

The SIU Public Policy Institute thanks those who came together to help develop these recommendations. The working group included:

Dear Friends:

The facts are grim.

Because of understandable public revulsion to warehousing 600,000 people in our state mental hospitals, that figure was reduced to 50,000 on the theory that with service from community mental health centers they could adjust to society--better for them and better for the taxpayers. Unfortunately, the theory broke down because nowhere near enough community mental health centers were developed.

Many of those released from mental hospitals are now on the street, and thousands end up in our prisons and jails. Roughly one-fourth of those in our prisons and jails need mental health service, and most are not receiving it. Each year we release the equivalent of the population of Seattle, and many of these people are a danger to themselves and a danger to society.

How should we respond to this? That's what these recommendations address.



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*Former U.S.
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delivers the
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during the
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April 7, 2002.*

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Mental Health and Prisons

Working group recommendations
from a symposium held on
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Recommendations

► We recommend to the Governors and State Legislators:

- a. That someone authoritative and knowledgeable in the area of mental health in each state and local government be designated to coordinate the efforts of the agencies within the state, including those that govern mental health, the agency that governs the state prisons, and the governmental units that control the probation and parole system, as well as local jails.
- b. That growth in quantity and quality, through adequate level of funding, of community mental health services should be sought. This growth will result in a saving in productive and useful lives and substantial economic savings in prisons, jails and custodial care of those incarcerated. Other systems such as state and local Medicaid and welfare systems which have policies that impair access to mental health services should be reformed to meet the needs of people with psychiatric disabilities.
- c. That adequate training in and identification of mental health issues for correctional officers, community corrections staff, police officers, as well as judges, prosecutors and public defenders should be provided by people with practical experience. One of the goals of such training should be to reduce unwarranted stigma toward people with psychiatric disabilities.
- d. That adequate training for mental health providers be available regarding the operation of the criminal justice services to people with criminal records.

► We recommend to federal and state authorities:

- a. That correctional mental health systems should adequately address mental health issues particularly relevant to female inmates, which include parenting issues, post traumatic stress disorders and depression.
- b. That because women's prisons are often located one to seven hours away from prisoners' communities that transportation be provided from bus stations and trains to the prisons for visitations of loved ones, sometimes necessary for the mental well-being of prisoners.
- c. That Medicare and Medicaid reimbursement for mental health services and prescriptions be reimbursed for all citizens at the same rate as other medical and prescription reimbursements.



Robbie Church and Andrew Rivas

Prison, jails, mental hospitals and the community mental health agencies must create mechanisms to ensure that there is continuity of care after leaving prison with regard to the administration of psychotropic medications.

- d. That all those incarcerated be screened for mental illness, developmental disabilities and learning disabilities as part of the initial processing of one who has entered the correctional system.
- e. That social workers and/or probation and parole personnel work with the families of inmates who are about to be discharged as well as other collateral contacts including religious organizations and service providers of the inmates. This is particularly needed for those who have mental illness.
- f. That the state and federal governments provide prisoner programming specifically oriented toward services for mentally ill inmates returning to their community, including such areas as:
 - Comprehensive discharge planning
 - Access to Medicare, Medicaid and other government benefits upon discharge from prison or jail, including assistance with substance abuse, housing needs and continuity of psychotropic medication.
 - Post-discharge medication should be provided prior to release of mentally ill and offenders from jail or prison.
 - Linkage to community mental health providers, community agencies, religious organizations, and other support systems.
 - Providing a toll-free number that a discharged prisoner can call 24 hours a day for help, something that is particularly important for those with mental disorders. However, this service should complement other planning and it cannot take the place of appropriate pre-discharge planning and linkage to the community.

► **Those in charge** of state, municipal and county jails should initiate plans for the time of discharge of prisoners who show indications of mental illness immediately upon incarceration. A person with a short period of incarceration is likely to return to jail more quickly at great expense to local authorities if an individual program is not planned for the person in jail.



Mark Heyrman and Martha Henderson

- **Legal organizations** which serve as advocates for the mentally ill, particularly those funded through the Protection and Advocacy for Individuals with Mental Illness Fund (PAIMI), should continue their good work, but also focus on the problems of those in our prisons and jails. We also recommend that additional PAIMI funds be allocated specifically for funding legal advocacy for people with psychiatric disabilities in jail and prison.
- **Responsible media coverage** of greater depth should be provided by newspapers and television and radio stations on the issues of mental health. Greater public understanding of mental illness would be helpful in effectively dealing with this problem, particularly in recognizing the barrier that stigma places on people.
- **Religious leaders** should become more familiar with the basic facts and how their constituents could help, and that religious journals be requested to offer constructive analysis.
- **Because so few attorneys** are equipped to handle the special legal problems that the mentally ill have, particularly those who may be incarcerated, we recommend to law school deans that the curriculum in all law schools include some background in this field.
- **Law school courses** that deal with the criminal justice system are encouraged to include issues dealing with the mentally ill in prison.
- **Government and private funding** support for applied and strategic research into the identification and management of persons with mental disabilities in correctional settings is crucial to the development of new knowledge in these areas, and to problem solving.
- **Judges should have adequate discretion** in sentencing to permit them to sentence defendants with mental-illness to treatment rather than incarceration.
- **People who have histories** of psychiatric disabilities should not be placed in environments that inflict sensory deprivation. People who develop psychiatric symptoms while in these environments should be promptly removed.