

The Disproportionate Incarceration of Individuals with Serious Mental Illness:
An Exploration of Causes and Potential Solutions

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The National Institute of Mental Health defines serious mental illness as “a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities”. Of the total US population, only 3% of individuals have a serious mental illness (“General Mental Health”), however of those incarcerated in the US - 2.3 million (Sawyer, 2019) - its estimated to be around 15% who have a serious mental illness (Steadman, 2009, p.1). That’s almost five times the prevalence of serious mental illness in the general population. Even more concerning, the number of people incarcerated with a serious mental illness is more than three times the total number of individuals with a serious mental illness in hospitals (Steadman, 2009, p.2). These statistics demonstrate the disproportionate incarceration of individuals with serious mental illness in the United States, and the troubling fact that many more individuals with serious mental illness are being cared for in prisons as opposed to hospitals.

The following paper will explore the many factors creating this disproportionate incarceration, including the roles of prisons, the legal system, society, and the mental health system. It will demonstrate who is being impacted by this and the potential results of making a change, and outline several avenues by which this change could be achieved.

Factors Influencing Disproportionate Incarceration

The Role Prisons Play

The US has several different institutions for incarceration, including prisons, jails, and detention centers. One of the biggest differences among these institutions is whether they are privately owned or not. A criticism of privately owned institutions is that they are for-profit. This means there can be a significant conflict of interest since they profit from having more prisoners with longer sentences (“Private prisons”), and therefore are disincentivized from rehabilitating and preventing repeat offenders. This becomes particularly relevant with mental health. Prisoners in private prisons serve on average twice as long as an inmate in public prisons (“Private prisons”). On top of this, mentally ill inmates often serve for over twice as long as a non-mentally ill inmate (Steadman, 2009, p.2). This indicates that these institutions can potentially profit the most from individuals with serious mental illness because of their longer stays, which is concerning since this is a population that might not have the resources or required cognitive functioning to advocate for themselves.

There are a number of causes of longer stays for inmates with serious mental illness, including that private prisons can make more money by taking advantage of their situation. However, there are other reasons that point to issues both in and out of the prison system. Often times these inmates are held for months waiting for a bed in a psychiatric facility, indicating that our mental health services are lacking to the point that prisons have become a sort of dumping ground for those with serious mental illness (Steadman, 2009, p.2). Additionally, prisoners with mental

illness constitute a much higher rate of infractions in jail, which extends their stay. This stems from more difficulty in understanding and following prison rules, which emphasizes how these institutions might not be the right place for them (Steadman, 2009, p.2).

There are other factors that contribute to people with serious mental illness entering the prison system to begin with. One of the biggest reasons for this is deinstitutionalization.

Deinstitutionalization in this context is the discharge of a long-term inmate from an institution such as a mental hospital. Starting in the 1960's this was used as a government policy to move mental health patients out of state-run asylums and into federally funded out-patient care. The goal of this process was to improve care for patients and cut costs in government budgets.

However, the process of deinstitutionalization has also decreased the capacity of state mental hospitals so that they can't care for as many individuals, resulting in a rising burden for prisons to become the primary institution for those individuals (Lamb, 1998, p.486). Where deinstitutionalization has created a void in the healthcare system that the prison system has been accommodating for. However, within prisons there is often inadequate outpatient treatment, insufficient community resources, and poor 24-hour psychiatric care for those who need it (Lamb, 1998, p.486).

The Role the Legal System Plays

Another factor has been the changes made to civil commitment laws. Civil commitment is the court-ordered institutionalization of someone who is struggling with their mental health and or addiction, and seems to be a threat to themselves or others. The intention of civil commitment is to prevent offenses and help to rehabilitate the individual. The change to civil commitment laws have created a restrictive set of laws that have more specific criteria for committing individuals, and have changed the length of stay from indeterminate and extended to determinate and brief (Lamb, 1998, p.487). This has resulted in less individuals being civilly committed if they haven't demonstrated a serious or dangerous enough mental illness, which means there are more individuals left residing in the community where they may commit criminal acts and enter the criminal justice system (Lamb, 1998, p.487). Shortening the mandatory stay has also made a similar impact, since in many cases the brief commitment is not long enough to provide adequate rehabilitation.

Law enforcement also contributes to many individuals with mental illness entering the criminal justice system unnecessarily. For police officers, the route of arrest can be more streamlined and sometimes preferable to taking the individual to a hospital. Hospitals can have long waiting periods in emergency rooms, and can refuse admission from the officer. When individuals are excluded from hospitals the criminal justice system becomes the last place to handle them, though with arrest there is the potential for them to see a mental health professional associated with the court (Lamb, 1998, p.488). Additionally, police can fail to recognize mental illness because of the situation or if they think the person is instead merely intoxicated. This stems from a lack of training and experience, something which a mental health professional would have. Unfortunately mental health professionals aren't consulted at the scenes of these arrests and so it

is left to the police officers to make their best judgement. Sometimes when mental illness is recognized in an individual, officers will arrest as a “mercy booking” (Lamb, 1998, p.488). This highlights how much community resources and the mental health system is lacking, when other institutions start intentionally picking up the slack. Furthermore, when someone with a serious mental illness does commit a crime against someone else, that person is generally not very sympathetic to serious mental illness and will press charges anyways (Lamb, 1998, p.488).

The Role Society Plays

The view society has on mental illness also plays a role in this pattern of incarceration. It is the opinion of many that prison is a necessary sentence for serious offenders, even if mental illness is a contributor to the offense (Lamb, 1998, p.488). There has also been a historical stigma against mental illness, with many people disregarding it as having a serious impact on people’s lives and or being real. From this stigma, many people think that mental illness is being used as a deliberate attempt to avoid justice, however the insanity plea is rarely used and many prisoners never take responsibility for their mental illness if they have one (Lamb, 1998, p.488). This is problematic in itself because it means these prisoners aren’t advocating to get the mental health care they need since they can’t see what’s wrong. Another aspect of the stigmatization of people with serious mental illness is that they are feared since they seem very volatile, this is especially felt when the individual has committed a crime (Lamb, 1998, p.488). It is this fear that lessens people’s sympathy for those with serious mental illness and puts them against treating the mentally ill any differently from non-mentally ill offenders.

The Role the Mental Health System Plays

These factors all contribute to a cycle of incarceration that is aided by the lack of mental health services outside of institutions. In many communities mental health treatment, housing, and rehabilitation resources are insufficient and or inappropriate (Lamb, 1998, p.487). This can be a lack of services provided, such as case management, or a lack of appropriate services, such structured outreach instead of just outpatient care (Lamb, 1998, p.487). A problematic result of the incarceration of those with serious mental illness is that after they are released it is often much harder for them to receive the mental health care they need. With a criminal history these people are seen as dangerous and resistant to treatment, so mental health providers can be intimidated and unwilling to provide care for them (Lamb, 1998, p.487). Mental health providers also might not have the structure and resources or training to handle these individuals if they wanted to (Lamb, 1998, p.487). Thus the recent inmates are left to the criminal justice system once again and aren’t given the proper resources to rehabilitate themselves. This is unfortunate since it has been noted that, “In outpatient facilities in which structure is provided, staff is protected, and mental health and criminal justice system collaborate, many of these individuals are successfully treated” (Lamb, 1998, p.488).

Who Addressing this Problem Could Benefit

There are many factors contributing to the disproportionate incarceration of individuals with serious mental illness, and the reason that this is so problematic is that it hurts those individuals more than it helps. Prisons negatively affect mental health due to “overcrowding, various forms of violence, enforced solitude or conversely, lack of privacy, lack of meaningful activity, isolation from social networks, insecurity about future prospects (work, relationships, etc), and inadequate health services, especially mental health services” (“American Psychiatric”, 2000, p.1). Addressing these problems can improve the quality of life for more than just inmates with serious mental illness, and for those who are struggling it can help prepare them for reentering the community and properly prevent a repeated offense.

The prisons themselves could also benefit from lessening the unnecessary incarceration of individuals with serious mental illness. These individuals are the most expensive to house in prisons since they require increased staffing needs, psychiatric drugs, and can cause management issues. It costs “\$80 a day to house a regular inmate but \$130 a day for an inmate with mental illness” (Steadman, 2009, p.2). The prisons would be able to spend more money on a population they are better equipped to serve, and those with serious mental illness would be better served if more were properly placed in a psychiatric unit or mental health care.

How this Problem Should be Addressed

There are several different options that have been discussed for how to approach fixing this problem, with a strong emphasis on early identification as this can mitigate unnecessary incarceration from the start.

Areas to Improve in Law Enforcement

To tackle the problem from the very beginning, police officers should be given more training in recognizing and handling individuals with serious mental illness, as this can prevent the issues of disproportionate arrest. It could be highly beneficial and effective to create an application that would aid police officers in these situations. An application might be on their phone or within their police car, and it could provide a simple screening questionnaire and connection to a medical professional. The screening questionnaire would ask questions based on previous answers and could help law enforcement in identifying those struggling with serious mental illness. The application could also connect officers with a mental health professional who they could ask specific situational questions and get advice on next steps.

Areas to Improve in the Legal System

In addition to improving police response, it would also be beneficial to improve diversion programs. There should be more emphasis placed on treating and caring for those with mental illness who have committed minor crimes rather than punishment. Diversion also requires better integrated services, “In order to effectively divert detainees with mental illnesses from jail to appropriate mental health treatment, agencies within the criminal justice and mental health

systems regularly coordinate their activities, even when their goals and expectations appear to conflict” (Steadman, 1995, p.1631). Increased and effective case management can also help with diversion as well as proper placement of individuals. In order for inmates to be receiving the help they need when they need it they require someone who is understanding and attentive that can help with identification and outreach (Steadman, 1995, p.1633).

Areas to Improve in the Prison System

More accessible mental health resources in prisons are also extremely important in helping inmates from extending their stays and will prepare them to reenter the community without reoffending. This can help break the cycle by giving the individuals the help they need when they need it.

Training prison staff to more adequately handle inmates with serious mental illness is also important in decreasing the length of their stay. Inmates with serious mental illness make up almost 76% of the inmates in solitary confinement (Steadman, 1995, p.3), which can make their own mental situation worsen, causing more issues in the future. With properly trained staff this action can be avoided when it is not necessary.

Areas to Improve in Society

Increasing mental health resources in the community and making them more accessible can also help in preventing offenses if individuals are getting the care that they need. Funding for these resources should be of a higher priority since it not only serves those with serious mental illness, but also the community as a whole. Many people struggle with mental illness while functioning in their day to day lives and would benefit from high quality and accessible mental health services. In addition, helping those with serious mental illness while they are in the community can prevent initial incarceration which can exacerbate mental illness and prevent rehabilitation.

Conclusion

The US has a serious problem with mass incarceration, and one of the populations that suffer disproportionately from this is those with a serious mental illness. There are many factors that play a role in this, including problems both in and out of the criminal justice system. These factors, the issues that they create, and the results of them have been clearly outlined to demonstrate how exactly this phenomenon has come about. It has been identified how a change in these factors could have a strong impact, however this paper did not identify any single solution to this issue with incarceration. Instead it highlighted the many potential areas for improvement as society moves forward. From a broader perspective, the stigmatization of mental illness is at the root of many of the issues discussed. If that can change then everyone in the community - not only those struggling with serious mental illness - can be better served.

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