strict environment of most prisons and jails, infractions usually incur punishment but rarely lead to therapy and counseling, which could aid mentally ill inmates in coping with their illness and prison life (Abramsky & Fellner, 2003). Instead, mentally ill inmates are reprimanded for behavior that may be related to their psychopathology.

Punishing mentally ill inmates does not always solve the internal problem. Many prisons and jails do not offer treatment and therapy to help change mentally ill behavior. As a result, many mentally ill inmates end up spending more time in prison or receiving multiple prison sentences

(Ditton, 1999). Viewing all deviant behaviors as deliberate actions instead of as possible psychological symptoms may result in mentally ill individuals being punished instead of treated.

Correctional Officer Training

Correctional officers receive little formal training in dealing with mentally ill inmates, which compounds the mental health crisis in prisons and jails. The U.S. Department of Justice (2001) revealed that 30 departments of corrections provide preservice training for new correctional officers on how to handle mentally ill inmates, but this training is limited and insufficient. Only 7 of the 30 departments provided officers with more than four hours of preservice training in mental health. Kropp, Cox, Roesch, and Eaves (1989) revealed that 86% of correctional officers felt they had inadequate training in handling mentally ill inmates.

Correctional officers' lack of mental-health training threatens mentally ill inmates' well being. Many individuals with mental illness need to be monitored carefully and have specialized treatment needs. Inadequate mental-health training can prevent correctional officers from fully understanding the nature of mental illness and from responding appropriately. As long as the inmate is clean, quiet, and obedient, correctional officers are unlikely to refer an inmate to mental health services even if they are needed (Abramsky & Fellner, 2003). As a result, many inmates with serious mental illness are left untreated.

For example, in November 1996, Massachusetts inmate John Salvi committed suicide. Following the suicide, an evaluation team determined that although substantial evidence pointed toward a serious thought disorder, the correctional officers in charge of Salvi did not believe his strange behaviors warranted mental health services. Later, the correctional officers admitted to insufficient training in identifying mental illness and making necessary referrals to mental health services (Abramsky & Fellner, 2003). Mentally ill individuals need treatment, supervision, and disciplinary proceedings provided by psychological and medical professionals, not minimally trained correctional officers.

Recidivism

Deviant behavior stemming from mental illness results in many mentally ill individuals being funneled into jails and prisons because there are no alternate institutions of detainment. However, many mentally ill offenders do not cope well with incarceration. Incarceration can exacerbate mental illness, making mentally ill offenders more unstable upon release from

prison or jail than they were upon entry (Nurse, Woodcock, & Ormsby, 2008). Decreased mental stability may cause mentally ill offenders to commit another crime shortly following their release from prison, which leads to reconviction (Baillargeon, Binswanger, Penn, Williams, & Murray, 2009). Mentally ill offenders should be held accountable for their crimes, but restitution for those crimes should be served in an environment that focuses on rehabilitation, not punishment. Proper treatment of an inmate's mental illness lessens crime more than incarceration does.

For all the effort and funds associated with the incarceration of mentally ill inmates, their recidivism rate is still higher than that of other offenders. In 1998, 49% of mentally ill federal inmates reported three or more previous convictions. In contrast, 28% of all of federal inmates reported three or more previous convictions (Ditton, 1999). Incarceration is generally an ineffective method of crime deterrence for mentally ill individuals.

Mental Health Courts

A more effective method of dealing with mentally ill offenders is the use of mental-health courts. In the U.S. criminal justice system, mental health courts emerged in the late 1990s as a means to reduce the incarceration rate of mentally ill individuals (Linhorst et al., 2010). As of 2009, there were over 150 mental-health courts operating in 35 states (Sarteschi, 2009). Mental-health courts differ from traditional courts on several dimensions. In 2007, The Bureau of Justice Assistance defined the essential elements of a mental-health court, including voluntary participation; a criminal court with a separate docket for mentally ill individuals that emphasizes problem-solving in the court process; mental-health treatment designed and implemented by court staff and mental-health professionals; community supervision and hearings to gauge the progress of the participant; and inducements and sanctions for compliance and noncompliance, respectively (Thompson, Osher, & Tomasini-Joshi, 2007; Linhorst et al., 2010).

In mental-health courts, participants can be put on probation with the stipulation that they receive treatment. The court enlists a variety of services, including mental-health treatment, vocational training, and crisis intervention services (Thompson et al., 2007; Sarteschi, 2009). The fundamental premise of mental-health courts is that by diverting mentally ill offenders from the criminal justice system and providing them with court-mandated treatment, mentally ill offenders will be less likely to commit more crimes.

Preliminary Studies

Preliminary studies of mental health courts have revealed reduced recidivism rates for mental-health court participants. In 2007, McNeil and Binder studied the differences between mentally ill offenders who were incarcerated in the San Francisco Jail and those who were diverted to a mental-health court. Statistical analyses revealed that mentally ill offenders who participated in a mental-health court were 39% less likely to have a new charge on their record 18 months following their initial charge. Another study concluded that offenders who completed a mental health court program were 3.7 times less likely to re-offend than offenders who did not complete a program (Herinckx, Swart, Ama, Dolezal, & King, 2005).

In Palmer County, Alaska, the recidivism rate for mentally ill offenders who participated in a mental-health court was 17% compared to 40% for incarcerated mentally ill offenders (Sarteschi, 2009). Van Vleet, Hickert, Becker, and Kunz (2008) found mental-health court participants had a rate of new booking charges at 66.9% per year prior to mental health court participation. During participation in mental health court programs, the new booking charge rate decreased to 19.8%. In a meta-analysis of 23 studies involving over 11,000 mental-health court participants, aggregate effects had a mean effect size of -0.52 on recidivism. Additionally, mental health courts positively affected a participant's quality of life (Sarteschi, 2009).

Apart from reports of positive outcomes, mental-health courts are also financially beneficial to society. In 2006, the direct expenditure on criminal justice was nearly 215 billion dollars (Perry, 2008). The United States has 2.29 million prisoners, the highest prison population in the world (Walmsley, 2008; Ziedenberg & Schiraldi, 1999). The high costs of maintaining such a massive prison population are compounded by increased incarceration rates. Between 1980 and 1999, the number of jail and prison inmates more than quadrupled (Ziedenberg & Schiraldi, 1999). Incarceration of mentally ill offenders costs about \$51,000 per year. In contrast, the cost to help mentally ill individuals obtain intensive community treatment, shelter, food, a job, and other services is between \$10,000 and \$20,000 per year (Lamberg, 2004). Mental-health courts reduce criminal justice costs by lowering recidivism rates, offering alternatives to incarceration, and stabilizing mentally ill offenders so they can procure jobs and become financially self-reliant.

Conclusion

Mental-health courts are a viable alternative to the traditional criminal justice system for mentally ill offenders. The lack of mental-health detention facilities in the United States requires prisons and jails to care for mentally ill individuals. Within the prison environment, mentally ill inmates may be subject to inmate brutality, unsuitable disciplinary policies, insufficient supervision, and inadequate access to mental health services. The combination of these factors may create an unstable environment for mentally ill inmates that triggers symptoms of their psychopathology and result in harm to themselves and others. In contrast, mental-health courts provide resources that can stabilize mentally ill offenders, ultimately resulting in reduced recidivism rates, smaller prison populations, and lower costs.

Mental-health courts benefit society and court participants by adopting a problem-solving approach. Instead of punishing deviant behavior like traditional courts, mental-health courts attempt to eliminate deviant behavior by stabilizing mentally ill offenders and enable mentally ill offenders to become self-reliant members of society. A widespread incorporation of mental-health courts in the United States could reduce crime and criminal justice expenditures. But most importantly, mental health courts can aid mentally ill individuals who are in need of treatment and assistance. For those struggling with the pain, insecurity, and instability of mental illness, mental-health courts could be an important part of their treatment.

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