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The criminalization of mental illness

MY TURN

By Laurie-Marie Pisciotta

This holiday season, many families are missing loved ones who are incarcerated for the crime of having an untreated serious mental illness. In Rhode Island, 15% to 20% of inmates have schizophrenia, schizo-affective disorder, major depressive disorder, bipolar disorder, brief psychotic disorder and substance use disorder.

Mental illness itself is not predictive of criminal behavior. In fact, it increases the likelihood of being victimized. Many of the 400+ inmates with mental illness at the ACI lack permanent housing and support options and were left to live on the streets. Untreated, symptoms of mental illness led them into the criminal justice system. Most are incarcerated for minor offenses or probation violations like missing an appointment.

The ACI is now Rhode Island's largest "psychiatric institution," and we all pay the price. According to the R.I. Department of Corrections, the annual cost to incarcerate one woman is $120,000 and $195,000 for a man in high security. Incarcerated adults have a higher-than-average prevalence of chronic conditions, infectious diseases, and mental illness. Medicaid and Medicare do not cover treatment for inmates; the cost of general health care, behavioral health care, and medications falls to the state.

It costs more to house an inmate with mental illness compared to other prisoners. They tend to stay longer and need additional services. Their disability makes it harder for them to conform to prison rules, often resulting in being sent to isolation, which is debilitating and more expensive than living in the general population. About 50% of all inmate suicides are committed by inmates with serious mental illness.

Prisons are not the place to treat mental illness. So how did this happen?

The deinstitutionalization of people with disabilities began 60 years ago when many of the country's asylums closed due to inhumane conditions or costs. In 1962, Rhode Island established community mental health centers (CMHCs). Communities that developed CMHCs and raised money at the local level received matching funds from the state. Three thousand patients left the R.I. Institute of Mental Health (IMH) and received treatment at CMHCs. Deinstitutionalization generated the need for

increased programs and services, especially group homes which provide wrap-around services and supports. Thus, the R.I. Department of Mental Health Retardation and Hospitals and the CMHCs engaged in a "Transfer Contract Program," which allowed funding to follow the patient from the IMH into the community.

In the 1980s and 1990s, Rhode Island's mental-health-care system was considered one of the best in the country. Gradually, however, decision-makers closed most of our state psych hospitals without continued investment in housing options and community supports. Along with the "war on drugs," this contributed to moving many of our most vulnerable mentally ill citizens into prison, denying them the freedom to live and work in the community with accommodations like any other person with a disability as mandated by the Americans With Disabilities Act (ADA).

While court diversion and crisis intervention training for police officers are important, they do not address the root of the problem: lack of housing with support services. Los Angeles' court diversion program for people with mental illness includes supportive housing. In addition to improving patient outcomes, it saves money. Jail costs almost five times more than supportive housing.

It's not just about group homes for those who cannot live on their own. States trying to comply with the ADA must also tend to their affordable housing stock. Most people with serious mental illness who do not work live on SSI/SSDI benefits. That makes finding affordable housing nearly impossible for people with disabilities, putting them at risk for homelessness and institutionalization.

We need an Olmstead Plan to identify individuals at risk of institutionalization, set goals for the development of housing options and community supports, and put the necessary funding strategies in place.

To learn more, visit https://mhari.org/integration-for-all/.

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