Overview
In a mental health crisis, people with mental illnesses are more likely to encounter police than get medical attention. Nearly 2 million people with mental illness—including many veterans with PTSD or other mental health conditions—are booked into jails each year, resulting in people with mental illness being disproportionately represented in U.S. jails and prisons. When in jail, people with mental illness stay almost twice as long as other individuals facing similar charges.

Most people with mental illness in jails are non-violent offenders, committing minor offenses. Correctional systems are not equipped to provide mental health treatment, and correctional officers are often not trained to deal with these situations effectively. In many cases, people with mental health conditions are segregated and isolated, which research shows only triggers or worsens psychiatric symptoms.

It is time to stop using jails and prisons as default mental health facilities. Instead, we should divert non-violent offenders with mental illness and substance use disorders into treatment instead of incarceration. This would save lives, foster recovery and reduce costs.

We should also invest in community-based treatment that keeps people with mental illness out of jail in the first place—and ultimately saves taxpayer money. Proposals in Congress to reduce Medicaid will only make things worse by reducing access to mental health care for people who encounter law enforcement.

Finally, we should train law enforcement officials on how to appropriately respond to people with mental illness, which would help de-escalate crises and increase safety. States and communities that have invested in these programs have seen dramatic drops in deaths, serious injuries and other costly and tragic outcomes.

NAMI’s asks

- **Support $15 million in funding for FY 2018 for the Mentally Ill Offender Treatment and Crime Reduction Act of 2004 (MIOTCRA),** which provides grants to state, local and tribal governments to support collaborative efforts to reduce incarceration of non-violent offenders with mental illness and establish community-based treatment alternatives. MIOTCRA has supported more than 120 mental health courts and other community programs to reduce incarceration since its inception. Funding in FY 2017 is $12 million.

- **Support $403 million in funding for the Edward Byrne Memorial Justice Assistance Grant (Byrne JAG) program,** which provides grants to state and local jurisdictions to support a wide range of initiatives in many states, including Crisis Intervention Teams and veterans’ treatment courts. Funding in FY 2017 was $375.3 million, but the President’s budget proposes a cut of $42.8 million, which would reduce funding for criminal justice/mental health initiatives that are reducing arrest and incarceration of people with mental illness.

Contact Information: Andrew Sperling, Director, Legislative Affairs
asperling@nami.org • 703-516-7222
3803 N. Fairfax Drive • Arlington VA 22203
(703) 524-7600 • NAMI Helpline 1 (800) 950-NAMI • www.nami.org
Facts about mental illness and the criminal justice system

- 1 in 4 people who die in officer-involved shootings are in a mental health crisis.¹
- Approximately 17% of U.S. jail inmates have serious mental illnesses, including schizophrenia, bipolar disorder, major depression or post-traumatic stress disorder (PTSD).²
- People with serious mental illness are incarcerated at four times the rate of the general population.³
- The cost of health care for inmates with mental illness is two to three times greater than for people without mental illness.⁴
- People with mental illness stay in jail almost twice as long as other individuals facing similar charges.⁵