Intersections Between Mental Health and Criminal/Legal Systems

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Mental Health ↔ Mental Illness

• Depending upon your measure, when you measured and the site of measurement – there are between 6% and 64% of persons in jails or prisons have a mental health problem/illness.
  – Time:
    • Increasing rates
  – Site:
    • Jails have higher rates of mental illness than prisons
  – Measure:
    • Mental Health Problem (current symptoms and/or recent treatment)
    • Severe and Persistent Mental Illness (SPMI) or Serious Mental Illness (SMI)
    • Situational Mental Health Problem
Other Important Considerations

• Those with mental health problem entering prisons/jails are more likely to have a substance use disorder than those without (James & Glaze, 2006).
  – 75% of those w MH problem
  – 53% of those without

• Prisons/Jails can also be sites that exacerbate mental health symptoms – or endanger the possibility of new traumatic experiences.
  – Medication changes
  – Environments chaotic and loud
  – Assaults
System Failures?

- Law enforcement involvement in mental health crises could be defined as a symptom of system failure (Bazelon Center, 2011)
  - Funding declines in mental health (12% of 1955 levels)
  - Reactive versus Proactive?
  - Crises vs Prevention?
- If so, there are steep challenges to the service system to address the root causes of such a failure.
“Trans-Institutionalization” (Criminalization of the Mentally Ill)

Source: US Dept. of Health Human Services & Dept of Justice statistics
Things to Consider

• Cost of mental health treatment within prisons or jails much more expensive than community based treatment;
• Alternatives (treatment/support) in the community can be provided without increasing the risk to public safety through higher criminal recidivism rates;
• Not all criminal activity among those with mental illness is a result of their illness.
Goals of Sequential Intercept

- Envisions a series of ‘points of interception’
- Interventions at these points that prevent entry or further penetration into CJ System
- ‘Cross System’ collaboration between legal/CJ, advocates and treatment providers.
Sequential Intercept: Michigan Examples

• Governor’s Diversion Council
  – Pilot Diversion Programs around the state
  – Overall Goal: Reduce the number of individuals with SMI within jails
  – Pilots are primarily:
    • Intercept 1: Law Enforcement Intercept
    • Intercept 3 and 4: Post Booking Diversion and Jail Services

• Mental Health Courts
  – Initial funding in 2009 by SCAO/MDCH
  – Evaluation of Pilots in 8 Counties
  – Long-term Evaluation in Wayne County
Statewide MHC Evaluation

- 8 Courts Evaluated: Berrien, Genesee, Jackson, Livingston, Oakland, Grand Traverse, St. Clair, and Wayne.
- 678 unique individuals entered MHCs between 1/1/09 and 12/31/11
- Eight courts varied in the numbers served, ranging from 22 to 166 participants.
- Average age of 35; range 18-64
Assessing MHC using 3 Time Points

- **Pre:** 12 Months
- **During:** 12-18 Months
- **Post:** 12 Months
High Intensity Treatment Over Time

Pre: 31.0%
During: 18.7%
Post: 15.2%

Note: Includes full discharge sample
Jail Days

Caution: Discharge Sample of 450; some not discharged full year
Jail Days: 1 year after discharge (n=236)
Comparing Recidivism: COD/Non-COD

N=236; 1 year discharge; significant difference on conviction.
Wayne County MHC Evaluation

• Evaluation from 2009 – 2014
• Final evaluation activity was a ‘cost/benefit’ analysis of long term outcomes;
  – Comparing ‘treatment as usual’ (TAU) – n=45
  – MHC Participants
    • Successful (n=40)
    • Unsuccessful (n=65)

Time Period for Analysis: 1 year after screening or completion
Total Cost Savings for Treatment Group 1 – year Post-MHC

<table>
<thead>
<tr>
<th>When compared to the TAU Group</th>
<th>Total Cost Savings</th>
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<tbody>
<tr>
<td>Successful Group</td>
<td>$914,586</td>
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<tr>
<td>Unsuccessful Group</td>
<td>$503,154</td>
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<td>$1,417,740</td>
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Resources and References


- Munoz & Griffin, 2006