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{INSIGHT}

CRIMES OF THE MIND

{ The criminalization of mental health doesn't just hurt individuals; it harms society at large.

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The average solitary confinement cell at New York's infamous Rikers Island prison complex is just 6 feet by 8 feet. That's 48 square feet—the size, roughly, of a king-sized bed, the back of a Ford F-150 pickup truck, or a typical American bathroom. Inmates call it "the box." The floor is made of concrete and the walls of cinder block. There's a narrow bunk, a combination sink-toilet, a metal door with a slot for food trays, and, sometimes, roommates of the roach and rodent variety. A small window lets in a slice of natural light while the crack beneath the door lets in the anguished cries of neighboring inmates. It's enough to drive a person crazy.

Sometimes, it actually does. Case in point: 16-year-old Kalief Browder, who was arrested in 2010 for a robbery he swore he didn't commit. Browder, released in 2013 without a trial or conviction, spent three years at Rikers Island, two of which he endured in solitary confinement. Even two years after his release, Browder's time in the box haunted him. Reporters chronicling his story said he was anxious, angry, depressed, paranoid, and psychotic—common side effects of solitary confinement, according to Solitary Watch, a nonprofit watchdog group committed to ending the use of solitary confinement in U.S. prisons.

Inmates in solitary confinement develop psychopathologies at higher rates than those in the general population, it reports; exhibit physiological and neurological symptoms of stress; and are more likely to engage in self-mutilation. They're also more likely to die by suicide, which is what Browder himself did on June 6, 2015, when the 22-year-old hanged himself from a window using an air-conditioner cord.

"The damage done to him was a new kind of prison that stayed with him," Udi Ofer, director of the American Civil Liberties Union (ACLU) Campaign for Smart Justice, said of Browder in a 2016 editorial.

Although his is just one story among many, Browder has become emblematic of a penal system in disrepair. And the problem isn't just conditions like those inside the box, which can exacerbate and potentially even induce mental illness. Rather, it's an entire criminal justice system that discounts and disregards mental health, and in so doing has criminalized mental illness such that prisons and jails are now collectively the country's largest psychiatric service provider.

> “Nearly 400,000 inmates in U.S. jails and prisons—approximately 17 percent of the total incarcerated population—were estimated to have a mental health condition in 2016. At the same time, state hospitals across the United States collectively had a population of just 37,679.

“[In California alone] more than 30 percent of those who are incarcerated have been treated for a serious mental disorder, which is an increase of about 150 percent since 2000,” says Terry Masi, Psy.D., senior director of clinical training at The Chicago School of Professional Psychology’s California Campuses. “It’s an epidemic, and it’s only getting worse.”

Reversing an epidemic so complex and widespread will be neither fast nor easy. The Chicago School is doing its part, however, by giving future forensic psychologists and mental health counselors the tools they’ll need to catalyze change.

Prisons and jails have become America’s “new asylums,” according to the Treatment Advocacy Center, a national nonprofit dedicated to mental health awareness and reform. In its 2017 report “Emptying the ‘New Asylums,’” it points out that nearly 400,000 inmates in U.S. jails and prisons—approximately 17 percent of the total incarcerated population—were estimated to have a mental health condition in 2016. At the same time, state hospitals across the United States collectively had a population of just 37,679.

> “So, mental illness is left to fester and flounder. Eventually—perhaps inevitably—its unchecked symptoms yield crimes such as disturbing the peace, disorderly conduct, criminal trespassing, resisting arrest, and assault and battery. When police are called, the shortage of psychiatric hospitals means their only practical remedy is arrest.

How things got this way is thanks to a national movement known as “deinstitutionalization,” says Nancy Zarse, Psy.D., a clinical psychologist and full professor in the Forensic Psychology Department at The Chicago School’s Chicago Campus. “With the advent of psychotropic medications in the 1950s, severe mental illness was able to be managed without long-term psychiatric hospitalization,” explains Dr. Zarse, who previously worked for the Federal Bureau of Prisons. “The thought was: Let’s save money by putting these folks in the community, where we can manage them more effectively and at a lower cost. So, there was a huge emptying out of state hospitals.”

Deinstitutionalization was supposed to serve patients better by extricating them from facilities whose care was deemed inadequate at best and inhumane at worst. What was intended to help the mentally ill, however, actually ended up harming them. That’s because the money saved by closing state psychiatric hospitals was not reinvested in community programs as promised; instead of patients, it went to pork-barrel politics.

Without the emotional, educational, and economic resources needed to manage mental illness, families and communities are unable to give medication, services, and support to those who need it. So, mental illness is left to fester and flounder. Eventually—perhaps inevitably—its unchecked symptoms yield crimes such as disturbing the peace, disorderly conduct, criminal trespassing, resisting arrest, and assault and battery. When police are called, the shortage of psychiatric hospitals means their only practical remedy is arrest.

"These folks have to go somewhere, and that's either going to be a psychiatric facility or a prison," says Dr. Zarse, who likens the problem to an oblong balloon with psychiatric hospitals on one side and prisons on the other. "If you push on the balloon at one end, the other side is going to overinflate; if you let everyone out of psychiatric hospitals they're going to end up in prisons."

The problem with prison is that it's punitive instead of rehabilitative.

"Overall, there's a lack of treatment systemically in prisons," says criminal defense attorney Robert Sanger, a professor of law and forensic science at The Chicago School's partner institution, The Santa Barbara & Ventura Colleges of Law in Santa Barbara and Ventura, Calif. "When people don't get treatment and they're released with a criminal record, that makes it harder for them to get into social programs in the real world. So they end up back in prison later. It's a revolving door, and it just makes things worse."

Those with a mental illness don't just return to prison. They also spend more time there in the first place.

"Those who are incarcerated with mental health issues tend to get left behind in prison," Dr. Masi says. "Everything the court looks for in order to grant early release—like good behavior and following rules and protocols—the severely mentally ill are incapable of. As a result, they end up spending more time in jail, which means going longer without getting the help they really need."

> *Recommended Reading: "Making autism education the new gavel in the criminal justice system"*

Without significant federal legislation and funding, the fallout from deinstitutionalization will likely continue. But that hasn't stopped mental health advocates from seeking incremental reforms.

Promising solutions exist at each stage of the criminal justice funnel, says Loren Hill, Ph.D., director of The Forensic Training Institute at The Chicago School's Los Angeles Campus. At the front end, for example, many police departments have established Crisis Intervention Team (CIT) programs whereby local law enforcement, mental health providers, and social service organizations partner to help police officers manage the mentally ill and seek alternatives to arresting them. Instead of arresting a person with schizophrenia who's causing a public disturbance, for instance, a CIT-trained police officer can verbally de-escalate the situation and deliver the citizen to a community-based program for treatment.

Courts are engaged in similar work, according to Dr. Hill, who says a number of states have established special “mental health courts” that divert mentally ill criminals away from incarceration and toward treatment. “If you go to mental health court, consideration is given to mental health services in terms of where you’re placed and what your sentence looks like,” she explains. “These programs are very encouraging because they’re treatment-oriented. They look at the root cause of the mental health issue, which gives them a different understanding of the individual.”

> *When they understand mental illness, he says, such professionals are more apt to recognize it and intervene on behalf of the mentally ill in order to get them treatment. This is particularly true of defense lawyers, for whom intervention is an occupational obligation.*

At the end of the criminal justice funnel—jails and prisons—the solution isn’t taking inmates to treatment; it’s bringing treatment to inmates.

“There are jails and prisons that have mental health units where inmates with mental health issues are identified early on during the intake process. If they meet certain criteria for mental observation, they’re sent to a hospital unit or mental health ward where they see a psychiatrist or psychologist, receive the medication they need, and attend individual and group therapy,” Dr. Hill reports. “Those facilities have seen some pretty good results.”

Whether it’s received in prison or instead of prison, treatment yields more benefits than punishment alone—both for individuals and for society at large.

“If you can help them understand their disorder and how to manage it, you may end up with someone who comes out of incarceration never to return again. And isn’t that what we all want?” Dr. Hill continues. “Our hope when people get out of prison is that they will become productive citizens who lead healthy lives. I don’t know if that happens right now when someone who has a mental health issue goes to jail.”

Clearly, money talks. But in the absence of funding for the aforementioned programs—all of which beg extra capital—the most effective tool mental health advocates have might be education.

“The resources aren’t always there. And when there are resources, the need can be so great that it outweighs them,” Dr. Hill says. “So, we need to focus on mental health awareness and education, which can then lead to funding.”

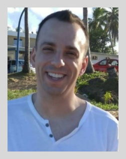
Education can be especially impactful when it’s offered to wraparound service providers such as teachers, employers, doctors, police officers, and lawyers, suggests Sanger. When they understand mental illness, he says, such professionals are more apt to recognize it and intervene on behalf of the mentally ill in order to get them treatment. This is particularly true of defense lawyers, for whom intervention is an occupational obligation.

“We need better training for defense lawyers, and it’s got to start in law school,” argues Sanger, who says The Chicago School is ideally suited to provide such education via interdisciplinary partnerships with its partner institutions in the TCS Education System— including the Colleges of Law, whose students would like to receive more exposure to mental health and forensic psychology. “There’s a very natural connection there, and using that to promote crossover training is critical.”

Just as important as giving psychological education to lawyers is giving legal education to psychologists. To that end, The Chicago School has numerous partnerships through which it exposes students to the inner workings of the criminal justice system. For example, many students complete practicums in correctional environments such as the Cook County Department of Corrections in Chicago and the Los Angeles County Sheriff ’s Department in Los Angeles. Students placed with the latter provide counseling to at-risk youth and their parents via the sheriff ’s Vital Intervention and Directional Alternatives (VIDA) program, a re-directional program whose goal is keeping juvenile delinquents out of prison. Simultaneously, the same students have the opportunity to provide individual and group counseling to inmates at Los Angeles’ Twin Towers Correctional Facility. At the end of each term, students and police officers alike emerge with a new appreciation for mental health providers’ social contributions.

In concert with The Chicago School’s rigorous forensic psychology curriculum, the experiences gained during such practicums promise to beget a new generation of mental health practitioners committed to decriminalizing mental illness and divorcing mental health once and for all from the penal system.

“Our students are the future agents of change,” Dr. Masi concludes. “Because they’re getting exposure to the problems in our criminal justice system now, they’ll be able to facilitate change later on.”



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