

***The Crisis of Jail Mental Illness:
A Strategy for Reform***

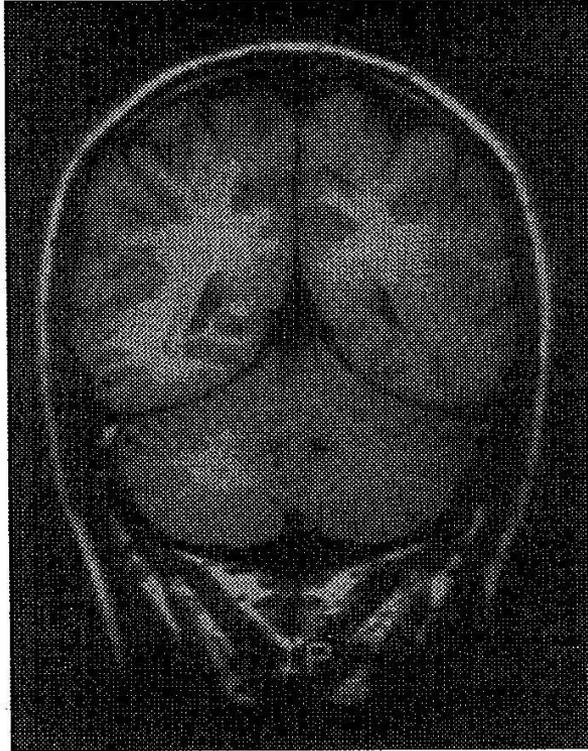
Treatment Advocacy Center

Outline

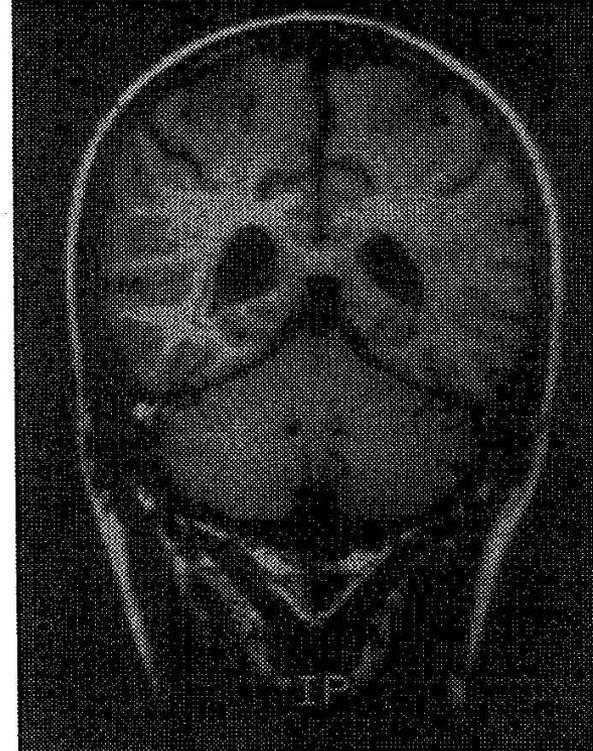
- Origin of the problem
- Decrease the pool of potential SMI inmates
- Decrease the number of SMI admitted to jail
- Provide appropriate treatment for SMI in jail
- Decrease chances of rearrest.

Serious/Severe Mental Illness

- Schizophrenia
- Schizoaffective disorder
- Bipolar disorder, esp. with psychosis (delusions and/or hallucinations)
- Major depression, esp. with psychosis



Well



Affected

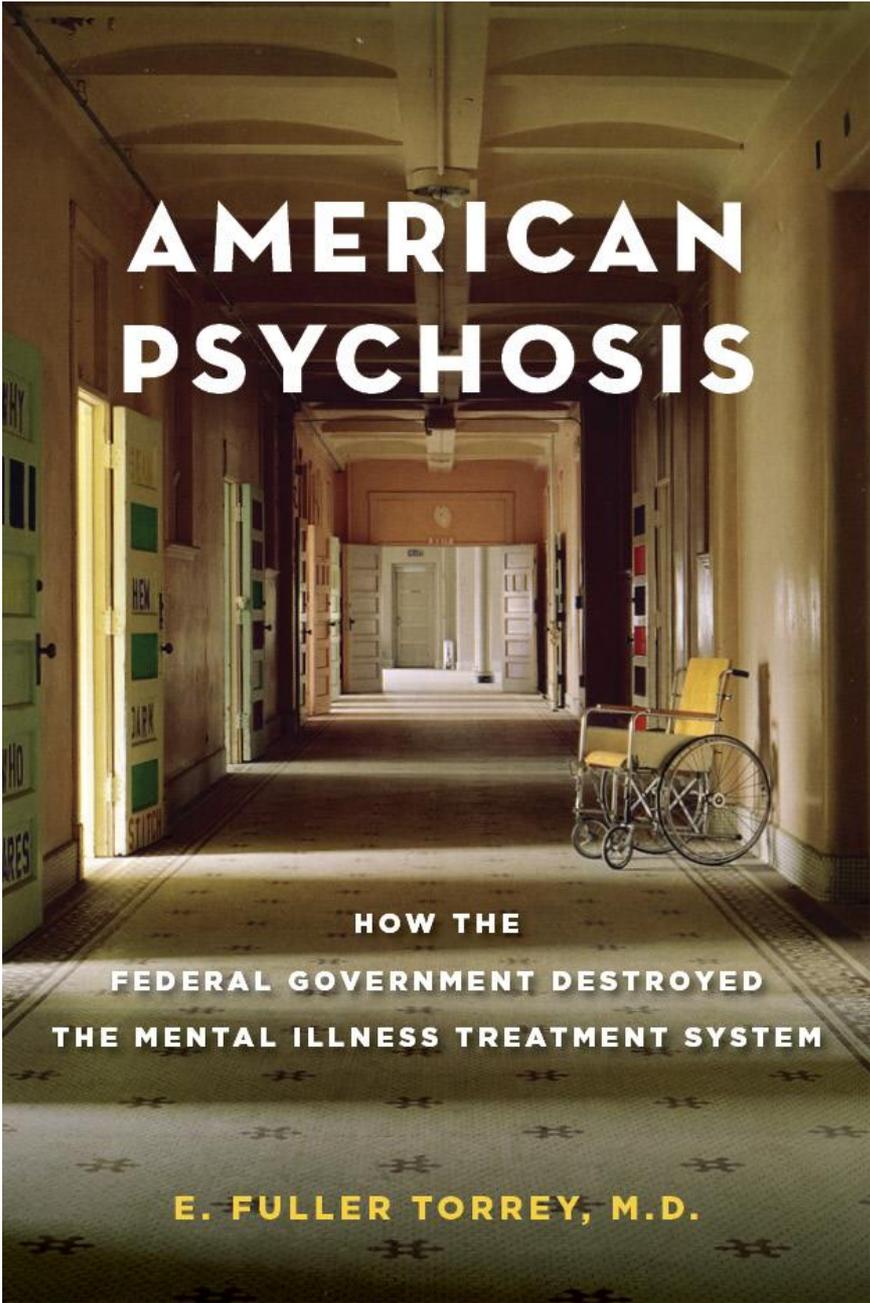
28 year old males

It was not always this way

- 1880 census: “insane persons” were less than 1% of the jails and prison population
- 1930 study: Among 10,000 arrestees, only 1.5% were psychotic

A Perfect Storm

-  Crowding of state mental hospitals
- World War II:  staff
- Exposés of condition in hospitals
- Introduction of chlorpromazine (Thorazine)
1953
- Election of President Kennedy
- 1963: Medicare and Medicaid
- 1970s: civil rights lawyers

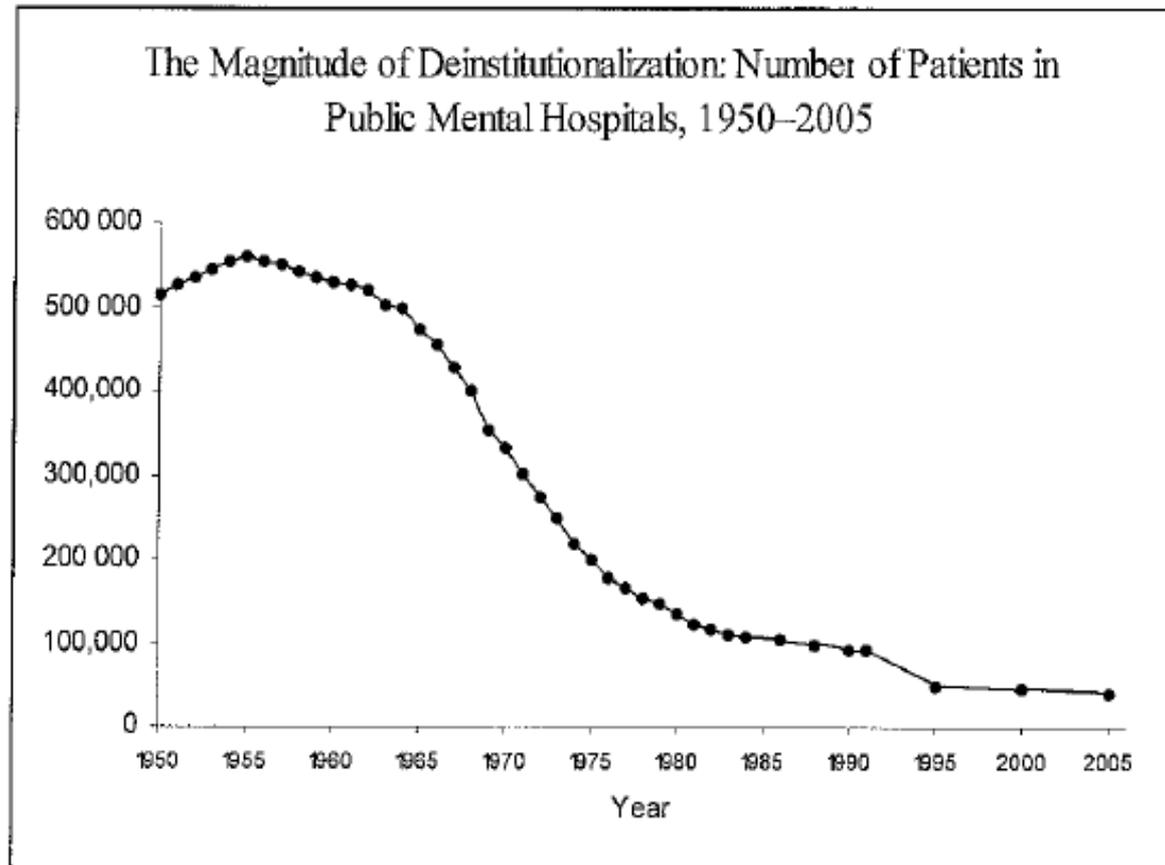
A long, dimly lit hospital hallway with a wheelchair in the foreground. The hallway is lined with doors on both sides, some of which are slightly ajar, revealing a glimpse of the rooms beyond. The floor is covered in a patterned carpet. The lighting is warm and somewhat somber, creating a sense of isolation and institutional care.

AMERICAN PSYCHOSIS

HOW THE
FEDERAL GOVERNMENT DESTROYED
THE MENTAL ILLNESS TREATMENT SYSTEM

E. FULLER TORREY, M.D.

The Magnitude of Deinstitutionalization: Number of Patients in Public Mental Hospitals, 1950–2005



Jail & Prison Inmates with Serious Mental Illness

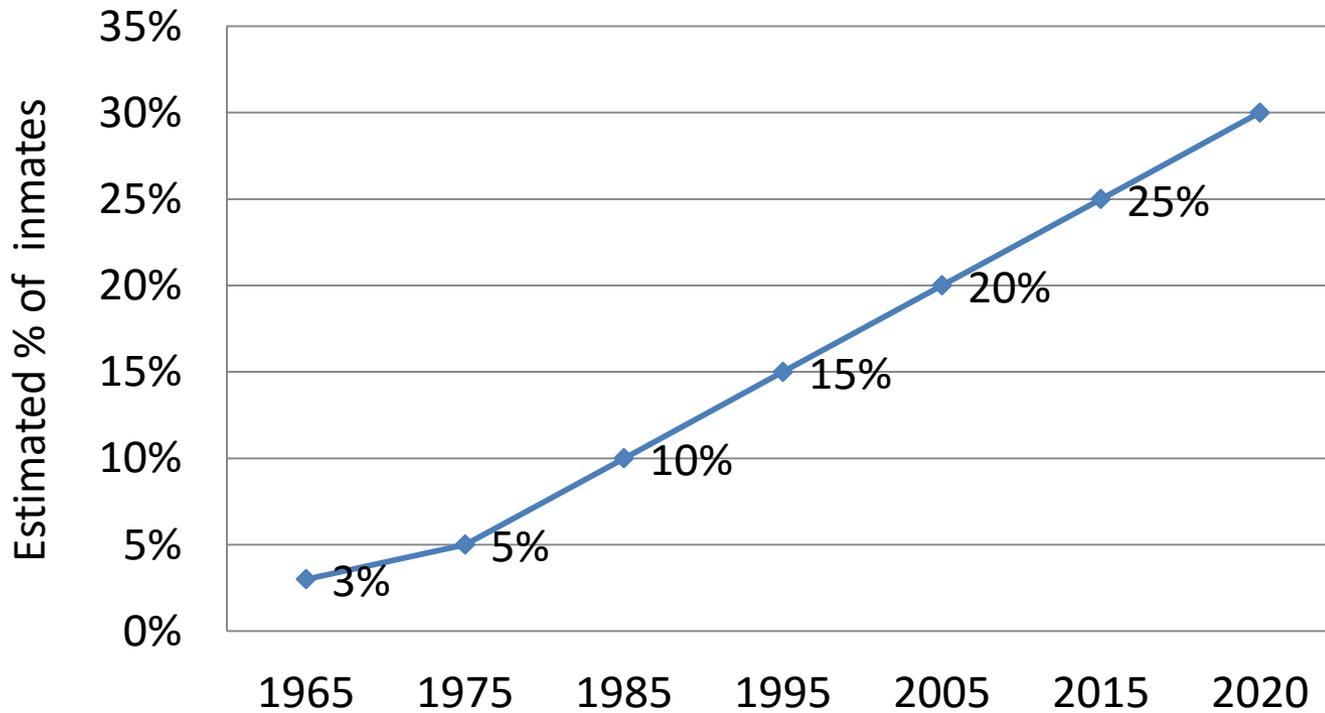
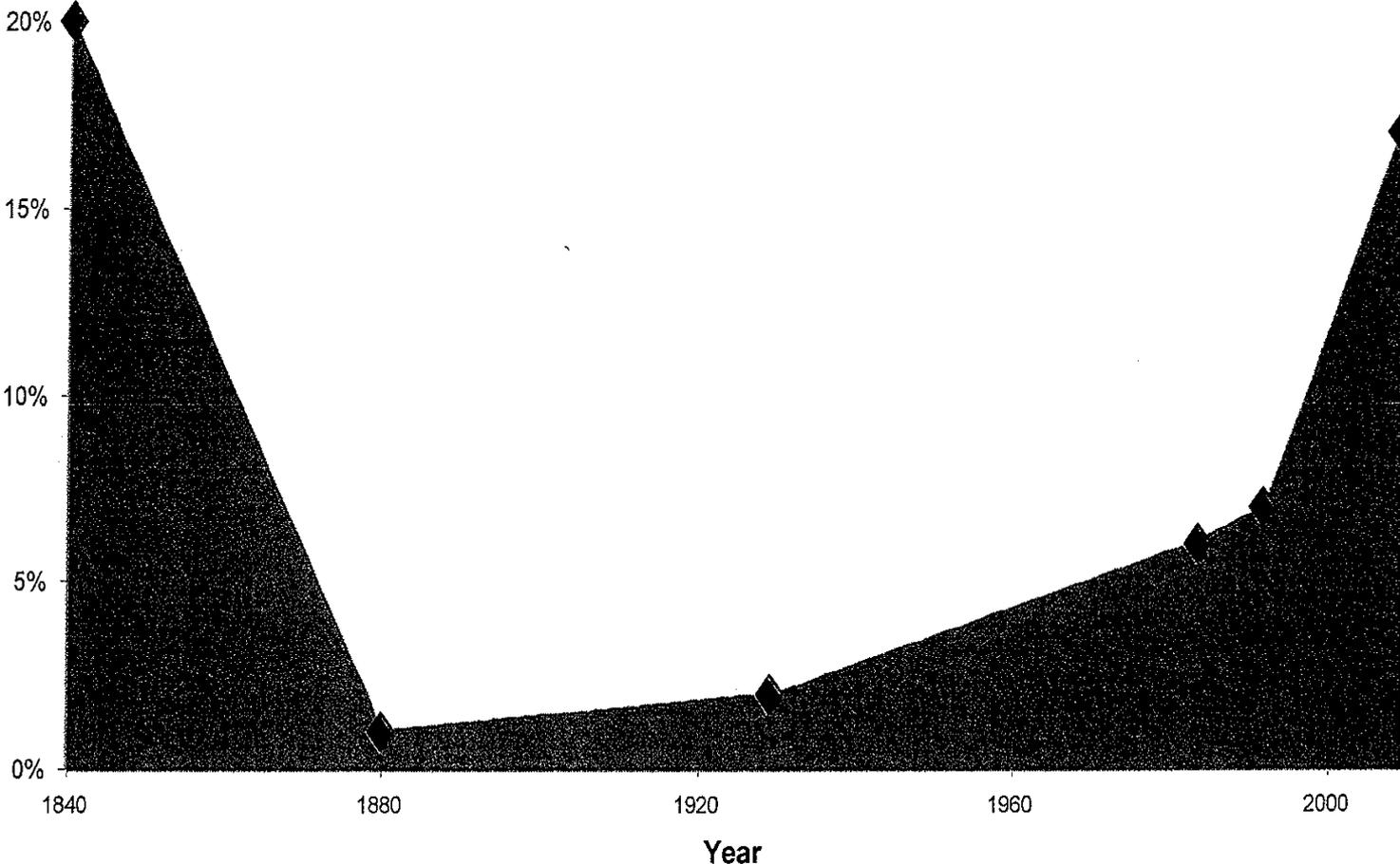


Figure 1. Percentage of Jail and Prison Inmates with Serious Mental Illness



*1840 estimate based on qualitative reports from that time

Problems Associated with Mentally Ill Prisoners

- **Unable to understand or follow rules**
- **Costs of antipsychotic medications**
- **Costs of special monitoring**
- **Longer stays**
- **Psychotic behavior**
- **Suicides**
- **Lawsuits**
- **Victimized**
- **Assaults on staff**

Transport Problems

- North Carolina - In North Carolina, sheriffs' departments reported more than 32,000 trips in one year to transport psychiatric patients for involuntary commitments. In 2014 alone, Macon County, NC Sheriff's Office spent 8,299 hours and \$253,625 on involuntary committals.
- Montana
- **Oklahoma** – Between January 2011 and July 2014, Tulsa, OK police logged 186,636 miles and tens of thousands of dollars in overtime seeking available beds for mentally ill people in need of emergency treatment. **In 2013, Oklahoma police agencies in total traveled nearly 1 million miles with mentally ill patients.**
- **Virginia** - In three years, Abingdon, VA police officers spent the equivalent of 31 work weeks monitoring or transporting SMI individuals.
 - <http://www.smokymountainnews.com/news/item/15045-sheriffs-cope-with-exploding-costs-of-involuntary-committals>
 - <http://www.abingdon-va.gov/PDF2015/PoliceReports/MentalHealth.pdf>
 - <http://www.usatoday.com/story/news/nation/2014/07/21/mental-illness-law-enforcement-cost-of-not-caring/9951239/>

Strategies for Reform

1. Decrease the pool of potential SMI inmates

- *Oppose the closing of additional state hospital beds*

1955: 559,000 beds available

2015: 30,000 beds available

- *Support the use of Assisted Outpatient Treatment (AOT)*
- *Support laws that provide care before danger.*
Don't let mental health providers off the hook!

Effectiveness of Assisted Outpatient Treatment

1. Decrease in days hospitalized per year

	Prior to being on AOT	On AOT	Decrease
District of Columbia	55	38	-31%
North Carolina	22	14	-36%
Ohio	133	44	-67%
Iowa	33	5	-85%
New York	100	44	-66%
North Carolina	33	5	-85%

Effectiveness of Assisted Outpatient Treatment, cont'd

- 2. Decrease in homelessness:
19% to 5% (NY)**
- 3. Decrease in victimization:
42% to 24% (NC)**
- 4. Decrease in arrests:
45% to 12% (NC)
30% to 5% (NY)**
- 5. Decrease in violent behavior:
42% to 27% (NC)
15% to 8% (NY)**

Effectiveness of AOT (con't)

6. Decrease in incarceration days (CA)

Before AOT

687 days

On AOT

327 days

Reduction of 52%

States without an AOT law

- Massachusetts
- Connecticut
- Maryland
- Tennessee
- New Mexico

TAC is national!

- Contact us, we can provide:
 - Direct assistance;
 - Connections to advocates already engaged in your community; or
 - Technical assistance to begin this conversation.
- **Every state can do better.** NO state received a “A” grade in our survey of the states.
 - <http://www.tacreports.org/state-survey>

Anosognosia

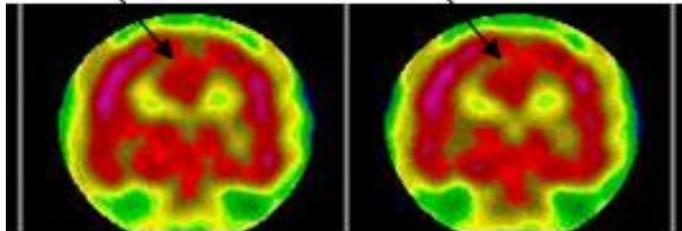
- Anosognosia = decreased awareness of illness
 - Is different from denial (anatomical vs. psychological)
 - Occurs in some strokes (especially R. parietal), Alzheimer's disease, Huntington's disease
 - Occurs in about 50% of individuals with schizophrenia
 - Occurs in 40% of bipolar disorder with psychotic features

Anosognosia - Anatomical basis

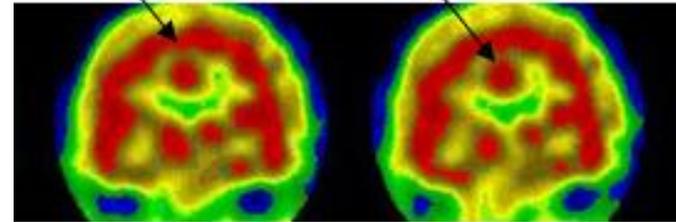
- 18 of 20 neuroimaging studies of the brains of individuals with schizophrenia have reported structural differences between those with and without anosognosia
- 2 of the studies included individuals who had never been treated

Anosognosia - Anatomical basis

Good awareness of illness



Poor awareness of illness



Schizophrenia with preserved insight is associated with increased perfusion of the precuneus

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Raphaëlle Richieri, MD; Olivier Mundler, MD, PhD; Christophe Lançon, MD, PhD;
Eric Guedj, MD, PhD

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- Encourage your representative in Congress to support legislation introduced by Rep. Tim Murphy (R-PA): “The Helping Families in Mental Health Crisis Act”. Encourage the use of AOT.
- Work cooperatively with the Treatment Advocacy Center. Sheriffs Don Eslinger and Aaron Kennard co-authored TAC reports:
 - 2010: *More Mentally Ill Persons are in Jails and Prisons than Hospitals: A Survey of the States*
 - 2014: *The Treatment of Persons with Mental Illness in Prisons and Jails: A State Survey*

Strategies for Reform

2. Decrease the Number of SMI Booked in Jail

- *Promote the use of mental health courts*
 - Official began in the late 1990s, now number @400
 - Significantly decreases recidivism, rearrest rate, days incarcerated and degree of violence in future cases
- *Bar the Door*

In 2012 Sheriff Drew Alexander in Summit County, Ohio, announced that he would no longer accept violent mentally ill individuals arrested by the police.

Strategies for Reform

3. Provide Appropriate Treatment for SMI in Jail

- screening to identify potential problems
- information from MH center: HIPAA problems
- medications
 - voluntary
 - involuntary: Washington vs. Harper
Supreme Court, 1990
Involuntary Medication Review
Committee
TAC model law

Suggested Formulary

- Antipsychotics
 - Haloperidol (Haldol) and/or fluphenazine (Prolixin)
 - Olanzapine (Zyprexa) and/or risperidone (Risperdal)
 - Do not include quetiapine (Seroquel)
- Mood stabilizer
 - lithium
- Antidepressants
 - Escitalopram (Lexapro); bupropion (Wellbutrin)
- Antipsychotic side effects
 - Benztropine (Cogentin)

Who Should Pay for the Treatment Costs?

- The local mental health center
- Transfer of mental health center funds to the sheriffs budget
- Special dedicated county tax
- The importance of cost studies

Special Problems

- Medications brought in by family
 - Relationship with a pharmacy
 - Good faith immunity
- Clozapine (Clozaril)
- Compliance
 - IM, longacting: Haldol, Prolixin, Zyprexa, Risperdal
 - liquid: Haldol, Prolixin, Risperdal
 - pills that disintegrate in mouth: Risperdal M-tab; Zyprexa Zidis
 - Direct Observed Therapy (DOT)

Special Problems

- Seclusion
- Substance abuse: Antabuse, methadone
- Staff Training: Surviving Schizophrenia, Ch 1
CIT
Using individuals with psychosis

Treatment Advocacy Center and National Sheriffs' Association

- “The Treatment of Persons with Mental Illness in Prisons and Jails”, April 2014
- <http://tacreports.org/treatment-behind-bars>

Strategies for Reform

4. Decrease Chances of Re-Arrest

- Transition unit
- Medication at time of release
- Initial appointment
- Use of AOT
- Medicaid eligibility

Opposition to Your Efforts

- Civil liberties groups
- Jail staff
- Your best response: **cost studies**

“The paramount civil right of the patient should be that of adequate treatment.”

Stephen Rachlin, 1974



www.treatmentadvocacycenter.org