Encounters with the Justice Community and Opportunities for Intervention

Violence and Mental Health: Opportunities for Prevention and Early Intervention

A Workshop of the Forum on Global Violence Prevention

February 27, 2014
“...Humanely Invisible”

- In the US and Europe persons with mental illness were confined in poor houses and prisons. Dorothea Dix, the Quakers, and other religious groups spearheaded early reform in the US and Europe: move from prisons to asylums and hospitals for the insane.

- Without effective treatment, containment of those who were severely mentally ill was the purpose object of asylums. Confinement in separate communities kept persons with mental illness out of public sight.
State Hospitals
Asylum, Christopher Payne
Medicine and the Law as Partners in Deinstitutionalization of the Mentally ill

- In 1950s-1960s neuroleptic medications to manage severe psychosis
  - Thorazine and Haldol reduced psychotic and manic symptoms
- Supreme court decisions requiring due process for persons with mental illness.
  - Baxstrom v. Herold, 1966: dangerousness required for psychiatric commitment of inmates (USSC)
  - Lake v. Cameron, 1966: if person dangerous only to self, deprivation of liberty must be limited (D.C. Circuit Court of Appeals)
  - O’Connor v. Donaldson 1975: cannot confine non-dangerous mentally ill persons capable of living in community (USSC)
- Legislation creating medicaid reimbursement.
Deinstitutionalization in the US

1955: First antipsychotic drugs
1965: Medicaid & Medicare enacted
Shift without Resources

❖ Deinstitutionalization shifted the burden
  – From the person to prove sanity
  – To the state to prove dangerousness

❖ Shift did not guarantee care, treatment, housing, work, acceptance, or community

❖ Result was a transinstitutional shift to the prisons through the police and the courts.
Institutionalization in the United States (per 100,000 adults)

Illustration based on From The Asylum To The Prison
Bernard E. Harcourt, March 2007 used with permission

- Total Rate
- Prison Rate
- Mental Hospital Rate
United States is the World's Leading Jailer

Prisoners per 100,000 Population - 2008

WHERE THE SEVERELY MENTALLY ILL 'LIVE'

Sources: New York Times, PBS, National Coalition for the Homeless, Human Rights Watch
Estimated 1 in 4 persons will suffer a diagnosable mental illness

The prevalence of mental illness in prison range from 15% to 90%

The lower prevalence in low income countries related to under diagnosis and assessment.

The highest prevalence worldwide is in incarcerated women.

In the United States and Europe estimates range from 25% to 75%

When substance abuse is included, the prevalence reaches as high as 95%.
Global Prevalence of Mental Illness in the Criminal Justice System

- Underserved population of persons with mental illness
- Poverty
- Low education
- Limited housing, employment, nutrition, health services
- Violence, stigma, discrimination
- “Mental health is a measure of community well-being.” Dr. Shenkar Saxena
## Mental Health Professionals per 100,000 Population Across WHO Regions

<table>
<thead>
<tr>
<th>WHO Region</th>
<th>Psychiat.</th>
<th>Other MDs</th>
<th>Nurses</th>
<th>Psychol.</th>
<th>Social Workers</th>
<th>Occupat. Ther.</th>
<th>Other Health</th>
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WHO Health Atlas, 2011
### Mental Health Professionals Per 100,000 Across World Bank Income Groups

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<th>Income Group</th>
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<th>Other MDs</th>
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<th>Occupat Therap.</th>
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WHO Health Atlas, 2011
The Interface across the Criminal Justice System

- Jail and prison are the last steps.
- The interface begins in the community with the police; persons with mental illness are more likely to be victims of crime and more likely to be perpetrators of nuisance crimes. They account for less than 5% of violence in the United States.
- In the courts, persons with mental illness face multiple challenges, lack access to full range of resolutions, face the assumption of dangerousness, get longer sentences and longer probations, face gaps in treatment and experience social destabilization.
Issues across the Criminal Justice System

**Law Enforcement:** Excessive force; involuntary treatment; symptom management without arrest, interviewing, reliability of victims’ reports, protection of public, risk of injury to police civil rights, local customs, cost and training

**The Courts:** Civil rights, societal values, equal protection, competency to proceed, competency to be a witness, competency to accept a plea, appropriate punishment, protection of public, risk of recidivism, capacity to serve probation, access to alternatives, cost and training.

**Department of Correction:** Constitutional right to treatment; constitutional right to refuse treatment, forced medication, overcrowding, definition of mental illness, co lack of resources, safety, access to parole, community reintegration, cost and training.