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Special Section
Mentally Ill Populations in Jails and Prisons: A Misuse of Resources

INTRODUCTION

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The American prison system is intended as a method of incarceration and punishment, but by virtue of its population it is serving as an inadequate and inappropriate method to contain mental illness. National surveys show that between 6 and 15% of all jail inmates and 10 to 15% of prison inmates have a severe mental illness (1). Mentally ill individuals are admitted to jails at approximately eight times the rate at which they are admitted to public psychiatric hospitals, and there are now more people with severe mental illness in U.S. jails than in state hospitals (2). Approximately 70% also have a co-occurring alcohol and or drug abuse problem (5,6). Among this population, the incidence of poverty is high with a disproportionate representation of minority groups. For example, in New York City jails it is estimated that 20% of those arrested are homeless (3), and up to 85% are African American and Latino (4).

This national trend has implications for prison services, diversion of the mentally ill from incarceration to the community, coordinated and targeted services after incarceration, and prevention. To address these concerns, the American Association of Community Psychiatrists and the American Association of Psychiatric Administrators organized a conference entitled *Successful Transition: From Incarceration to the Community for Mentally Ill Persons*. This October 1999 conference was sponsored by New York University's Ehrenkrantz School of Social Work Institute Against Violence; the New York City Department of Mental Health, Mental Retardation and Alcoholism Services; and the New York State Office of Mental Health. It brought together

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administrators, clinicians, researchers, policy makers, and consumers to review best practices and research for positive change to forensic and community mental health systems. The three articles in this special section arise from this conference.

James Gilligan provides an illuminating historical perspective. Drawing from his scholarly work and rich professional experiences, he probes the implications of using prisons and jails as the primary institution for mental health care. He explores the social and political underpinnings of this phenomenon and provides concrete recommendations for programmatic and social change.

One model of change is Project Link in Monroe County, New York, described by J. Steven Lamberti and colleagues in the second paper. Lamberti, et al. elaborate the potential advantage of substantial funding and thoughtfully integrated services. As the authors present preliminary evaluation data of their pioneering program, they point to how enhanced residential care, intensive case management, and psychiatric expertise can prevent recidivism by mentally ill offenders.

Creating successful services for the mentally ill, substance using, offender population requires collaboration by many constituencies. To move a community's system of care toward this goal, a broad base of consumers, practitioners, researchers, and policy makers need to share expertise through a formal democratic process. In this section's third paper, Nahama Broner and colleagues describe a model of consensus building and problem solving that makes possible an infrastructure supporting the provision of public mental health and substance use services.

These three articles reflect an historical pessimism regarding care for this disenfranchised population. Theoretical and practice-based approaches are presented as examples for more enlightened services.

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