Criminalization of the Mentally Ill

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1955-2015
19th Century: expansion of the number and size of asylums in industrialized Western countries
  * Became overstretched, non-therapeutic and neglectful
  * Funding was gradually cut
20th Century: development of anti-psychotic medications; increase in class action lawsuits; increased scrutiny of institutions exposed poor conditions;
Deinstitutionalization

- Started in 1955
- Based on the principle that severe mental illness should be treated in the least restrictive setting.
- 6 Primary Factors Related to Deinstitutionalization
  - Criticisms of public mental hospitals
  - Development of anti-psychotic medications
  - Changes in public perception
  - States’ desire to reduce the costs from mental hospitals
    - The developments in Medicaid and Medicare allowed the states to shift the costs to the federal government if they discharged the patients to nursing homes and to the community.
  - Support from President Kennedy for federal policy changes
  - Shifts to community-based care
Deinstitutionalization: A 45-Year Perspective
**1970s and 1980s**
- As State hospitals decreased their patient population, they flooded nursing home facilities.
- In the mid-1980s, 23% of nursing home residents had a mental health disorder.

**1980s**
- Linda Teplin completed a structured psychiatric interview with 728 CCDOC admissions.
  - 6.4% of them met diagnostic criteria for a serious mental illness.
According to the Department of Justice, approximately 1.3 million people with mental illness are incarcerated in jails and prisons.

- Approximately 70,000 individuals are treated in psychiatric hospitals.

Why?

- Lengthy wait times for psychiatric appointments
- Self-medication with drugs and alcohol
- Inability or poor ability to communicate with police
- Display of symptoms in public with no place to send the ill
- Misperception of public safety
The Reality of Who is Incarcerated
CCDOC receives 150-300 newly incarcerated individuals each day

Recent daily population has averaged 8,600 inmates

Approximately 20-30% of the population has been diagnosed as mentally ill (1,720-2,580 individuals)

The overwhelming majority of the mentally ill inmates have been charged with crimes of survival

- Trespassing
- Retail Theft
- Criminal Damage to Property
Mental Illness at the Cook County Department of Corrections

- Revolving Door
  - Each day, CCDOC releases 20-30 mentally ill individuals
  - Rarely is a discharge date ever known, which complicates discharge planning efforts
  - As a result, very few individuals have comprehensive reentry plans to assist them with navigating the community
Pre-Bond Initiative

- Mental health professionals assess individuals prior to taking custody in an effort to divert them from the jail

Intake

- Every new inmate receives a mental health screening
- Every new inmate is given the opportunity to enroll in Medicaid

In-Custody

- Daily mental health programming for the seriously mentally ill
- Mental Health Care Line
- Preparation for community reentry
  - Mental Health Transition Center
What We’re Doing: Entry to Discharge
What We’re Doing: Entry to Discharge

* Heightened Awareness
* Partnerships
  * Chicago Department of Public Health
  * Community Mental Health
* Expanded Efforts
Righting Our Wrongs: Where Do We Go From Here?

- Expand crisis intervention training within local law enforcement agencies
- Develop and expand crisis intervention centers
  - Alternatives to incarceration
- Legislation to effectively deal with treatment non-compliance
- Develop and expand comprehensive community reentry planning for incarcerated, mentally ill individuals
  - Expand Medicaid coverage to include housing assistance