



Minority among Minorities: The Mentally ill in the U.S. Criminal Justice System.

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IAPNN 11th Scientific Conference and AGM. (Vancouver 2017)

April 26th – 28th, 2017

Vancouver BC, Canada.





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Abstract:

- Of the over 6.9 million offenders under the supervision of the USA justice system in 2014, about 2.3 million are incarcerated with about 20% said to have serious mental illnesses. More than half of all criminal activity is associated with one form of psychological disorder or another as a cause or effect. Though minority tribes and races make up only about 23.7% of the total US population in 2014, they made up more than 59% of US prison population. The health disparity in the minority population groups in terms of access and outcomes of health care are well document. Generally, researches show that people with severe mental illness die about 13 to 30 years earlier than the general population. The situation is even direr among minorities in the justice system. Following the failure of public health care and the shift to population health and new legislation, other aspects of the health care system had received new impetus and attention. However, because the criminal justice systems' primary focus is on security not health care, patients involved with the justice system are doubly victimized with enormous health disparities. They have become the minority among the minorities and suffer the worst form of neglect and health disparity that exist. What is responsible for this and is there any way forwards for this group? Are novelty interventions the panacea?



Objectives:

- Enumerate the population of the seriously mentally ill within the U.S. criminal justice system
 - Examine the socio-etiological factor for criminality in the U.S. population.
 - Understand the relationship between Mental illness, Criminality, and Life Expectancy
 - Discuss the nature and implication of traditional intervention for the mentally ill within the justice system
 - Discuss novelty intervention modalities for the mentally ill in contact with the criminal justice system
 - Leveraging population health model for intervention for the mentally ill in the criminal justice system
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Insane! Invisible! In Danger!



Who is She? The broken or the whole?

<http://www.tampabay.com/projects/2015/investigations/florida-mental-health-hospitals/cuts/>

By the numbers (2014):

U.S. Population:

- Total US population in 2014 = 314,107, 084
(https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_DP05&src=pt)
- Non-Hispanic whites = 73.8%
- Non-Hispanic Blacks = 12.6%
- Non-Hispanic Asians/pacific Highlanders = 5.0%
- American Indians = 0.8%
- Others or no or mixed race indicated = 9.7%
- Hispanic (all races) = 16.9%

The population of the Hispanics continue to grow in the USA. It is estimated that at the present rate, Hispanic will constitute half the US population in 50 years. The percentage of population of black has seen a continuous decline since the past 2 decades.

Arrest Record 2014:

- Total arrest = 11,205,833 (498,666 violent and 1,553,980 property crimes with drug related offenses as the lion share at 1,561,231).
- At the rate of 3,512.7 per 100,000 populations (FBI: UCR)
- Minority arrest = 30.6%
 - Blacks = 27.8% (37.7% for violent crimes, 44.7% for suspicions)
 - Others = 2.8% (3.0% violent crimes, 2.6% for suspicions)
- Whites arrest = 69.4% (59.4% for violent crimes, 52.7% for suspicions)

More blacks are arrested on suspicion than any other racial group at a rate that is more than 300% their share of the US population.

Jail/Prison Population 2014:

Total US offenders population = 6,851,000, (1:36 adults or 2.8% of population), highest among all developed nations of the world.

- Jails = 744,600
- Prisons = 1,561,500
- Total incarceration = 2,306,100 (1:111 adults or 0.53% of the population, 33.7% total of all offenders)
- Paroles/probation = 4,708,100 (1:52 adults, 1.93% of adults, 66% of all offenders)

More than a third of all offenders are incarcerated in the U.S. Some believe that privatization of prisons at the state level, the war on drugs, and the so called “3 strikes and you are out” laws (mandatory minimum sentencing), are responsible for the ballooning of U.S prisons.

Prison/Jail Population by Race

Males:

- Non-Hispanic whites males = 32% or 0.5% of white males population
- Blacks males = 37% or 2.7% of black males (3.8 to 10.5 times higher than white males of any age group and 1.4 to 3.1% higher than Hispanics with largest disparity in the 18 to 19 years age group over 10 times higher than for whites, also exceeding 6% for age group 30 to 39 years).
- Hispanics males = 22% or 1.1% of Hispanic males population

As a National average, for every white males incarcerated, 6 black males are incarcerated, and 2 Hispanics are. One news commentator once said, the USA was the most dangerous place to be a black male.



Prison/Jail Population by Race

Females: Among the 30 to 34 age group:

- ▶ Whites = 163 per 100,000
- ▶ Blacks = 264 per 100,000 (1.6 and 4.1 times more likely to be imprisoned than white females of any age group.)
- ▶ Hispanic = 174 per 100,000

The story is no better for minority females either, except that the incarceration rate for females are lower than for males generally.



Interaction Between Drug use, Mental Illness, and Criminality

- 48 million US residents use prescription drugs for non-medical reasons
- This is approaching 20% of the US population
- It is estimated that 50% to 80% of all adult drug users will be arrested at some point in their life.
- 50% of all drug users commit a violent crime.
- 50 – 70% arrested for theft and petty crimes
- 75% for drug dealing
- In the state of Florida, doctors prescribe opiates 5 times more than the national average.

The effect of drug use include Neurotoxicity, AIDS, Cancer, Mental illness, Social-economic depression, Homelessness, High cost of healthcare, Low productivity, Accidents, etc.



Interaction Between Drug use, Mental Illness, and Criminality

- Many criminal behavior are attributable to undiagnosed and untreated mental illness
- Impulsive and violent behavior resulting to arrest and incarceration are higher in individual with mental illness, attention deficit disorder (ADHD), and psychopathy -antisocial personality disorder (ASPD).
- Risky sexual behavior and unprotected sex and STI transmission are higher in drug abusers, mentally ill, and inmates.
- Rule violation, segregation, and punishment.
- Inter-inmates and inmate-to-officer Altercation and use of force
- Suicide among incarcerated patients high in segregated inmates

About 56% to 63% of all inmates in the MDCR (where I work) had one form of behavioral illness designation/diagnoses or another.

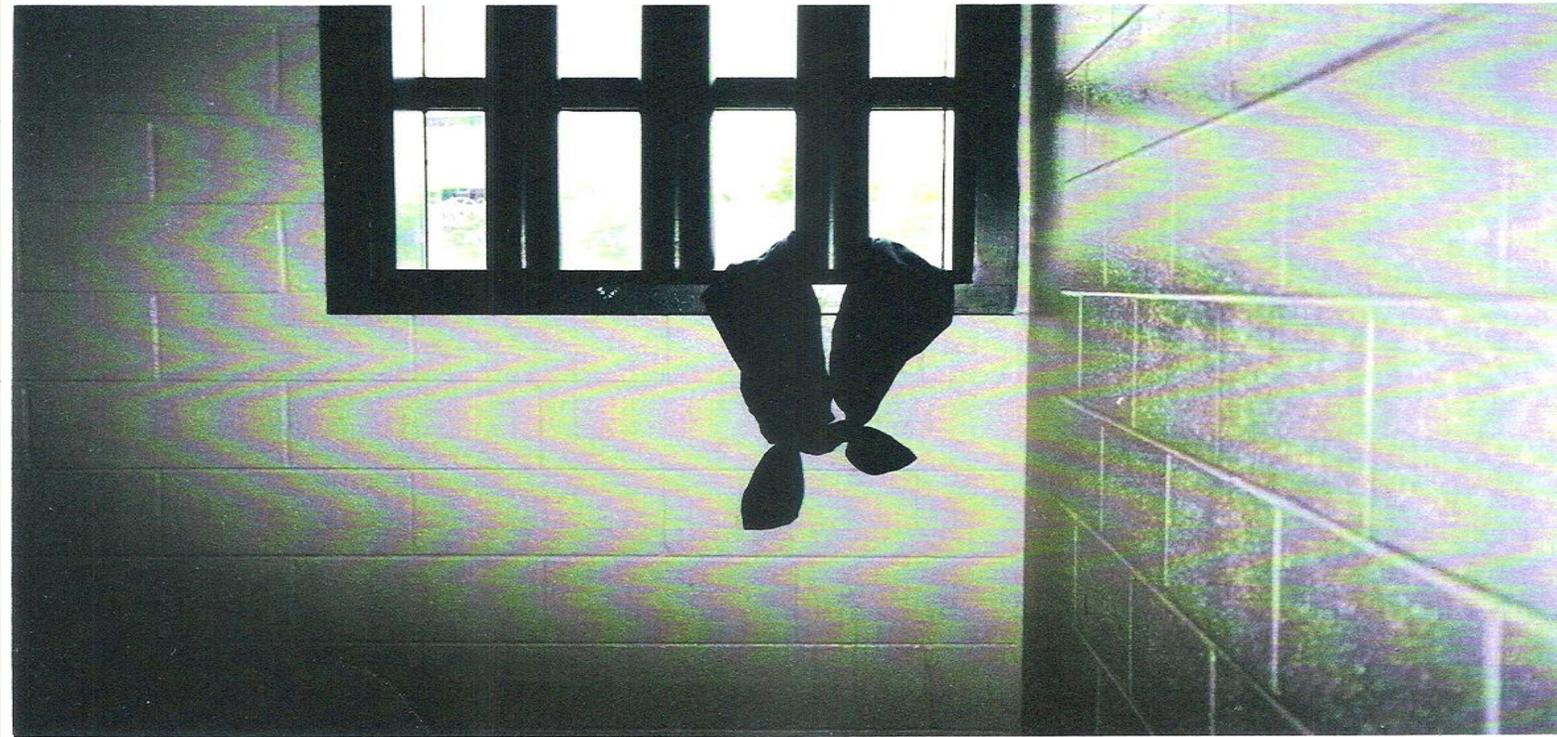


An Uphill Battle: the deck is stacked against them

- Lack of health insurance coverage for the mentally ill
- Drastic reduction/ elimination of mental health treatment centers due to state and local government budget crisis
- Diagnostic Overshadowing
- Diagnostic delay
- Treatment delay
- Failure to rescue
- Suicide is easier for incarcerated patients (Half of inmate suicides occur in the mentally ill)

Evidence shows that mentally ill patients with physical illness are more likely to be misdiagnosed, experience treatment delay, and have more occurrence of failure to rescue from providers than in the general population.

Marie was found dead by hanging at 12:05pm



Corrections Health Services, Jackson Health System, Miami. (2017).
Suicide Prevention in the Jail Setting.

This is the photo of her cell after she was found hanging by her uniform top. As you can see the top was not fashioned in a noose or slip knot. She simply put her head through the loop and let her own body weight cut off her air supply and blood supply to her brain.

An Uphill Battle: the deck is stacked against them, contd:

- Mentally ill dies 13 to 30 years earlier than the general population
- Rate of death among released inmates are higher than in the general population
- In a Washington State study: “The mortality rate among former inmates was 3.5 times ...that among state residents of the same age, sex, and race”
- “The adjusted relative risk of death within the first 2 weeks after release was 12.7 times that among other state residents”
- “Drug overdose, human immunodeficiency virus (HIV) infection and AIDS, and hepatitis were the leading causes of death”

The combine effect of lack of knowledge and control over their situation, lack of treatment, high rate of infectious diseases, poor social economic condition, homelessness, incarceration, and stigmatization has literarily made mental illness an early death sentence especially for the minority population (inmates).

Case Study 2 –” The Behavioral Problem”... John D.

➤ John D's Last Attempt



24 year old Caucasian male enters the jail on charges of statutory rape on 6/30/04 John D. is seen by mental health staff upon intake due to significant scarring on arms, but he denies any current risk issues, and is sent to an observation unit. after 7 days of psychiatric observation in the infirmary he is released to general population.

Corrections Health Services, Jackson Health System, Miami. (2017). Suicide Prevention in the Jail Setting.

Nature of Corrections Health Services

- Environment –custodial non therapeutic
- Financing – federal, state, state and local – Security directed.
- Care not covered by both public and private health insurance coverage
- Many states/locals increasingly using private contractors with primarily aimed at profits.
- Often has to be forced by the DOJ to make improvement only after egregious violations
- Poor staffing and lack of experts due to poor environment of care and lack of monetary incentives

Several county and state jails in the U.S. have to be subjected to a Department of Justice court order call a Consent Agreement, before any reforms are made, More often than not the reforms are cosmetic. Those with Medicaid loss coverage or health insurance once institutionalized or incarcerated

Nature of Corrections Health Services contd:

- Infrastructural inadequacy
- Antiquated technology and lack of modern EHR make data collection, analysis, and quality process improvement and measurement cumbersome
- Institutionalization and poor moral of healthcare staff impede advocacy.
- Robust mainstream regulation often lacking
- Where regulations exist, measure often nebulous and non-specific in definition, given room to varied non-uniform interpretation and implementation .

The National Commission for Correctional Health Care (NCCHC) standards are generally vague and generalized. Prisons and Jails are not mandated to be accredited with this or other bodies that advocate for correctional health care services.



Traditional versus non-traditional (Novelty) interventions:

Traditional Interventions:

- We are all well informed of traditional interventions – Arrest and detain (Asylum)
- Patient consent to treatment or have no treatments
- Patient often too sick, traumatized, or suspicious of the system to consent to treatment
- Treatment often contracted to private entity with profit as the number one goal
- Reactive court procedure to appoint power of attorney for treatment often too late or non-existent.

The traditional way of dealing with the mentally ill in the justice system is antiquated, dangerous, costly, and should be discarded or modified.



Traditional versus non-traditional (Novelty) interventions:

Non-traditional (Novelty) interventions:

- Crisis Intervention Team (CIT) of specially trained Law Enforcement Officers
- Drug Courts
- Jail Diversion programs
- Inclusion of Qualified mental health providers (QMHP) on Prison/jail inmate disciplinary committees.
- Excluding severely/acutely mentally ill inmates from disciplinary proceedings
- Community mental health treatment facilities
- Addiction treatment/counselling facilities
- Mental health or Dual certified Providers in primary care clinics
- Liberal enforcement of involuntary certification for psychiatric treatment laws

The new approach is a multidisciplinary engagement of law enforcement, judges, social workers, psychologists, psychiatrists, and psychiatric nurses, other primary care providers, and NGOs and other community resources, leveraging available laws for the benefit of the mentally ill.



Leveraging Population Health Model

- The ACA Expanded insurance and Medicaid coverage
- Provision of mandatory medical and physical examination including preventive health services and follow up (Drug abuse and depression screening in PHC)
- Better coordination and transition of care
- Incentivized healthcare providers for patient education
- Comprehensive treatment of comorbid conditions
- Providing treatment within the communities
- Emphasis on drug abuse and addiction treatment rather than incarceration
- Health care professional and Justice department partnership.
- Private-public partnership

Targeted population specific interventions using all the resources (human and material) identified in the non-traditional approach to care for the mentally ill. Drug addiction is a disease not a crime.



Discussion

 Questions?



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