

# Criminal Justice and Serious Mental Illness: Moving to Patient-Centered Care

Angeline Stanislaus, MD  
Chief Medical Director- Adult Services  
Missouri Department of Mental Health  
[Angeline.Stanislaus@dmh.mo.gov](mailto:Angeline.Stanislaus@dmh.mo.gov)

Webinar



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

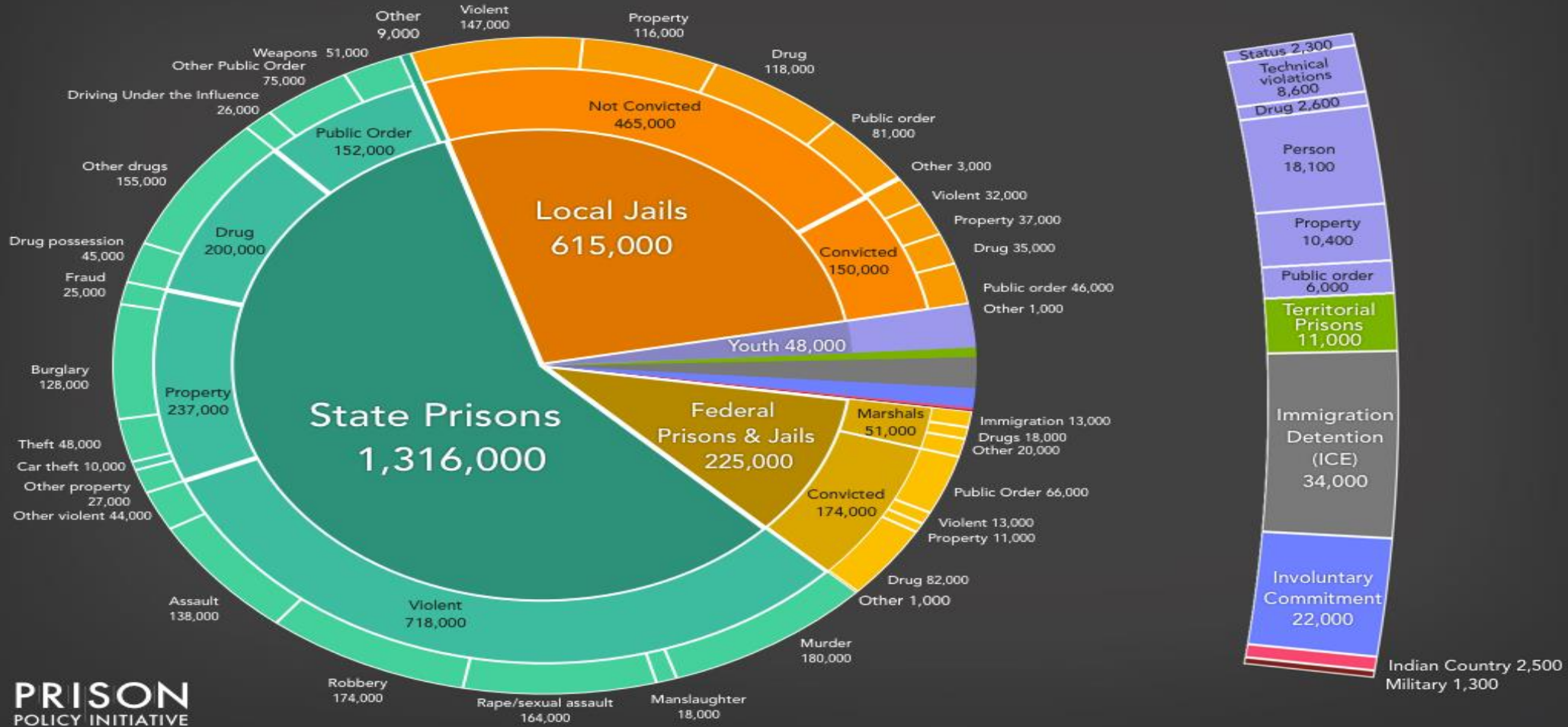
# Disclaimer Slide

This webinar was developed [in part] under contract number HHSS283201200021I/HHS28342003T from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

# Incarceration Rates in the US

## How many people are locked up in the United States?

The United States locks up more people, per capita, than any other nation. But grappling with why requires us to first consider the many types of correctional facilities and the reasons that 2.3 million people are confined there.



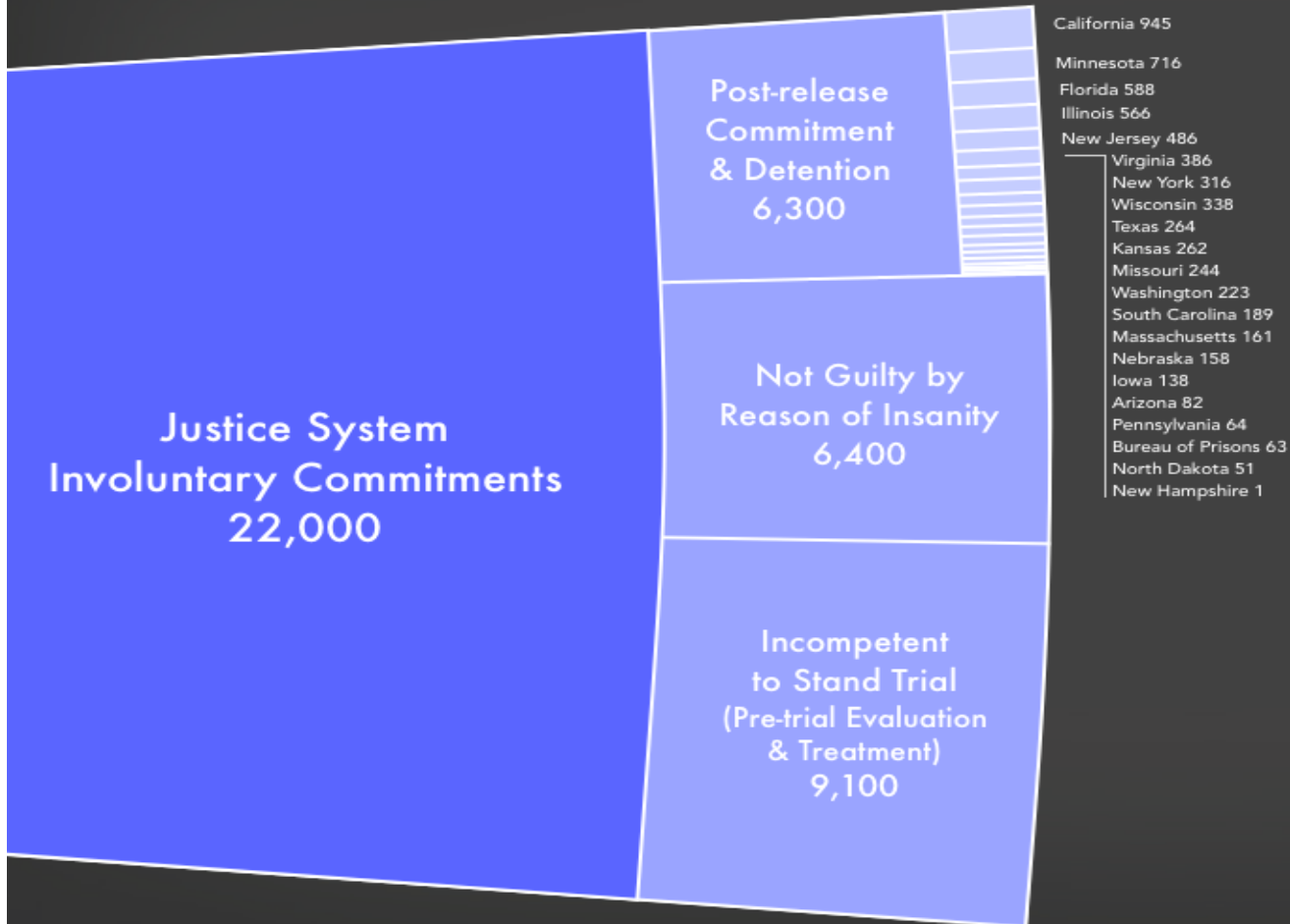
**PRISON**  
POLICY INITIATIVE

Sources and data notes: See <https://www.prisonpolicy.org/reports/pie2018.html>

# Criminal Justice involved individuals in psychiatric facilities

## Psychiatric facilities confine 22,000 justice-involved people every day

An under-discussed part of the justice system: involuntary commitment and detention of justice-involved people in state psychiatric hospitals and other facilities.



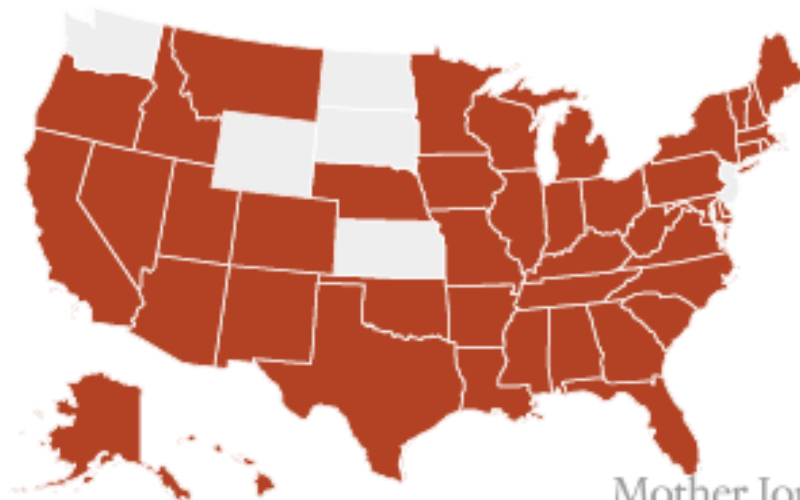
In at least 20 states, people convicted of sexual crimes are committed or detained in “civil commitment centers” even after completion of their prison sentences.

These facilities and the confinement there are technically civil, but in reality are quite like prisons.

# What are the Odds of a Person with a SMI being in a Jail/Prison vs Psychiatric Hospital?

In **44 states and D.C.**, there are more people locked up with serious mental illness than in any state psychiatric hospital.

Source: Treatment Advocacy Center



In 2012, there were **10 times** as many mentally ill persons in prisons and jails than in state hospitals.



Hospitals:  
**35,000**  
mentally ill patients

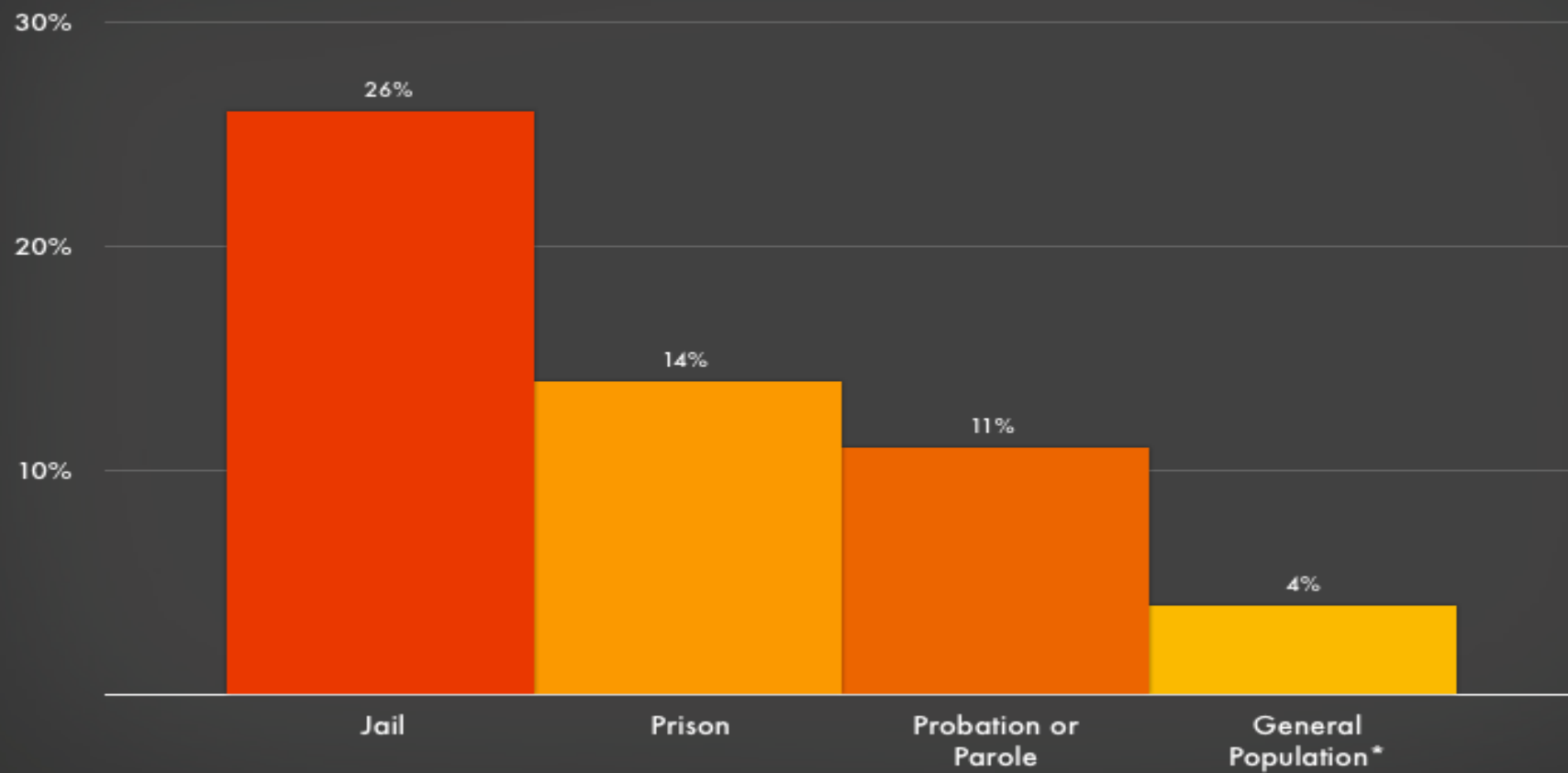
Prisons and jails:  
**356,000**  
mentally ill inmates

Source: Treatment Advocacy Center

Mother Jones

## Serious psychological distress highest in prisons and jails

Percentage of people experiencing "serious psychological distress" in the past 30 days



\*Includes only adults in the standardized U.S. general population with no criminal involvement in the past year

Source: Bureau of Justice Statistics, *Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12*. The report used data for the general population from 2009-2012 National Surveys on Drug Use and Health.

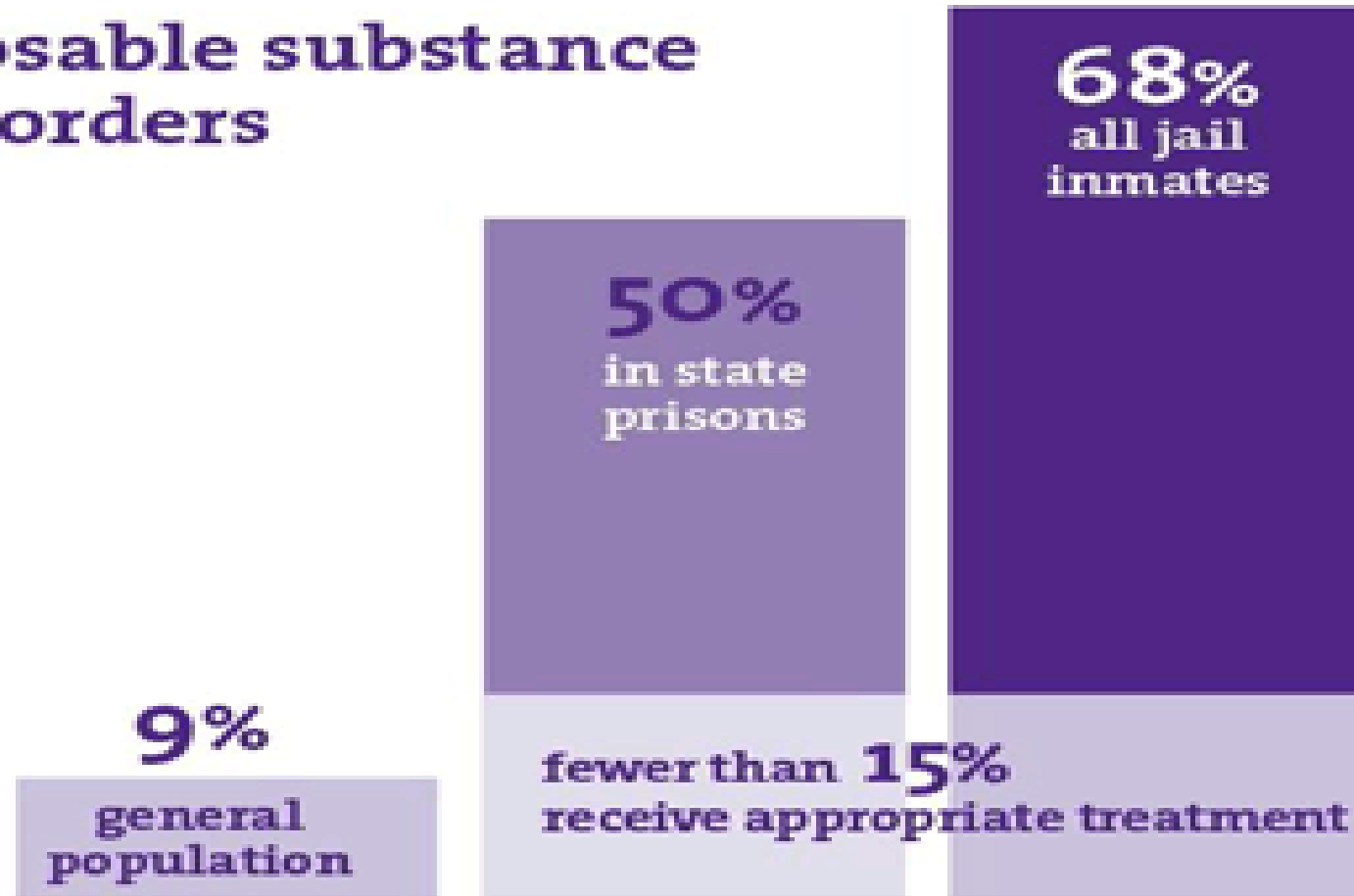
## Serious mental illnesses in jails



In state prisons, prevalence of serious mental illness is 2 to 4 times higher than in the community.

# Prevalence of Substance Use Disorders (SUD)

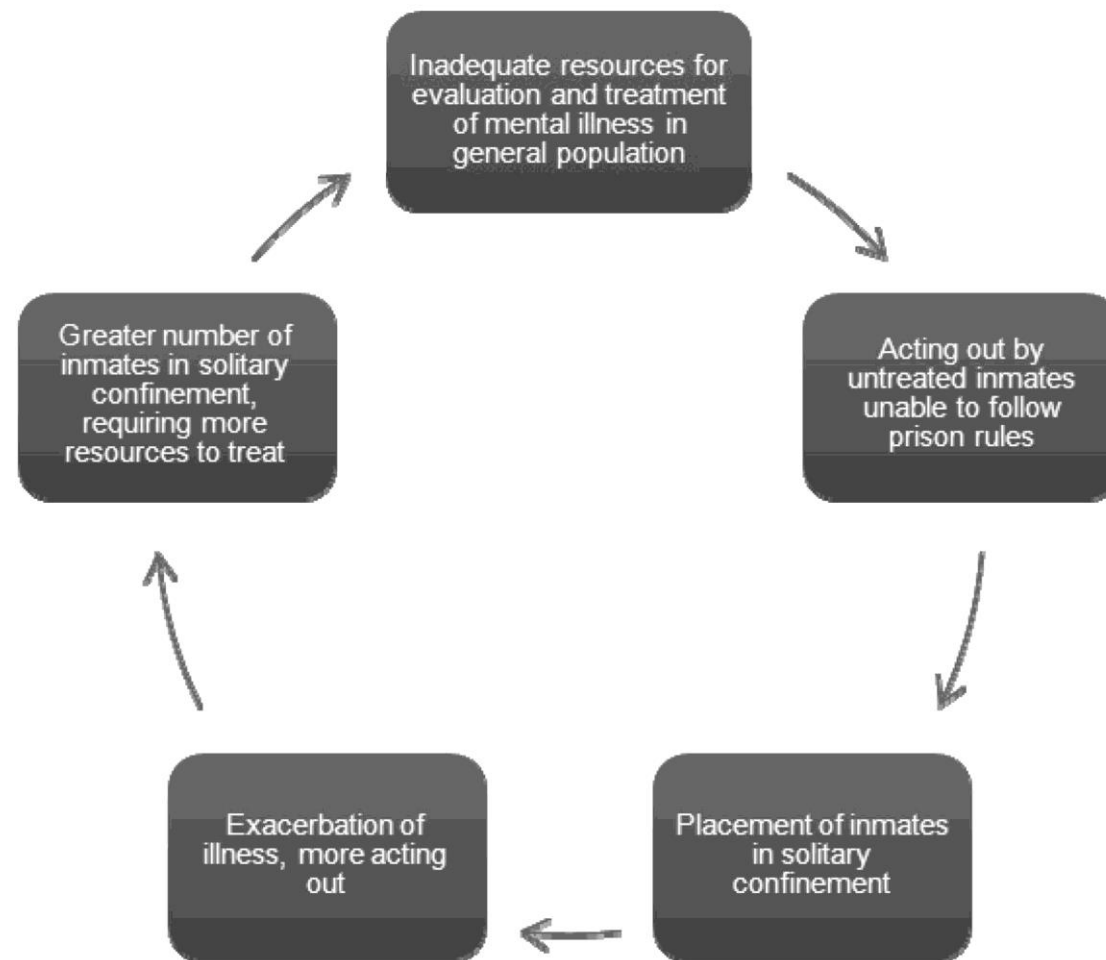
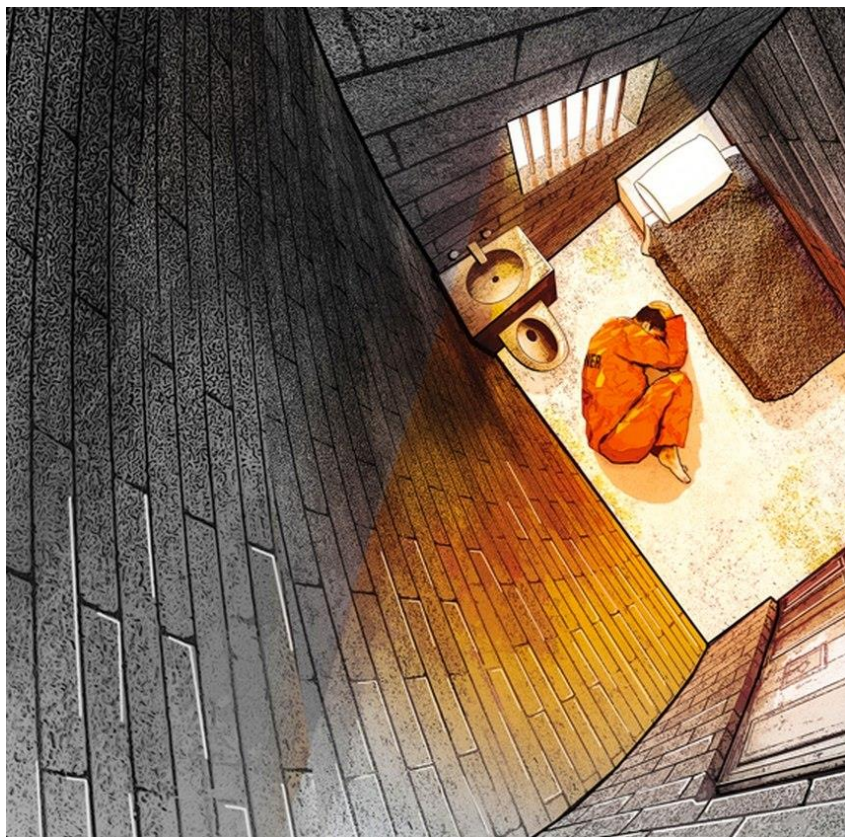
- **Diagnosable substance use disorders**



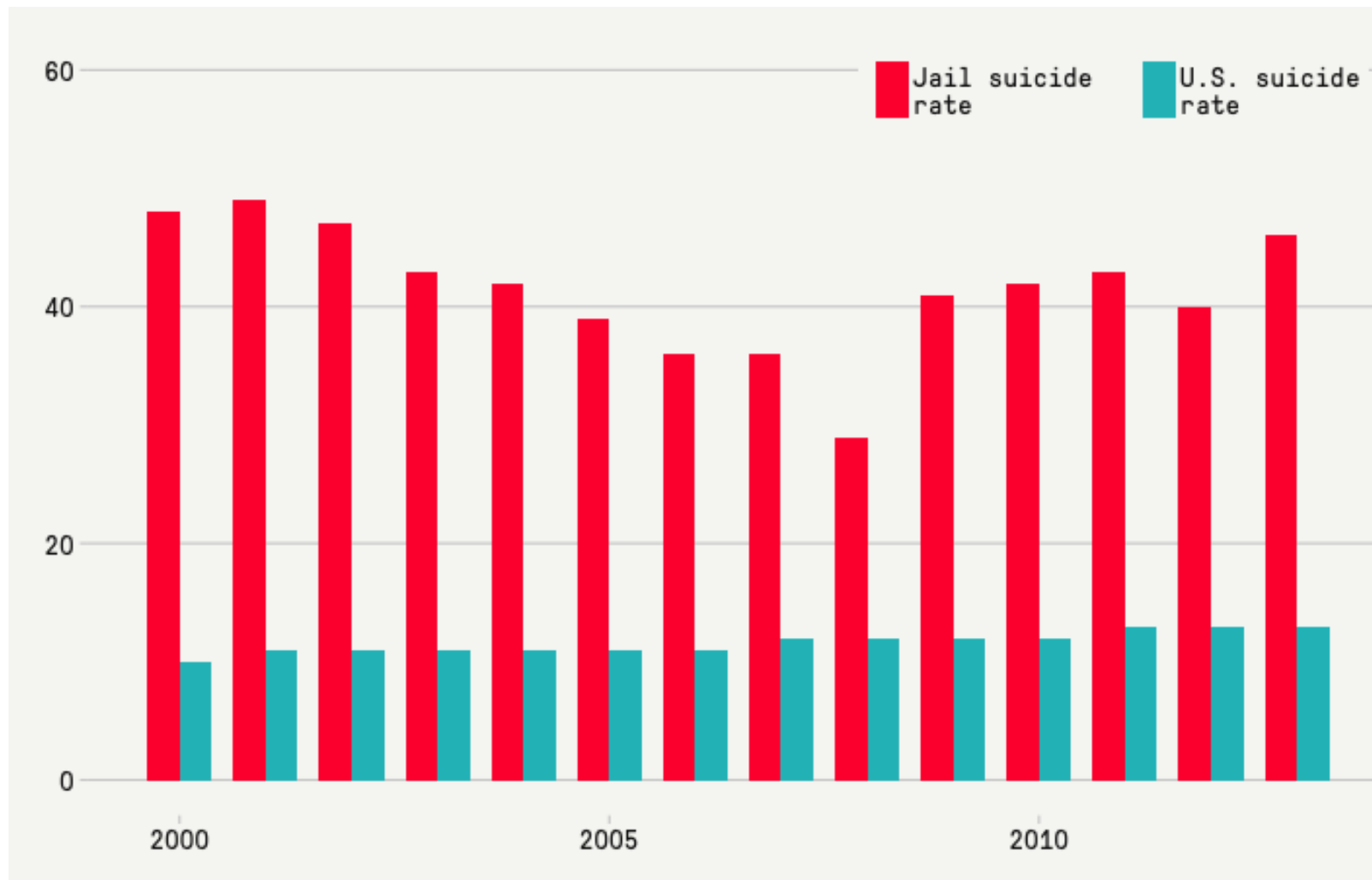


# Problems Associated with Having SMI Persons in Jails/Prisons

- **Not structurally appropriate for psychiatric patients**
- **Staff are not psychiatric caretakers**
- **Mentally ill offenders are “frequent fliers” due to lack of psychiatric aftercare**
- **SMI offenders stay longer**
  - **More than double the number of days in jails than non-mentally ill offenders**
  - **Accumulate rule violations resulting in longer stays/ segregation**
  - **Held longer (months) awaiting psychiatric bed for evaluations or placement if found Incompetent to Stand Trial**
  - **Less likely to get out on bond**



# Suicides in Jails and Prisons



- Suicide rate (2013)
  - US gen population - 13 per 100,000
  - Jail – 46 per 100,000
  - Prison-15 per 100,000

# Sexual Victimization of SMI offenders in Jails/ Prisons

## Rates of Sexual Victimization in Prison for Inmates With and Without Mental Disorders

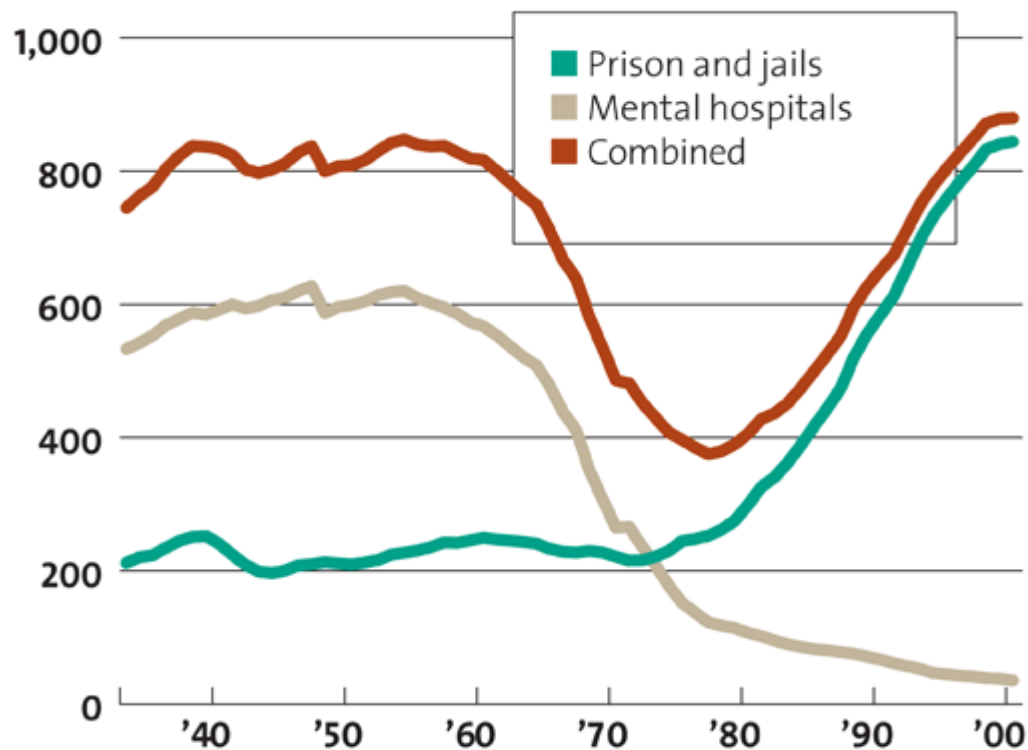
[Nancy Wolff](#), Ph.D., [Cynthia L. Blitz](#), Ph.D., and [Jing Shi](#), M.S.

- 1 in 12 male inmates with mental illness vs 1 in 33 male inmates without mental illness reported sexual victimization by another inmate within the last 6 months.
- Among those with mental illness, females with 3 times more likely to be victims of sexual victimization than males.

# Why are more persons with SMI ending in jails/prisons?

## Locked Up. But Where?


Rates of institutionalization, per 100,000 adults




- Decrease in long-term inpatient psychiatric beds
- Lack of access to care in the community
- Lack of continuity of care in the community
- Lack of community resources to manage the SMI
- Use of criminal laws as a means to get treatment for SMI
- Homelessness in SMI population

# Improving mental health care within the prison system

- **Several major case law, , legal interventions, consent decrees etc. have mandated adequate mental health treatment within the prison systems**
- **Prisons are building specialized mental health units**
- **Mentally ill offenders in segregation are monitored closely**
- **Standards of care are established for treatment of mental illness within prisons and jails**
- **Suicide prevention measures/ trainings have been implemented**



**This is not a mental health treatment facility**

 [FACEBOOK.COM/OURTIMEORG](https://www.facebook.com/ourtime.org)

**This does not address the problem of increased incarceration of persons with Serious Mental Illness (SMI)**



# What is wrong with our current system?

- Current management of the SMI are siloed in different systems of care such as Department of Corrections, community mental health systems, Department of Mental Health etc.
- It is system centered care (provider centered care) rather than patient centered care- fragmentation of care
- SMI such as Schizophrenia or Bipolar I Disorder are chronic medical conditions that need nearly life-long continuity of care across systems to preserve functioning
- SMI patient focused case management across systems of care has not been developed

# Other issues with current system of care

- Lack of coordinated treatment and management of SMI and co-morbid Substance Use Disorders (SUD)
- Fragmented care for SMI, SUD and medical conditions within systems of care

# Some Evidence Based Solutions

- Use of Assisted Outpatient Treatment (AOT)- Court ordered intensive OP treatment with need for medication compliance (Outpatient Civil Commitment)
  - North Carolina showed decrease in re-arrests in SMI population from 45 % to 12%
  - New York showed decrease from 30% to 5% for re-arrest in SMI
  - AOT also decreased alcohol and drug use

# Crisis Intervention Training (CIT)

- Police officers are trained to identify mental health crisis situations
- Intervene by taking those in mental health crisis to emergency mental health services rather than to jail
- Connect with community resources
- Data from Los Angeles, Chicago and Memphis show decreased jail booking and increased admission to mental health facilities

# Jail Diversion Programs

BIOMEDICAL RESEARCH INTERNATIONAL

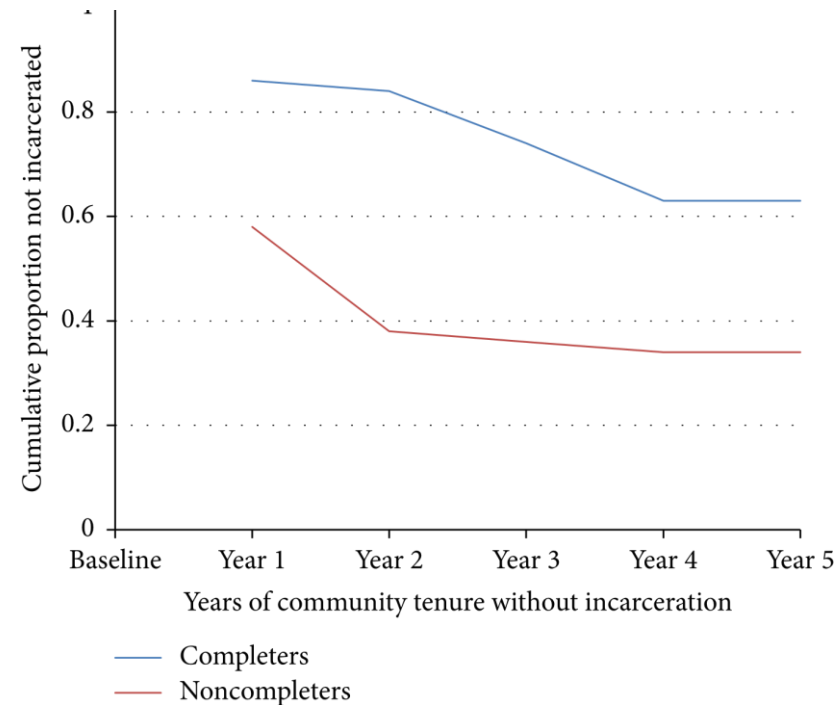
Volume 2017, Article ID 7917616, 7 pages

<https://doi.org/10.1155/2017/7917616>

## Research Article

# Jail Diversion for Persons with Serious Mental Illness Coordinated by a Prosecutor's Office

Kenneth J. Gill and Ann A. Murphy



# Mental Health Courts

- Seen as a favorable solution to the problem.
- Judges give the option of following a mental health treatment plan instead of incarceration
- Completers show decrease in recidivism
- There is a large variation across the country regarding implementation of Mental Health Courts
- The nature of charge such as felony vs misdemeanor, can determine eligibility for mental health court

# In Summary

- Prisons and jails have become the “new asylums” for housing the SMI
- Improving treatment within the correctional system does not address the issue of need to decrease incarceration of SMI
- CIT, jail diversion programs and mental health courts are showing promise in decreasing incarceration of the SMI
- But they do not address our current fragmented systems of care for SMI individuals.
- Funding focused on patient centered care rather than system (provider) centered care will help decrease gaps in care
- Intensive community based case management and if needed, Assisted Outpatient Treatment, will facilitate SMI individuals in maintaining mental health stability and functioning, which translates into decreased recidivism and incarceration.