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## The Nightmare of Prison for Individuals With Mental Illness

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*The treatment of prisoners with mental illness is often barbaric if not medieval. Here's what needs to stop.*

At some point in the 1970s the decision was made to close state-run mental health institutions. Much of this was motivated by The Community Mental Health Act in 1963. Reports at the time indicated significant abuse of patients and a general lack of credible mental health care. The idea was that funds would be redirected from the states to local communities to manage and monitor the needs of individuals with mental health issues. Unfortunately, this transfer of funds never happened and local communities were simply overwhelmed.

The result was that many people with mental illnesses found themselves in the prison system. Systems underfunded and understaffed without training who were primarily focused on incarceration rather than the needs of anyone with a health condition defined by mental illness.

To make matters worse, prisoners suffering from mental illness often found their condition exacerbated and amplified by their incarceration. Imagine a person suffering from depression or bipolar disorder in a hostile and restrictive environment. The new solution in fact created significant problems and ignored a landmark ruling from the Supreme Court.

What has essentially happened is the trans-institutionalization of mental illness from hospitals to prisons. And the prisoners with mental health conditions suffer greatly. Some become withdrawn and others find themselves in solitary confinement intended as a protective measure. According to a report submitted by the University of Pennsylvania in February, 2011: "Incarceration has a robust relationship with subsequent mood disorders, related to feeling 'down,' including major depressive disorder, bipolar disorder, and dysthymia."

The fact of the matter is that anyone in solitary confinement is treated the same way. They are ignored and only allowed one hour a day to walk into a walled or caged area. They are given their meals in their cell, and windows are small and rare. Solitary is often used as a punishment room, but in many prisons it's used as way to keep mentally ill prisoners away from the general prison population while imposing the worst punishment a manic-depressive or schizophrenic person could endure.

To make matters worse, many people incarcerated are not properly diagnosed before sentencing. If someone appears to have a substance abuse issue, they are assumed to tolerate withdrawal from that addiction cold turkey when denied access to substances in prison. Most tough it out. Unfortunately, undiagnosed individuals with serious mental disorders like schizophrenia or bipolar disorders are often sent into prisons without proper diagnosis or any plan for treatment or medications. The result is their condition worsens.

Based on a range of studies done by the National Institute of Mental Health, The American Journal of Psychiatry, the U.S. Department of Education and other sources:

*One in four adults -- approximately 61.5 million Americans -- experiences mental illness in a given year. One in 17 -- about 13.6 million -- live with a serious mental illness such as schizophrenia, major depression or bipolar disorder.*  
*Approximately 20 percent of youth ages 13 to 18 experience severe mental disorders in a given year. For ages 8 to 15, the estimate is 13 percent.*  
*Approximately 1.1 percent of American adults -- about 2.4 million people -- live with schizophrenia.*  
*Approximately 2.6 percent of American adults -- 1 million people -- live with bipolar disorder.*  
*Approximately 6.7 percent of American adults -- about 14.8 million people -- live with major*

*depression.*

*Approximately 18.1 percent of American adults -- about 42 million people -- live with anxiety disorders, such as panic disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), generalized anxiety disorder and phobias.*

*About 9.2 million adults have co-occurring mental health and addiction disorders.*

*Approximately 26 percent of homeless adults staying in shelters live with serious mental illness and an estimated 46 percent live with severe mental illness and/or substance use disorders.*

The fact of the matter is that our prisons are populated by people in desperate need of caring and sensitive psychiatric care. Unfortunately the opposite is true. Both police officers and prison guards receive very little training with regards to interactions and managing individuals with mental illness. Programs need to be initiated to increase that awareness and sensitivity, and most importantly -- how to approach and manage someone who has a severe mental illness.

Currently, the prison solution is the worst. Solitary confinement continues to be the method of choice in U.S. prisons for anyone demonstrating perceived or misunderstood mental illness. It is perhaps the most severe and cruel form of punishment for anyone suffering from a severe mental illness. The result is that many people who enter prison with a mental illness leave prison with a condition that is worse. "The lack of treatment for seriously ill inmates is inhumane and should not be allowed in a civilized society," Dr. E. Fuller Torrey, founder of the Treatment Advocacy Center, said in a recent report.

The result is that many people with mental illness who are incarcerated find themselves back in prison again. The fact of the matter is that our mental health system has failed as the federal government continues to deny and ignore the promises made to improve the system by taking responsibility from the states.

The result is that recidivism rates among the mentally ill is soaring. Any hopes of rehabilitation based on any criminal activity are outweighed by the intense and long-lasting affects of incarceration on mentally ill individuals.

It seems obvious that the best recourse is to return responsibility for the management of mental illness to the states. This appears on the surface to be problematic given the fiscal distress so many states are enduring, but with adequate federal funding the solution is workable. There is also a need for both federal and state funds to be allocated to communities.

On a fundamental level we must overcome our fundamental fear and intolerance of mental illness. We all know someone among our family and friends who struggles with an addiction or a mental disorder and we need to extend that same compassion and care we feel towards them to others.

As potential employers we should not stigmatize people with a police or prison record. Without the potential for employment they will be forced to a vicious cycle of hopelessness and potentially crime.

Most importantly, we need to do something about the failure of our prisons as a repository for the mentally ill. Through a series of unintended consequences we've sabotaged our mental health system and relegated the management of mental illness to a penal system designed to imprison and punish.

In a controversial statement made on March 10, 2011, Martin Harty, a member of the New Hampshire state legislature, was asked what could be done for the state's mentally ill homeless people. Harty replied that the state should "Rent a spot in Siberia for them." The media was indignant but ironically, mentally ill homeless persons now receive better care in most parts of Siberia than they do in most parts of New Hampshire.