



U.S. research points to potential of mental health courts

Estimated one-fourth of Americans with mental illness can expect to be jailed

By Tim Carpenter | October 25, 2016

Editor's note: Reporters from the [Topeka Capital-Journal](#) and KHI News Service collaborated for a six-month exploration of how the state's legal system deals with people with mental illness. This is one of the stories in a four-day series.

Health advocate Mary Giliberti stands convinced lack of awareness about consequences of throwing mentally ill Americans into jail ranks as a disgrace crying out for understanding and resolution.

Giliberti, chief executive officer of the National Alliance on Mental Illness, said 2 million people with serious mental illness were booked into U.S. jails each year. Half receive no treatment in jail, she said. The experience of most of those people in the criminal justice system, she said, ought to shock the conscience.

"Individuals ... talk of being thrown into solitary confinement and being left alone hearing voices while praying to God to end their misery," she said.

The growth of mental health courts designed to provide an alternative to incarceration has inspired academic research into the unconventional attempt to slow jailhouse revolving doors for the mentally ill.

[[*Related story: Advocates of Kansas mental health courts say lives improved, taxpayer dollars saved*](#)]

Research by the U.S. Department of Justice indicated prison and jail inmates with mental health problems were more likely to have co-occurring drug or alcohol addictions, to have a background of physical abuse and homelessness, and to be involved in fights or be disciplined for rule violations while incarcerated.

“Someone who already has risk factors or a known mental health disorder is going to be much more likely to adapt poorly,” said Nadine Connell, professor of criminology at the University of Texas at Dallas.

She’s author of a 2014 study of state and federal inmates showing someone with schizophrenia was twice as likely to receive medication as an inmate with depression.

From the first mental health court established in Broward County, Fla., in 1997, more than 300 have followed in the United States. Rules of these courts differ, but violent or sexual offenders are often excluded. A common thread is ability to offer defendants a chance to avoid jail or prison by following a court-sanctioned treatment plan.

Conventional courts differ from these new problem-solving courts, which feature voluntary participation, routine drug testing, integration of outpatient and residential treatment, intensive team-based supervision, direct interaction between defendants and the judge at status hearings, graduated sanctions to monitor compliance and incentives to motivate participants.

Research studies have generally confirmed mental health court participation to be associated with lower incidence of rearrest or reincarceration compared with traditional processing of the defendants. A study of the District of Columbia’s mental health court found one-fourth of misdemeanor defendants with mental illness who graduated from the program were arrested again within two years, compared with half of defendants who were eligible for the program but chose not to volunteer.

The Pew Charitable Trust and the MacArthur Foundation revealed in 2013 that every \$1 spent on a state’s mental health court system resulted in \$7 in incarceration savings.

Kelli Canada, assistant professor of social work at the University of Missouri, conducted a study of mental health court engagement based on treatment adherence, substance use, days spent in jail, probation violations and retention during a six-month follow-up period.

She concluded every professional engaged in the process should be aware of the relationship between psychiatric symptoms and participant engagement.

“With mental illness, people tend to think of the primary disorder at the exclusion of other symptoms,” she said. “A participant with schizophrenia may have mild depressive symptoms that are not accounted for in the treatment plan. The depressive symptoms, not the psychosis, could cause them to sleep through a meeting with a probation officer.”

She said the most successful of specialized courts found ways to account for mental illness variations when deciding upon use of sanctions in response to slip-ups.

A report last year by Stanford University medical school indicated juvenile inmates were more likely to require hospitalization for mental health problems than their peers not incarcerated. This research project examined California hospitalizations among 11- to 18-year-olds from 1997 to 2011.

“I was really surprised by the magnitude,” said Arash Anoshiravani, the study's lead author and an assistant professor of adolescent medicine. “If you just looked at girls, 74 percent of their hospitalizations were for mental illnesses.”

– [Tim Carpenter](#) is a reporter for the Topeka Capital-Journal.

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