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Issue Brief

Critical Issues in Transitioning to the Community: Addressing Criminalization, Homelessness, Co-Occurring Disorders, and the Need for Systems Integration

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While the movement of individuals from long-term hospitals into community-based services has been a benefit to many, others have not faired as well. Deinstitutionalization in the 1950's and 60's was a complex set of concurrent developments including legal reforms, changing funding streams, and advances in pharmacology.[1] Recent legal advances including the passage of the Americans with Disabilities Act and the Supreme Court decision in Olmstead v. L.C.; the evolution of funding streams including the managed care of mental health services delivery; and pharmacological advances including the development of atypical anti-psychotic medications are changing the face of community-based care. Yet, the process of integrating mental health care into community settings brings with it a wide variety of costs and difficulties. The result is an under-subsidized and irregularly structured system of care that is unable to meet the multifaceted needs of those it seeks to serve. Consequently, unprecedented numbers of persons with mental illness (PMI) are being channeled through the criminal justice system.[2]

Criminalization

The lack of environmental stability, poverty, and the stigma, fear and misunderstanding that abound regarding mental illness, all underlie the fact that PMI have a higher risk of being arrested than the general population.[3] The scope of this matter is dramatically demonstrated by the findings of the Treatment Advocacy Center in that four times as many persons with serious mental illness are found to be in jails and prisons as are found to be in state mental hospitals.[4] It has been suggested that the increase of persons with mental illness within this system is a by-product of their being members of the population at high-risk of being arrested: substance abusers, the unemployed or under-employed, the poor, and those with low educational attainment. It is the circumstances in which PMI's are living which increase their risk of involvement with the criminal justice system, not the illness itself. [7]

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Homelessness

Reports estimate that up to 75% of those who are homeless "have major mental illnesses, severe substance use disorders, or both."[5] This population tends to depend upon subsidized housing and psychiatric residential home placements as a way to secure living space. Public health agencies are often left with little choice other than to establish such housing in low-income areas, with more affluent communities typically presenting barriers to the development of services for those living with a mental illness.[6] Unfortunately, this results in such placements being limited in availability, with many PMI ending up homeless. Residing at shelters, which for many is the only alternative to the streets, has been shown to increase PMI's risk of abusing drugs, being victimized, and being arrested.[7]

Co-Occurring Disorders

It is now generally agreed that as much as 50 % of the mentally ill population also has a substance abuse problem. Domestic violence and suicide attempts are more common in this population. Of the mentally ill who wind up in jails and prisons, there are a high percentage of drug abusers.[8] According to a recent Substance Abuse and Mental Health

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Services Administration report addressing the prevention and treatment of co-occurring substance abuse and mental disorders, both homelessness and substance abuse among people with mental illnesses are associated with higher arrest and incarceration rates.[9]

Systems Integration

The 1999 Report of the Surgeon General on Mental Health in America noted that "...the U.S. mental health system is multifaceted and complex, comprising the public and private sectors, general health and specialty mental health providers, and social services, housing, criminal justice, and educational agencies. These agencies do not always function in a coordinated manner."[10] Recognizing that many of these individuals experiencing a mental health crisis have co-occurring issues of substance abuse and homelessness, any community-based intervention developed needs to identify and address any combination of these issues in a coordinated and integrated fashion. This approach is supported by a growing body of research literature regarding the need to integrate mental health and substance abuse services to effectively treat dually diagnosed individuals.[11] In addition, the police need to be part of any coordinated system of care that is developed. They are often the first responders to persons in crisis and have the authority to exercise discretion, if appropriate, and seek treatment in lieu of arrest.

Efforts to Improve Systems Integration

The Massachusetts Mental Health Diversion & Integration Program (MMHDIP) has successfully:

- Established new cooperative networks of local law enforcement, service providers, consumer advocates and research professionals to identify service strengths and gaps in delivering effective, integrated services to provide a continuum of care for PMI.
- Developed and delivered a crisis intervention and risk management curriculum to educate police to identify signs of mental illness, de-escalate crisis situations, and identify resources in the community that police officers can access instead of arresting the individual in crisis when appropriate.
- Utilized social network analysis techniques to capture the current level of service delivery system integration with regard to addressing the needs of PMI who become involved with the criminal justice system.

Future Policy Considerations

While diversion programs represent an important strategy to counteract the criminalization of PMI, systems integration between the criminal justice, mental health, and social service systems needs to occur for any diversion effort to be fully realized. Other policy considerations include:

- When transitioning PMI from inpatient facilities into community-based services, service planning needs to assure a seamless continuum of care while remaining cognizant of safety issues.
- Strategies to counter the environmental effect of poorly designed community placement should be developed prior to placement of PMI into the community.
- Future housing initiatives for PMI need to include wrap-around services, such as relapse prevention, intensive case management, and vocational training.

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