Managing mental illness

Why we need a public safety/public health model

BY DR. DEAN AUFDERHEIDE

The Chinese use two brush strokes to write the word "crisis." One brush stroke stands for danger; the other for opportunity.

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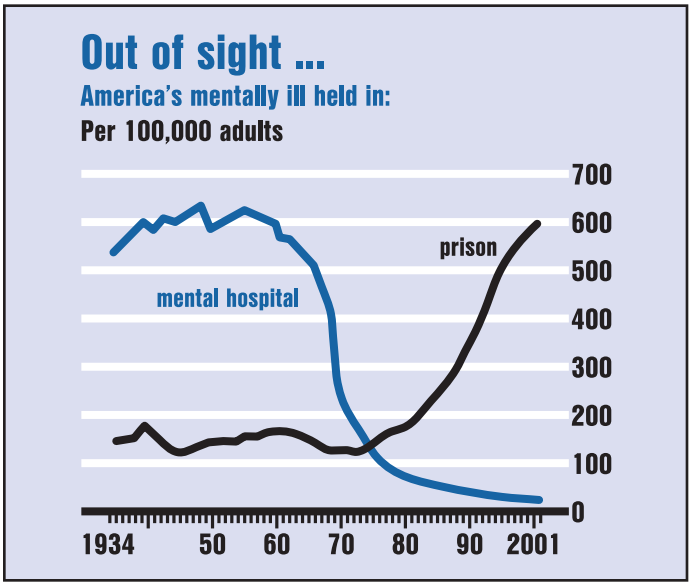
John is 28 years old and has been mentally ill for as long as anyone can remember. His doctors say he has a schizophrenia disorder. Sometimes he hears God whispering in his ear. Other times it's Satan teasing and mocking him. John's been arrested for public intoxication, trespassing, disorderly conduct, aggressive loitering, burglary and theft. In and out of jail, he stays a few days at a half-way house, then is back on the streets, sleeping in some bushes, panhandling, gulping 40-ounce cans of beer, and hustling in exchange for drugs. Sometimes, he can't stop laughing. Other times, he cries so hard he chokes. Some days, even John agrees that he would be better off in a hospital somewhere. "The problem is," he says, I don't know where to go." Last year, John was sentenced to 10 years in prison after breaking into a woman's apartment and kidnapping her because he believed he was sent by God to protect her.

The facts

Because of "deinstitutionalization" and failure to adequately fund community mental health programs, hundreds of thousands of individuals with serious mental illness have been "trans-institutionalized" from America's public mental health systems to its correctional systems (Harcourt, 2011), creating significant challenges to correctional leaders and public health policy makers. (See Figure 1.)

Figure 1



Source: B.E. Harcourt, "An institutionalisation Effect"

Today, about 10 times more individuals with serious mental illness are in jails and state prisons than in the remaining state mental hospitals (Treatment Advocacy Center, 2016); 40% of individuals with a severe mental illness will have spent some time in their lives in either jail, prison, or community corrections (Treatment Advocacy Center, 2017); and 37% of prisoners and 44% of jail inmates had been told in the past by a mental health professional that they had a mental disorder (Bronson and Berzofsky, 2017).

The consequences

There is no doubt the trans-institutionalization of mentally ill individuals has had unanticipated consequences (Porporino, 2020). Never designed, equipped or intended to be mental health facilities, jails and prisons are now the nation's major mental health facilities. As a result, corrections officials have struggled with costs, litigation, community linkage and care and custody issues for individuals with mental illness.

The costs

It costs taxpayers an estimated $15 billion annually to treat individuals with mental disorders in jails and prisons (Treatment Advocacy Center, 2017). But incarcerating the mentally ill isn't saving any money and settling or losing lawsuits only adds to the costs. According to the White House Council of Economic Advisors (CEA), programs for inmate mental health and substance abuse treatment needs can reduce the burden of crime on American taxpayers. In a policy brief, the CEA (2018) concluded:

> *Reviewing the evidence base, CEA finds that, on average, mental health treatment — specifically cognitive behavioral therapies — and substance abuse treatments can generate net social benefits ... The reduction in crime constitutes a value of about $0.92 to $3.31 per taxpayer dollar spent (p.5).*

The challenge

To confront the challenges associated with incarcerating hundreds of thousands mentally ill individuals in our

nation's jails and prisons, we must conceptualize mental illness in prison systems as a "public safety/public health" issue. This means recognizing access to treatment in the prison and the public mental health system is inextricably linked and, when care is inaccessible or inadequate in one system, it has a reciprocating effect on the other system. In a study by the Sentencing Project, for example, states were ranked based on the number of people incarcerated in state prisons per 100,000 residents. The states with less access to mental health care had more adults who were in the criminal justice system (Porter, 2015).

The key to success — working together works

Purpose-driven collaboration is key to success (Aufderheide & Baxter, 2011). With about 20% of prison inmates having a serious mental illness and 30%-60% having substance abuse problems (Fagan & Ax, 2011), using a multidisciplinary team approach to the decision-making process creates conditions for enduring behavioral change (Aufderheide, 2014). For example, there appears to be a strong correlation between participation in structured out-of-cell treatment, and reduction in inmate misconduct. (See Figure 2.)

A call to action: Adopting a public safety/public health model

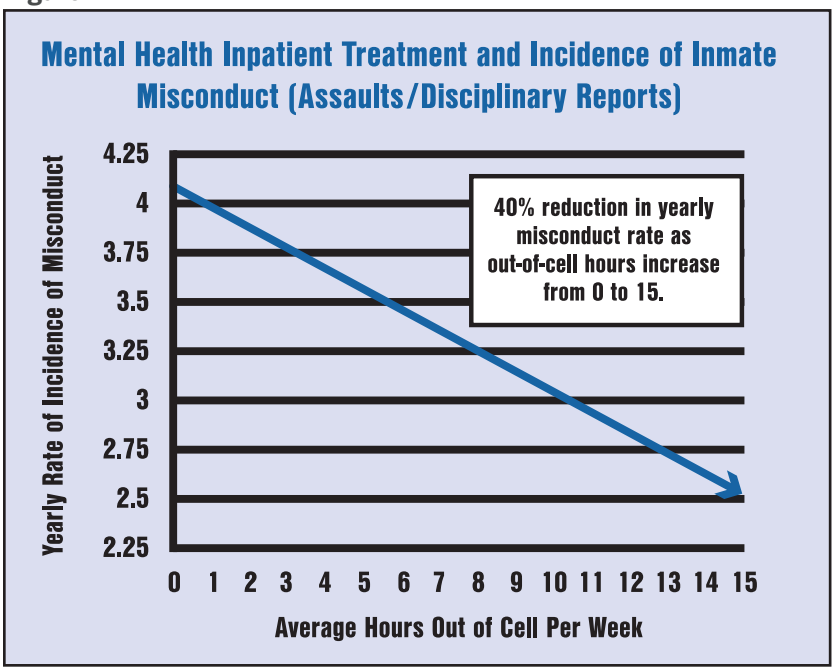
Over the past forty years, the criminal justice system has expanded to such an extent that incarceration is now one of the major contributors to poor health in communities (Gaiter, et al, 2006); Kulkarni, et al, 2010). There is, however, growing interest among public safety and public health officials to work together (Cloud, 2014):

> *In many states and localities, health and justice agencies are already working collaboratively to enroll eligible people into health plans in different justice settings, bolster diversion programs at the front door of the criminal justice system that aim to steer people away from incarceration and into community-based services, and build the information-sharing frameworks that are needed to promote continuity in care and improve health and public safety outcomes (p. 5).*

To improve public safety and public mental health outcomes, an interlocking network of expertise among public safety and public health officials who embrace a shared a vision and sponsor common goals is needed. These interlocking networks can be used to create opportunities for more effective and efficient strategies for managing mental illness in America's prisons and communities. Coordinating a continuum of care in the community with correctional settings can prevent individuals suffering with mental illness from getting trapped in the criminal justice system's revolving door between incarceration and society, contributing to the safety and welfare of America's communities.

Perhaps the most important component of a Public Safety/Public Health Model is the hope of restoration. Hope is the power of possibility and the anchor for restoration, which is especially critical for mentally ill

Figure 2



Source: Patient sample. FDC Bureau of Research and Data Analysis, 2018.

inmates whose disorders complicate their reentry into the community (Council of State Governments, 2002). Successful treatment and rehabilitation programs engage inmates in the restoration process by instilling a sense of hope and anticipation of the possibility of something positive happening. Unsuccessful programs are characterized by the misguided belief the prison system should make the inmate's incarceration sufficiently insufferable so the experience itself becomes the deterrent to recidivism. Unsuccessful programs take away hope.

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Conclusion

America's jails and prisons remain the nation's major mental health treatment facilities, creating a continuing crisis in corrections. But where there is crisis, there is also opportunity. The Chinese use two brush strokes to write the word "crisis." One brush stroke stands for danger; the other for opportunity. The danger is to continue the same failed strategies and expect different results. The opportunity is adopting a public safety/public health model with an interlocking network of expertise among prison and public health officials who share a collective vision and support common goals. It is an opportunity to create a new synergy between the public mental health and criminal justice systems. It is an opportunity for success. CT

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