

StarTribune Editorial

Our perspective

Prisons

Minnesota's new asylums for the sick

A few decades back, people with mental illnesses were kept in locked hospital wards whether they were dangerous or not. No longer. These days, they're kept in locked prison cells.

This is the upshot of the deinstitutionalization movement of the '60s and '70s — a change that folded more than 90 percent of the psychiatric beds in America. Since few states followed through with the community-based care patients were promised, it's no surprise that many have ended up behind a new set of bars. Where else were they to go?

Prisons and jails, says Justice Department expert Allen Ault, have become "the expedient means for getting people with serious mental illnesses off the street."

Ault made the point late last month at a state-sponsored symposium on offenders with mental illness, and the assertion raised nary an eyebrow in the room.

The facts are nevertheless startling: Five times more mentally ill people sleep in prisons and jails than in psychiatric hospitals — making up about one-fifth of the entire prison population. Nearly all suicide attempts in prison and jails are made by people diagnosed with major brain disorders. They stay behind bars longer than other inmates with similar histories and, once released, are far more likely to get locked up again.

Ault's observations describe the national scene but fit the local landscape as well. A Department of Corrections report released last March found that 20 percent of offenders released from Minnesota prisons in 2000 were diagnosed with severe mental illness; 75 percent of men and 85 percent of women also had a history of chemical dependency.

Minnesota may not be the nation's laggard in helping mentally ill inmates, but it doesn't have much to boast about. As Hennepin County Chief Judge Kevin Burke observes, many mentally ill defendants pass through courtrooms and jails without their disorders ever catching an official eye.

A recent study by Minneapolis V.A. Medical Center psychiatrist Dr. Mark Willenbring suggests that as many as half of drug-court probationers suffering from psychiatric illness haven't been identified or treated. Indeed, some researchers say that most chemically dependent offenders also suffer from unrecognized psychiatric disorders — a circumstance that makes recovery daunting and unlikely.

The worrisome probability is that many who stumble into the justice system cycle through it without ever getting the specialized care they need.

Mental health

Seeking a system

And once their time is up, too many rejoin society without the medications, benefits, housing and sustained support that could keep them from ending up back behind bars.

It's not uncommon for inmates in need of housing to be given the address of a homeless shelter on their way out the prison door. Discharged inmates are also ill-served by preposterously poor communication among the people obliged to help them: Prison officials, probation officers, health professionals and county social workers rarely confer about the mental-health needs of probationers.

It can't be said that the state isn't trying. Last year lawmakers passed a flurry of legislative changes aimed at improving care of mentally ill people caught in the corrections system. The reforms prescribe discharge plans for all such inmates, free new Medicaid dollars for psychiatric treatment of offenders, and open the door to earlier intervention when mental-health lapses occur.

Law enforcers are doing their part, too — by training special crisis intervention teams to deal wisely with citizens experiencing a frightening psychiatric episode. Just as heartening, state Commissioners Sheryl Ramstad Hvass from Corrections and Michael O'Keefe from Human Services — cosponsors of last month's symposium — seem genuinely committed to serving offenders with mental illness.

Good will and legislative tweaking won't quite do the trick, of course — because the use of prisons as asylums is but one symptom of a greater social malady. Perhaps the ailment is named denial, or perhaps heartlessness. Whatever the disgrace is called, banishing it will require more than better treatment of mentally ill prisoners and probationers. It will entail recognizing the folly of using corrections facilities as holding tanks for sick people. It will demand developing a system — of accessible healthcare, of assertive monitoring, of earlier crisis intervention, of diverting unwell offenders from jail to treatment, of communication among caregivers — that can assure the sick never find themselves behind bars in the first place.

As things stand, thousands of Minnesotans are serving jail and prison terms in part for the crime of being mentally ill. Their plight might have been avoided — if only their illness had been noticed.