CONQUERING THE GREAT DIFFICULTY OF HOUSING, TREATING, AND RELEASING INDIVIDUALS SUFFERING FROM SEVERE MENTAL ILLNESS IN PRISONS

By

VICTORIA BZIUKIEWICZ

_____

A Thesis Submitted to The Honors College

In Partial Fulfillment of the Bachelors degree
With Honors in

Criminal Justice

THE UNIVERSITY OF ARIZONA

M A Y 2 0 1 9

Approved by:

_____

Dr. Michael Polakowski

School of Government and Public Poli

Abstract

Evolution and improvement are two key aspects of our society that help us move forward towards a brighter future. One key area within the criminal justice world that could use significant improvement is the prison system. Prisoners are battered, abused, and stripped of their American rights and society calls it “prison justice”. However, this should not be the case. Prisoners should not feel scared to go to bed at night with the fear of being raped, stabbed, or beaten.

There are many arguments about whether the privatized prisons of public prisons are better, whether prisons should have more funding or less funding, and what activities prisoners should be doing while serving their time. Throughout the course of my Honors Thesis I plan on uncovering the truths about our current prison system and formulating the ideal system that will consider realistic difficulties that have thus far prevented our society from implementing a constructive prison system. This is an extremely important issue to address and make significant changes too because people who are currently being incarcerated are being treated poorly and our society and leaders are not doing anything about it besides transferring the victimized prisoners to solitary confinement for their own safety. This inhuman way of treating people needs to be put to an end.

This thesis will be in the form of a research paper and will primarily use library research and analysis of public records to determine what is in the realm of possibility in regard to fixing our prison system.

Table of Contents

Introduction

Society has been led to believe that the current structure of the Criminal Justice System is working. We have seen a consistent decrease in crime rates and communities are starting to feel safer. According to the FBI's annual report that gathers data on how many crimes are reported to police departments in over 18,000 counties, "the violent crime rate fell 49% between 1993 and 2017" (Gramlich 1). Many individuals are more focused on politics and the future leadership of this nation than they are on the current issues that are occurring in their own backyard. Despite the lack of support there are people focused on passing legislation like the First Step Act and following proposals that can help the Criminal Justice System.

There are thousands of state, local, and federal prisons that are facing very similar issues, overpopulation, low funding, and an increasing number of mentally ill inmates. These issues have been building for decades and without a solution our prison system will not be able to handle the ever-expanding population of inmates with special needs. Our leaders must acknowledge this issue before there is another crime wave, so they can protect their communities while still providing inmates with the proper health and mental care that is required for them to acclimate to their communities.

This thesis will focus on the ongoing mistreatment of mentally ill inmates in our prisons today and why influx occurred to begin with. It will also address the current policies that are in place to deal with those suffering from mental illness. Furthermore, we will delve into possible reforms that can be put into place that might help the prison system in providing proper medical care for these special needs inmates and possibly alleviate the overcrowding dilemma.

The Era of Deinstitutionalization

Prisons were never meant to replace mental institutions. The Warden for Ohio's Correctional Facility stated this, along with numerous professors, lawyers, prison guards, and various other officials that are involved in the criminal justice system (Frontline). Despite their claims, prisons have become just that, one of the only places that will treat, house, and feed the mentally ill. States across the nation are not doing this out of the goodness of their heart, but because these inmates broke the law and were forced into the prison system since they have nowhere else to go.

Before prisons became the new home for the mentally ill, they used to be treated in mental hospitals and institutions across the United States (Scheff). These facilities would help treat and protect mental patients until they were ready to go back home to a support system. Across the nation there were many reports that these institutions were abusing the patients, subjecting them to inhumane treatments like electric shock or solitary confinement. It was during the same time where many people were already advocating for prison rights, when they began to augment their focus to patients residing in mental hospitals. There were a few primary arguments that were prominent throughout the duration of the fight to discharge the mentally ill from hospitals, "Three forces drove the movement of people with severe mental illness from hospitals into the community: the belief that mental hospitals were cruel and inhumane; the hope that new antipsychotic medications offered a cure; and the desire to save money" (Yohanna 1). Society claimed that these patients were being stripped of their rights and abused in mental institutions, when it was not even necessary for them to be there because there was the possibility that medication could help stabilize patients. As early as 1866, there

are cases where family members were being committed based on minute evidence. One example of many, is E.P.W Packard, a woman who was committed to an Illinois state mental institution by her husband. She recounted her experience saying, “two physicians came to her home, took her pulse, and declared her insane” (Yohanna 1). She was held for 3 years in the hospital solely because her husband claimed she was insane, and her pulse was enough for the physicians to take her away. Sometime later, the US Supreme Court has had cases that “further defined the legal requirements for admission or retention in a hospital setting” (Yohanna 1). As late as 1999, the Supreme Court decided in Olmstead v. L.C. that mental illness was a disability and covered under the Americans with Disabilities Act. This decision required all agencies to make the reasonable accommodations to move people with mental illness into community-based treatment. This ended any unnecessary institutionalization and bettered the living conditions for those suffering from mental illness (Yohanna 1). Cases like these were what spearheaded campaigns to reform hospitals and asylums. However, many of the stories and information that the public was receiving were skewed, because what society did not see was the amount of good the hospitals were doing by treating these individuals. Many hospitals and work programs allowed patients to work on farms to help assimilate them into communities. (Yohana 1). Unfortunately, in the early 1900s much of the information that society was basing their claims on was delivered from newspapers that selectively reported on mental institutions, only advertising the violence and mistreatment and never reporting on the benefits of mental institutions. According to Thomas Scheff, on any given day about 600,000 adults were “confined to mental hospitals in the United States” (Scheff 73). The newspapers would report on

massive violence in these hospitals, not accounting for the “size of the vast group of nonviolent patients” (Scheff 73). Omission of crucial information was grossly misleading, and it led to the public jumping to conclusions, demanding that these mental institutions be shut down.

In 1963 John F. Kennedy signed the Community Mental Health Act which was meant to cut funding for federal mental institutions and help fund nonprofit and public mental health centers on the state and local level. In addition to the Community Mental Health Act, there were several court cases in the late 1900s that defined the legal requirements for admission or retention in a hospital setting. In 1966 the D.C. Court of Appeals case, *Lake v. Cameron*, introduced “the concept of “least restrictive setting” which required “hospitals to discharge patients to an environment less restrictive than a hospital if at all possible” (Yohanna 2). This encouraged hospitals to limit the number of patients that were brought in based on the severity of their mental illness and as soon as they became stable enough they would be released back into society. This act was meant to lower government spending and help get mental patients back into their communities. This way hospitals were less crowded, and the stabilized patients could learn how to live within their community. Additionally, in the 1975 case of *O’Connor v. Donaldson*, “the U.S. Supreme Court declared that a person had to be a danger to him- or herself or to others for confinement to be constitutional” in mental facilities (Yohanna 2). This placed further restrictions on who can and cannot be admitted into a hospital. Even though these cases were meant to reform hospitals and asylums, so cases like Packard’s never happened again, they arguably placed too many regulations on admission which made it harder for individuals who needed the care to receive it. Since

community structures were never created to help patients who were not admitted or released, many people struggled to stabilize their mental illness. Between 1955 and 1994 almost half a million mentally ill patients were discharged from state hospitals (Amadeo 1). The states began to close their hospitals which severely limited the beds available to those patients who so desperately needed help. About 2.2 million mentally ill individuals were denied psychiatric treatments because there were not enough beds or funding to open more hospitals and admit them as patients (Amadeo 1). As a result, many of these patients who suffered from schizophrenia or bipolar disorder became homeless and more than 300,000 are now in jails and prisons (Amadeo 1).

The idea of Deinstitutionalization was appealing to society because individuals started to believe that mentally ill people should be treated and not locked away in mental hospitals. However, a large percentage of patients traded a mental hospital for a prison where they are mixed in with potentially dangerous criminals. In the 1999 the "U.S. Supreme Court decision in *Olmstead v. L.C.* stated that mental illness was a disability and covered under the Americans with Disabilities Act. All governmental agencies, not just the state hospitals, were required thereafter to make "reasonable accommodations" to move people with mental illness into community-based treatment to end unnecessary institutionalization" (Yohanna 2). This case made it impossible for other government organizations, like prisons, to direct mentally ill patients to hospitals to be properly treated. Instead they were trapped in the prison system with little hope of ever getting the proper attention they needed. The public fails to acknowledge that the problem has only gotten worse because now mentally ill patients do not have a support system or are receiving the proper treatment and medication they need. Within the

various cases and legislation that were passed to help the mentally ill, they each referred to community treatment. With the introduction of Medicaid, many states began to move the severely mentally ill patients to community hospitals and nursing homes which was partially paid for by Medicaid (Yohanna 2). However, with the Omnibus Budget Reconciliation Act of 1981, the federal government ended federal-funding for community-based nursing homes that were primarily treating mentally ill individuals. This forced states to try and run these facilities that were underfunded and there was a greater incentive to cut costs, which affected the level of care for the patients (Yohanna 2). The forces that drove society to demand reform and deinstitutionalization are still present but no longer in hospitals. “People with severe mental illness can still be found in deplorable environments, medications have not successfully improved function in all patients even when they improve symptoms, and the institutional closings have deluged underfunded community services with new populations they were ill-equipped to handle” (Yohanna 1). Instead people suffering from sever mental illnesses are being subject to the rough conditions of being locked in a cell for much of the day within our prison institutions.

To avoid arresting mentally ill individuals, many police departments have started to implement a program that stresses alternatives to arrest and prosecution. Police Officers often encounter individuals who they deem would benefit greatly from resources outside of the criminal justice system. The Law Enforcement Leaders program was created to support “policy and practice changes within law enforcement agencies that offer alternatives to arrest and prosecution” (Law Enforcement Leaders 1). These policies are meant to prioritize mental health and drug treatment instead of

placing individuals in the criminal justice system. In 2011 Seattle, Washington started Seattle's Law Enforcement Assisted Diversion (LEAD) program, which allowed law enforcement to "send individuals arrested to low-level drug offenses, to treatment and support services" (Law Enforcement Leaders 1). Since this program was initiated, LEAD participants are 58% less likely to be arrested again than the individuals who are booked and processed (Law Enforcement Leaders 1). In Miami-Dade County, Florida, the Criminal Mental Health Project provides training for police officers to "better understand how to help people suffering from serious mental health crises" (Law Enforcement Leaders 1). This training has helped over 10,000 people avoid being arrested and instead are brought to stabilization centers. This reduction in arrests has allowed the county to close one of its five jails, saving money for the entire county (Law Enforcement Leaders 1). Police Officers are the first form of law enforcement that many mentally ill individuals come across, by teaching officers the alternatives and options they have, to booking and prosecuting a person suffering from a severe mental illness, it will help the community and reduce the number of inmates within prisons.

Prisons are not equipped to deal with a heavy load of mentally ill inmates and the officers who work there do not have the proper training to calm down patients who are having a manic episode or talk down a patient who is distressed and starting fights with other inmates because the voices in his head told him to do it. Prisons were also in dire need of funding to help initiate reform to improve the conditions for their inmates, especially those who are mentally ill. Due to lack of medication, room, and funding, many prisons turned to using forms of rehabilitation to try and stabilize mentally ill inmates and release them.

Rehabilitation was believed to be a renowned way of treating not only the mentally ill but also drug addicts, rapists, murderers, etc. The community strongly believed that this system of rehabilitation could work and help prisoners assimilate back into society as a normal functioning adult. However, in the 1970s many psychologists and doctors did not understand that every individual had to have an individualized plan and for those who had no support system outside of prison it would be extremely difficult to maintain any plan that might have been put in place. There would be no one to hold them accountable or make sure the patient was taking their medication and going to treatments. It was during this time of rehabilitation uproar that Martinson released his “Nothing Works” article that pointed out all the flaws in the rehabilitation system. His research led him to state that “it is incapable of telling” whether rehabilitation works (Martinson). Once the article was released the community’s belief in rehabilitation greatly diminished and the prison system started to care less and less about mental patients. “On January 18, 1989, the abandonment of rehabilitation in corrections was confirmed by the U.S. Supreme Court. In *Mistretta v. United States*, the Court upheld federal "sentencing guidelines" which removed rehabilitation from serious consideration when sentencing offenders” (Miller 1). After this court case, courts would punish inmates with harsher prison sentences that possibly included the death penalty. Within the prisons many inmates were no longer getting the treatment they needed and were instead locked up in isolation or sent to the mental wing for a week to stabilize them before they would be returned to the general population.

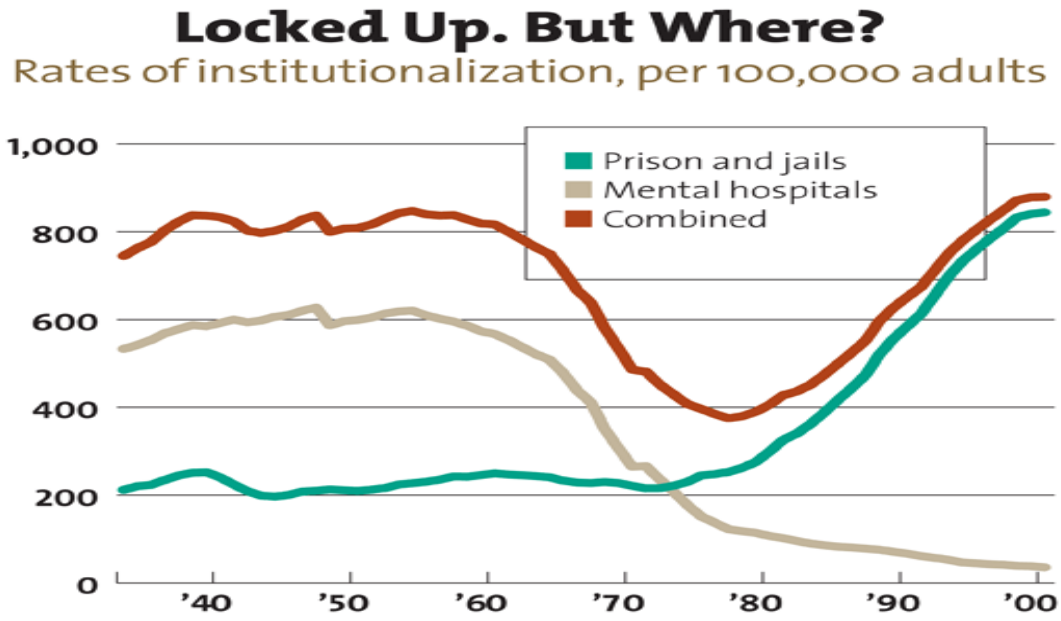
However, “most rehabilitative programs chalked up as failures, were heavy on rhetoric and slim on services” (Miller 3). Many research institutions began to realize that

the approach towards rehabilitation in the 1970s and 80s was greatly flawed (Miller 3). Many rehab programs gave criminals little choice and they were not community oriented. Well known programs like the “Scared Straight” model, that was meant to deter youths from committing crimes, did not lower recidivism. This was because intimidation was not a proper tool to lower crime rates. At the University of Southern California, sociologist Lamar Empey found that “where there is a wide adversity of strong alternatives, recidivism can be lowered. Where there is little choice, recidivism remains the same or increases” (Miller 4). In Empey’s “Provo Project” he saw recidivism rates fall when youthful offenders were placed in community-based programs. This was a huge step towards improving rehabilitation because researchers began to realize that options, communities, and support played a very large role in lowering recidivism. It was in 1988 when “Gendreau and Ross published a survey of over 200 studies on rehabilitation from 1981-1987” (Miller 5). From the studies they were able to conclude that “successful rehabilitation of offenders had been accomplished and continued to be accomplished quite well. . .reductions in recidivism, sometimes as substantial as 80 percent, had been achieved in a considerable number of well-controlled studies” (Miller 5). This publication brought to light that Martinson’s initial article “Nothing Works” was right about the current approach towards rehabilitation, but it was not correct about rehabilitation as a whole. Courts and prisons had to simply change their approach towards rehabilitation and realize that each successful program, no matter how different, relied on strong community ties and support for the offender. The programs had to be specifically tailored to the offender, so they would receive the proper treatment, medication, therapy, and anything else that was necessary. In addition, to

treating the inmate in prison before their release, the community must help the inmate assimilate upon their release. This could be through community service, therapy, meetings with probation officers, etc. Using a combination of techniques and resources inmates could greatly benefit from rehabilitation.

Current Issues the Prison System Faces

Presently, prisons have become a replacement for mental institutions since the deinstitutionalization of mental health facilities in the 1970s.



The graph above shows how the number of people who have been incarcerated has greatly increased since 1940, while the number of people residing in mental institutions has drastically declined. After the deinstitutionalization of mentally ill patients in the 1950s, we can see how the population within prisons and jails begins to increase until

the 2000s. These trends correlate because the majority of the individuals who we released from mental health facilities found themselves stuck in the prison system.

Despite the dramatic increase in the number of mentally ill individuals who are being held in prisons, the environment has not changed to accommodate them. Correctional Officers continue to treat the prisoners with no respect or consideration that they might be suffering from a mental illness. To the officers, all these prisoners are equal and are being treated the same despite their staggering mental deficiencies.

The training for correctional officers must be altered nation wide in order to get the most positive impact within prisons on all levels. Now that our government and society is aware of the amount of mentally ill patients that are being placed in prisons it is important that all the officers that are interacting with the inmates are properly trained on how to handle mentally ill inmates. There are various organizations that are willing to create programs and specialized trainings for correctional officers that will provide them with the necessary tools to interact with individuals suffering from mental illness. The International Crisis Intervention Team, CIT, is one nonprofit organization that facilitates the development and implementation of programs to “promote and support collaborative efforts to create and sustain more effective interactions among law enforcement, mental health care providers, individuals with mental illnesses, their families, and communities” (CIT 1). One thing that CIT strives to implement while training correctional officers, is the importance of flexibility. When dealing with mentally ill inmates it is crucial that officers understand they are not thinking like a normal inmate or criminal might be. If there is an inmate who is having an episode they might be placing themselves or others in danger, rather than subjecting the inmate to disciplinary confinement, the officer

should send the prisoner to the inpatient psychiatric unit to place him back on his correct medication if necessary (Case Western Reserve University 1). Additionally, it is important to establish relationships with these inmates because they can help officers identify inmates who are exhibiting symptoms of their mental illness, which will decrease any potential security risks. By handling any potential dangers before they occur officers can avoid sending inmates to segregation, which would only escalate their symptoms. If officers treated mentally ill prisoners the same way they treat regular inmates and send them to segregation, “their thoughts could lead to agitation and hallucinations that often bring on prison security problems. Mentally ill prisoners' work was important and meaningful because it acted as a coping mechanism to decrease the impact of psychiatric symptoms” (Case Western Reserve University 1). If their daily routine is disrupted it can cause catastrophic damage and it will take a lot of time with the prison psychologists and doctors to get the inmate stable once more.

The Indiana chapter of the National Alliance on Mental Illness, NAMI-Indiana, conducted a study on the impact of a ten-hour mental health training program for correctional officers in a supermax prison. The trainings were given to officers in five weekly sessions and the number of incident reports were compared for nine months before and after the trainings. This was meant to show how to train officers and the benefits of receiving such training. “The first session introduced the correctional officers to the major categories of psychiatric disorders (substance abuse disorders, personality disorders, mood disorders, psychotic disorders, and anxiety disorders) by describing the diagnostic criteria for these disorders in clear language, using illustrative examples from clinical practice and popular movies, and encouraging questions and discussion”

(Parker 2). This session was five hours long and it was meant to expose officers to the many different types of mental disorders they are most likely to see within the prison setting. Session two was meant to build upon the biology of mental illness by using diagrams and neuroimaging to visually show officers how the brain cells communicated, and how mental illness affected this chemistry (Parker 2). The third and fourth session went over, in detail, the list of medications that can be given to individuals who are showing symptoms of mental illness and how to communicate with mentally ill inmates.

Once the sessions were completed it was time for the NAMI-Indiana to compare incident reports from nine months prior and nine months after the training. Prior to the training the amount of incident reports was about 162 compared to the amount nine months after training which was 85 reports (Parker 4). These statistics show that just after holding a few sessions the amount of incident reports was down by about 50%. If this type of training were to be repeated and instilled into officers on the first day of training, the number of incident reports could be further reduced. By training correctional officers, the amount of mentally ill inmates who get abused would be reduced and they would begin to get properly treated for their disability. This type of initiative and reform is an anomaly compared to what is happening in the rest of the prisons on local, state, and federal levels. Most other prisons are continuing to abuse and neglect inmates who are suffering from mental illness.

Across our nation Ohio has been recognized as a leader in mental health care within its correctional facilities. To portray how the mentally ill are handled and cared for in a facility where it is extremely difficult to provide around the clock care, a documentary team followed around the officers, psychiatrists, and patients within a prison in Ohio.

The first few scenes show the viewers a few inmates who are suffering from severe mental illnesses such as schizophrenia, depression, and hallucinations. “It is projected that 80% of the mentally ill need to have someone looking out for them 24/7” (Frontline 10:40). In large facilities with thousands of inmates it is impossible for a handful of psychologists to provide adequate care every day and night. It is because of staff shortages and a surplus of mentally ill inmates, that it is “difficult to maintain mental health patients in maximum security prisons and many become delusional and start to decompensate” (Frontline14:25). Currently the Ohio correctional facility is focusing on differentiating between “mad or bad actions” to determine what actions are induced by mental illness (Frontline 20:00). If it is deduced that the prisoner is suffering from mental illness they will be sent to a unit that is dedicated to treating and stabilizing the patients. However, the current mission of the psychiatric unit is to stabilize and then release the prisoners back into the general population. When the prisoner is initially sent to the psychiatric ward they are placed on medications meant to calm them and get them under control. Once the prisoner can communicate with psychiatrists they talk about what the prisoner is suffering from and based on the conversation the psychiatrist will prescribe medication, therapy or both. After the inmate is deemed stable and competent they are sent back to their normal cell. Instead, the mission should focus on long term not short term, so the patients have the chance to stabilize and routinely take their medication and learn how to become responsible for themselves (Frontline 30:00). For one inmate, Clark, the long-term approach worked well. He was held in the mental health unit for a year, where he attended group therapy and the psychologists were able to monitor him consistently. After a year, the prison psychologists met with Mr. Clark

and discussed his release back into the general population. Clark was extremely against this, he articulated to doctors that if he was sent back to general population he would relapse, and his psychological state would greatly suffer. Mr. Clark was familiar with how the prisoners were treated and he knew that he would not receive the supervision that he desperately needed. However, his arguments were not enough to convince the psychologists, they clinically believed he could go back to functioning normally, because he was able to communicate with others and behave calmly. Mr. Clark stated that he was functioning normally because of the setting he was in; however, Mr. Clark was released back to the general population. After a year of having zero misconduct reports, Mr. Clark was sent to a minimum-security prison and started working with a new mental health team to help him keep his schizophrenia under control. We have seen similar cases where patients are stabilized, and the prison psychologists deem them ready to reenter the general population, then a few weeks or even days later the prisoner begins to revert to their unstable, irrational behavior. The correctional officers who are guarding the general population do not have the understanding or the patience to deal with a psychotic episode compared to psychiatrists, so they isolate the prisoner in solitary confinement. The documentary containing this information was published in 2005, but much of the information within it is relevant today. Our society still has an “out of sight, out of mind” outlook towards mentally ill individuals. As long as they are not out roaming streets and creating havoc, people do not think about what can be done to help them because they are not affecting their immediate life. Today many officers are still not receiving training to properly deal with mentally ill inmates which is why it is so important that the trainings developed by

organizations like the International Crisis Intervention Team, must be included in all training programs for correctional officers. This will give them the proper information on how to handle mentally ill inmates and hopefully encourage the officers to be more patient instead of treating them like normal inmates.

For those inmates who are being admitted to segregation they have a greater probability of acting out and getting worse. “If you are mentally ill going into segregation you are going to get worse. And if you are not mentally ill there is a good chance of having an episode” (Frontline 37:15). This statement was admitted by the Chief of the Ohio correctional facility. Within our society today it seems almost as if it is common knowledge, that an individual who is being isolated for weeks will have a negative reaction. This reaction can result in a psychotic episode because the prisoner is not allowed to interact with anyone, their cell is miniscule, and they spend 23 out of 24 hours in a dark, cramped, dirty space. This is no way to treat mentally ill individuals or prisoners in general. Solitary confinement has become an easy solution to a much greater problem that prisons have refused to acknowledge. Segregation, also known as solitary confinement was first implemented as an experiment in 1829 at the Eastern State Penitentiary in Philadelphia. (Sullivan, Laura 1). Solitary confinement “is based on a Quaker belief that prisoners isolated in stone cells with only a Bible would use the time to repent, pray and find introspection. But many of the inmates go insane, commit suicide, or are no longer able to function in society, and the practice was slowly abandoned during the following decades” (Sullivan, Laura 1). Since the practices were abandoned for a few decades there is very limited factual evidence on the positive impact segregation has on the inmate population, however one could assume that

solitary confinement would no longer be a viable option as a form of punishment. Despite the barbaric conditions of solitary confinement, in 1934 the federal government resumed the use of solitary confinement when they opened Alcatraz for the nation's worst criminals (Sullivan, Laura 2). The infamous "D-Block" was the prison's solitary confinement hallway, here inmates were forced to sit in the dark with no contact with other prisoners. Many people believed that it was a valid correctional tool and didn't think twice about the psychological effects it would have on the inmates, because the individuals placed in D-Block were the worst of the worst. The use of solitary confinement escalated when the United States started to build Supermax prisons all over the nation. These prisons were developed around the idea of solitary confinement, "Inmates spend 22 1/2 hours a day inside an 8-by-10-foot cell. The other 1 1/2 hours are spent alone in a small concrete exercise pen" (Sullivan, Laura 2). There was no need for a yard or community areas which saved the government money when they were building these prisons. The inmates were subjected to the cruel and cold conditions that solitary confinement had to offer, but people believed the inmates within these prisons deserved the punishment they were receiving. However, the prisons failed to perform the proper studies to determine the validity of segregation and solitary confinement and if was really working properly. In many cases solitary confinement would cause individuals who were mentally sane to develop some psychological disorder, and those who were already mentally ill experienced more episodes (Sullivan, Laura 3). As supermaxes began opening in Oregon, Mississippi, Indiana, Virginia, Ohio, and a dozen more states the courts started to pay greater attention to the conditions within these maximum-security facilities. A federal judge found conditions at

Pelican Bay in California "may well hover on the edge of what is humanly tolerable" (Madrid v. Gomez 1995). (Sullivan, Laura 2). Although the judge acknowledged that the conditions were barely tolerable, nothing could be done because there was not constitutional basis for the courts to shut down the solitary confinement unit. Instead the judge ruled it was the state's decision on how they should incarcerate their offenders.

There continues to be much debate over what is the most efficient and effective way to incarcerate inmates. Many facilities default to segregation and solitary confinement because it is cost effective, it puts the officers at a less risk, and the prison could have a greater intake of prisoners because the cells would not take up as much space. However, the environment the inmates are subject to in segregation is barely humane and it puts them at a greater risk of having a psychotic break. Segregation is not the most effective way to house inmates, because the goals of prisons are not just to house individuals. In addition to incarceration, the prisons also must prepare inmates for their release into society. The question for these prisons, is what method is best to punish inmates but also teach them how to become a law-abiding citizen once they are released into the community. This situation can be juxtaposed to the famous "Nothing Works" article where Martinson concludes that even rehabilitation is a failing initiative. Within his article Martinson claims:

> "Our present treatment programs are based on a theory of crime as a "disease"---that is to say, as something foreign and abnormal in the individual which can presumably be cured. This theory may well be flawed, in that it overlooks---indeed, denies---both the normality of crime in society and the personal normality of a very

large proportion of offenders, criminals who are merely responding to the facts and conditions of our society" (Martinson 28).

When this article was published in the 1970s many psychologists and prisons were rehabilitating prisoners with the mindset that everyone needs the same form of treatment. Since then we have discovered that everyone needs individualized treatment which takes time, patience, and resources. For these reasons the prisons and communities do not want to acknowledge that rehabilitation can be a possible solution to those who are suffering from mental illness in custody. Acknowledging that rehabilitation could potentially work would mean prisons would have to dedicate more resources and change their current way of doing things to properly treat mentally ill inmates as well as most of the general population of inmates within the prisons. Instead prison officials choose to remain blissfully ignorant and continue temporarily stabilizing patients and then isolating them if they put themselves or others in danger. Segregating a person for misbehaving is inhumane because of the conditions they are subjected to and instead of helping, it degrades their mental health.

Many prisons have acknowledged that something must be done about mentally ill prisoners. There is a mounting sense of urgency that creates pressure for the government to change the way their prisons are being run. The Federal Bureau of Prisons has made many promises regarding reform and how mentally ill inmates were treated and taken care of. In 2014 the Federal Bureau of Prisons (FBP) promised to create new policies that would expand the treatment options of inmates, increase the number of doctors and psychologists available, and make sure mentally ill inmates had long term care (Thompson 1). However, the Marshall Project was able to discover that

"the bureau has lowered the number of inmates designated for higher care levels by more than 35 percent" (Thompson 1). Instead of increasing the number of inmates that qualify for higher care, or hiring professionals to administer care, the FBP decided to lower the number of inmates who qualify for higher care because it will decrease costs and help decrease the percentage of inmates that are in need of higher level care. Prison staff determined that prisoners with "long histories of psychiatric problems-don't require any routine care at all" (Thompson 1). The FBP was making it harder for inmates to qualify for treatment that would help stabilize their condition. The number of individuals that the Bureau of Prisons classified as having a mental illness serious enough for mental treatment did not accurately represent the number of prisoners who are in need of mental health treatment around the nation.

> "As of February, the Bureau of Prisons classified just 3 percent of inmates as having a mental illness serious enough to require regular treatment. By comparison, more than 30 percent of those incarcerated in California state prisons receive care for a "serious mental disorder." In New York, 21 percent of inmates are on the mental-health caseload. Texas prisons provide treatment for roughly 20 percent. However, this puts inmates at risk of hurting themselves because they are no longer seen as a mental health priority in the eyes of the prison's. "(Thompson 2).

Although the inmate populations within federal and state prisons differ, it is important to acknowledge that in smaller scale prisons there is a higher percentage of inmates who are in need of mental-health treatment, versus the percentage FBP advertised in their report (Thompson 2). These statistics are proof that the FBP is willing to publish percentages and statistics to make the public feel safer and better about where their tax

dollars are going. They are making communities believe that the prison system is not failing inmates and they are not harboring as many mentally ill individuals. Unfortunately, by looking at state by state cases we can clearly see that there are drastic gaps between the percentages provided by the FBP and the percentages that states such as California, New York, and Texas have provided. The percentages do depend on location, however in federal prisons employees do acknowledge that at least 23% of inmates have been diagnosed with some mental illness. (Thompson 2). Many more people are in desperate need of mental health treatment than we believe because the Federal Bureau of Prisons is not providing the public with all the information.

Since many federal and state governments have been keeping the true numbers and percentages regarding mental illness within prisons a secret from the community; society believes that the prison system is running as efficiently as it can, given their resources. However, the prison system is crumbling because of negligence and the failure to deliver the proper studies and notify the public of what is happening within prisons. Many people are suffering because they are trapped in cells without the proper treatment that they so desperately need. Officials are then backed into a corner, and must defend their actions, to keep societies worries at bay. However, if communities knew how desperately prisons needed help they might be willing to pool resources and ideas to make prisons a safe space for those who are mentally ill.

Oregon's Psychiatric Security Review Board is one of many organizations that are hiding true statistics from the public. They fail to let society know that more people who are criminally insane commit additional crimes after they have been convicted of a felony. The community believes only 3% of the criminally insane recommitted violent crimes,

such as attacking other people, when it is closer to 35% (Fraser 1). Prisons in Oregon have an extremely high turn around rate and they are one of the quickest prisons to release inmates who are mentally ill because they are not equipped to deal with their illnesses. One extreme but not unusual case was for Anthony Montwheeler, “a man who long lived along the Oregon-Idaho border, was charged with two murders just weeks after the board released him” (Fraser 1). These patients who are suffering from mental illness should not be released without any form of supervision or accountability. Another example was a case in an Oregon prison where a mentally ill inmate, Ashmus, was deemed no longer mentally ill by the Psychiatric Security Review Board. Seven months after his release, “Ashmus got high on meth, strangled his 8-year-old relative and then threw a toddler across the room” (Fraser 1). This case along with Montwheller’s are only a few of many that prisons around the country, not only Oregon, are trying to hide from the public to curb their fears. There are many options that can be taken to avoid future felonies committed by the mentally ill, however, there must be a support system in place to care for these individuals who are being released. For many of the individuals who are being released, the medication they need is too expensive for them to afford. The only way these individuals could access the treatment and medication is with a court order that leverages everything for them. Jayme Fraser, an author for ProPublica stated:

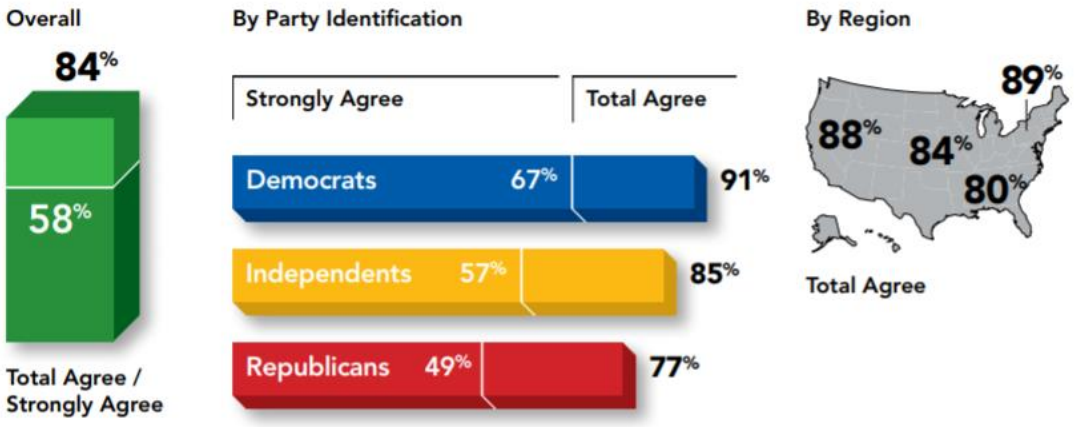
> “The defendants freed by the board could well be stable the day they leave state custody. But without access to health care, housing, employment counseling, a positive social network and a caseworker to help them navigate a social safety net, they can be a substantial danger.” This is not only in Oregon, but it also is a large problem with inmates who are released in numerous states. Those people who

> have been in the prison system for years and suffer from mental illness will most likely struggle upon their release because they will not know how to take their medication themselves or take care of themselves in general" (Fraser 1).

Individuals are slowly starting to realize that society can no longer be in the dark when it comes to what is happening in our prisons. Communities can play a much larger role in supporting and rehabilitating those who have committed felonies, especially those convicted who have mental illnesses.

No matter the amount of studies that are conducted, each one of them can be boiled down to one concept: for an inmate to become a functioning part of society upon release, they must have a support system. For a large portion of the prison population, they lack this crucial aspect. There is no hope for an individual, once they are released to completely change their ways if they do not have someone holding them accountable. For those who are placed on parole, they must answer to their parole officer. However, that is only representative of a slight portion of inmates who are released. The remaining released inmates oversee their own destiny and many times they fall back into their old habits, and they wind up back where they started, with even more time. A survey was taken of the nation asking individuals, "Should some of the money that we are spending on locking up low-risk, non-violent inmates be shifted to strengthening community corrections programs like probation and parole." The consensus is shown in the graph below, no matter what party or region, many citizens strongly agree that funding must be shifted to help inmates assimilate back into society.

Should Funding be Shifted to Strengthen Community Corrections Programs for Non-Violent Offenders?



(Pewtrusts 2)

Voters are supporting the release of non-violent offenders, so we can stop focusing on overpopulation and overspending in prisons. Instead we need to shift government resources to open drug rehabilitation centers, homes for the homeless, and psychiatric facilities that can be easily accessible to those who are suffering from mental illness and have been recently released from prison. With these resources individuals may not slip through the cracks of the prison system and they can receive the treatment they need in an environment that is nurturing. The community cannot be afraid to look at what is happening in their prisons. Communities need to see that the treatments and living conditions that inmates are subject to are severely lacking. Mainly due to the lack of funding and poor budgeting. If the public became more aware and started to demand transparency from wardens and government officials, they would be able to instigate change, to not only help those who are mentally ill, but also the rest of the inmates who deserve to be treated like human beings.

While researching and scouring the internet for credible sources about prison conditions for the mentally ill, it became increasingly apparent that many of these sources primarily focused on statistics and accounts from former or current inmates. To look at this issue from all angles it is also important to hear from correctional officers and the individuals who run the prisons. To gain these credible facts about the true nature of psychiatric wings and how known mentally ill patients are treated, it was crucial to find someone who had firsthand experience within the prison system. As a former warden for Tucson Federal Correctional Institution, Glen Perin was a prime interviewee. He was able to provide insightful thoughts on how his prison was run, how mentally ill patients were treated, and what additional reforms can be put in place to create an optimum prison environment.

Perin first started his career over 20 years ago, after graduating from Arizona State University, he went on to work with Tempe Parks and recreation, before he became a prison guard and started his journey towards becoming a warden. Since then Perin has taught numerous classes at Pima Community College and the University of Arizona, educating the future leaders of criminal justice reform. As a warden it is very difficult to manage the quality of prisoners' lives in addition to making sure the rest of the community is safe. Within the prison many inmates would be constantly complaining that they are not receiving the medical attention that they want or have requested. Although many inmates would complain, the prison had a system where each unit of the prison had a designated number of psychiatrist associates. For each prisoner who sought psychiatric attention, they would have to fill out a form and turn it in to the psychologist associates. From there the nurses would triage during their graveyard shift and give the inmates a pass to see

the doctor the next day. Many inmates were impatient and would often complain about not being able to see the doctor right away. However, it is imperative that there is a system in place because many times inmates would take advantage of receiving medication and would stash prescription pills in their cells and use them to try and escape by purposely overdosing so they could be sent to a hospital where there was less security. There was one instance that Glen Perin was able to recall where an inmate concocted an elaborate escape plan, all based on stockpiling Tylenol. Every time the prison doctor would come by the cells with medication, the inmate would hide his medication in his pillow case instead of taking it. This inmate planned on overdosing on Tylenol, so the prison would have no choice but to transfer him to St. Mary's Hospital to be treated. Once he was transferred the inmate's girlfriend would deliver him a gun and help him escape from custody. Thankfully, before any of this could happen, a guard found the stockpile of Tylenol and was able to confiscate it without the prisoner trying to escape. It is very difficult when advocating for prisoner rights, to keep in mind that there is a reason they are in prison, as many of them are conniving criminals. When it comes to inmates who suffer from mental illness, their medication prescription must be taken under direct supervision to ensure that they swallowed their pill. All psychotropics must be taken in front of a nurse who watches the inmate swallow the pills. These medications are prescribed by the main psychologist in the unit and officers are not allowed to take any severe measures without direction from the psychologist. This helps with minimizing abuse of the mentally ill patients in prisons

As time has progressed and prisons have had to deal with a larger volume of mentally ill inmates, they were forced to go towards privatization where a third party would

be able to constantly supervise the mental health unit. Within the Tucson Federal Prison, Rincon was built, which is very similar to having a privatized mentally ill health unit. This facility has cells and a unit that treats medical and mental health that is privatized. Perin referred to Rincon as the “catch-all” for the mentally ill. When criminals were admitted to Rincon they would be scored from 1-5. If they scored a 4 or 5 it was noted that they needed special care for their mental health. This would result in them being assigned to a larger prison that has the resources to meet their needs. Within Rincon the Deputy Warden oversees all day-to-day operations. He makes sure there is basic medial and psychological staff that can help inmates and treat them properly. If there is something that the Tucson Prison cannot provide the warden can transfer them to a facility that does have the resources to treat them. Many inmates are either assigned to the Tucson or Phoenix prison because they are some of the largest facilities in Arizona.

To further the efficiency and safety of the Tucson Federal Prison, Glen Parin believed it was imperative that the officers receive additional training from psychologists to help with mental patients and individuals who are severely suffering from suicidal thoughts. This would include, talking calmly to patients, not acting with unnecessary force, and waiting for the prison psychologists before restraining the inmate and punishing them. As a warden, Parin said there was a rash of suicides during his tenure and the head of the Bureau of Prisons stated that if there were more suicides the prison wardens would be fined. To prevent any suicides Parin, had psychologists train officers on handling suicidal patients and explaining that it is important to talk to the patients and not use excessive force because these individuals are suffering from a mental illness that is affecting their actions. However, regarding other mentally ill inmates, the officers cannot

act without the psychologist. Therefore, there is always a need for more medical professionals to help with the constantly growing population of mentally ill inmates.

Something that was being constantly reiterated through the duration of the interview was the statement, “Prisons are a reflection of the community”. In Tucson we have a large population of homeless and mentally ill individuals. This is reflected in our prisons, which is why we must pay more attention to inmates and make sure they are receiving the proper medication and treatment for their illness. One initiative that is being spearheaded by Governor Doug Ducey is reentry programs. One reentry program that was especially successful was the establishment of second entry centers in 2017. During his State of the State Address, Governor Ducey stated:

> "At second chance centers we launched last year at prisons outside Tucson and Phoenix, we’re teaching life and career skills to inmates who are scheduled to leave prison soon. Dozens of employers are participating, and of the hundreds of inmates who have graduated through these programs to date – many are leaving prison with multiple job prospects. So let’s expand these programs, with capacity for 975 more inmates to participate each year." (Expanding Arizona’s Successful Second Chance Programs 1)

At these second chance centers community members can interview prisoners for a job, so upon their release they are already employed. This encourages inmates to obey their conditions of release and there is a lower chance that they will revert to their criminal ways. Once released, inmates will also have access to substance abuse counselors who will be able to keep the inmates clean. However, it is unlikely that mentally ill inmates would be able to take advantage of this program. To further develop this program and

encourage success Governor Ducey's executive budget will "include nearly $450,000 to expand employment center programs at Lewis and Perryville Prisons in Maricopa County" (Expanding Arizona's Successful Second Chance Programs 1). In addition to the reentry program, Parin believes that there should be some resource for individuals who are not placed on parole. Since these inmates do not have parole officers or anyone to report to, they should have a support group that can provide advice and assistance to those who were recently released and need to assimilate into society. To further legislative reform society must become more aware of what is occurring within the prisons in their community. Parin stated that compared to 15 years ago many wardens are more concerned about the perception of the public and they are willing to release false reports and keep the public in the dark than admit that there is an issue within their prison. Currently, much of the public only sees what happens in prisons from television shows and films. Many entertainment platforms are releasing true crime shows that include glimpses of what the environment is like inside prisons. This is not an accurate representation of the current conditions in prison, because these shows are focused on entertaining the viewers not educating them. Community members should take tours of their local prisons so they can get an accurate depiction of the environment that prisoners are living in, so they can participate in reform.

Towards the end of the interview with Glenn Parin, we started to discuss possible programs to help control the mentally ill population in state and federal prisons. In addition to programs that are already in play, Second Chance Centers, it is important for inmates to talk about their mental illness and receive the proper support to help them thrive within the community. The first step to controlling and treating a mental illness according the

Parin solely depends on the inmate. They must have the motivation and determination to seek help and stick with the treatments that are prescribed. The most successful treatments are only effective because the inmate wants to feel better and get control of their mental health. Without the inmate's cooperation, they will most likely relapse and stop taking their medication, resulting in a psychotic episode and then the prison psychiatrists must start treatment all over again. In addition to providing medication, many prisons have group counseling for people who are suffering from a wide variety of issues. Here the patients can openly talk about what they are feeling and hopefully work through some of the obstacles they are facing. For inmates who are suffering from long term mental illnesses it is crucial that they have a treatment plan and they do not stray from it.

When talking about the amount of mentally ill patients present in the Tucson Prison Parin stated that of all inmates approximately 60% are mentally ill. However, of that 60%, 65-75% are suffering from mental health issues due to substance abuse. In these cases, the "inmates can rehabilitate themselves if they chose" (Parin). With access to medical professionals, support groups, and rehab programs, inmates have the chance to detox and work on recovering from the damage that the drugs or alcohol caused to their psyche. The table below shows the percentages of inmates who have abused drugs or alcohol and are suffering from mental illness. Based off the percentages we can identify that 74.1% of inmates who have abused or are dependent upon alcohol or drugs suffer from a mental problem in state prisons, 63.6% in federal prisons, and 76.4% in local prisons. A significantly smaller portion of inmates suffer from mental illnesses, despite not having a history of any substance abuse.

Table 5. Substance dependence or abuse among prison and jail inmates, by mental health status

Substance dependence or abuse	Percent of inmates in — State prison: With mental problem	State prison: Without	Federal prison: With mental problem	Federal prison: Without	Local jail: With mental problem	Local jail: Without
Any alcohol or drugs	74.1%	55.6%	63.6%	49.5%	76.4%	53.2%
Dependence	53.9	34.5	45.1	27.3	56.3	25.4
Abuse only	20.2	21.1	18.5	22.2	20.1	27.8
Alcohol	50.8%	36.0%	43.7%	30.3%	53.4%	34.6%
Dependence	30.4	17.9	25.1	12.7	29.0	11.8
Abuse only	20.4	18.0	18.6	17.7	24.4	22.8
Drugs	61.9%	42.6%	53.2%	39.2%	63.3%	36.0%
Dependence	43.8	26.1	37.1	22.0	46.0	17.6
Abuse only	18.0	16.5	16.1	17.2	17.3	18.4
No dependence or abuse	25.9%	44.4%	36.4%	50.5%	23.6%	46.8%

Note: Substance dependence or abuse was based on criteria specified in the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV). For details, see *Substance Dependence, Abuse and Treatment of Jail Inmates, 2002*, <http://www.ojp.usdoj.gov/bjs/abstract/sdatji02.htm>.

With these statistics, government officials could create programs that are geared towards helping substance abusers who are suffering from mental illness because they have a greater chance of being rehabilitated and being released into the community. This would decrease the number of individuals who are incarcerated and alleviate funds that can be dedicated to helping individuals who are suffering from long term mental illnesses. There are hundreds of cases where individuals who are abusing substances end up getting arrested and are lost within the prison system because they are not getting the

necessary treatment for their condition. A young man in from Colorado ended up getting addicted to opioids and heroin and his drug abuse escalated until he was arrested for possession early in October 2016. Upon his initial medical examination when he was being booked, the staff was notified that he was using heroin so “Correctional Health staff prescribed loperamide (for diarrhea) and meclizine (for nausea and vomiting) to ease his withdrawal while he awaited sentencing, a lawyer representing Laintz said (Coll 1). During his detox, Laintz said he experienced an unusual amount of pain, the correctional facility prescribed him over the counter medication, but his pain continued, and he did not receive the medical attention he needed. Laintz is suing the facility for “deliberately indifferent policies” because they failed to provide him adequate care and claimed he was exaggerating his symptoms. (Coll 1). These cases are not rare, and many facilities fail to provide necessary care, whether that is for substance abuse or mental illnesses. To provide proper treatment, medical staff within prisons cannot dismiss symptoms that the inmates are exhibiting because it will lead to misdiagnosis and greater problems in the future.

As prisons move towards reform they must delve deeper into the inmate’s health history to identify where their medical illnesses are stemming from. This way they will be able to adequately identify a proper treatment plan, whether that is rehabilitation, therapy, prescription medication, or a combination of all the above. With more resources and a variation of programs and treatments to choose from, prisons will have a higher success rate of releasing inmates into the community who are prepared to become a functioning member of society. To reach this level, prisons, nationwide, must focus their resources and funds on creating the most effective and efficient programs that will help the mentally

ill. Once these programs are put into place, law enforcement officials should be trained on how to properly treat mentally ill individuals who are in trouble so they do not end up in the prison system, but instead can receive treatment to stabilize themselves.

The Future of Correction Facilities

In our current political climate, the reformation of the criminal justice system has been placed on the back burner. Many people are primarily focused on immigration, the economy, and the next presidential race. However, it is imperative that some action be taken to help decrease the mentally ill population within prisons. When looking at possible reform, as a nation, we can look at other countries and what their policies and practices look like when it comes to treating mentally ill inmates.

In the Netherlands, the Dutch have a unique way of treating inmates who suffer from a severe mental illness. “In countries like the UK and US, prisoners with mental health conditions often end up in the general prison population. But in the Netherlands prisoners are streamlined into specific segments following a charge. The idea is that this way, they can receive the proper, and particular, care they need” (Hogenboom 1). The prisoners are judged to be responsible for their crime on five levels. Depending on their drug use, mental status, and prior criminal history, individuals are subject to either full responsibility to total lack of responsibility with three levels in between. For example, if someone takes unprescribed drugs that contributes to them hurting another individual, they could be held completely responsible for their decision to take drugs, but less responsible for the crime they committed because of the drugs. In relation to mental illnesses, individuals are treated much differently in the Netherlands than the United States. Before they step foot within the prison, individuals are seen by the prison

psychologist, and based on their findings they are sent to the PPC, penitentiary psychiatric center, which is for individuals who are suffering from severe mental illness and need to be separate from the general population. For inmates who have less severe mental illness they are sent to the EZG, extra care facility, which offers a quiet and stimulating environment (Hogenboom 1). This form of streamlining prisoners helps protect the inmates from getting abused and mistreated, it also helps the prison psychiatrists with determining who needs treatment and attention before a potentially dangerous encounter occurs. One of the main psychologists at Zwolle Prison, Maud Verbruggen, states “If you place people, especially those who self-harm, on a regular floor, “it would be a disaster, they need more structure and need to be better protected – and they are also less predictable” (Hogenboom 1). Mentally ill inmates naturally do not act like the general population, they tend to be more antisocial, are subject to more abuse, and have a greater probability of harming themselves. Segregating the mentally ill inmates from the general population lets psychiatrists properly treat the inmates who are in need and keep a constant eye on them throughout their sentence. Implementing this technique would be especially helpful because correctional officers would not have the burden of dealing with mentally ill inmates and their psychotic episodes. Instead of isolating inmates who show signs of mental illness, they would already be in a separate ward that is designated for treating their illness. However, for this to properly work there would have to be a significant decrease of inmates in prisons nationwide. The reason the Netherland prisons can have a system that is much more personalized and geared towards inmates getting proper psychiatric attention is because their prison populations have been decreasing over the years (Hogenboom 1). This decrease is primarily due to community sentencing, meaning

people who are being convicted of their crimes are being sentenced to community service, mandatory meetings for alcohol or drug abuse, or house arrest (Hogenboom 1). Community sentencing is primarily used on individuals who have not committed a serious crime or are dangerous offenders, this way the individuals who are being sent to prison are primarily people who will have to stay there for longer periods of time until the risk of them causing further harm is significantly reduced. By designating prisons for dangerous individuals, the Netherlands can allocate more money towards mental healthcare within the prisons to make sure those suffering from a mental illness get the proper attention they need. Community sentencing along with an increase in funds for psychological care would greatly improve the prison system within the United States. This way individuals who have committed petty offenses or are drug users who are not a threat to the community can be released to the community to receive treatment and those who truly belong in a prison will stay there for their entire sentence. This would reduce the prison populations significantly and the government would save the money they would normally spend on maintaining the prisoners and allocate it towards healthcare and keeping mentally ill patients stabilized. There would be a greater number of beds available in the psychiatric unit, so inmates who desperately need the treatments can stay there for longer periods of time. This would also reduce the work load for the corrections officers, and they could be more adequately trained on how to handle mentally ill inmates.

The combination of community sentencing and increasing the resources for psychiatric units in prisons would be an excellent solution in a utopian society. However, in the current political climate, it is not likely that both political parties will agree to pass legislation that would simultaneously establish more community policing and increase

psychiatric funding. We can reference the deinstitutionalization movement, when the mental institutions were shut down, the government was supposed to allocate funding, so communities could help individuals in the community suffering from a psychological disorder. Despite the promises, the latter did not happen, and mentally ill individuals were set loose into the community with no support or resources to help themselves.

There are many issues present within the prison system, many of which are directly related to a lack of funding. Management should begin to tackle these issues starting with the treatment of the mentally ill for numerous reasons. The first being that, “Addressing mental health needs will improve the health and quality of life of both prisoners with mental disorders and of the prison populations as a whole” (World Health Organization 1). This is because there will be less tension, violence, and outbursts among prisoners if those individuals who suffering from mental illness are stabilized or separated from the rest of the population. Prison employees are also going to greatly benefit because “the presence of prisoners with unrecognized and untreated mental disorders can further complicate and negatively affect the prison environment” (World Health Organization 1). Once prisons make it a priority to identify and treat prisoners with mental illness, the entire morale of a prison will shift, and officers will know how to treat the inmates and the health of the inmates will be made a priority. The general community will also benefit because prison health is a part of the community’s public health (World Health Organization 1). “Addressing the mental health needs of prisoners can decrease incidents of re-offending, reduce the number of people who return to prison, help divert people with mental disorders away from prison into treatment and rehabilitation and ultimately reduce the high costs of prisons” (World Health Organization 1). The community plays a crucial role

in treating the mentally ill because it is extremely important for these individuals to have a support system. Without one they will not hold themselves accountable to participating in treatments, taking medication, or assimilating into society. Many individuals who are suffering from a mental illness are stuck in the prison system because they do not have an existing support system. It is up to the community to establish a strong organization that has the resources to provide people with treatment, get them jobs, and possibly provide them with housing for reduced costs. This way prisons will not be as overcrowded with mentally ill inmates and the community will be able to thrive.

The entire nation must rally behind reform. For this to happen, most likely another crime wave will have to occur. Currently, the nation is not focusing on what is occurring in prisons. Once another crime wave occurs their focus will switch towards fixing and reforming the criminal justice system. As their attention shifts towards the prison system, the people will start to advocate for mental health rights and the individuals with greater political power will be forced to listen and pass legislation that benefits mentally ill prisoners and the entire system. With community members advocating for change, there will be greater support for organizations and agencies that provide support and resources for previous inmates who are being released into the community and mentally ill individuals. This way the prisons will no longer be a dumping ground for mentally ill individuals.

Conclusion

The mental health crisis is a rapidly growing issue within prisons and communities. It is important to instill plans that will work over time to help the individuals who are suffering from severe mental illness and are stuck in the prison system. Society has already acknowledged that the criminal justice system needs reform and it is time to act. The resources that we currently have are rapidly depleting because there is an increasing number of inmates that are being sent to prison, and they need food, water, and medical attention. However, by eliminating those suffering from mental illness from the equation there would be a greater amount of resources available for the remaining inmates. Those with SMI who have committed petty crimes can be diverted to community sentences and receive the medical treatment they need from organizations outside of the prison system. Community sentencing plays a crucial role in lowering prison populations and properly treating the mentally ill inmates. By eliminating SMI inmates from the general population in prisons, correctional officers will better handle their inmates and there will be less abuse and violence within the prisons. Additionally, law enforcement officers should be taught diversion protocols when they encounter people who are suffering from mental illness to hospitals or psychologists instead of arresting and booking them. This way the individual is able to completely avoid entering the prison system and they are directed to the correct place to get treatment.

If the community can provide the support and resources for individuals who are diagnosed with a mental illness, the prison populations will begin to decrease, and the government will see more funds become available to conquer many other issues that exist within their prisons and jails.

Works Cited

Amadeo, Kimberly. “Learn About Deinstitutionalization, the Causes and the Effects.” *The Balance*, 24 Jan. 2019, www.thebalance.com/deinstitutionalization-3306067.

Case Western Reserve University. "Training officers about mental illness benefits prison's safety." *Medical News Today*. MediLexicon, Intl., 29 Oct. 2014. Web. 22 Apr. 2019. www.medicalnewstoday.com/releases/284522.php.

CIT. “CIT Research.” *CIT International* , 2019, www.citinternational.org/research.

Coll, Steve. “The Jail Health-Care Crisis.” *The New Yorker*, The New Yorker, 26 Feb. 2019, www.newyorker.com/magazine/2019/03/04/the-jail-health-care-crisis?utm_social-type=owned&utm_medium=social&utm_brand=tny&mbid=social_twitter&utm_source=twitter.

“Expanding Arizona's Successful Second Chance Programs.” *Office of the Arizona Governor*, 9 Jan. 2018, azgovernor.gov/governor/news/2018/01/expanding-arizonas-successful-second-chance-programs.

Fraser, Jayme, et al. “Oregon Board Says Those Found Criminally Insane Rarely Commit New Crimes. The Numbers Say Otherwise.” *ProPublica*, 9 Mar. 2019, www.propublica.org/article/oregon-board-says-those-found-criminally-insane-rarely-commit-new-crimes-the-numbers-say-otherwise.

Frontline, director. *The New Asylums*. *PBS*, Public Broadcasting Service, 2005, www.pbs.org/wgbh/frontline/film/showsasylums/.

Gramlich, John. “5 Facts about Crime in the U.S.” *Pew Research Center*, Pew Research Center, 3 Jan. 2019, www.pewresearch.org/fact-tank/2019/01/03/5-facts-about-crime-in-the-u-s/.

Hogenboom, Melissa. “Future - The Unique Way the Dutch Treat Mentally Ill Prisoners.” *BBC*, BBC, 25 Apr. 2018, www.bbc.com/future/story/20180423-the-unique-way-the-dutch-treat-mentally-ill-prisoners.

Law Enforcement Leaders. “Increasing Alternatives to Arrest and Prosecution, Especially Mental Health and Drug Treatment.” *Law Enforcement Leaders*, 2018, lawenforcementleaders.org/issues/increasing-alternatives-to-arrest/.

Martinson, Robert. *What Works? Questions and Answers about Prison Reform*. The Public Interest, 1974.

Miller. “Secret Report Says State Fudging Prison Mental Health Data.” *Northern California Breaking News, Sports & Crime*, 10 Oct. 2018, www.sacbee.com/.

Parker, George F. “Impact of a Mental Health Training Course for Correctional Officers on a Special Housing Unit.” *PA Center of Excellence*, May 2009, www.pacenterofexcellence.pitt.edu/documents/Indiana%20NAMI-4.pdf.

Pewtrusts. “Public Opinion on Sentencing and Corrections Policy in America.” *National Survey Research Paper*, 2012, www.pewtrusts.org/~/media/assets/2012/03/30/pew_nationalsurveyresearchpaper_final.pdf.

Scheff, Thomas J. *Being Mentally Ill: a Sociological Theory*. Aldine De Gruyter, 1999.

Sullivan, Dan. “Charged with a Tampa Murder 20 Years Ago, He Still Awaits Trial.” *Tampa Bay Times*, 3 Oct. 2018, www.tampabay.com/news/courts/criminal/Charged-with-a-Tampa-murder-20-years-ago-he-still-awaits-trial_171732381.

Sullivan, Laura. “Timeline: Solitary Confinement in U.S. Prisons.” *NPR*, NPR, 26 July 2006, www.npr.org/templates/story/story.php?storyId=5579901.

Thompson, Christie. “Why So Few Federal Prisoners Get The Mental Health Care They Need.” *The Marshall Project*, The Marshall Project, 21 Nov. 2018, www.themarshallproject.org/2018/11/21/treatment-denied-the-mental-health-crisis-in-federal-prisons?utm_medium=email&utm_campaign=newsletter&utm_source=opening-statement&utm_term=newsletter-20181121-1191.

World Health Organization. “Mental Health and Prisons.” *WHO International*, www.who.int/mental_health/policy/mh_in_prison.pdf.

Yohanna, Daniel. “Deinstitutionalization of People with Mental Illness: Causes and Consequences.” *Journal of Ethics* | *American Medical Association*, American Medical Association, 1 Oct. 2013, journalofethics.ama-assn.org/article/deinstitutionalization-people-mental-illness-causes-and-consequences/2013-10.