

Vera Institute of Justice

Criminal Justice Issues and Prisoners' Rights

<https://www.vera.org/blog/racial-disparities-in-mental-health-and-criminal-justice>

Public Facing Advocacy Writing

July is [Minority Mental Health Month](#), a time dedicated to raising awareness about the unique challenges that underrepresented communities face in accessing mental health treatment in the U.S.

As a mental health researcher at Vera, I also see this awareness month as a time to reflect on the intertwined problems of racial and health disparities in our criminal justice system as well as the work needed to reduce them.

The overrepresentation of people of color, especially black people in the criminal justice system is a well-established fact. Vera's [Arrest Trends](#) tool, which maps annual, nationwide arrest data, shows that black people were 2.17 times more likely to be arrested than white people in 2016. Our [Incarceration Trends](#) tool shows even greater racial disparities, with black people being 3.5 times more likely to be incarcerated in jail and nearly five times more likely to be incarcerated in prison nationwide.

It is also widely known that people with mental illness are overrepresented in the criminal justice system. The most recent [data](#) available from the Bureau of Justice Statistics shows that more than one quarter of people in jail met the threshold for serious psychological distress and nearly half had been told by a mental health professional that they have a mental illness.

What's troubling is that even though people of color are more likely to be involved in the criminal justice system, there is evidence that they are [less likely](#) to be identified as having a mental health problem. Also, they are [less likely](#) to receive access to treatment once incarcerated.

There is also substantial evidence of racial and ethnic disparities in community mental health care. As documented by the [U.S. surgeon general's report on mental health](#), racial and ethnic minorities have less access to mental health services than white people, are less likely to receive needed care and are more likely to receive poor-quality care when they are treated.

Additionally, there may be unique dynamics at play once people enter the criminal justice system that contribute to even greater racial disparities in the screening, evaluation, diagnosis and treatment of people with mental health problems.

For example, there is evidence that prosecutors are [more likely](#) to grant pretrial diversion to white defendants than to black or Latinx defendants with similar legal characteristics. This could have especially negative effects for people of color with mental illness, since pretrial jail incarceration has significant negative health impacts. Other evidence shows that [mental health screening tools used by jails reproduce racial disparities](#), resulting in fewer black and Latinx people screening positive and thus remaining under-referred and undetected in the jail population.

Incarceration itself also impacts important factors of health, such as housing. Formerly incarcerated people are nearly [10 times more likely](#) to be homeless, and rates of homelessness are especially high among people of color. Lack of housing can significantly worsen mental health problems.

The good news is that there is increased focus on how to divert people with mental illness, including people of color with mental illness, out of the criminal justice system entirely. Jurisdictions across the country are developing and implementing models to improve responses to people with mental illness.

There is widespread agreement around the need to improve police responses to people with mental illness and to create diversion programs that link people to community-based treatment instead of incarceration. As one example of the current progress, Vera launched [Serving Safely](#) last year through support from the Bureau of Justice Assistance and in collaboration with partner organizations, including the National Alliance on Mental Illness (NAMI). Serving Safely is a national initiative to improve law enforcement responses to people with mental illness and intellectual and developmental disabilities.

To date, we have provided training and technical assistance to more than 50 police departments, prosecutors' offices and public safety communications representatives (911 call-takers and dispatchers) across the country. Among our many activities, we are educating departments about the [variety of models](#) to successfully respond to people in crisis. And we are supporting NAMI to develop a training course that coaches peers to make effective presentations to law enforcement.

Serving Safely is one concrete example of the effort to raise awareness about the overrepresentation of people with mental illnesses in the criminal justice system. We need to both reduce contact and improve interactions for people at the earliest stage of justice-system involvement. Helping law enforcement officers improve their responses provides important opportunities to lessen the health disparities that are so rooted in our justice system. But continued progress requires that the interventions being developed and implemented across the country be done so with an eye toward and a commitment to reducing racial disparities.

Without a conscious commitment to racial equity in this work, communities risk recreating patterns of unequal justice even as they strive to improve responses to people with mental illness. Indeed, advancing racial equity is a commitment that must go hand-in-hand with reform to both the criminal justice system and the mental health system.

This blog post was originally published on [the National Alliance on Mental Illness website](#).

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