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MENTALLY ILL PERSONS IN THE CRIMINAL JUSTICE SYSTEM: SOME PERSPECTIVES

H. Richard Lamb, M.D., Linda E. Weinberger, Ph.D., and Bruce H. Gross, J.D., Ph.D.

There is an increasing number of severely mentally ill persons in the criminal justice system. This article first discusses the criminalization of persons with severe mental illness and its causes, the role of the police and mental health, and the treatment of mentally ill offenders and its difficulties. The authors then offer recommendations to reduce criminalization by increased coordination between police and mental health professionals, to increase mental health training for police officers, to enhance mental health services after arrest, and to develop more and better community treatment of mentally ill offenders. The necessary components of such treatment are having a treatment philosophy of both theory and practice; having clear goals of treatment; establishing a close

H. Richard Lamb, M.D., is a Professor of Psychiatry, and Director of Division of Mental Health Policy and Law, Keck School of Medicine, University of Southern California, Los Angeles, CA.

Linda E. Weinberger, Ph.D., is a Professor of Clinical Psychiatry, and Chief Psychologist of Institute of Psychiatry, Law and Behavioral Sciences, Keck School of Medicine, University of Southern California, Los Angeles, CA.

Bruce H. Gross, J.D., Ph.D., is an Associate Professor of Psychiatry, and Director of Institute of Psychiatry, Law and Behavioral Sciences, Keck School of Medicine, University of Southern California, Los Angeles, CA.

Address correspondence to H. Richard Lamb, M.D., USC Department of Psychiatry, 2020 Zonal Ave. IRD 715, Los Angeles, CA 90033; e-mail: hlamb@usc.edu.

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liaison between treatment staff and the justice system; understanding the need for structure; having a focus on managing violence; and appreciating the crucial role of case management, appropriate living arrangements, and the role of family members.

KEY WORDS: criminalization; mentally ill offenders; police & mental health; mentally disordered offender treatment.

The greatly increased presence of severely mentally ill persons in the criminal justice system is an urgent problem. As a result, mental health professionals and society have become much more concerned about the number of persons with mental illness in jails and prisons, as well as the treatment provided to these persons, both in such facilities and after release. These issues are relatively recent ones. Reports of large numbers of mentally ill persons in American jails and prisons began appearing in the 1970s (1–3). This phenomenon had not been reported since the 19th century (4).

The purpose of this article is to examine this phenomenon of the criminalization of the mentally ill, try to understand how it came about, discuss the consequences for persons with severe mental illness and propose recommendations for dealing with these problems. Thus, we will discuss ways to prevent severely mentally ill persons from entering the criminal justice system, to appropriately divert those who are already in it to the mental health system, and to provide appropriate mental health services for those individuals who remain in the criminal justice system.

THE CRIMINALIZATION OF PERSONS WITH SEVERE MENTAL ILLNESS

Generally, it has been reported that 10 to 15 percent of persons in jails and federal and state prisons have severe mental illness (5–7). The magnitude of the problem can be seen when we multiply these percentages of mentally ill persons in jails and prisons by the number of inmates. For instance, in 2001, there were approximately 1,980,000 adults incarcerated in jails, and state and federal prisons in the US (8). Therefore, even a small percentage of such large populations represent a very significant number of mentally ill persons in jails and prisons.

Causes of Criminalization

A number of factors are commonly cited as causes of mentally ill persons being placed in the criminal justice system. These factors include deinstitutionalization and the unavailability of intermediate and long-term hospitalization in state hospitals for persons with chronic and severe mental illness; more formal and rigid criteria for civil commitment; the lack of adequate support systems for mentally ill persons in the community as well as the difficulty mentally ill persons coming from the criminal justice system have gaining access to mental health treatment in the community; and a belief by law enforcement personnel that they can deal with deviant behavior more quickly and efficiently within the criminal justice system than in the mental health system (9,10).

Deinstitutionalization

The belief that deinstitutionalization is a cause of mentally ill persons being placed in the criminal justice system is a widely held theory for which there is some evidence (11,12). Clearly, less room currently exists in state mental hospitals for chronically and severely mentally ill persons. For example, in 1955 when the number of patients in state hospitals in the U.S. reached its highest point, 559,000 persons were institutionalized in state mental hospitals out of a total national population of 165 million. As of December 2000, the figure was approximately 55,000 for a population of more than 275 million. Thus, in 45 years, the U.S. reduced its number of occupied state hospital beds from 339 per 100,000 population to 20 per 100,000 on any given day (Personal communication, Manderscheid R, 2003). In some states, such as California, the ratio is even less; that is, there are fewer than three state hospital beds per 100,000 population, excluding forensic patients (Personal communication, Mone R, California State Department of Mental Health, 2001).

That fewer psychiatric hospital beds might result in more mentally ill persons being arrested and incarcerated is not a new theory. For instance, as early as 1939 Penrose (13) advanced the thesis that a relatively stable number of persons are confined in any industrial society. Using prison and mental hospital census data from 18 European countries, Penrose found an inverse relationship between prison and mental hospital populations. He theorized that if one of these forms of confinement is reduced, the other will increase. According to this theory, when prison populations are extensive, mental hospital populations will be small, and vice versa. Thus, if there is room in prisons and a shortage

of hospital beds, many mentally ill persons who come to the attention of law enforcement might well be directed to the criminal justice system.

Restrictive Civil Commitment Criteria

A second factor thought by many to contribute to criminalization is the relatively recent adoption of more formal and rigid criteria for civil commitment. In 1969, California's then-novel civil commitment law, the Lanterman-Petris-Short Act, went into effect. Within a decade every state made similar modifications in their commitment codes. In effect, the new civil commitment laws resulted in three major changes. First, the laws modified the substantive criteria for commitment from more general criteria that simply embodied concepts of mental illness and need for treatment to more specific criteria that embodied either dangerousness resulting from mental illness or the incapacity to care for oneself. Second, the laws changed the duration of commitment from indeterminate and extensive periods to determinate and brief periods. Third, the new laws explicitly provided that persons civilly committed have rapid access to the courts, to attorneys, and, in some cases, to jury trials; this access ensured the kinds of due-process guarantees to civilly committed persons that criminal defendants had obtained over the previous decade (14).

These procedural safeguards and clear commitment standards resulted in fewer as well as shorter commitments. Thus, many mentally ill individuals who otherwise would have been civilly committed by family or others were now left to reside in the community. Consequently, only the most impaired and dangerous mentally ill persons are hospitalized. This has resulted in greatly increased numbers of mentally ill persons in the community who may not be able to care for themselves and control their impulses; thus, some of these individuals may well commit criminal acts and enter the criminal justice system.

Lack of Adequate Community Support Systems

Another factor which both leads to as well as perpetuates the criminalization of severely mentally ill persons is the lack of adequate support systems in the community. An essential part of support systems for these persons is the availability of community treatment resources. It is clear, however, that in most, though by no means all, jurisdictions in this country, mental health treatment, case management, housing, and rehabilitation resources are insufficient to serve the very large numbers

of mentally ill persons in the community (15). Moreover, as described below under "Community Treatment of Mentally Ill Offenders" the type of community mental health resources available may not be suitable for the population to be served.

The Role of the Police

The police play an important role in the criminalization of the severely mentally ill and this will be discussed as part of the more in-depth exposition of the police and mental health which follows.

POLICE AND MENTAL HEALTH

Since the advent of deinstitutionalization and the exodus of persons with mental illness into the community, law enforcement agencies have had an increasingly important function in the management of persons who are experiencing psychiatric crises. The rationale for the police to intervene in the lives of persons with mental illness derives from two common-law principles: the power and the authority of the police to protect the safety and welfare of the community, and the state's paternalistic or parens patriae authority, which dictates protection for citizens with disabilities who cannot care for themselves, such as those who are acutely mentally ill (16,17).

The police are typically the first and often the sole community resource called on to respond to urgent situations involving persons with mental illness (18–21). They are responsible for either recognizing the need for treatment for an individual with mental illness and connecting the person with the proper treatment resources (22,23) or making the determination that the individual's illegal activity is the primary concern and that the person should be arrested (24). This responsibility thrusts them into the role of primary gatekeepers who determine whether the individual will enter into the mental health or the criminal justice system (11).

Even when the police consider the problem to be one of mental disorder, there are a number of problems and irritants that may contribute to the criminalization of persons with severe mental illness. There may be long waiting periods in psychiatric emergency rooms during which police officers cannot attend to other duties. Mental health professionals may question the judgment of police and refuse admission, or they may admit for only a brief hospital stay a person who just a short time before constituted a clear menace to the community (9,17,25).

On the other hand, the police are well aware that if they refer a psychiatric case to the criminal justice system, the offender will be dealt with in a more systematic and predictable way. The individual will be taken into custody, will hopefully be seen by a mental health professional attached to the court or in the jail, and will probably receive psychiatric evaluation and treatment. Thus arrest is a response with which police are familiar, one over which they have more control, and one that they believe will lead to an appropriate disposition (9,26). Moreover, when persons who are socially disruptive are excluded from psychiatric facilities, the criminal justice system becomes the system "that can't say no" (27).

While a mentally ill person suspected of committing a serious crime will most certainly be arrested and transported to jail, a number of factors, in addition to those mentioned above, have been proposed to explain why a severely mentally ill person suspected of committing a *minor* offense is arrested rather than taken to a hospital. A person who appears mentally ill to a mental health professional may not appear so to police officers, who, despite their practical experience, have not had sufficient training in dealing with this population and are still laypersons in these matters (22,28). Also, mental illness may appear to the police as simply alcohol or drug intoxication, especially if the mentally ill person has been using drugs or alcohol at the time of arrest. Still another factor is that in the heat and confusion of an encounter with the police and other citizens, which may include forcibly subduing the offender, signs of mental illness may go unnoticed (29).

COMMUNITY TREATMENT OF MENTALLY ILL OFFENDERS

With the advent of the criminalization of so many severely mentally ill persons, it is important to recognize that a large proportion of these persons can be treated at mainstream mental health clinics upon their release from jails. On the other hand, there are those discharged from correctional institutions who have multiple problems that cannot be adequately treated in traditional community-based facilities (30,31). An example of this is severely mentally ill persons who have a history of dangerousness; placing such persons in a traditional community clinic often results in rehospitalization or reincarceration (32). For these individuals, it is important to have special clinics staffed by professionals who understand dangerous mentally ill offenders and their treatment. These clinics are often under the jurisdiction of the criminal justice system. The most effective of these clinics have a comprehensive system of

community treatment with a treatment philosophy that strikes a balance between individual rights and public safety as well as including clear treatment goals (15).

Many mental health professionals who previously may not have been involved in treating mentally ill offenders are now finding themselves with treatment responsibilities for this population. Treatment conducted under the jurisdiction of the criminal justice system is very different from traditional mental health outpatient treatment—for which most clinicians have been trained. Therefore, a need exists for a clear understanding of the criminal justice system's perspectives and goals related to the treatment of mentally ill offenders. As we shall see, the perspectives and goals include an emphasis on concerns about public safety, control of violence, extensive use of authority, and close cooperation between the mental health and criminal justice systems (33,34).

Community treatment of mentally ill offenders under the jurisdiction of the criminal justice system is conducted under a variety of circumstances. One such group consists of individuals given probation by the court that includes a condition of mandatory outpatient treatment. Another consists of individuals referred for treatment by their parole officer with the understanding that failure to comply may result in a revocation of parole and return to custody. Still other groups who are often placed in mandatory outpatient treatment (conditional release programs) are persons who have been acquitted as not guilty by reason of insanity, persons found incompetent to stand trial, and persons who have been identified as dangerous mentally ill offenders. In addition, some offenders are diverted by the court from the criminal justice system to the mental health system; the prosecution of their case may be postponed by the judge until they successfully complete a specified treatment program, at which time criminal charges are dismissed. There is evidence that jail diversion may reduce recidivism for some severely mentally ill persons (35).

Increasingly, such diversion strategies are being used by special courts, called mental health courts, set up to hear cases of persons with mental illness who typically are charged with misdemeanors (36,37). In these courts, all the court room personnel (i.e., judge, prosecutor, defense counsel and other relevant professionals) have experience and training in mental health issues and available community resources. The mental health court system works in a collaborative effort to devise and implement a treatment plan that includes medications, therapy, housing, and social and vocational rehabilitation.

Treatment within a criminal justice context requires that both the mentally ill offender and the therapist satisfy legal requirements, such

as regular attendance and periodic progress reports. The patient must comply with legal restrictions such as abstinence from drugs and alcohol. Moreover, mentally ill offenders must come to terms with the fact that they have committed an illegal act and that they have been judged to have a psychiatric disorder and to need treatment. Both the criminal justice system and forensic clinicians generally expect that mentally ill offenders given treatment will gain some understanding of the role of their psychiatric disorder in past and potential future dangerous behavior and that they will avoid behavior or situations that might increase the risk for criminal activity or a deterioration in their clinical condition (38–40). Moreover, both society and the criminal justice system expect that treatment will be conducted under conditions that can, to the greatest extent possible, ensure public safety.

Thus a balance must exist between individual rights, the need for treatment, and public safety (38,41–43). However, it has been argued that courts place a greater emphasis on the potential dangerousness of the mentally ill offender than on the individual's rights (33,34). In so doing, the courts place the burden on the mentally ill offender to demonstrate that he or she no longer poses a danger to the community.

The purpose of outpatient treatment for severely mentally ill offenders is not to make presently dangerous individuals nondangerous. The criminal justice system presumes that mentally ill offenders placed in outpatient treatment will not be dangerous to others while under supervision and treatment in the community. Therefore, a primary concern in outpatient treatment of these individuals is to assess any changes in mental condition that may indicate dangerousness and to reduce potential threat of harm; features that contribute to a patient's risk of harm are addressed first in treatment.

Difficulties of Community Treatment of Mentally Ill Offenders

A large proportion of severely mentally ill persons who commit criminal offenses have a history of being highly resistant to psychiatric treatment before their involvement in the criminal justice system (9,44). They may have refused referral, may not have kept appointments, may not have been compliant with psychoactive medications, and may have refused appropriate housing placements. Moreover, for many individuals, the nature and extent of their mental illness and propensity for criminal behavior places them at risk to the community. This risk is heightened if they are resistant to treatment, a fact that the treating professional must always keep in mind.

The mental health system finds many resistant mentally ill persons extremely difficult to treat and is reluctant or unable to serve them (10,45). The reluctance becomes even greater after these persons have committed offenses, become involved in the criminal justice system, and are referred to community agencies (46).

Moreover, many mentally ill offenders are intimidating because of previous violent, fear-inspiring behavior. Thus community mental health professionals not only are reluctant but may also be afraid to treat offenders with mental disorders (11). Professionals may work in treatment facilities that do not adequately provide for staff safety, do not possess the authority and leverage of the criminal justice system, and do not provide treatment interventions with adequate structure for this population.

Another important obstacle to severely mentally ill offenders receiving outpatient treatment is that community mental health resources may be inappropriate (5,47). For instance, they may be expected to come to outpatient clinics, when the real need for many in this population is for outreach services where professionals come to them. Thus, for all these reasons, mentally ill persons are left for the criminal justice system to manage (45).

RECOMMENDATIONS

We Need to Reduce Criminalization by Increased Coordination Between the Police and Mental Health Professionals

From the standpoint of the police, it is clear that officers need and want rapid on-site assistance from mental health professionals when they are called on to deal with difficult or complex situations involving persons with mental illness who are acutely psychotic, behaving bizarrely, or exhibiting violent behavior or persons who have attempted suicide or made a suicide gesture (48). Similarly, mental health professionals who are working as members of psychiatric emergency teams without police support may feel ill equipped to handle such individuals in the field (21,49,50). Thus it has become increasingly apparent in recent years that when persons with mental illness in the community are in crisis, neither the police nor the emergency mental health system alone can serve them effectively and that it is essential for the two systems to work closely together (51).

Psychiatric emergencies have been dealt with effectively in communities in which close formal liaisons between law enforcement and the

mental health system have been established (51,52). These arrangements, which usually take the form of mobile crisis teams, facilitate the resolution of crises of persons with mental illness in the field without the need to resort to hospitalization or incarceration. When resolution in the field is not possible, the existence of these liaisons increases the number of persons with mental illness who are referred to the mental health system rather than jail, thus reducing criminalization. As a result of the mobile crisis team's expertise in evaluation and disposition of mentally ill persons in crisis, hospital admitting professionals are more trusting of the judgments of these teams, and therefore more inclined to accept these individuals for inpatient treatment (21,22,53).

We Need to Increase Mental Health Training for Police Officers

There is evidence that police training generally is inadequate to prepare police officers to identify and deal with persons with mental illness (22,54,55). The police themselves think that they lack adequate training to manage this segment of the population. They want to know how to recognize mental illness, how to handle violence or potential violence among these persons, what to do when a person is threatening suicide, and when to call the specialized mobile crisis team. They also want to know what community resources are available and how to gain access to them (56). A key part of this training is learning how to distinguish which persons with mental illness who risk causing harm to themselves or to others can be managed more appropriately by the mental health system than the criminal justice system, even though they have committed a minor crime. Moreover, mental health training is needed for all police officers, not just for those who are part of the specialized mobile crisis teams (55).

We Need Enhanced Mental Health Services After Arrest

For individuals who are arrested and placed in jail, it is generally recommended that the facility routinely screen all incoming detainees for severe mental disorder and that jail administrators negotiate programmatic relationships with mental health agencies to provide multidisciplinary psychiatric teams (57–59). These teams should be established inside jails to provide short-term crisis evaluation, treatment, and referral to a psychiatric hospital if necessary. The teams should include psychiatrists so that psychoactive medications can be prescribed.

Mentally ill detainees who have committed minor crimes, such as trespassing and disorderly conduct, should be diverted to the mental health system entirely, or at minimum for treatment. For instance, mental health teams should be readily available for consultation to the arraignment courts and especially to the municipal courts, where many acutely psychotic patients appear with very minimal criminal charges. Steadman and associates (60) found that only a small number of U.S. jails have diversion programs for mentally ill detainees. They also observed that objective data on the effectiveness of these programs are lacking. On the other hand, it has been found that court-mandated and -monitored treatment in lieu of jail was effective in obtaining a good outcome for chronically and severely mentally ill persons who committed misdemeanors (36,61).

We Need More and Better Community Treatment of Mentally Ill Offenders

Treatment after release from custody is crucial (46). What follows are, in our view, some of the necessary components of this treatment, especially for those whose community treatment remains under the jurisdiction of the criminal justice system.

The Importance of Having a Treatment Philosophy

To work effectively with this extremely challenging group of patients, it is necessary to identify and articulate a treatment philosophy of both theory and practice (39,62,63). This philosophy, should strike a balance between individual rights and public safety and use treatment services that take both into account (43). A reality-based treatment philosophy is needed, one that includes clear treatment goals, with attention paid to goals expressed by the patient; a close liaison with the court or other criminal justice agency monitoring the patient, including access to each patient's database from the criminal justice and mental health systems; and an emphasis on structure and supervision.

The philosophy should also include the premise that there is a need for treatment staff who are comfortable using authority and setting limits, emphasis on the management of violence and recognition of the importance of psychoactive medication, and incorporation of the principles of case management. Appropriately supportive and structured living arrangements should also be a focus, with an emphasis on patients' ability to handle transition. Finally, the philosophy should recognize the role of family members and significant others in the treatment of patients.

It is also important to emphasize the legal and ethical aspects of treating persons under the jurisdiction of the criminal justice system. Before mentally ill offenders are asked to consent to treatment, they should be apprised of all the conditions and limitations that will be imposed on them, why they will be imposed, and what will happen if they do not comply (42). Areas to be addressed include limits to confidentiality, with respect to both past and present treatment and criminal history, and conditions under which such information must be shared with criminal justice system personnel (43); supervision and monitoring by various authority figures, such as probation or parole officers, judges, therapists and case managers; mandatory compliance with treatment and other imposed conditions; and residence in an appropriate living situation.

Individuals under "conditional release" in the community must understand that noncompliance with the terms and conditions may result in revocation of outpatient status. It is also imperative that the treatment staff understand fully the patient's legal status and conditions for community placement and agree to monitor and uphold them. Staff members must accept their role as agents of social control.

Goals of Treatment

Generally, forensic mental health professionals believe, and we agree, that treatment of severely mentally ill offenders should focus on stabilization of the illness, enhancement of independent functioning, and maintenance of internal and external controls that prevent patients from acting violently and committing other offenses. It is hoped that the patient will share these goals. After the patient's illness has stabilized, the patient should at least have the goal of avoiding further involvement with the criminal justice system (64). Important points for discussions between the clinician and the patient are the patient's understanding of which behaviors and symptoms are of concern, why they are of concern, what is expected of the patient both by the clinician and by the supervising criminal justice agency, and how the treatment can help the patient to meet these expectations (65).

Liaison Between Treatment Staff and the Justice System

An essential aspect of treatment is a close liaison between treatment staff and the criminal justice system, including the court, the district attorney's office, the departments of probation and parole, and the patient's counsel (37,66). At the core of the liaison is a complete and relevant database, which is fundamental in understanding the extent of

the patient's problems, determining whether outpatient treatment is appropriate for the patient, and developing a treatment plan.

A successful liaison requires open, frequent, and continuing contact between the two agencies. In addition, both must respect the other's perspective and accept that they are both working toward the same goals. Together the mental health and criminal justice systems lend their expertise in developing and modifying the most effective community treatment program for patients. Both, however, must accept that such a program cannot be effective for all individuals. That is, some patients' psychiatric disorder may be so resistant to interventions, that their potential threat of harm to themselves and/or others cannot be adequately controlled in an environment other than that of offering locked, 24-hour care and supervision.

The Need for Structure

Usually, patients referred for mandatory outpatient treatment lack internal controls; they need external controls and structure to organize them to cope with life's demands (35,67–69). For instance, forensic mental health professionals generally believe that staff should insist that patients' days be structured through meaningful, therapeutic activities such as work, day treatment, and various forms of social therapy (63). Another basic element of structure for this population is that treatment is mandatory and under the jurisdiction of the criminal justice system.

Compliance has been shown to increase when offenders are required to undergo involuntary treatment (43,70). Compliance is important because it is generally assumed that severely mentally ill offenders who do not comply with treatment present an increased risk to the community. Thus treatment noncompliance may in and of itself result in incarceration or rehospitalization, which may give the treatment staff powerful leverage to ensure adherence to the treatment conditions.

Management of Violence

It is important that therapy focus on high-priority issues such as the need for the patient to control impulses and inappropriate expressions of anger (38). The clinician must be continuously alert and firm in order not to risk being perceived as uncaring and unable to protect the patient from his or her own destructiveness.

Dvoskin and Steadman (40) have pointed out that persons with severe mental illness, especially those with histories of violent behavior generally need continuous rather than episodic care. Thus regular monitoring

is needed, especially when symptoms are absent or at a low ebb, to deal with individual and situational factors that may result in violence.

For this mentally ill population, a large number of whom have problems involving control and violence, the importance of antipsychotic medications, including the atypical antipsychotic agents, and mood stabilizers cannot be overemphasized (71,72). In addition, behavioral, cognitive, and psychoeducational techniques emphasizing anger management have been widely used in the treatment and management of violence (73,74).

The Crucial Role of Case Management

The integration of modern concepts of case management with clinical treatment is an important component of successful outpatient treatment for mentally ill offenders (40,62,75). Almost all these patients need the basic elements of case management, which starts with the premise that each patient has a designated professional with overall responsibility for his or her care.

The case manager formulates an individualized treatment and rehabilitation plan with the patient's participation. As care progresses, the case manager monitors the patient to determine if he or she is receiving treatment, has an appropriate living situation, has adequate funds, and has access to vocational rehabilitation (76). The treatment plan emphasizes helping the patient deal with practical problems of daily living. In addition, the case manager provides outreach services to the patient wherever he or she is living, whether alone, with family, in a board-and-care home, or in another residential setting.

Appropriate Living Arrangements

Survival in the community for the great majority of offenders with serious mental illness appears to depend on an appropriately supportive and structured living arrangement (63). Such an arrangement can often be provided by family members. However, in many cases the kind and degree of structure the patient needs can be found only in a living arrangement outside the family home with a high staff-patient ratio, dispensing of medication by staff, enforcement of curfews, and therapeutic activities that structure most of the patient's day.

The treatment staff member assigned to the patient or the patient's case manager must decide whether a particular living arrangement has the appropriate amount of structure to meet the patient's needs. Before placement, however, it is necessary to first discuss the suggested living

arrangement with the responsible agent in the criminal justice system and obtain his or her approval.

The Critical Role of Family Members

Assessing problems that may develop between the patient and family members or significant others is essential if contact between them is anticipated. Therefore, the treatment team should determine whether family members or significant others were the victims of the patient's aggression, what attitudes and beliefs they hold toward the patient and his/her condition, and whether they have maintained contact with the patient. The team should also learn whether other social support systems are available while the patient resides in the community. Social support can be an extremely important part of community treatment for mentally ill offenders (38,77).

Another important consideration is the family members' needs for guidance and support, especially when they have been victimized by the patient. Clinicians should help them understand the patient's mental condition, teaching them to recognize symptoms of decompensation, demonstrating methods for self-protection, and explaining the patient's current legal situation (11,78–80).

IN CONCLUSION

Given the large numbers of severely mentally ill persons who first come to the attention of law enforcement officers, the opportunity to enter the mental health system should be given to those mentally ill individuals who are appropriate for diversion. This may be accomplished by police alone, or with mental health professionals in mobile crisis teams, directing individuals to the mental health system. Diversion may also be accomplished in courts when mentally ill persons are sent to obtain treatment in the mental health system in lieu of incarceration.

For those severely mentally ill persons who enter and remain under the jurisdiction of the criminal justice system, creating a successful treatment program for them is a difficult task that demands the input and cooperation of professionals who are knowledgeable and accepting of the tenets of both the criminal justice system and mental health treatment. These mentally ill offenders should be provided with appropriate treatment while they are incarcerated and after they have been released into the community. Moreover, all such programs should be independently evaluated so we know which are effective and which are not; we need to make the best possible use of scarce resources (81).

We believe that a significant increase in mental health services for severely mentally ill persons before they enter the criminal justice system, from outpatient treatment and case management to highly structured 24-hour care, would result in far fewer mentally ill persons' committing criminal offenses. Thus one of our strongest recommendations is for increased mental health services. There is an enormous stigma attached to people who have been categorized as both mentally ill and as offenders, and it is thus extremely difficult to place them in community treatment and housing (82). The difficulty is especially great when they have been in jails and prisons or in a forensic hospital.

If we are to accomplish the goals of reducing the criminalization of severely mentally ill persons, the mental health and criminal justice systems should be provided with all the necessary resources to identify and treat these individuals in the most appropriate setting. We cannot emphasize enough that the criminal justice system should not be viewed as a suitable substitute for the mental health system.

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