

FACT SHEET: Mental Illness and the Criminal Justice System

The incarceration of people with mental illness in America is on the rise.ⁱ Not only is this practice inappropriate, it is also extremely cost ineffective with \$15 billion spent annually to house individuals with mental illness in jails and prisons.ⁱⁱ

- A national study from 2002 through 2004 estimated that 56% of state prisoners, 45% of federal prisoners, and 64% of jail inmates suffer from a mental illness.ⁱⁱⁱ
- This indicates an increase from the 1998 national study that found 16% of state prisoners, 7% of federal inmates, and 16% in local jails reported a mental illness.^{iv}
- Of these incarcerated people with mental illness, 70% are serving time for nonviolent offenses.^v
- The 2004 national study showed that only 1 in 3 state prisoners, 1 in 4 federal prisoners, and 1 in 6 jail inmates who had a mental health problem had received treatment since admission.^{vi}
- State prisoners who had a mental health problem were twice as likely as state prisoners without to have been injured in a fight since admission.^{vii}

The very nature of incarceration, from the booking to the jailing, re-traumatizes and damages persons with mental illness. Without treatment options in the jail, offenders are often left to decompensate further. Treatment is necessary to reduce recidivism and the location of choice is the community where persons with mental illness must learn to function. Community treatment also avoids the additional stigma and penalties towards eligibility for housing, employment, and public benefits that result from a criminal record.

Virginia Overview

Virginia parallels national statistics.

- A 2005 survey highlighted that 16% of Virginia jail inmates have a mental illness.^{viii} These numbers increased to 18.5% in 2007.^{ix}
- While 90% of inmates receive a mental health screening, only 45% of inmates with positive screenings receive comprehensive follow up assessments.^x
- A study of the Fairfax County Jail found that pretrial male detainees charged with misdemeanors and identified as psychotic stayed in jail 6.5 times as long as compared to those without mental health issues.^{xi}
- A 2002 study on Patrick County Jail in Stuart, Virginia found that the jail violated the constitutional rights of inmates in the following areas: security and protection from harm, access to medical and mental health care, environmental health and safety, access to exercise, and access to the courts.^{xii}

Recent Developments in Virginia

- In 2006, the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) provided funding for a pilot jail diversion program for nine localities in Virginia. The funding provided by this pilot program is the first phase of the Sequential Intercept Model.^{xiii}
- By 2007, 439 jail inmates were served by the pilot program, 60 diverted pretrial, 143 released early following convictions, 150 received mental health services, and 5,983 hours of intensive case management was provided. The estimated savings of jail and hospital beds was estimated at \$1.2-2.5 million.

Preliminary results show that these programs are cost effective. The next step for Virginia is to expand these services and begin to implement the rest of the Sequential Intercept Model.^{xiv}

- In 2007 the Virginia Department of Criminal Justice Services received a grant through the America’s Law Enforcement and Mental Health Project to work with DMHMRSAS to develop and disseminate expertise knowledge on jail diversion services to local criminal justice and mental health personal.^{xv}
- In 2008 Virginia Gov. Tim Kaine established the Commonwealth Consortium for Mental Health/Criminal Justice Transformation with Executive Order 62 to develop a comprehensive plan to prevent individuals with mental illness from entering Virginia’s criminal justice system and to promote improved access to needed mental health treatment for current inmates with mental illness.^{xvi}
- In Virginia, CIT has been developed in Fairfax, New River Valley, and Charlottesville. Additional CIT initiatives are underway in Newport News/Hampton, Henrico, and Virginia Beach.

Next Steps and Needed Developments

Jail diversion is the main strategy used to prevent the criminalization of people with mental illness. Individuals with mental illness coming into contact with the criminal justice system have other options to prevent incarceration and ensure appropriate mental health treatment is received.

The Sequential Intercept Model for jail diversion is designed to set up systems to identify and divert individuals with mental illness away from the criminal justice system at all points of contact along the continuum from the arrest to incarceration.^{xvii}

The first step in the Sequential Intercept Model is to develop statewide Crisis Intervention Training (CIT) for law enforcement officers. CIT enables law enforcement officers to identify a person with mental illness prior to his/her arrest. CIT helps law enforcement to respond safely and quickly to people with mental illness in crisis.

The second step of the Sequential Intercept Model is to develop partnerships among mental health services to provide appropriate “drop off” centers where the police can release an individual for appropriate treatment. Another necessity is to improve mental health services in the jail and ensure that those who need mental health care are guaranteed treatment while serving a sentence. This includes timely mental health hospitalization admissions and adequate discharge planning into the community.

ⁱ Reinhard. *System Transformation: Allocation of New Funds, Access to Children’s Mental Health Services, and MH/Criminal Justice Cross-Cutting Issues*. Senate Finance Committee, October 29, 2008.

ⁱⁱ James & Glaze. (2006). *Mental Health Problems of Prison and Jail Inmates*. US Department of Justice’s Bureau of Justice Statistics Special Report.

ⁱⁱⁱ Ibid

^{iv} Ditton. (1998). *Mental Health and Treatment of Inmates and Probationers*. U.S. Department of Justice Office of Justice Programs, Special Report from the Bureau of Justice Statistics.

^v People with Serious Mental Illnesses in the Criminal Justice System. (2002). *Fact Sheets for Advocates*. Bazelon Center for Mental Health Law.

^{vi} James & Glaze. (2006). *Mental Health Problems of Prison and Jail Inmates*. US Department of Justice’s Bureau of Justice Statistics Special Report.

^{vii} Ibid

^{viii} Morris. *Jail Diversion Initiatives CSB/DMHMRSAS*. JCHC Joint Behavioral Healthcare Subcommittee on August 16, 2007.

^{ix} Reinhard. *System Transformation: Allocation of New Funds, Access to Children’s Mental Health Services, and MH/Criminal Justice Cross-Cutting Issues*. Senate Finance Committee, October 29, 2008.

^x Morris. *Jail Diversion Initiatives CSB/DMHMRSAS*. JCHC Joint Behavioral Healthcare Subcommittee on August 16, 2007.

^{xi} Boyd. *Investigation of Patrick County Jail Stuart, Virginia*. Written report March 6, 2003 from the Attorney General to Patrick County Board of Supervisors and Sheriff.

^{xii} Ibid

^{xiii} Bonnie. (2007). *The Role of Comprehensive Mental Health Law Reform in System Transformation*.

^{xiv} Snapshot of the 2007 Justice and Mental Health Collaboration Program Grantees. *The Justice & Mental Health Collaboration Program*. From the Bureau of Justice Assistance.

^{xv} Ibid

^{xvi} Bonnie. (2007). *The Role of Comprehensive Mental Health Law Reform in System Transformation*.

^{xvii} Reinhard. *System Transformation: Allocation of New Funds, Access to Children’s Mental Health Services, and MH/Criminal Justice Cross-Cutting Issues*. Senate Finance Committee, October 29, 2008.
