Criminal Justice Becomes Front Line for Mental Health Care

Bridget M. Kuehn, MSJ

Cook County Jail in Chicago holds the dubious distinction of being the nation’s largest inpatient mental health facility, with psychiatric illnesses affecting about one-third of the 10,000 to 12,000 inmates there on any given day.

The jail stands out because it is so large, but it is hardly unique. According to a new report from the Treatment Advocacy Center (http://bit.ly/OyvPyO), similar situations are playing out in jails and prisons across the country. The report found that 44 of 50 states and the District of Columbia now have a jail or prison that houses more individuals with severe mental illness than the largest state mental hospital. Jails and prisons in the United States hold an estimated 356,268 inmates with serious mental disorders, compared with just 35,000 individuals in state mental hospitals, the report found.

During a congressional hearing in March, Cook County Sheriff Thomas J. Dart blamed ongoing cuts to mental health funding and a lack of inpatient psychiatric care for making jails de facto mental hospitals. “We have criminalized mental illness in this country, and county jails and state prison facilities are where the majority of mental health care and treatment is administered,” he testified.

Police are also feeling the squeeze, becoming first responders to individuals experiencing acute mental illness, many of whom have committed minor offenses such as petty theft or refusal to leave a location. Some in the criminal justice system are looking for ways to improve the situation by providing officers with training to recognize psychiatric illness and to divert those affected to care rather than jail. Cook County Jail has become a national leader in seeking ways to identify and send psychiatric patients to more appropriate settings and—for those who are detained—to provide better care and resources during and after incarceration.

A Lack of Beds

Across the country, deinstitutionalization and underfunding of community-based mental health services have left many people who have severe mental illness with nowhere to go but jail.

The Treatment Advocacy Center notes that housing the mentally ill in jails or prisons was a common practice in the United States between 1770 and 1820, but it was deemed inhumane and discontinued. Until about 1970, the severely mentally ill were held in mental hospitals, but after that point the deinstitutionalization movement closed many such facilities.

Jeffrey L. Geller, MD, MPH, professor of psychiatry and director of public sector psychiatry at the University of Massachusetts Medical School in Worcester, testified before the House Energy and Commerce Committee that there are about 13 or 14 beds per 100,000 people in the United States. He noted, however, that 50 beds per 100,000 people in the general population is considered the necessary minimum, according to the Treatment Advocacy Center.

Geller said that more than 80% of states have fewer than half the minimum number of psychiatric beds and many lack systems that
would allow clinicians to quickly identify available beds. As a result, many patients with mental illness languish in emergency departments for hours or even days without psychiatric care until a bed can be found.

One goal of deinstitutionalization was to free patients from sometimes inhumane conditions in mental hospitals and allow them to seek outpatient treatment. However, financially strapped states have made across-the-board cuts in mental health care, including both inpatient and outpatient care.

Community-based mental health care has also taken a beating. Illinois closed 6 of its 12 community health centers in 2012, reducing already limited access, said Alexa James, LCSW, MS, executive director of the National Alliance on Mental Illness (NAMI) of Chicago. James explained that access to care depends on whether individuals are insured and how much they can afford to pay. Adults without insurance can turn to one of the 6 remaining community mental health clinics but may have to travel long distances and face high out-of-pocket costs. Individuals with private insurance often must wait 6 weeks to 3 months to see a psychiatrist. Even those covered by Medicaid may face substantial wait lists.

First Responders
In an environment where many patients with mental illness lack appropriate care, police officers often become first responders. Up to 10% of police calls nationally involve individuals with mental illness, and police officers write one-third of emergency mental health referrals (Compton MT et al. Psych Services. 2014;65[4]:517-522). These frequent interactions place police officers, many of whom have little or no training on mental illness, in the position of deciding whether to arrest individuals or transport them to emergency medical care.

A crisis intervention team (CIT) training program was created in Memphis in 1988 to teach officers to identify and respond to psychiatric crises and to create partnerships between police and care providers. The program has since been widely adopted across the country. Michael T. Compton, MD, MPH, and his colleagues, who evaluated a CIT training program in Georgia, found that even nearly 2 years after training, the officers were more knowledgeable about mental illness, had improved attitudes toward the mentally ill, and maintained the skills needed to interact appropriately with an individual in crisis. When CIT-trained officers did encounter an individual displaying signs of psychiatric illness, they were more likely to refer or transport the individual to a health care facility and less likely to make an arrest (Compton MT et al. Psych Services. 2014;65[4]:523-529).

The study did not find a reduction in the use of force by CIT-trained officers. However, Compton explained that use of force, including use of handcuffs, is often related to how much the detained individual resists, something officers may not have control over, and that handcuffs might be used during the transport of patients to medical care. Compton said his studies suggest “this form of collaboration between law enforcement and mental health appears to be effective at improving officers’ responses to persons with mental illnesses or psychiatric crises.” But he said more research is needed.

Cook County Sheriff Thomas J. Dart, a former prosecutor, has embraced the CIT training. He offers it to all new officers and is gradually expanding it to existing officers. “The results are fantastic,” he said. He noted that, instead of being incarcerated, the individuals who are assessed by CIT trained officers are being diverted to mental health care.

Even so, not all individuals who need care are diverted at the initial police encounter. So Dart hired trained mental health clinicians to screen all nonviolent offenders referred to jail prior to their hearing before a judge. The clinicians gather self-reports, do an evaluation, and check for mental health records from previous incarcerations. That information is then passed to the public defender, who can ask the judge to send a person to a more appropriate care setting, such as a nursing home or other inpatient facility where he or she could be monitored with an electronic bracelet.

“We’ve had modest luck with that,” said Dart in an interview. “Some judges aren’t sold on it.”

Those who are sent to jail are typically thrust into distressing conditions, often a small cell with another person who is also experiencing symptoms, that can exacerbate their condition. Dart said this would be considered malpractice in any other setting.

“On the human side, it’s outrageous that we criminalize mental illness,” Dart said. “The vast majority are people who have committed minor offenses as a result of their illness.”

Inmates with mental illness must be closely monitored and may require medical treatment, Dart said. The costs of caring for them can escalate to at least double the $150 daily cost for the average inmate.

Sometimes the jail is simply ill equipped to safely care for acutely ill individuals. Dart testified that one man with psychotic symptoms who was having disturbing visions gouged out his own eye while at a California jail waiting to be transferred to Cook County Jail. Once at Cook County, the man attempted to gouge out his other eye, but guards were able to stop him.

James said Dart has done a good job getting treatment for individuals with mental illness while incarcerated. The Treatment Advocacy Center report found that many US jails provide no treatment at all to detainees with mental illness.

Dart has also tried to improve the services that individuals with mental illness receive on release. Jail staff show them videos produced by NAMI and try to connect them with community-based services. Afterward, they and their families can use a 24-hour hotline staffed by jail officials. Dart said the calls are “heartbreaking” and that staff try to steer individuals toward help.

But the dearth of community-based mental health services and frequent closures of existing facilities make that difficult. “That’s where the big hole is right now,” Dart said.

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James noted that Medicaid expansion under the Affordable Care Act may increase access to insurance for patients with serious mental illness. However, that may take some time. James said. For now, many psychiatrists don’t treat this population.

### First Responders

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