



step

1

Understand the Issue

MANY ADVOCATES COME TO CRIMINAL JUSTICE issues in response to personal experiences or local events, such as the arrest of a family member or an increase in suicides at the local jail. What they may not appreciate is that these problems are part of a broad, nationwide trend that has been escalating for several decades: the U.S. Department of Justice reports that about 16 percent of the population in prison or jail has a mental illness, compared to 5 percent of the U.S. population.^{2,3} As they become active in this area, advocates' first step should be to learn about the extent of this problem and its implications, sources, and solutions.

Extent of the Problem

People with mental illness are overrepresented in all parts of the criminal justice system—in their contact with law enforcement, in the courts, in jails and prisons, and in parole and probation caseloads across the country. The problem affects both rural and urban communities, and is prevalent in both large and small states.

Reports in the media tend to focus on sensational, violent crimes committed by people with mental illness. But the majority of people with mental illness who are arrested and incarcerated are low-level,

nonviolent offenders who are essentially exhibiting in public the symptoms of untreated mental illness. Nearly half the people in state prison with a mental illness were incarcerated for a nonviolent crime.³

On the other hand, advocates should always remember that there are people with mental illness who commit serious crimes for which arrest, adjudication, and incarceration are necessary and appropriate, as are adequate treatment and sufficient planning for their reentry into the community.

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For a more in-depth discussion of the extent of the problem, consult the introduction to the *Consensus Project Report* and the fact sheets located at <http://www.consensusproject.org>.



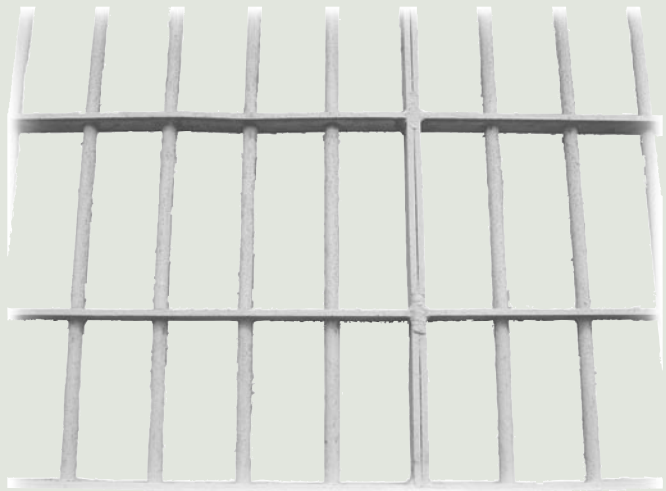
2 R. C. Kessler et al., "A Methodology for Estimating the 12-Month Prevalence of Serious Mental Illness," In *Mental Health United States 1999*, edited by R.W. Manderscheid and M.J. Henderson (Rockville, MD, Center for Mental Health Services).

3 Paula M. Ditton, *Mental Health Treatment of Inmates and Probationers*, U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics (Washington, D.C.: July 1999).

Implications of the Problem

The overrepresentation of people with mental illness in the criminal justice system has implications for people with mental illness, their families, criminal justice and mental health systems, and communities in general.

- >> **Lives**—Interactions between people with mental illness and law enforcement officers can be dangerous or even fatal for both parties. Once incarcerated, people with mental illness have difficulty obtaining adequate treatment, are at high risk for suicide, and may be preyed upon by other inmates. After release, these individuals may struggle to adhere to conditions of community supervision, lose access to essential benefit programs, and have trouble reconnecting with treatment providers. In the meantime, families suffer the trauma of seeing loved ones arrested and incarcerated, and struggle to provide ongoing, and much needed, support.
- >> **Community safety**—The repeated arrest and incarceration of low-level, non-violent offenders whose mental health needs are not adequately addressed perpetuates a cycle of criminal justice involvement, diverts attention from more serious crimes, and does not necessarily respond to the underlying causes of the offense(s).
- >> **Administration of the criminal justice and mental health systems**—Many criminal justice agencies are unprepared to meet the comprehensive treatment and other needs of individuals with mental illness. Poorly trained law enforcement officers can be put in danger when interacting with individuals in crisis, and may spend crucial labor hours trying, often unsuccessfully, to connect these individuals to treatment. Jails and prisons require extra staffing and treatment resources for inmates with mental illness, and community corrections agencies strain to provide the added supervi-



sion and support that individuals with mental illness need. Similarly, criminal justice involvement interrupts continuity of care and raises safety concerns for mental health agencies.

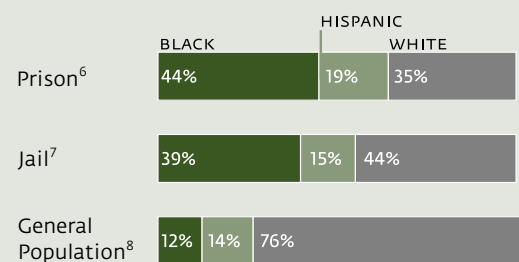
>> **Tax dollars**—It is less expensive to provide mental health treatment in communities than in correctional facilities.⁴ Furthermore, programs targeting those involved with, or at risk of involvement with, the criminal justice system have been shown to significantly reduce the use of costly jail and hospital stays.⁵

Disproportionate Minority Representation

The percentages of African-American and Hispanic people in the nation's prison and jail populations are disproportionately higher than in the general population. One in three African-American males born today will spend some part of their life in prison.

Similarly, people with mental illness who are in prison or jail are disproportionately people of color.

Percentage of African-American, Hispanic, and White People in Incarcerated Populations Versus the General Population



4 Two such programs illustrate this point: the Thresholds Jail Program (Cook County, IL) resulted in nearly \$19,000 in reduced jail/hospital costs for each of 30 individuals participating over a two year span; Project Link (Monroe County, NY) decreased jail/hospital costs by nearly \$40,000 for each of its 44 participants over a one year span. Threshold's statistics are available at www.thresholds.org; Project Link's statistics were provided by J. Steven Lamberti, MD, Associate Chair for Clinical Programs, University of Rochester Medical Center.

5 Ibid.

6 Paige M. Harrison and Allen J. Beck, "Prisoners in 2003," Bureau of Justice Statistics Bulletin (Washington, D.C.: Bureau of Justice Statistics, 2004).

7 Paige M. Harrison and Allen J. Beck, "Prison and Jail Inmates at Midyear 2004," Bureau of Justice Statistics Bulletin (Washington, D.C.: Bureau of Justice Statistics, 2005).

8 United States Census Bureau, 2003 American Community Survey Summary Tables, accessed online at <http://factfinder.census.gov/servlet/MYPTTable>.



Sources of the Problem

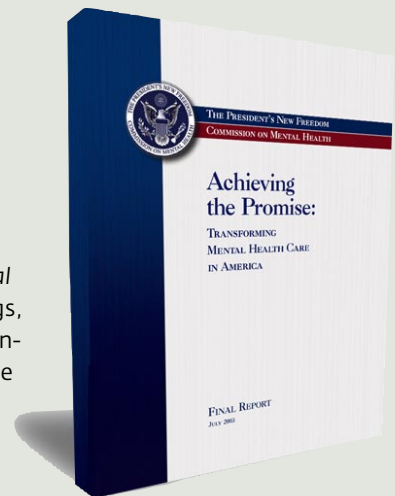
Reasons for the high numbers of people with mental illness who are involved in the criminal justice system are complex and interrelated. While some suggest that the problem is the direct result of deinstitutionalization, the research does not support this simplistic explanation. There is no doubt that the shift away from institutional mental health care, and the associated underfunding of community-based mental health services, is at the heart of the problem, but there is little evidence

that those formerly housed in institutions have been shifted to jails and prisons.⁹

Other sources of the problem include the lack of affordable housing, discrimination based on stereotypes associating mental illness with violence, crackdowns on “public nuisance” crimes, and tough prosecution of drug offenses.¹⁰ These forces, together with the inability of the criminal justice and mental health systems to recognize and address the problem, all contribute to this disturbing trend.

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Consult the *Report of the President's New Freedom Commission on Mental Health* for a comprehensive account of the status, and many failings, of mental health care in the United States. For more on the relationship between deinstitutionalization and the involvement of people with mental illness in the criminal justice system, advocates should review “The Impact of State Mental Hospital Deinstitutionalization on United States Prison Populations 1968–78.”¹¹



⁹ Henry J. Steadman and others, “The Impact of State Mental Hospital Deinstitutionalization on United States Prison Populations 1968–1978,” *Journal of Criminal Law & Criminology* 75, no. 2 (1984): 474–90.

¹⁰ The Council of State Governments, *Criminal Justice/Mental Health Consensus Project* (New York: Council of State Governments, 2002).

¹¹ Henry J. Steadman and others, “The Impact of State Mental Hospital Deinstitutionalization on United States Prison Populations 1968–1978,” *Journal of Criminal Law & Criminology* 75, no. 2 (1984): 474–90.

Solutions to the Problem

There is no one solution to the problem. Rather, at each juncture of the criminal justice process—from before arrest to after release from a correctional facility—there are steps that the criminal justice and mental health systems can take to improve their response to people with mental illness. In addition to improving availability and access to effective mental health services—particularly those that are evidence-based—improvements include better training, improved screening procedures, pre-arrest and post-arrest diversion programs, enhanced treatment during incarceration, and better transition planning.

No single strategy is sufficient, and only a continuum of responses across the criminal justice and mental health systems can address this systemic problem. However, one common denominator among all of these strategies is their basis in collaboration between at least one criminal justice and one mental health agency.

The preceding overview of the problem is brief, and advocates should access the information sources mentioned above and the many others available for a fuller understanding. To that end, the Consensus Project (<http://www.consensusproject.org>) and GAINS Center for Evidence-Based Practices (<http://www.gainscenter.samhsa.gov>) provide detailed policy recommendations, examples of promising programs, publications, training information, and technical assistance.

It is just as important for advocates to reach out to police officers, mental health practitioners, consumers of mental health services, judges, corrections officials, and others with firsthand knowledge of the problem in their own communities. As they do, advocates will not only develop a broader understanding of the problem, but also begin to see where their advocacy is most needed.

Learn More

For a step-by-step account of 23 events along the criminal justice continuum at which improvements can be made, advocates should consult Part I of the *Consensus Project* report. For examples of specific initiatives, advocates should consult the Consensus Project Program Database at <http://www.consensusproject.org/programs>.

