



### **Criminalization of people with mental illnesses is a significant problem:**

**With the decrease in inpatient psychiatric beds and declines in the availability of community mental health services, people with serious mental illnesses frequently go without the treatment and services that they need.** When someone experiences a psychiatric crisis or acts out as a result of symptoms of their illness, often police are the first-line responders, and jails and prisons are increasingly used to house and treat these individuals. Once incarcerated, people with mental illnesses do not receive the services that they need, are vulnerable to abuse, and have difficulty reconnecting with services on release. The result, for many, is years of cycling through prisons and jails, shelters, and emergency rooms, which is costly for communities, a burden on police and corrections, and tragic for people with mental illnesses.

- ◆ More than 450,000 Americans with a recent history of mental illnesses are incarcerated in US jails and prisons. This includes 24% of state prison inmates, and 21% of local jail inmates.<sup>1</sup> Of these, about 72% have a co-occurring substance abuse disorder.<sup>2</sup> By comparison, about 6% of the general population has a serious mental illness.<sup>3</sup>
- ◆ Of probationers, 16%, or more than 500,000 people, reported having a mental disorder.<sup>2</sup>
- ◆ In one study, approximately 28% of people with serious mental illness were arrested in a 10-year period. The majority of these arrests were for non-violent charges like crimes against the public order or property offenses.<sup>4</sup> Many experienced repeat arrests.
- ◆ Sixty-six percent of boys, and almost 74% of girls in the juvenile justice system meet the diagnostic criteria for at least one major mental illness.<sup>5</sup>
- ◆ People with mental illness who are incarcerated tend to have higher rates of homelessness and co-occurring substance abuse disorders.<sup>6</sup>
- ◆ People who are incarcerated who have a mental illness have experienced, prior to their incarceration, higher rates of sexual and physical abuse victimization and unemployment than other inmates.<sup>1</sup>
- ◆ When they are incarcerated, people with mental illness often lose access to Medicare, Medicaid, and Social Security benefits. Even when benefits should be restored upon release, re-applying for benefits can be time-consuming and complex. Without case management assistance to restore benefits, prisoners re-entering communities after prison are at risk of re-offending or requiring costly emergency medical services.<sup>7</sup>

## **Criminalization creates serious burdens for police and corrections:**

**When people with serious mental illnesses interact with the justice system, they spend more time in prison, and they require a specialized police response and expensive psychiatric care. This creates a financial burden on police and corrections — money that would be better spent maintaining public safety and getting people with mental illnesses the treatment they need before they encounter police.**

- ◆ Once arrested, individuals with mental illness and substance abuse disorders spend on average 17 more days in jail than people without these disorders who were charged with similar crimes.<sup>6</sup> At Riker's Island, New York City's largest jail, inmates with serious mental illness serve on average almost 6 months more than inmates without serious mental illness.<sup>8</sup>
- ◆ The yearly cost of incarceration for one prisoner in both state and Federal prisons is approximately \$22,600.<sup>9</sup> According to a 2004 report, taxpayers in Miami-Dade County, Florida spend \$18 per day to house inmates from the general population in jail. Taxpayers spend \$125 per day to house inmates with mental illnesses in jail.<sup>10</sup>
- ◆ Studies show that between 10-15% of police shootings are “suicide-by-cop” incidents, when the victim is suicidal and deliberately provokes the officer to shoot.<sup>11</sup>
- ◆ Police officers report that responding to “mental disturbance” calls creates a significant burden on their departments.<sup>12</sup>

## **There are strategies that work:**

### **Pre-Booking Jail Diversion:**

Studies show that police-based jail diversion, and crisis intervention teams (CIT) especially, significantly reduce arrests of people with serious mental illnesses.<sup>13,14</sup> These programs also better identify individuals who need psychiatric care.<sup>15</sup> Individuals diverted through CIT and other pre-booking diversion programs receive more counseling, medication and other forms of treatment than individuals who are not diverted.<sup>16</sup>

### **Post Booking Jail Diversion:**

Mental health courts and other post-booking diversion programs have proven effective in reducing incarceration and improving treatment outcomes. Studies of the Allegheny County (PA) and Broward County (FL) Mental Health Courts revealed that mental health courts reduced the amount of time offenders with serious mental illness spent in jail, increased the amount of mental health treatment they received, and did so at no additional cost.<sup>17, 18</sup>

### **Supportive Housing:**

Placing individuals who are homeless and who have serious mental illnesses in supportive housing with social services reduces time spent in jail, and reduces financial burdens on the criminal justice system. In one study, the reduced costs to the criminal justice system, shelters and emergency rooms made up for 94% of the cost of supportive housing.<sup>19</sup>

### **Forensic Assertive Community Treatment:**

Forensic Assertive Community Treatment (FACT) treats individuals with serious mental illness who have been involved with the criminal justice system by providing intensive round-the-clock services in the community. In one study, FACT reduced jail days by 83%.<sup>20</sup>

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