

Toxic Prisons (cont.)

and its corporate PR firm on the Letcher County prison project, Cardno.

Starting with the Prison in Your Backyard

RUSSIAN NOVELIST FYODOR DOSTOEVSKY, once a prisoner himself, said the degree of civilization in a society can be judged by entering its prisons. American society will surely someday be found guilty of maintaining its massive industrial warehouses for people – mainly poor and people of color – right up to the point of sewage literally oozing out of the seams. But there is no reason to wait on that verdict.

Thankfully, Paul Wright is not the kind of person to relay information and walk away. Most everything he has done with his life since *Prison Legal News* began has been aimed at having a tangible impact on the prison system.

The Prison Ecology Project is no different. Rather than despair over the magnitude and complexity of injustice taking place in some 5,000 prisons and jails across the country, Wright offers a simple blueprint for the next steps.

“If people look around in their communities, and just ask simple questions: Where is the local jail built? Where is the local prison built? And what’s the environmental impact of that? And then just start answering those questions,” he says.

“We don’t have to go to Oregon, to the middle of the woods, to find environmental

injustice. In most cases it’s right here in our own communities, and that environmental injustice is perpetuating another injustice through our corrections system.”

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U.S. Prisons Filled with America’s Mentally Ill

by Derek Gilna

IN APRIL 2014, THE NATIONAL SHERIFFS’ Association and Treatment Advocacy Center released a comprehensive joint report titled “The Treatment of Persons with Mental Illness in Prisons and Jails: A State Survey.” Authored by both experts in mental illness and law enforcement, the report described U.S. prisons and jails as the “new asylums,” housing ten times more mentally ill people than psychiatric hospitals.

The study reflects the realization of law enforcement officials closest to the problem that they are inadequately funded and staffed to provide mental health treatment to prisoners who are often incarcerated as a result of aberrant behavior stemming directly from their mental illnesses. For example, the report notes that the “Cook County Jail, with 9,700 inmates, [is] the largest de facto ‘mental institution’ in Illinois and one of the largest in the United states.”

Cook County Sheriff Tom Dart has criticized Illinois’ closure of mental health institutions that might treat and house many of those prisoners, stating, “I can’t conceive of anything more ridiculously stupid by government than to do what we’re doing right now.” Dart threatened to sue the state for “allowing the [county] jail to essen-

tially become a dumping ground for people with serious mental health problems.”

For years Florida’s prison system has faced a similar struggle. Prisoners diagnosed with mental illness have increased 150% over the past two decades, and according to a report published last December, an estimated 38,000 mentally ill people are held in Florida county jails. However, lawmakers continue to slash funding for mental health services. In 2014, a \$100 million budget cut placed Florida, the third most populous state, last in the nation in terms of mental health spending.

After decades of deinstitutionalizing the mentally ill, we appear to be regressing to a 19th century approach of isolating and confining people with mental health problems rather than treating and rehabilitating them. After all, it’s cheaper to house the mentally ill in correctional rather than medical facilities, shifting the burden and costs from the medical to the correctional sector.

According to the report, in almost 90% of the states the largest prison or jail housed more mentally ill patients than the largest state mental hospital. Officials at the jail in Escambia County, Florida estimate they spend \$105 daily per mentally ill prisoner,



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while it costs about \$185 per day to treat patients in state mental hospitals.

The report also recognizes that when incarcerated, the mentally ill “are vulnerable and often abused,” and if left untreated “their psychiatric illness often gets worse, and [they] leave prison or jail sicker than when they entered.” Sadly, the number of mentally ill prisoners continues to climb. In 2012, over 356,000 prisoners across the U.S. were diagnosed with severe mental illness – ten times the number of patients treated at state mental hospitals the same year.

Recent data indicates that over a million mentally ill people are incarcerated annually, cycling in and out of jails. The U.S. Department of Justice reports that almost a quarter of all prisoners suffer from serious mental illnesses, and many complain of inadequate treatment by prison and jail medical staff who often change or discontinue the psychotropic drugs they were receiving to treat their conditions. In most correctional facilities, suicidal prisoners are placed in solitary confinement and monitored by guards rather than by qualified mental health professionals in a treatment setting.

The adverse effects of long-term solitary confinement are well and widely known. [See: *PLN*, Oct. 2012, p.1]. Yet many prisons and jails are ill-equipped to handle major mental health issues, such as bipolar disorder and schizophrenia, and such prisoners all too often end up in

segregation. For example, a schizophrenic prisoner in New York spent 13 years of his 15-year sentence in solitary confinement, while a Minnesota prisoner, also diagnosed with schizophrenia, stabbed his own eyes out with a pencil.

The joint report offered numerous recommendations, including “reform mental illness treatment laws and practices in the community to eliminate barriers to treatment for individuals too ill to recognize they need care, so they receive help, before they are so disordered they commit acts that result in their arrest”; reform jail and prison treatment policies so prisoners receive necessary treatment; implement and promote jail diversion programs; use court-ordered outpatient treatment instead of jail sentences; conduct cost studies to compare the cost of housing people with serious mental illnesses in prisons and jails; and establish jail intake screening to identify people who are mentally ill.

As part of a recent development, some jurisdictions have introduced so-called mental health courts, a joint initiative between correctional and mental health services, to handle misdemeanor cases

involving the mentally ill. Their primary goal is to provide treatment rather than punishment in an effort to reduce recidivism among offenders with mental health problems. Around 150 mental health courts exist across the country.

The joint report by the National Sheriffs’ Association and Treatment Advocacy Center is one of many studies on the mentally ill behind bars. In April 2016, the National Academies of Sciences (NAS) issued a report that examined the intersection between the mentally ill and the criminal justice system, and raised similar concerns.

The NAS report noted that people with mental illnesses are more likely to be incarcerated, and that only around one-third of prisoners and one-fifth of jail detainees with mental health problems receive mental health treatment. ■

Sources: “*The Treatment of Persons with Mental Illness in Prisons and Jails: A State Survey*,” *Treatment Advocacy Center and National Sheriffs’ Association (April 8, 2014)*; www.washingtonpost.com; www.huffingtonpost.com; www.inweekly.net; www.correctionsone.com; MSNBC

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