Jails and Prisons:
Caring for Those With Complex Needs

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Juxtaposed with approximately 36,000 individuals with severe mental illnesses in our nation's network of state hospitals, on any given day best estimates suggest there are over 100,000 people with mental illnesses in jails, over 250,000 in prisons, and over 1 million on probation and/or parole arrangements [1-3]. With over 31% of women in jail and 15% of men in jail identified as having mental illnesses [3] and 24% and 16% of those women and men, respectively, identified as having mental illnesses [2], it is clear the criminal justice system has become a *de facto* provider of care for this vulnerable population.

Much has been written about the high rates of chronic health conditions and reduced life expectancies among those with mental illnesses [4-6], such as cancer, diabetes, and heart disease [7, 8], which are exacerbated by high rates of tobacco use and co-occurring substance use [9, 10] as well as the fact that physical health needs of persons with mental illnesses in the community routinely go unmet [11].

To exacerbate matters for the criminal justice system, justice-involved people with mental illnesses are more likely to have more health problems compared to those who are not justice-involved [12] and there is evidence that individuals with mental illness, in general, are more likely to be homeless and have greater psychological disability and trauma [13]. Thus, jails and prisons are called upon to be custodians of health for individuals with mental illnesses who have complex and costly co-occurring physical health and behavioral health problems.

Moreover, individuals with mental illnesses do not do well while in the criminal justice system. Individuals with mental illnesses in prison, for example, are more likely to have disciplinary infractions [14] and are more likely to experience administrative segregation, also known as solitary confinement [15], which, according to some studies, has the potential to further exacerbate their psychiatric disorders [16]. Individuals with mental illnesses fare poorly while on community supervision as well, and often have high rates of violations and revocations coupled with poor engagement with mental health services, presenting significant challenges to the probation officers tasked with supervising this population [17-19] and perpetuating cycles of recidivism and re-incarceration.

Things are little better upon release. Justice-involved people who have physical and behavioral health problems have a difficult time with successful community reentry from jail and prison, especially when it comes to accessing safe and adequate housing, obtaining gainful employment, and accessing much-needed health and behavioral health services [20]. Indeed, few persons with severe mental illnesses who are released from prison, for example, receive clinically meaningful levels of service following release [21], and recidivism rates are high, ranging from 63% to 77% [22, 23].

Many of our efforts and initiatives to reduce recidivism among justice-involved people with mental illnesses, such as crisis intervention team (CIT) programs, forensic assertive community treatment, specialty mental health probation, mental health courts, and policies to suspend rather than terminate Medicaid or expedite the restoration of Medicaid upon release, are designed to connect justice-involved individuals with mental health services, which presupposes mental illness as the root cause of justice involvement. However, the literature suggests that individuals with mental illnesses who are involved with the justice system share the same criminogenic risks, such as criminal thinking and anti-social personality traits, as those who are justice-involved and who do not have mental illnessess, but may have more criminogenic risk *factors*, which partially explains their disproportionate representation in the justice system [24].

This adds yet another complexity in that our criminal justice system is tasked with addressing the physical

health, behavioral health, *and* criminogenic risks and needs of those in its care. But the reality is that, to a large extent, it seems we are asking the criminal justice system to re-position the social determinants of health, behavioral health, and justice involvement (ie, poverty, substance use, homelessness, low education levels, unemployment, stigma, social isolation) of a highly vulnerable population, which is well beyond its original mission and well beyond its capacity. NCMJ

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