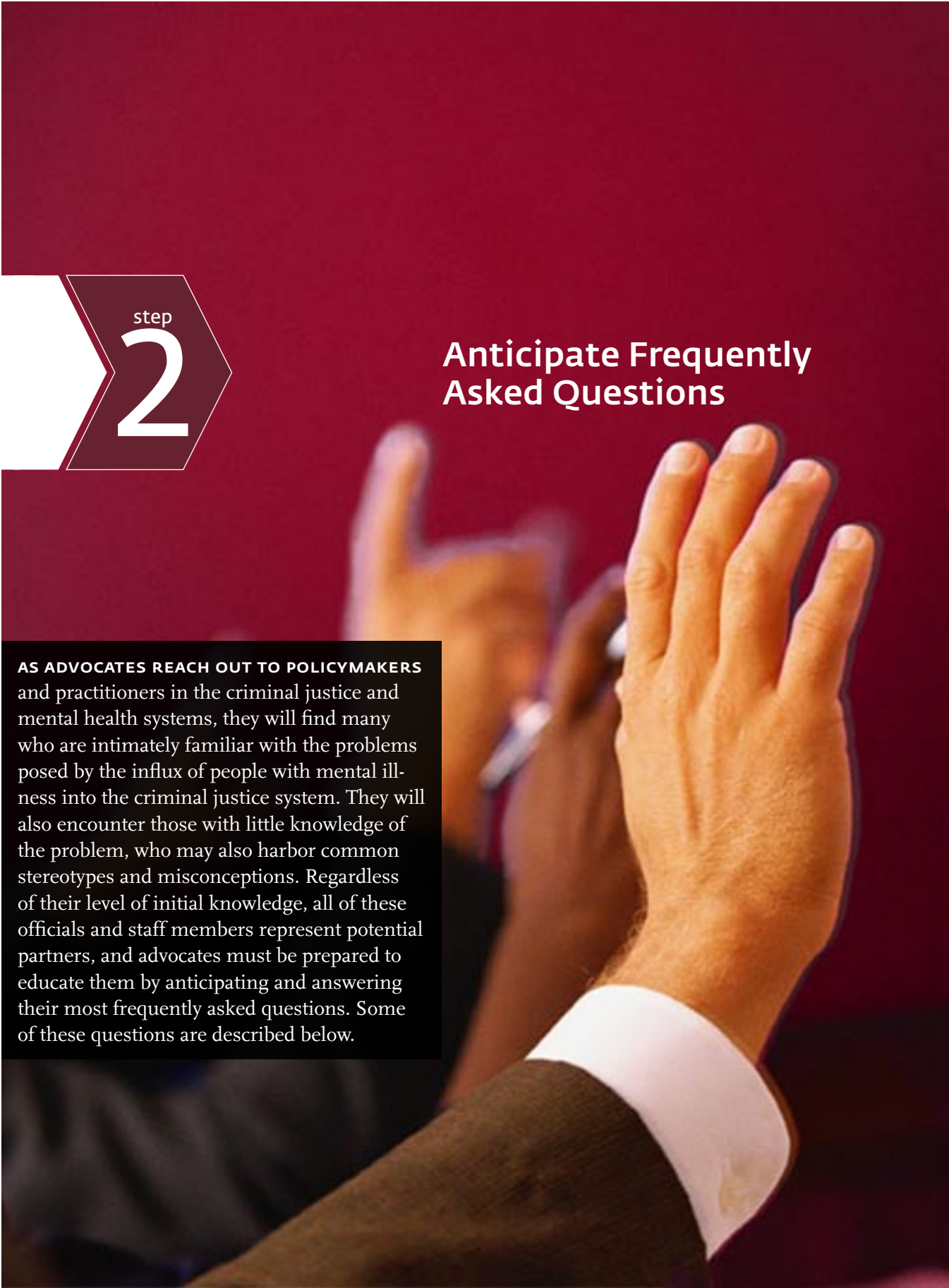


A graphic consisting of a white arrow pointing right, followed by a dark red arrow pointing right containing the word "step" above a large white number "2".

step
2

Anticipate Frequently Asked Questions

A photograph of a person's hand raised in a meeting, with another hand holding a pen in the background. The background is a solid dark red color.

AS ADVOCATES REACH OUT TO POLICYMAKERS and practitioners in the criminal justice and mental health systems, they will find many who are intimately familiar with the problems posed by the influx of people with mental illness into the criminal justice system. They will also encounter those with little knowledge of the problem, who may also harbor common stereotypes and misconceptions. Regardless of their level of initial knowledge, all of these officials and staff members represent potential partners, and advocates must be prepared to educate them by anticipating and answering their most frequently asked questions. Some of these questions are described below.

Q: How many adults with mental illness are in the criminal justice system?

A: Most experts agree that there are *two to three times* as many people with mental illness in the criminal justice system as there are in the general population.¹² According to the U.S. Department of Justice, 16 percent of state prison and local jail inmates have a serious mental illness.¹³ It should be noted, however, that there is no *definitive* study or expert consensus regarding the percentage of people with mental illness who come into contact with police, appear as criminal defendants, are incarcerated, or are under community supervision. Furthermore, the scope of this issue varies across jurisdictions. Accordingly, advocates should rely as much as possible on statistics collected by local and state government agencies.

Q: Are people with mental illness likely to be violent?

A: The stereotype that people with mental illness are likely to be more violent than the general population is not necessarily consistent with the evidence. Several large-scale research projects have found a weak statistical association between mental illness and violence.¹⁴ Serious violence among people with mental illness is concentrated in a small subset of the population—namely those with a co-occurring substance abuse disorder or inadequate access to effective services.¹⁵ But while people with mental illness are not more violent than the general population, they are far more likely to be victims of crime.¹⁶

Q: Don't most people with mental illness charged with a crime use the insanity defense?

A: Contrary to popular belief, the use of the “insanity defense” (i.e., entering a plea of not guilty by reason of insanity or NGRI) is extremely rare, and usually unsuccessful.¹⁷ In practice, far less than one percent of all defendants use the insanity defense, and of those only a fraction are found NGRI.¹⁸ In most cases, successful use of the insanity defense happens when both the prosecution and defense agree on the appropriateness of the plea.

¹² Theodore M. Hammett, Cheryl Roberts, and Sofia Kennedy, “Health-Related Issues in Prisoner Reentry,” *Crime & Delinquency* 47, no. 3 (2002): 390–409.

¹³ Paula M. Ditton, *Mental Health Treatment of Inmates and Probationers*, U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics (Washington, D.C.: July 1999).

¹⁴ Henry J. Steadman and others, “Violence by People Discharged from Acute Psychiatric Inpatient Facilities and by Others in the Same Neighborhoods,” *Archives of General Psychiatry* 55 (1998): 393–401.

¹⁵ *Ibid.*

¹⁶ James Marley and Sarah Buila, “Crimes Against People with Mental Illness: Types, Perpetrators, and Influencing Factors,” *Social Work* 2, 2001.

¹⁷ Jeffrey S. Janofsky and others, “Insanity Defense Pleas in Baltimore City: An Analysis of Outcome.” *American Journal of Psychiatry* 153:1 (1996): 1464–68.

¹⁸ John P. Martin, “The Insanity Defense: A Closer Look,” *Washington Times*, February 27, 1998.



A: The notion that inmates of correctional institutions feign mental illness is a common myth with little basis in fact. National, statewide, and local studies have repeatedly found that a large percentage of the jail and prison population have a serious, diagnosable mental illness.¹⁹ If anything, mental illness is underreported in correctional facilities, either due to inadequate screening mechanisms, or individuals' unwillingness to publicize information about their conditions because of stigma.

Q: How do we make sure someone who is a danger to the community doesn't fake mental illness as a way of being placed in a facility that is not secure?

Q: What about kids in the juvenile justice system who have a mental illness?

A: Mental illness is as prevalent, if not more so, in the juvenile justice system as it is in the adult criminal justice system. Of the nearly 109,000 juvenile offenders held in residential placement on a given day, between 50 to 75 percent have a mental disorder of some variety; 20 percent suffer from a serious mental disorder as defined by the federal government.^{20,21}

A: Many policymakers recognize the significance of the problem, but fear that responding will require significant investments. The appropriate question, however, is how can we afford to maintain the status quo? Jails and prison officials, while trying to ensure proper care and treatment for people with mental illness, often find themselves doing little more than “warehousing” this population. The fiscal implications of such a practice are extraordinary. For example, King County (Washington) and Summit County (Ohio) each found that in the course of one year they spent more than \$1 million on just 20 people, who were repeatedly committed to hospitals for 72 hours, jailed, or put in detoxification facilities.²² As high as they are, these figures don't take into account significant added costs—for example, the time law enforcement officers lose transporting people to and waiting at treatment facilities; additional court time as dockets are clogged with low-level public nuisance crimes; and the heavy costs of providing treatment in jail and prison. Programs that target this population have repeatedly been shown to reduce jail and hospital days, saving millions in per-diem expenses.

Q: Where will we get money for new programs?

¹⁹ Paula M. Ditton, *Mental Health Treatment of Inmates and Probationers*, U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics (Washington, D.C.: July 1999).

²⁰ Coalition for Juvenile Justice, *Handle with Care: Serving the Mental Health Needs of Young Offenders* (Washington, D.C., Coalition for Juvenile Justice: 2000).

²¹ U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, “Youth with Mental Health

Disorders: Issues and Emerging Responses,” *Juvenile Justice*, Vol. VII, No. 1 (2001).

²² The King County statistic is courtesy of Patrick Vanzo, Administrator, Cross Systems Integration Efforts, Department of Community and Human Services, King County, WA; the Summit County statistic is courtesy of Dr. Mark Munetz, Chief Clinical Officer, Summit County, OH, ADM Board.

