

June 2015

# Region 7E Mental Health Assessment

## Focus on incarcerated/formerly incarcerated individuals

### Background

According to a report by the U.S. Bureau of Justice, 56% of State prisoners, 45% of Federal prisoners, and 64% of jail inmates have a mental health problem.<sup>i</sup> In one study of more than 20,000 adults booked into U.S. jails, 17% of those entering the facilities met the criteria of a serious mental illness.<sup>ii</sup> In 2008, an estimated 2,300 adults with mental illness were incarcerated in Minnesota.<sup>iii</sup> These figures call attention to the large number of individuals with mental illness being incarcerated and highlights the need for prisons to provide appropriate mental health care for prisoners.

Many people with mental illness end up in the jail system because they do not have viable options for receiving treatment. Several state operated psychiatric hospitals and clinics have closed over the years, and people who would have received treatment at these facilities often end up in the jail system.<sup>iv</sup> This problem is exacerbated in rural regions of the state, where individuals have even fewer treatment options for their mental illness. As a result, many who are experiencing a mental health crisis in rural areas end up in jail or the emergency room.<sup>v</sup>

### What are the specific needs of incarcerated individuals?

The closing of state mental health hospitals and the subsequent increase of individuals with mental illness being incarcerated has led to concerns that Minnesota is, in effect, criminalizing mental illness.<sup>vi</sup> Of principle concern are situations where people with mental illness who commit minor offenses end up in jail instead of being referred to the services they need. Many police officers lack appropriate training for intervening in mental health crisis situations. In general, many officers are unaware of the specialized services that are available and/or have access to limited options for people going through a mental health crisis. Law enforcement informants stated that they will often take a person to the hospital emergency department because they do not have a more appropriate setting to take them.

It is critical that incarcerated individuals who have a mental illness are given proper treatment for their condition; evidence reveals that prisoners in Minnesota jails are not receiving the mental healthcare that they need, which can result in a higher likelihood of recidivism. The current criminal justice process allows jailed offenders displaying symptoms of mental illness to receive a psychiatric evaluation, be referred to mental health court, and then committed into a state operated mental health facility if it is deemed an appropriate course of action by the judge. Unfortunately, the court and civil commitment process can take weeks or months, during which time the offender receives little or no treatment while they wait in a jail cell.<sup>vii</sup>

Additionally, most prison and jail staff are not adequately trained to work with prisoners who have mental illness. Currently, prison and jail staff only receive 11 hours of training on how to work with people with mental illness, when they should probably receive about 40 hours of training.<sup>viii</sup> Rather than having a mental health provider on staff, many jails and prisons look to outside service providers to deliver treatment. Nearly one-third of Minnesota jails have outsourced mental health and medical care to private companies.<sup>ix</sup> In Region 7E, this includes working with area providers to bring mental health services into the jails. However, finding

providers who are willing to come into the jail or work with incarcerated individuals has been a challenge for jail administrators.

Minnesota prisons and jails face a significant challenge regarding the high rate of prisoner suicide. Since 2000, 35 people have committed suicide in county jails. One-third of these prisoners were known to have previous psychiatric problems, but were not properly supervised. In that same timeframe, 27 people committed suicide in state prisons and an additional 11 committed suicide while on prison release. A key informant noted that Mille Lacs County jail has had particular difficulty with prisoner suicide. Between 2002 and 2010, the jail had two prisoners take their own lives and an additional seven others make suicide attempts. Five of the inmates who attempted suicide had documented mental illnesses, but only one was placed on a medical hold and evaluated.<sup>x</sup> Key informants reported that they are currently seeing a large number of people being released back to jail from hospitals who are suicidal. This puts additional pressure on jail staff who are not equipped to deal with inmates with severe mental illness. Prisoners need to receive appropriate psychiatric evaluations and those who are identified as being a potential risk to themselves must be placed under appropriate supervision.

## **What currently exists for incarcerated individuals in the region?**

There are some mental health services provided to prisoners in the five county jails within Region 7E. However, most of these services are provided under general medical services by a staff or public health nurse rather than by a mental health professional. Some jails contract with mental health providers to offer mental health services, but interviewed jail staff feel those services are not adequate to meet the needs of the population. Interviewees also shared that county jails lack the financial resources to pay for all services and to continue the medication individuals were receiving before they were incarcerated. Most jails also offer chemical dependency programs such as Narcotics Anonymous or Alcoholics Anonymous. Some individuals may be granted furloughs for this type of treatment.

Individuals are screened for mental illness during the booking process. If a person is deemed to be at risk, they are placed under supervision. Additionally, jail staff are trained to recognize symptoms of mental illness such as mood swings so that they can address mental health crises before they escalate. There has also been an increase in prisoners undergoing Rule 20 assessments (the process for determining if a person is mentally competent to stand trial), indicating that the courts are now paying more attention to the mental health status of individuals in the criminal justice system.

## **What are the gaps in services?**

According to interviews with jail staff and service providers, there are gaps in the mental health services provided to county jail inmates in Region 7E. Jails in the region rely on outside mental health professionals to come into the jail to provide services. Very few providers are willing to work with prisoners, which limits service capacity. Some providers work with families who have a member in jail or with people coming out of the court system, but many are reluctant to do any work inside the jails themselves. One jail staff member reported that mental health professionals will agree to work with prisoners and then drop out later because working in the jail setting is much more difficult than what they had anticipated.

Another service gap is related to simply being an inmate. State and county supports stop when a person becomes incarcerated. At this time, the burden of providing treatment shifts to the

jails, which often do not have the resources necessary to provide a continuation of services. Changes to or discontinuation of a person's medical regimen or treatment plan can lead to a deterioration in their mental condition, and a lapse in treatment can be extremely detrimental. Inmates are losing their mental health care at a critical juncture. Conversely, if appropriate services were accessed in jail, a second lapse in care can occur upon release when individuals lose what services they were receiving in jail. Some jails have a policy of providing two weeks of medication upon release, but it is unclear if this is true across the region.

## Recommendations

**Increase training for police officers in recognizing symptoms of mental illness and de-escalation techniques can result in officers being better equipped to work with people experiencing a mental health crisis.**

Increasing collaboration between law enforcement and mental health professionals (e.g. a mobile crisis response team) has been shown to reduce arrest rates and increase the number of individuals referred to the mental health system.<sup>xi</sup> Strategies such as these can improve interactions between police and the mentally ill and help ensure that those going through a mental health crisis go to a treatment facility instead of jail.

**Work with law enforcement departments and mental health service providers to explore options to provide mental health assessments, services, and resources to individuals in jail or prison.**

While individual departments or agencies may not be able to fund a full-time mental health service provider, sharing resources across all five Region 7E counties may make it feasible to recruit an interested provider for basic assessment and counseling services. The region has used a similar model to provide more specialized services like child psychiatry across all counties. This option could play a role in maintaining continuity of mental health services for those already receiving them, identifying those who might benefit from mental health care, and providing guidance for connecting with community resources through a "discharge planning" model.

## Considerations for the future

- Consider establishing a receiving center or process similar to the Central Receiving Center (CRC) in Orange County Florida. This model diverts individuals exhibiting mental health symptoms to a separate facility acting as a hub for getting people the services they need. Law enforcement agents can bring people they have apprehended who clearly have mental health issues to the center which is equipped with resources and trained staff to evaluate the mental health condition of individuals and refer them to an appropriate service agency.<sup>xii</sup> Currently, Hennepin County is exploring a similar "recovery center" model to divert individuals from jail and emergency rooms.<sup>xiii</sup>

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- <sup>i</sup> James, D. J., & Glaze, L. E. (2006). Mental health problems of prison and jail inmates. Washington, DC: US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.  
<http://www.bjs.gov/content/pub/pdf/mhppji.pdf>
- <sup>ii</sup> Steadman, H. J., Osher, F. C., Pamela Clark Robbins, B. A., Case, B., & Samuels, S. (2009). Prevalence of serious mental illness among jail inmates. *psychiatric services*, 60(6), 761-765.  
<http://csgjusticecenter.org/wp-content/uploads/2014/12/Prevalence-of-Serious-Mental-Illness-among-Jail-Inmates.pdf>
- <sup>iii</sup> Taken from NAMI Minnesota State Statistics Report  
<http://www2.nami.org/ContentManagement/ContentDisplay.cfm?ContentFileID=93502>
- <sup>iv</sup> Torrey, E. F., Zdanowicz, M. T., Kennard, A. D., Lamb, H. R., Eslinger, D. F., Biasotti, M. C., & Fuller, D. A. (2014). The Treatment of Persons With Mental Illness in Prisons and Jails: A State Survey. Arlington, Va, Treatment Advocacy Center, April, 8.  
<http://tacreports.org/storage/documents/treatment-behind-bars/treatment-behind-bars.pdf>
- <sup>v</sup> Minneapolis Star Tribune <http://www.startribune.com/politics/statelocal/229340841.html>
- <sup>vi</sup> Minneapolis Star Tribune. <http://www.startribune.com/politics/statelocal/235335801.html>
- <sup>vii</sup> MinnPost <https://www.minnpost.com/politics-policy/2014/06/minnesota-s-jails-turn-storehouses-people-mental-illness>
- <sup>viii</sup> Minneapolis Star Tribune <http://www.startribune.com/local/minneapolis/233106911.html>
- <sup>ix</sup> Ibid.
- <sup>x</sup> Ibid.
- <sup>xi</sup> Lamb, H.R., Weinberger, L., & DeCuir, W.J. (2002). The police and mental health.  
<http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.422.62&rep=rep1&type=pdf>
- <sup>xii</sup> Council of State Governments, & United States of America. (2007). Increasing Collaboration Between Corrections and Mental Health Organizations: Orange County Case Study.  
<http://www.mentalcompetency.org/resources/studies/files/Increasing%20Collaboration%20--%20OC%20Study.pdf>
- <sup>xiii</sup> Minneapolis Star Tribune. <http://www.startribune.com/recovery-center-could-replace-jail-for-mentally-ill-offenders/285165081/>