

## People with mental Illness in Jails and Prisons By Jean Ross, Esq.

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**The *de facto* mental health system:** The current mental health system extends beyond traditional public and private psychiatric hospitals and community mental health agencies. Increasingly, the *de facto* mental health system encompasses penal institutions (jails and prisons), substance abuse programs, and shelters where persons with mental illness have ended up, since deinstitutionalization emptied the warehouse hospitals of the past into an insufficiently funded community mental health system.

Under the present system of commitment laws and services, many persons suffering from mental illness, move through a double set of revolving doors between hospitals, penal institutions, and the streets. Their dispersal to the anonymity of homelessness and the perilous hidden cages and corridors of jails and prisons hides the scope of this problem. It insulates mental health officials and legislators from public pressure for change, and abandons people who used to suffer in back wards, to back alleys and prison cells.

**The toxic prison environment:** In the mental health system, minimum environmental conditions considered necessary for effective treatment and rehabilitation include: reduction of stress and conflict; periodic respite from external stimuli such as noise; expectation of safety; opportunities for space and privacy; respectful treatment by others; opportunities for self-direction and self-improvement; and the availability of supportive family members and others.

These environmental conditions are notably absent within prisons, which are characterized by physical violence, stress, noise, a brutal and disrespectful culture, the loss of control over almost all aspects of one's life, a lack of privacy and personal space, separation from supportive family and friends and, most tragically, the prevalence of long-term solitary confinement. The toxic effects of the prison environment, well-documented in the clinical literature, act as barriers to treatment (consisting primarily or exclusively of medication and "cell door" counseling). Not surprisingly, people with mental illness deteriorate under these conditions. They are punished for not adapting and spend a longer time incarcerated than people without mental illness. Many other prisoners report their suffering and try to help them without notable success.

**The work of the Jails and Prisons Subcommittee:** Our task group is very aware of the negative effects incarceration can have on people with mental illness and their families, the strains placed on penal institutions from the influx of this new prisoner population, and the challenges faced by the mental health system in treating people exposed to incarceration. Mercer County, like its counterparts across the country, has been facing these issues for at least the last decade.

Our task group has initiated a "Listening Project" to gather information about how these problems are being exhibited and addressed in the county mental health and criminal justice systems. We are interested in both discrete services and the dynamics of systems, including the criminalization of mental illness, the trans-institutionalization of people with mental illness from hospitals to jails and prisons, and the double revolving doors. At the same time, we are exploring how we can bring our family and consumer perspectives to bear on correcting these problems.

We are began by listening to consumers people returning from prison, and proceeded to speak to staff of the Mercer County Correctional Center, the county screening service at Helene Fuld, and the CEO of the Ann Klein Forensic Center. Our next meetings will be at Trenton Psychiatric Hospital, the offices of the public defender and prosecutor, the Trenton Rescue Mission, and a Department of Corrections or parole halfway house.

We intend to bring a summary of our findings to NAMI Mercer and publish them, along with our recommendations, to public officials and the community. We are committed to using what we learn to educate the community and advocate for positive change.

*Jean Ross is a lawyer who has spent most of her life working in human service agencies and for local, statewide and international peace and justice organizations. She worked as the legal advisor to the Director of the Division of Mental Health Services and, prior to her retirement, in the Public Defender's Division of Mental Health and Guardianship Advocacy representing psychiatric hospital patients throughout the state. Her current community service efforts focus on racial justice, abolition of the death penalty and systemic issues in the mental health system.*