

The Criminalization of Mental Health

People with mental illness are overrepresented in our nation's jails and prisons. People with mental illness deserve help, not prison.

At least 400,000 inmates currently behind bars in the United States suffer from some type of mental illness according to the National Alliance on Mental Illness. In particular, Cook County Jail is one of the largest mental-health facilities in the nation.

After seeing a revolving door of individuals in custody suffering from mental illness at the Cook County Jail, the Cook County Sheriff's Office (CCSO), under Sheriff Dart, began to address one of the root issues that faces sheriffs managing jails across the country: jails have become repositories for people with untreated mental illness.

Currently, in 2021, on any given day, nearly half of those incarcerated at Cook County Jail suffer from some form of mental illness, making the jail the largest mental health hospital in Illinois – and one of the largest in the country.

Many of these individuals in custody are in jail for nonviolent offenses closely associated with their unmet mental health needs. We need to reduce criminal justice system involvement and increase investments in mental health care.

1. Encounters with Police - Where to Put the Mentally ill?

Chicagoans with mental illness end up in jail through a chain of small decisions by different local officials. Police officers can choose to take a mentally ill person home, to the hospital, to a shelter—or to jail.

Prosecutors can choose whether to bring charges or not. A combination of a lack of mental health facilities, the inability of the mentally ill to follow directives, continual encounters for minor issues and punitive anti-crime policies have combined to increase the incarceration of the mentally ill for not severe crimes. There is a need for community crisis-trained personnel who can assess/divert unnecessary incarceration.

2. Hospitals - the Revolving Door

The mental health systems are in disarray, fragmented, and underfunded in Illinois. There are inadequate resources for people with mental health issues as many mental health institutions were closed in the 80s. Furthermore, there are barriers to access.

The inpatient psychiatric treatment options are limited due to the mental health code, lack of community resources and support, and lack of aftercare availability. This creates a revolving door in hospitals; a cycle of admission to a hospital and then the "shooting" out of patients with a poor exit strategy.

Break the Cycle



3. Jails - Large Mental Health institutions

Even when the mentally ill are not charged or later found not guilty, they are often held for months in jail. This is often far longer than their sentence would have been if they would have been found guilty. They are inappropriately medicated or sedated.

They suffer horrible conditions within jails. The conditions are such within the jail that often their mental health issues deteriorate. For example, anecdotally, we have clients who have developed permanent facial tics from poorly administered medication or additional symptoms like anxiety or depression.

The mentally ill often do not have money for bond or lawyers. Furthermore, it is hard for lawyers to represent clients in jail. They often plead guilty just to get out of jail. Many have difficulty following the conditions post-release.

There doesn't seem to be a good exit strategy, including simply providing for medication post-incarceration. The families have difficulty dealing with the issues; sometimes they can't post bond because the person has nowhere to go that is safe. Many institutions do not take someone with charges.

4. Court - Guilty until Proven Innocent

The bar is set very high for access to mental health court and many people with mental health issues are encouraged to plead guilty without always understanding the long-term repercussions (The accused plead guilty over 90% of the time). Prisons become repositories for the mentally ill.

5. Prisons - Not Designed for the Mentally ill

Prisons are not designed for the mentally ill. They are inadequate health services and punitive policies. The mentally ill are disproportionately placed in solitary confinement. They can't follow rules e.g., self-mutilation or destruction of state property.

The staff is not qualified to administer medication and the medication is poorly administered and supervised or there is no treatment at all. The condition of the patient deteriorates and they have further mental health breakdowns due to these inadequate mental health services.

They often have more disciplinary hearings, receive maximum sentences, and do not get parole. IDOC has been sued and lost, yet the cycle has not yet been broken.

6. Exit Strategy

When the mentally ill are released there is no exit strategy and the cycle continues.