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A Scrutiny of Mental Illness in Criminality and the Assessment of Viable Alternatives

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Of the approximated population of 328 million in the United States, 65 million individuals struggle with mental illness at some point in their lifetime. That translates to 1 in 5 adults, respectively (National Alliance on Mental Illness, [NAMI], n.d.b). Similarly, 1 in 10 children in the US experience significant behavioral disruptions that can often manifest in violent outbursts (Gesing & Garbus, 2018). Rather alarmingly, these numbers increase exponentially when applied to those who are incarcerated. It is estimated that 44% of those in municipal jails and 37% of inmates in state and federal penitentiaries have a previous diagnosis of some variant of mental illness (NAMI, n.d.b). These figures can be intimidating and would require a strong social response in order to educate our communities and to keep the negative effects at bay as much as possible.

Yet despite the prevalence of mental illness, it is still often shrouded in mystery and deeply misunderstood, even by those who suffer with the assorted types. Further, the deinstitutionalization of our traditional system for confronting and treating these illnesses has led to programs and facilities that are vastly understaffed and underfunded; leaving many individuals to bear the brunt on their own (Gesing & Garbus, 2018). At its absolute worst, this can have disastrous consequences.

In the United States, the overwhelming response to those experiencing a crisis within their own mental illness is to place them in jail, thus giving the impression that those who are suffering are being criminalized (Singer & Johnson, 2019). The data expressed herein explores why that is problematic, and unlikely to resolve the inimical ramifications of these mental disorders.

Also pertinent to the discussion is the link between mental illness and criminal behavior. While the two can certainly correlate, the bond between them is much weaker than what has been previously believed. In fact, a study completed by Peterson et al. (2014) found that, of those who were incarcerated and struggled with mental disturbances, only small percentages were able to conclusively determine that their illnesses acted as the catalyst for their actions.

Current policies that reference this topic and how they could evolve are imperative. Treatment programs that address mental illness, especially ones that do so before they manifest in violent ways, are usually inaccessible on a wide scale. The behavior is often left to progress until law enforcement intervenes; and of those who are unfortunate enough to become entangled in the criminal justice system as a result of their crisis, few will receive adequate treatment even inside (Singer & Johnson, 2019).

These issues are crucial to address because of the direct implications they have on the functionality of our society. This is yet another reason why emphasis on mental health is paramount: by understanding its origins, its symptoms, and its capabilities in making its subjects act in abnormal ways, we also begin to learn its limitations and weaknesses. Mental illness is the monster in the closet whose power can only be reduced by shining a light on it, not by barricading the door.

As such, the purpose of this paper is to examine how the influx of mentally ill persons has impacted the criminal justice system as the public response shifted from a medical perspective to a punitive one; and why this calls for further exploration and implementation of alternative treatments.

Literature Review

Mental illness is a concept that may be difficult to grasp as it has varying definitions. Most commonly, mental illness is placed in two different categories that are distinguished by its asperities. The National Institute of Mental Health [NIMH] (2021) describes these categories as Any Mental Illness and Serious Mental Illness. Any Mental Illness (AMI) is characterized as "a mental, behavioral, or emotional disorder. AMI can vary in impact, ranging from no impact to mild, moderate, and even severe impairment" (NIMH, 2021, para. 1). On the other hand, Serious Mental Illness (SMI) is outlined as "a mental, emotional, or behavioral disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities" (NIMH, 2021, para. 4). Schizophrenia, bipolar disorder, and depression are often placed within this group (Singer & Johnson, 2019).

The historical considerations of mental illness have practically always been overwhelmingly negative. Where do those adverse connotations come from? How did they lead to our current approach in addressing the same issues, now centuries later? The literature that was collected for this piece provides a detailed timeline in which the answers to those questions become clear. Much of it discusses the role that mental illness has played in the past as well as where it stands today, especially within the criminal justice system. Several of the studies examined are also able to suggest promising treatment strategies in order to have a greater impact on those who are suffering.

Overrepresentations of Those with Mental Illness in the Criminal Justice system

Historically, mental illness was believed to be rooted in shortcomings associated with the sufferer's faith or principles (National Institutes of Health [NIH], 2017). As such, to have a mental illness was to be deemed unfit for participating in society. Those who struggled with

various disturbances were looked after by relatives within their own homes. Around the mid-18th century, Quakers established the Pennsylvania Hospital in Philadelphia to address the rising numbers of those within their communities who were experiencing mental health crises. Their style left much to be desired considering one of their tactics included chaining patients to the walls, but it was still revolutionary in the sense that this was the very first attempt at treatment in a public setting. Over the next century, hospitals designed to administer to the needs of the mentally ill were chartered in multiple locations around the nation, until each state had its own.

Admitting an unmanageable family member to a residential facility was the norm throughout the United States until a process referred to as deinstitutionalization began to take root in the 1950s (Palermo et al., 1992). Deinstitutionalization is the process wherein patients that resided in mental hospitals were moved to other facilities, such as assisted living organizations, boarding houses, and other group accommodations in order to continue their treatment in alternative settings that were more in sync with their local communities (Palermo et al., 1992). In turn, states would save money by no longer funding public facilities (Gesing & Garbus, 2018). This movement was accelerated in the latter half of the 1960s, after the introduction of the Community Mental Health Centers Act in 1963; a piece of legislation designed to redirect funding from the state facilities to smaller, less expensive local treatment centers (Grob, 2005). However, deinstitutionalization really began to resonate in the public sector in 1972, when reporter Geraldo Rivera released his alarming study on the Willowbrook State School, a facility located in New York. His commentary called into question the conditions inside of these establishments, as it spotlighted unhygienic, oftentimes neglectful, and abusive living environments for patients (Palermo et al., 1992).

Further, the Community Mental Health Centers Act was geared to assist those with milder symptoms; they failed to develop proper medical treatments for those individuals who were suffering with severe mental illnesses and emotional disturbances. While those who exhibited somewhat benign symptoms received the treatment they needed, individuals who were more difficult to work with essentially slipped through the cracks and were left to deal with their disorders on their own (Grob, 2005). This is where we begin to see large numbers of severely mentally ill individuals entering society, as the trickle from the state-run facilities evolved into a full mass exodus.

Today, various programs do still exist to address the epidemic of impaired mental health, but they can be extremely difficult to gain access to. The number of beds available in residential facilities has gone from 600,000 to roughly 60,000 (Gesing & Garbus, 2018). Considering the large portion of our population that has been diagnosed with mental illness, this translates to a minute fraction of them receiving the professional help they drastically need; but also, a rise in rates of homelessness as the most unstable are incapable of maintaining employment (Singer & Johnson, 2019). As a result, those who display more severe, perhaps even violent, symptoms are a magnet for police response. In fact, it is popularly held within the criminal justice and psychological fields that jails and prisons are the new residential mental hospitals (Singer & Johnson, 2019). This is an unfortunate realization, especially when we understand the information presented by Peterson et al. (2014), that mental illness does not automatically equate to criminal and violent behavior.

There is no system of documenting exactly how many Americans with mental illnesses are currently incarcerated in the prison system, but approximate estimates place the figure at 14.5% for men and 31% for women (Singer & Johnson, 2019). Other studies vary, as Sarteschi

(2013) places the number at an even 50%. For minors, this increases radically to 65-70% with a mental illness diagnosis; although the disorders that appear in this population are typically less severe (National Conference for State Legislature [NCSL], n.d). Anxiety and post-traumatic stress disorder are the most common illnesses among offenders under the age of 18 (NCSL, n.d). These figures are tremendous to begin with, but especially so when it is reiterated that the United States is home to the highest incarceration rates, globally; with 25% of our population involved in the system despite the fact that only 5% of the world's population resides here (Domino et al., 2019).

Because the prison system is home to so many individuals who are experiencing mental crises, the scale of which illnesses are most prevalent is wide. Depression, bipolar disorder, and schizophrenia are listed as the most common diagnoses among prisoners (Singer & Johnson, 2019). This mirrors the data previously stated, since these are considered the more serious conditions. Inmates with mental illnesses average lengthier terms than those without, and this can be contributed to the continuing negative stigma attached to these afflictions. Prison officials would rather keep them detained than let them integrate with the public. Recidivism rates for these groups are high, especially in conjunction with the fact that men and women often self-medicate their own symptoms with drugs and other illicit substances. Unfortunately, illicit substances can be more easily accessible than services designed to improve mental health.

It can be difficult, especially for those outside of the criminal justice discipline, to grasp why it is crucial to confront the problem of the mentally ill being confined to the prison system. Because the people within these demographics are kept isolated from the rest of us, it is simply a reality we do not often have to realize. Conceivably, some of us may even feel safer with the knowledge that they are kept separate from our communities. However, the majority of these

individuals will be released back into society, possibly with fractures in their mental health that are deeper than when they went in. This creates room for them to reoffend, potentially with more violence than they were previously capable of. Perhaps best explained by Singer and Johnson (2019), "It is important to understand the extent of how many offenders with mental illnesses are in the criminal justice system because of their extra needs for treatment and services beyond that of the average offender" (p. 337).

Mental Illness and Criminal Behavior

As previously stated, mental illness is exceedingly misunderstood regardless of its prevalence in the population inside of the United States. Symptoms can be difficult to recognize and dissect, even by medical and psychological professionals. A standard picture within our media and popular culture of what it means to be mentally ill may be that of an individual that appears grimy and disheveled, lashing out at voices and visions that exist only within his own fractured mind. Because the antagonist is invisible, of course it is going to be deemed frightening not only by those who are afflicted, but by those who are observing as well.

The National Alliance on Mental Illness (n.d.b) states that 19% of those who fall within the category of being mentally ill can be categorized as having anxiety disorders, which are typically regarded as more mild to moderate disorders. While these can certainly be debilitating at times, those who are challenged by anxiety disorders are not the violent, "crazed" individuals we tend to hear about.

In fact, those who do display more violent behavior are so publicized *because* they are uncommon (Peterson et al., 2014). These persons in particular suffer from much more severe illnesses, such as schizophrenia, bipolar disorder, and even depression. Left untreated, these are

the diseases that allow for much more potential brutality against themselves and the public. Combined, these illnesses account for 12% of mentally ill groups (NAMI, n.d).

The mentally ill and incarceration practically go hand-in-hand, but extensive studies completed by Peterson et al. (2014) suggest that illness symptoms are not synonymous with criminal patterns. Rather, they are more dependent upon the actual individual than a characteristic that can be applied to the entire faction of mentally ill. Of the nearly 430 crimes that were reviewed, mental illness was determined to have been the catalyst for a mere .03%. Of the 112 parolees that were surveyed, only 5% were determined to have acted criminally as a manifestation of their illness. The most prominent illnesses to blame were, as per the standard, bipolar disorder, schizophrenia, and depression. Furthermore, Singer and Johnson (2019) explain that while there is evidence to suggest that those who are mentally ill are more susceptible to behave with criminal intent, they usually do not engage in violent offenses.

This changes when drugs are introduced. Not surprisingly, those included in the mentally ill population often resort to drug use as a coping mechanism. Interestingly, this is true in the case of minors as well (NCSL, n.d). This can be credited to the inaccessibility of proper treatment, but also the stigma attached to seeking and receiving that treatment (Singer & Johnson, 2019). Predictably, drugs tend to further agitate the symptoms associated with some mental disorders, especially ones that are expressed more violently. This can be observed within the claims by Singer and Johnson that the most violent crimes are committed by those who have schizophrenia and a substance abuse issue. As explained by Alvidrez et al. (2004), it is estimated that half of those who suffer from more serious illnesses use some type of illicit substance to provide temporary relief or otherwise alleviate the severity of how they manifest. The same study included subjects' recognition that their drug usage actually compounded the adverse

behaviors. More specifically, adults who developed a substance abuse problem with drugs like cocaine and alcohol in conjunction with their mental illness were more likely to experience hallucinations and become homeless or incarcerated.

It must be reiterated that those who suffer from mental illness are more likely to be victimized by others than perpetrate crimes themselves (Alvidrez et al., 2004). Maniglio (2009) describes this concept in startling figures of those who experience significant mental illness are 2.4 to 104.4 times more likely to be the victim of a crime than those who do not. Reasons for this correlate to their lacking ability to assess unsafe situations, communicate, plan, and resolve issues; but it is also due to their social environments, since many of these men and women are homeless or unemployed.

Treatment options for Mental Illness

Solutions for improving mental health in the United States have been proposed and implemented without proper organization, funding, and follow-through, and this is partially what is responsible for their failure. However, there is great potential for success with the proper infrastructure. For example, if there was better communication and absolute objectives for both the mild-to-moderate and severely mentally ill in the 1950s and beyond, the Community Mental Health Centers Act of 1963 may have had stronger results (Grob, 2005). At the very least, it could have formed a baseline for what treatment should try to incorporate. Where it gets tricky is that treatment often is not a one-size-fits-all. It is incredibly nuanced, and often requires a multi-pronged approach of medication, cognitive or behavioral therapy, and even life skills training (Gesing & Garbus, 2018). It can be time consuming but most of all, expensive, to find a balance between all of these options that a person may positively respond to.

Early intervention is crucial, notably when we consider the higher prevalence of mental illness diagnoses among children both in and out of the juvenile criminal system. The National Conference for State Legislature (n.d) acknowledges children may actually be more difficult to treat than adults because of the biological and hormonal changes taking place within their bodies as they continue to physically mature. Thorough behavioral screenings and assessments that are continued throughout the period of their incarceration is highly recommended as effective treatment, as they are better able to distinguish symptoms that may be unique to particular illnesses (NCSL, n.d.). This would allow for more accurate treatment procedures that require medication and therapy.

As for adults, because it is estimated that between 25%-40% of those who have an illness become involved with the American legal system, it is critical to examine the treatment options that are currently available within this structure, as well as promising opportunities that may be yet to come (Silberberg et al., 2001). As it currently stands, 63% of mentally ill individuals who are serving time in state and federal systems do not receive any sort of treatment. Of those who are held in local custody, 55% do not receive treatment (NAMI, n.d). Correspondingly, recidivism rates for these groups are especially high. A compilation of factors are to blame for these exacerbated rates, among those being generalized treatment while in custody and a lack of programs that provide supervision and continued treatment once these individuals finish their sentences and move back into their communities.

Be that as it may, because we understand where many of the weaknesses in our current approach lie, this provides the advantage of adapting to improve. A study completed by O'Connor et al. (2002) followed the design and application of a mental health program sponsored in Washington state whose objective was to develop a more effective treatment

regimen for inmates who experienced serious mental illness. It took into consideration the physical layout of the treatment unit itself to encourage a more open environment and developed an elaborate coursework of life skills training that addressed the management of multiple aspects of everyday life, such as personal health, social interaction, regulation of emotions, and substance abuse management. What was perhaps most unique about the program is that it placed an emphasis on creating specialized treatment plans in accordance with the individuals themselves and the particular symptoms they displayed rather than a generalized program directed at broad groups. The results of the study found that the program was not rejected by the prison, but rather that it complemented it as a whole and was effective on a long-term scale as long as its operations remained consistent. This study, composed through a team effort of University of Washington scholars and prison officials, could act as an example of what it means to provide offenders with efficient yet powerful means of mitigating, if not resolving, the difficulties they face as a result of their illnesses.

This is not to say that correctional facilities are altogether deficient in meeting the needs of inmates, as many of them do make concerted efforts to provide well-rounded care for those who are suffering from mental illnesses. Yet, a commonly cited flaw of institutional treatment is not just the quality of current programs or the lack thereof, but also the near nonexistence of continued treatment once an individual is released from penal custody (Domino et al., 2019). Much of the literature reiterated the importance of stringent transition programs and regular check-ins as being the key to successful societal reentry for inmates (Domino et al., 2019; Sarteschi, 2013; Silberberg, 2001; Singer & Johnson, 2019). The reason for this is because a significant number of individuals who have serious mental illness may be unable to consistently maintain housing, employment, and have lost contact or other support from their families, due to

the various ways illnesses manifest and the volatile behaviors that can present alongside (Singer & Johnson, 2019). Transition programs that work to provide these elements may be the only means these offenders have in upholding a functional lifestyle (Silberberg et al., 2001).

Helping to provide the basics of what individuals need to operate within their surroundings is only one fundamental in what ought to be a multi-faceted approach. Mental health programs need to pair extensive substance abuse counseling along with it. This comes from the archetype derived from several studies that note drug dependencies among those with mental illness; Alvidrez et al. (2004) asserts that 50% of those with significant mental illnesses also experience addiction issues. Intensive therapies in this regard will help these individuals learn alternative coping mechanisms.

Elaborate treatment programs such as these do not yet exist within the United States on a scale wide enough to register. However, a tool that is presently being used to meet the needs of those who are mentally ill is the establishment of mental health courts. First appearing in 1997, it is projected that there are roughly 150 of these in operation as of 2008 (Redlich et al., 2010). The objective of these courts is to offer alternatives to attendees so they can avoid prison sentences, and instead gain exposure to programs that specialize in mental health treatment. Findings presented by Silberberg et al. (2001) found that the intervention of mental health courts in place of a criminal response had lower rates of recidivism, making diversion into these courts an optimal choice.

Participation in these courts is intended to be based on the willingness of those who are given the opportunity, but court mandated treatment has been administered to those who may be less than enthusiastic about opting to complete the program. Mandating treatment in this way is

not a popular recommendation and was projected to affect the efficacy of the courts (Redlich et al., 2010).

The most prevalent obstacle in achieving these thorough frameworks in the networks of prison and the community is sufficient funding. Financial backing for mental health programs most often falls on the shoulders of state and local governments (Silberberg et al., 2001). As such, there are discrepancies in the quality of various programs throughout the nation; as some programs are highly developed and effective, and others are severely inadequate, if they exist at all. Along with funding, a component that also plays a role, yet that is often less considered, is that certain states may lack the confidence needed to put together and regulate effective mental health programs.

Critical Analysis

The studies mentioned in this examination were academic and peer-reviewed, and this lends to their credibility. However, it goes without saying that each experiment naturally has its weak spots and limitations which may allow for further scrutiny. To begin with, the prevalence of mental illness among those incarcerated is debatable, and some data contradicts others. Several sources acknowledged that it is difficult to gauge exact figures insofar as how many people suffer with mental illness, as different organizations hold contrasting definitions for what mental illness is. Similarly, the objective for some of these institutions is only to monitor specific illnesses over others. For example, Singer and Johnson (2019) notes that the California penal system in particular only offers treatment for more serious illnesses, such as psychopathy. These limitations are certainly going to influence the quality of the findings.

Studies that examined the authenticity of the links between mental illness and criminality were somewhat antithetical to one another, with respect to varying statistics. Peterson et al.

(2014) ascertained that very minute numbers of individuals were responsible for their unlawful behavior as a result of their mental illness; yet Singer and Johnson (2019) claimed that those who struggled with various mental disturbances were more likely to act out criminally than those who did not. These changes in figures made it difficult to put together an accurate picture of the role that mental illness plays in one's behavior and likelihood to commit criminal acts, especially considering Peterson's sample size was decidedly too small to be representative of the population. Nonetheless, both of these authors reiterated that the illness most responsible for violent criminal behavior is schizophrenia, and that only a diminutive number of the nation's population is afflicted with this illness.

For those studies that examined treatment methods, they each were consistent in their suggestions for what criteria would be most effective; namely, that which were tailored to the individual as much as possible and continued well beyond initial screenings. However, while the study that was completed by O'Connor et al. (2002) showed promise, it was limited to only one prison. They also, admittedly, had difficulty in maintaining consistency due to staffing issues within the prison The results of an identical program and whether it would be successful after being implemented in other prisons could not be predicted based on the outcome of this study.

Perhaps the most effective study was that of Domino et al. (2019), in which they examined the impact that prompt mental health services had on the recidivism rates of inmates who were recently discharged. The study adopted the broader definition of what mental illness is and included a sample of 3086 adults-a significantly larger sample than the other studies-who had been incarcerated and diagnosed with various severe mental illnesses. After the 12-month study was completed, the results overwhelmingly demonstrated that inmates who received treatment services were actually likely to experience higher rates of recidivism. This is a

discovery that could compromise the entire legitimacy of the work within this analysis; however, it is important to highlight because of its central limitation. Domino et al. (2019) recognized that their definition of prompt treatment services was broad enough to include "a single visit or psychotropic medication fill within 3 months of release" (para. 3). Using this criterion, 72% of the participants in the study had recidivated within 3 months. They go on to further describe that even those who had access to Medicaid were subject to rearrest because of the minimal coverage of treatment. Therefore, the findings developed by Domino et al. provide overwhelming support for the prior evidence that claims thorough, ongoing treatment is likely to have a bigger impact on the mentally ill populace.

Conclusion, Future Directions, and Implications

Mental health is a topic that is difficult to discuss because of the complexities posed within the different types, as well as the ambiguities in treatment. Similarly, realizing that mental illness is a biological disorder that comes from within a human being organically, rather than a foreign body such as cancer, may serve to deepen the discomfort people feel about it as well. Unfortunately, this kind of mindset only serves to perpetuate the stigma that has been attached to mental illness throughout human history and create additional unnecessary barriers to potential resolutions.

Although the research is unable to measure exact figures of how much mental illness influences criminal behavior, most often due to the divergent definitions of what mental illness truly encompasses, the studies completed by Peterson et al. (2014), Sarteschi (2013), and Singer and Johnson (2019) are able to clearly demonstrate that most mentally ill offenders are not guilty of violent criminal acts. In fact, that schizophrenia was found to be the most consistent element

of those who did act out violently, and only 1% of the population is estimated to experience this illness (NAMI, n.d.b).

Considering this information, it can be logically concluded that incarceration is not the appropriate response to those who are undergoing mental health crises. Sarteschi (2013) and Singer and Johnson (2019) in particular give alarming statistics of how many of those are currently in prisons and jails because there is simply no other place for them to go. This phenomenon absolutely asserts the idea that to be mentally ill is to be a criminal (Singer & Johnson, 2019).

Treatment is our strongest tool when it comes to the proper management and destigmatization of mental illness, and this is demonstrated within the studies. The correlative findings posted by Domino et al. (2019), O'Connor et al. (2002), and Silberberg et al. (2001) strongly support the implementation of consistent, direct, and long-standing treatment as a primary mechanism to effectively combat the detrimental ramifications of mental illness. The most effective treatment is going to include cognitive, behavioral, and medicinal interactions, as well as substance abuse treatment; because of the outstanding number of those who have corresponding drug addictions as a result of their struggles (Alvidrez et al., 2004). Furthermore, these treatments must be easily accessible by all who struggle with mental and emotional disorders; not just by those who have been convicted.

According to the data collected by Silberberg et al. (2001), mental health courts also prove to be valuable assets to the care of those who are in need of respite from their illnesses. Since they act as a diversion from prisons, the institution of more mental health courts could work to significantly reduce the droves of citizens who are being held in custody; thus, giving them a more structured ability to manage their illnesses on their own.

Our current view of mental illness as something to be swept under the rug or discussed in hushed tones is problematic and needs to be addressed; but through more widespread visibility of intensive treatment, community perceptions of mental illness will evolve naturally. Solutions that work to heal instead of hide are how we help our communities progress, but these will never happen until we understand that mental illness is one of the most compelling issues we face today.

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