# Decriminalizing Mental Illness

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Over the last 30 years, the U. S. prison system has become home to more than 350,000 individuals living with a severe mental illness — that is [10 times](http://www.tacreports.org/storage/documents/treatment-behind-bars/treatment-behind-bars-abridged.pdf) the number of patients that receive treatment in state psychiatric hospitals. Our under-resourced, and overcrowded jails and prisons are not equipped to support these individuals, and many who enter the system leave sicker than when they were detained. It is time to decriminalize mental illness and invest in well-informed policies, intervention programs, and treatment clinics.

Let me first offer some historical perspective to understand where we are today. Psychiatric hospitals were built in the 1800s to treat mental illness. At their height in 1959, state mental hospitals held approximately 559,000 patients. Although established on moral principles, these institutions fell out of favor during the 1950s through the 70s following accusations of patient neglect and were replaced by community care facilities and services. After a few years, the cost and logistics of community-based care became unsustainable. Thousands of people lost access to care, and without meaningful alternatives, were funneled into the prison system. In short, our prisons have become the new asylums.

According to a [2014 state survey](http://www.tacreports.org/storage/documents/treatment-behind-bars/treatment-behind-bars.pdf) in Arlington, VA, inmates with chronic and serious mental health problems have been reported to experience increased stress while those with chronic and serious mental health problems add to the already stressful environment of jails and prisons. Prisoners with mental illness are also more likely to spend time in solitary confinement, further adding to the stress they experience.

Another [study](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2811043/) found that one in 12 inmates with a mental illness reported sexual victimization while imprisoned compared to one in 33 inmates without a mental illness. Female inmates with a mental illness are three times more likely to be sexually victimized than their male counterparts. Furthermore, prisoners with a mental illness lose their lives to suicide at a significantly higher rate than other prisoners.

The good news is that there are effective ways to decrease the number of individuals with mental illness who end up in correctional facilities and ensure that they receive proper care. While community-based early intervention programs have been proven to reduce an individual’s involvement with the criminal justice system, the need for services far outweighs their capacity. To help fill the gap, some organizations have opened community clinics to provide low- or no-cost services.

[The Chicago School of Professional Psychology](http://www.thechicagoschool.edu/) has operated two community Counseling [Centers](http://counseling.tcscenters.org/) in Southern California for several years and with great success. Under the supervision of licensed clinical staff, students in practicum provide psychotherapy to individuals who struggle with a wide range of issues including anxiety, depression, substance abuse, domestic violence, chronic mental illness, sexual abuse, and post-traumatic stress disorder.  
 [Crisis Intervention Team](https://leb.fbi.gov/2013/january/crisis-intervention-teams-responding-to-mental-illness-crisis-calls) (CIT) policing also works. CIT provides law enforcement officers with specialized crisis intervention and mental illness training that helps them more appropriately respond to persons in crisis and those who exhibit extreme behavior. These interventions result in individuals being calmed and referred to mental health services before criminal charges are addressed. In addition to reducing the number of incarcerations, this training helps decrease the number of repeated calls for police and increases the likelihood that people living with a mental illness will receive treatment.

Some communities have admirably created special courts to help decrease the frequency of contacts between individuals with a mental illness and the criminal justice system. These courts provide treatment plans developed by mental health professionals and resources to improve a person’s social functioning. They also link individuals to employment, housing, treatment, and other support services. Participants of such court-monitored programs are significantly less likely to be re-arrested or re-convicted.

I oftentimes wonder how things might change if more policies and resources such as these were in place to support the most vulnerable among us. I doubt that the criminal justice system intends for the incarceration of so many thousands of people with mental illnesses, and from my conversations with those who work in the system, I know they are deeply troubled by the statistics.

I hope that going forward, other institutions will join The Chicago School’s efforts to create more spaces for care, treatment and other supports and further decriminalize mental illness.