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When Mental Illness Meets The Criminal Justice Sy

Jo Robinson, MFT

When President John F. Kennedy signed the Federal Community Mental Hea
1963, he promised that, "...if we launch a brand new mental health program
possible within a decade or two to reduce the number of patients now unde
50 percent or more." He further assured that "...the reliance on the cold me
isolation would be supplanted by the open warmth of community concern a

Forty-two years later, one wonders what John Kennedy would think if he we
streets of San Francisco to learn that the San Francisco Police Department a
enforcement all across the country have, by default, become the mental hea
the marginalized mentally ill in our communities. If he were to enter Americ
would see these institutions of criminal justice are now holding more menta
our psychiatric hospitals. President Kennedy's idealism and today's reality a
different type of custodial isolation, one of jails and prisons, has supplanted
isolation of hospital care.

For example, in Santa Clara County, when Agnews State Hospital closed its
mentally ill, Santa Clara's county jail population arrest rate increased by a s
percent.1 Inadvertently, criminal justice is tending to the disease of menta

According to the National GAINS Center, approximately 804,000 inmates wi
disorders are admitted to U.S. jails each year—70 percent are incarcerated
crimes.

Roughly 8 percent of the nation's jail population has a diagnosis of schizoph
major depression; in San Francisco that statistic is 10 percent. Jails and pris
places; they can be traumatic for those with mental illness. Because of the
conditions of incarceration and the consequential stress, many mentally ill p
worsens during detention. Additionally, some psychiatric medications cloud
an already vulnerable population even more vulnerable. Many individuals wi
mental health disorders have their first contact with a mental health profess
criminal justice system. This happens because a previously undiagnosed me
identified or the first psychotic break occurs during incarceration.

Criminalizing the mentally ill is not the right answer. As a state and as a nat
system that is broken.

When possible, the goal of our community should be preventing the incarce ill individuals. The ideal is to provide adequate mental health treatment that by mentally ill individuals in the appropriate, least restrictive settings. This t userfriendly, flexible system that subscribes to a belief that any door to trea door. Nevertheless, when a person with mental illness does come into conta enforcement appropriate programs and systems in criminal justice must be systemic programs should consist of diversion from jail; treatment while inc discharge planning from jail into community treatment.

DIVERSION

Jail diversion's2 aim is to reduce or eliminate the time a mentally ill person moving him or her toward treatment in the Community Behavioral Health S system. Diversion programs are designed to enhance public safety by maki space available for violent offenders and providing judges with alternative d mentally ill individuals who would be better served outside the criminal justi Diversion from the criminal justice system can take place at the point of cor police officer. Many cities and counties are providing Crisis Intervention Tea to law enforcement officers. This specialized training teaches officers how to involving people with a mental illness. It is hoped that this type of training v outcomes from police encounters with mentally ill individuals and reduce the arrests of the mentally ill. In San Francisco, the CIT classes began in 2001. hours of training consisting of didactic experiential visits to treatment cente conversations with consumers of mental health services and family member taught by mental health and law enforcement professionals. SFPD has com class, graduating approximately 400 officers. An emerging and innovative p diversion is Mental Health Courts. Mental health courts are therapeutic cou court's authority and a multidisciplinary team approach in working toward g defendant out of jail and into community treatment. Once again San Franci be a leader in the field of mental health and criminal justice. San Francisco of mental health court (known as Behavioral Health Court) almost two years

TREATMENT WHILE IN CUSTODY

All inmates must be screened at booking for mental heath problems. In add mental health programs must provide crisis intervention and management o psychiatric episodes; offer stabilization and treatment of mental disorders; a medication support services. Any

mentally disordered inmate who appears to be a danger to oneself or others disordered, must be transferred for further evaluation and treatment to a de treatment facility (a place designated to receive people placed on 5150 WIC jail contains such a facility. These are all minimum jail standards governed b monitored by the Corrections Standards Authority. In San Francisco's jail, th health services are accredited by the Institute for Medical Quality (a subsidi One of the goals of this accreditation is to assure the jail medical/mental he the community standard of care and not just minimum jail standards. We re inmates are part of the San Francisco community. They return to our neighb influencing the health of all of us.

San Francisco 's Jail Psychiatric Services (JPS) saw over 5,300 incarcerated year and hospitalized at SFGH approximately 750 mentally ill individuals wh for involuntary treatment. JPS is considered to be a model program working San Francisco Sheriff's Department, CBHS, and the courts to treat, stabilize mentally ill offenders into community treatment programs.

DISCHARGE PLANNING

Whenever possible, the planning for the release of a mentally ill inmate nee start of their incarceration. As always, clients' needs and input should help however, if a court case is pending or the person is on probation or parole, justice system will have input into the treatment and the discharge plan.

A recently released report confirmed that intensive case management is effe addressing the needs of the mentally ill offender population that have been years.3 In San Francisco, we have developed an intensive case managemer forensic focus, UCSF's Citywide Case Management. This program works clos the Behavioral Health Court taking challenging clients and stabilizing them i treatment.

While San Francisco is making progress with diversion, treatment and plann with mental health diseases who come into contact with the criminal justice have a long way to go. Until the rate of serious mental illness in jails and pr or less than that of the free population, there is work to be done. The tendi marginalized mentally ill needs to be removed from the profession of law en returned to the health care community. We, the health care providers, cann back and take a passive stance. We must advocate for change in the systen public policy that treats mental illness as a disease, not a crime, in appropri evidence-based and emerging practices. Perhaps, then, JFK's promise can b

Jo Robinson, MFT, is the program director of San Francisco's Jail Psychiatric was appointed to a six-year term on the California's Council on Mentally Ill She serves on the board of directors for the Forensic Mental Health Associat California and is a surveyor for the Institute for Medical Quality's Correction and Healthcare.

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