

## ASYLUMS BEHIND BARS: A special report.; Prisons Replace Hospitals for the Nation's Mentally Ill

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Michael H. had not had a shave or haircut in months when he was found one recent morning sleeping on the floor of St. Paul's Episcopal Church in suburban Lancaster, next to empty cans of tuna and soup from the church pantry.

There was little to suggest that he had once been a prosperous college graduate with a wife and two children -- until he developed schizophrenia, lost his job and, without insurance, could no longer afford the drugs needed to control his mental illness.

Charged with illegal entry and burglary, Michael H. was taken to the Los Angeles County Jail. The jail, by default, is the nation's largest mental institution. On an average day, it holds 1,500 to 1,700 inmates who are severely mentally ill, most of them detained on minor charges, essentially for being public nuisances.

The situation in the jail, scathingly criticized as unconstitutional by the United States Justice Department last fall, is the most visible evidence that jails and prisons have become the nation's new mental hospitals.

On any day, almost 200,000 people behind bars -- more than 1 in 10 of the total -- are known to suffer from schizophrenia, manic depression or major depression, the three most severe mental illnesses. The rate is four times that in the general population. And there is evidence, particularly with juveniles, that the numbers in jail are growing.

Some of these people have committed serious, violent crimes. But many more are like Michael H., whose family agreed to discuss his case on the condition that he not be identified: homeless people charged with minor crimes that are byproducts of their illnesses. Others are picked up with no charges at all, in what the police call mercy arrests, simply for acting strange.

The mentally ill at risk of being jailed include adults like Helen Rose Akanni, a woman with paranoid schizophrenia who was mistakenly charged with drunken driving and held for a week before a psychiatrist saw her. They include teen-agers like Jason E., a manic-depressive whose violence gives his father the choice of having him jailed or endangering his family.

"Part of mental illness in America now is that you are going to get arrested," said Laurie M. Flynn, executive director of the National Alliance for the Mentally Ill, an advocacy group of relatives and friends of people with mental disorders.

What experts call the criminalization of the mentally ill has grown as an issue as the nation's inmate population has exploded and as corrections officials and families of the emotionally disturbed have become alarmed by the problems posed by having the mentally ill behind bars.

The trend began in the 1960's, with the mass closings of public mental hospitals. At the time, new antipsychotic drugs made medicating patients in the community seem a humane alternative to long-term hospitalization. States also seized the chance to slash hospital budgets. From a high of 559,000 in 1955, the number of patients in state institutions dropped to 69,000 in 1995.

But the drugs work only when they are taken, and when they work, patients are tempted to stop, because of the unpleasant side effects. As states lagged in opening a promised network of clinics and halfway houses to monitor patients, obtaining treatment became harder. Health insurers restricted coverage, for-profit hospitals turned away the psychotic, and new laws made it more difficult to commit disturbed people. Thousands fell through the cracks.

Coincidentally, with voters willing to spend freely to fight rising crime rates, states were building more jails and prisons. Jails became the only institutions left open to the mentally ill 24 hours a day.

Homelessness was the most public sign of the problem. But for growing numbers of people, the price of mental illness was arrest. Ms. Akanni, for example, became upset when she could not find her 2-year-old daughter; the girl had fallen asleep under a bed. To calm herself, Ms. Akanni went for a drive, but she got in an accident. When she gave her name as the Lord God Almighty, an officer arrested her for drunken driving. A week passed before a psychiatrist saw her and she was able to explain that she had a 2-year-old at home, alone.

When Ms. Akanni was released, she was arrested again, for abandoning her child. The girl had survived by eating garbage.

"The inmates we see in jail today are the same people I used to see in psychiatric hospitals," said Dr. Eugene Kunzman, the former medical director of the mental health program at the Los Angeles jail.

In many states, so many public hospitals have closed, or the laws regulating admission to hospitals have been made so tight, that sometimes the only way to get care is to be arrested. Resources are especially scarce for juveniles.

In Dallas, social workers advised Jason E.'s family to have him jailed to get treatment. He had assaulted both parents and his brother, and hospitals were too expensive or refused him because he was violent. Jason's father rejected the advice and kept him at home, only to be warned he could be charged with endangering his other son.

"It's tragic," said Judge Hal Gaither of the Dallas County Juvenile Court. "If you are a young person and mentally ill, you have to get arrested to receive treatment."

Though some people do benefit from regular medication while in jail, others suffer as the stress deepens their depression, intensifies delusions or leads to a psychotic break. Suicide is a risk: 95 percent of those who commit suicide in jail or prison have a diagnosed mental disorder, a study in the American Journal of Psychiatry found.

Locking up the mentally ill also has high costs for the nation's crowded prisons and jails.

Because judges are often reluctant to grant bail to the mentally ill, and because they need special treatment, they tend to stay in jail much longer than other inmates. On Rikers Island, New York City's jail, where 15 percent of new inmates have serious mental disorders, the average stay for all inmates is 42 days, but it is 215 days for the mentally ill, said Dr. Arthur Lynch, the official in the New York City Health and Hospitals Corporation who oversees treatment in the jail.

Last year, when Rikers admitted 133,300 inmates, the city jail system treated 15,000 of them for serious disorders. And in a state that has only 5,800 adult patients in its public mental hospitals, New York's state prisons treat 6,000 inmates, 8.7 percent of their population, for serious disorders.

Legal Aid lawyers in the city are seeing more "junk arrests" of homeless mentally ill people, said Susan L. Hendricks, director of litigation for the Legal Aid Society in New York. "The city has turned prisons and jails into a catchment for mentally ill people who get into trouble," she said.

Jails and prisons often find themselves unprepared to deal with the mentally ill. Guards may not know, for example, how to respond to disturbed inmates who simply are not capable of standing in an orderly line for meals; a common result is that the inmates are put in solitary confinement.

"We are doing the best we can, but it is definitely frustrating for the officers," said Gayle Ray, the county sheriff for Nashville, where 142 inmates on antipsychotic medication, 8.6 percent of her jail system's 1,630 inmates, are housed on one floor of the Criminal Justice Center. "Jails were not designed to be mental hospitals, and what's happening is a real passing of the buck to another part of the system."

Advocates for the mentally ill say the clock is being turned back to the 19th century, when it was common in the United States to confine people with mental illness in jails. Mental hospitals, or asylums, grew out of a crusade in the 1840's by Dorothea Dix, the Boston reformer, who warned that "insane persons" were being confined in "cages, closets, cellars, stalls, pens: chained, naked, beaten with rods and lashed into obedience."

"Criminalization," said Dr. E. Fuller Torrey, a leading researcher of schizophrenia in Washington, D.C., "has been both a personal disaster for the mentally ill, and an institutional disaster for the criminal justice system."

## The Jail

### Faulting System In Los Angeles

In Los Angeles, an average of 1,000 new offenders a day are brought to the county jail system, seven separate jails spread across 4,000 square miles housing a total of 22,000 inmates. It is a logistical nightmare.

When the Justice Department investigated the jail last year, this was the screening procedure it found: On entering, each prisoner was issued a sheet and towel and was shown an informational video. Among other questions, the video asked new arrivals to tell jailers if they had a mental health problem.

Many of the sickest new arrivals did not, because they were in denial. Others did not respond because they had been to the jail before. They knew that if they did, they would be issued yellow jumpsuits, which made them easy targets for guards or other inmates. They might be locked 23 hours a day in dirty isolation cells. And any medication they had would be confiscated until a jail psychiatrist saw them, which could take weeks.

"Unconstitutional conditions exist at the Los Angeles County Jail," the report by the Justice Department's Civil Rights Division concluded, "including a deliberate indifference to the inmates' serious mental health needs."

The study, prompted by relatives of people who had been jailed, was the first Federal review of the predicament of the mentally ill in jail. It produced a case study of the forces that draw the mentally ill into jails, and of the problems that they pose for jails and that jails pose for them.

"The problem I see is that the whole concept of treatment of the mentally ill in jail is an oxymoron," said David Myer, who directs the Los Angeles Mental Health Department's programs in the jail. "Jail is a horrible place. It isn't good for people who are well. For someone who is mentally ill, it is terrible."

The troubles begin with the fact that the county jail is a jail, not a hospital. It is run by the sheriff's department, whose main mission is to keep discipline among its large population and to process inmates for court.

In addition, most deputies have little training in dealing with the emotionally disturbed, said Anita Dunsay, a recently retired clinical psychologist who worked in the jail. "The deputies tend to be fresh graduates of the sheriff's academy, and baby-sitting isn't what they joined up for, so they easily get angry at the mentally ill," she said.

One result, the Justice Department charged, was that even though 1,700 inmates a day got some form of treatment, many more had mental illnesses that were going undetected. This was particularly true of those who were quietly depressed or had personality or anxiety disorders, illnesses for which California law does not mandate care. The Justice Department report also charged that record-keeping was so haphazard that some mentally ill inmates were lost in the system, while many illnesses were misdiagnosed and patients were given the wrong medication.

As a visitor toured the Central Jail three months after the report's release, mentally ill inmates in yellow jumpsuits could be seen meeting with a psychiatrist on a steel bench in a busy corridor. A stench from the jail's blocked sewer caused people to cover their noses and mouths. Cells reserved for the mentally ill were so crowded that some men had to sleep on the floor. Some babbled; others complained that they could not sleep because of rats in their quarters.

The physical conditions improved dramatically in January, when the sheriff's department, under threat of a Justice Department lawsuit, moved most of the mentally disturbed inmates to the county's new Twin Towers jail. There, in an area dedicated to the mentally ill, the inmates are housed in clean, modern, one- and two-man cells.

The screening process was also updated: deputies now directly ask new arrivals if they are on medication. Already the number identifying

themselves as mentally ill has increased, and Mr. Myer said he expected it would eventually climb by 50 percent.

"The moral of the story," Mr. Myer said, "is that if you want to get something done, you need to bring the power of the Federal Government in and threaten to take over your jail."

But even as the Los Angeles jail moves toward, in effect, creating its own mental hospital, there are still problems inherent in dealing with the mentally ill in any jail. Inmates, said Dr. Kunzman, the former medical director, are seldom in jail long enough to be stabilized on the right medication, to offer them adequate therapy or to plan for their care after release.

And so far the changes at the Los Angeles County Jail have affected mainly physical conditions, not treatment, said Marianne Baptista, an administrator at Step Up on Second, a mental health agency in Santa Monica whose caseworkers often search the jail for missing clients. "On our end, nothing's changed," she said.

Her agency's clients still often disappear into the jail after being arrested, without any notification to the clinic. "More often than not, once in jail, their medications are taken away from them or they are given something different, and then their symptoms come out again," she said. "Being in jail may make them more crazy."

That cycle can cause long-term physical damage, said Kay Redfield Jamison, a professor of psychiatry at Johns Hopkins School of Medicine. "Every relapse you have increases the odds that your brain is being damaged and that you will have another relapse faster, just like with heart attacks," she said.

Without the state hospitals, experts say, a revolving door has been created, in which many mentally ill people cycle from clinics to homelessness to jail.

In Los Angeles, more than 70 percent of the severely mentally ill homeless have been arrested at least once, according to a report prepared for the Los Angeles County Board of Supervisors by Carla Jacobs, a board member of the National Alliance for the Mentally Ill.

Many mentally ill people do manage to get treatment and do not end up in jail, of course, especially those with higher incomes. But the magnitude of the problem is suggested by a survey by the alliance of families with a seriously mentally ill member; 40 percent of the ill individuals had been arrested.

Jails and prisons have only recently begun to keep statistics on the mentally ill who pass through them, and those numbers can vary according to the quality of a jail's screening or which mental disorders are counted.

On an average day, said Linda A. Teplin, a professor of psychiatry at Northwestern University Medical School, 9 percent of men and 18.5 percent of women in local jails -- about 56,000 people -- are severely mentally ill.

An estimated 10 percent of all inmates in state and Federal prisons, or 122,000 people, are severely mentally ill, said Allen J. Beck of the Justice Department's Bureau of Justice Statistics. And about 20 percent of juveniles in criminal justice facilities, or 20,000 people, are that ill, said Joseph Cocozza, director of the GAINS Center, a research organization in Delmar, N.Y.

It was Professor Teplin's research that first demonstrated that the mentally ill are arrested much more often than people in the general population. But the problem, she said, is not police callousness. "The police arrest the mentally ill because they have no other alternative," she said.

She recalled riding with the police in a Midwestern city one night when they received a call about a crazy man on a bus. The man, named Charlie, was both schizophrenic and a drunk. They took him to a detoxification center, where he fell asleep. But the detox center recognized him and insisted he was crazy, not drunk, so the police drove him to a hospital.

At the hospital the doctors also knew Charlie. Regarding him as difficult, they said he was an alcoholic to avoid admitting him.

Finally, the police arrested Charlie, Professor Teplin said. It was a cold night and they did not want him to freeze to death. He was charged with disorderly conduct.

#### The Delinquent

##### Young, Mentally Ill And Bound for Jail

The 16-year-old girl suffered from delusions and hallucinations. The diagnosis was "psychotic, not otherwise specified." Her father was in prison for sexually abusing her sister. Her mother was an alcoholic. Not surprisingly, the girl began skipping school. She got pregnant. She assaulted her mother.

Before most state hospitals were closed, the girl would probably have been committed to a state psychiatric hospital. But in Texas, where she lives, the juvenile court declared her a delinquent and sent her to the state's juvenile justice agency, the Texas Youth Commission. The commission sent her to its Corsicana Residential Treatment Center for seriously emotionally disturbed youths.

The girl personifies the problems facing many young people with mental disorders, said Linda Reyes, a psychologist and assistant deputy executive director of the commission. "Unless you are wealthy and can afford private doctors, you have to get arrested to get treatment," she said.

Even so, the commission is limited in what it can do. The girl refuses to take antipsychotic medication, and because Corsicana is not a hospital, its staff cannot make her take it. She is not making progress -- she walks around naked and urinates on the floor -- but by law, when her term expires, she must be released.

Incarcerating mentally ill adolescents is "tragic and absurd," Dr. Reyes said. "The system we have created is totally ineffective. It doesn't rehabilitate the kids. And it doesn't even take care of public safety, because when she is sent home, she will just get picked up again."

Of the 4,791 juveniles in the Texas agency's custody, 22 percent suffer from schizophrenia, manic depression or major depression. The national figure is similar: an estimated 20 percent of incarcerated juveniles are seriously emotionally disturbed.

When other psychiatric disorders are included, the percentages rise sharply. A recent survey by the California Youth Authority found that 35 percent of boys in its custody and 73 percent of girls need treatment, said its director, Francisco Alarcon.

One reason for the higher percentage of young people with mental illness in jail, specialists say, is that many states have cut budgets for adolescent psychiatric hospitals even more than those for adults.

"I had a 15-year-old girl who was hallucinating and psychotic," said Cathy Brock, a supervisor at the Letot Center in Dallas for runaway children. "And a staff member from Mental Health and Mental Retardation agreed she needed hospitalization. But then she said they were over budget for the year, so couldn't I find an offense that would get her arrested, like an assault?"

The Dallas County Juvenile Department has as large a budget for psychiatric hospitalization, \$6.6 million this year, as the county's mental health department.

As a result, Ms. Brock said, "When I have a kid who is severely mentally ill and has been arrested, and the family has no resources, I will do everything I can to make sure that kid gets adjudicated." But urging judges and families to convict children, she said, "presents all kinds of ethical binds."

Another reason these young people are incarcerated disproportionately is that they act out their illnesses more than adults, usually in aggressive and impulsive ways that can get them arrested, said the president of the National Mental Health Association, Michael Faenza.

There is evidence that the number of disturbed young people being arrested is increasing. At Corsicana, Dr. Reyes said, the proportion of juveniles on antipsychotic drugs has doubled to 80 percent since 1990.

But it is unclear whether this trend indicates more mental illness, or reflects tougher sentencing laws that are driving greater numbers of all young people behind bars.

Dr. Torrey, the schizophrenia expert, said he does not believe that social conditions, like the breakdown of the family and bad parenting, cause young people to become mentally ill. "What we are seeing," he said, "is the breakdown of the public mental health system."

## The Asylum

### Well-Meaning Plan To Close Hospitals

For a growing number of the mentally ill, it has come to this, said Dr. Michael Pawel, executive director of the August Aichhorn Center for emotionally disturbed juvenile offenders in Manhattan: "Jail has become the place where, when you have to go there, they have to take you in."

As thousands of the mentally ill end up behind bars, no one has estimated the cost of shifting so many of the mentally ill from one kind of institution, hospitals, to another, jails and prisons. Hospitals can cost three to four times more than prisons, but prisons cost more two to three times more than community clinics, not counting the substantial extra expense involved in treating the mentally ill in prison.

But because of the price exacted on the mentally ill themselves, some therapists and mental health advocates are reconsidering what they did in helping to close state hospitals.

"I was not wrong that antipsychotic medications were good," said Dr. Richard Lamb, a professor of psychiatry at the University of Southern California School of Medicine. Dr. Lamb worked in a state hospital in the 1960's and was among those pushing for the treatment of people outside hospitals. "But I was wrong about discharging so many people with severe problems."

Part of the premise, he recalled, was that governments would build places in communities where discharged patients could continue to take their drugs and get therapy. But, largely for economic reasons, this was never done.

Now, Dr. Lamb said he realizes, "Some people just need more structured care."

Thinking over what seemed at the time like a wonderful reform, he likened himself to the British colonel in "The Bridge Over the River Kwai." The colonel built a bridge for his Japanese captors because the idea was so magnificent. "What have I done?" he asked himself.

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