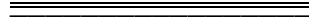
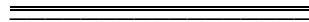


**The Bill Blackwood  
Law Enforcement Management Institute of Texas**



**Jails Used As a Temporary Mental Health Facility**



**A Leadership White Paper  
Submitted in Partial Fulfillment  
Required for Graduation from the  
Leadership Command College**



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## **ABSTRACT**

The nation is faced with the difficult task of housing and treating people who suffer from mental illnesses. With budget cuts looming and overcrowded hospitals, jails across the nation have been forced to house and treat mentally ill patients. When no other options are available, jails should house and treat mentally ill patients. Research has been gathered from books, newspaper articles, and internet sites. Some jails and police agencies across the nation have taken steps towards treating mentally ill patients by creating safety nets. These safety nets include mental health screenings for patients upon admission to jail and catch teams that consist of police officers who assess patients out in the field and transport them to receive appropriate psychiatric treatment. Jail officials across the nation should begin to prepare themselves for temporarily housing and treating patients with mental illnesses.

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## INTRODUCTION

Due to overcrowded mental facilities and emergency rooms, mentally ill patients are being treated in jails instead of hospitals. Jails across the United States are experiencing similar issues when having to house and treat mentally ill patients for their illnesses. While experiencing a lack of space in hospitals, the state of Georgia had 184 men and women that were locked in jail because there was not enough room in the state's seven hospitals (Hodson, 2010).

With a shortage of beds in hospitals, trained staff, lack of funds, and predicted budget cuts, jails across the nation may experience issues with housing and treating the mentally ill for a long period of time. After being turned away from overcrowded mental facilities and without being properly evaluated or treated, mental patients are forced to take to the streets in search of resources. If mentally ill patients were to be treated for their illnesses while incarcerated, cost, time, and possibly someone's life could be saved.

In Johnson County Jail in Olathe, Kansas, 25% of inmates booked into jail ten or more times have some type of mental illness, which makes their average stay about 70 days (Hess, 2010). As this continues to be a reoccurring problem throughout the country, some type of program to treat mentally ill patients while in jail, such as Crisis Intervention Teams or Mental Health Case Managers needs to be put into place. When no other immediate options are available, jails across the country should house and treat mentally ill patients.

The intent of this research is to illustrate why jails should be used as a safe and temporary treatment facility for mentally ill patients with hopes of providing a short-term

solution to a long-term problem. This research will provide a look into how some jails in the United States have already started housing and treating the mentally ill and use programs to monitor patients' status after being released from incarceration. This research will also show how some states, particularly the state of Texas, has declared it mandatory for law enforcement officers and correctional officers to be trained in a state-recognized Crisis Intervention Training course, and it will show how one large state is handling less bed space with more mentally ill patients.

## **POSITION**

Crowded hospitals across the nation are experiencing a large amount of patients seeking mental health treatment but are turning them away due to a lack of bed space. With the lack of bed space, patients turn to the streets for resources, which sometimes results in some type of criminal activity. Though it may not sound like a place for mentally ill patients, jails have been known to offer temporary refuge for those who suffer from mental illness (Hammack, 2007).

With no other immediate options available, jails offer similar structure for safely housing and segregating patients with mental illnesses from the general population. Jails have single cells for patients, who pose more of an immediate danger to themselves or others. Most of the larger jails also have an in-house, full-time medical staff and Emergency Medical Technicians (EMT) with training in Crisis Intervention for patients' medical and psychological needs. Trained jail staff also has the ability to monitor patients individually for 24 hours a day if needed.

Patients have sought elsewhere for treatment, but after being turned away from an overcrowded hospital, some have been subjected to self-medicating with alcohol and

other unprescribed drugs (Sowell, Thompson, & Mullins, 1999). While in jail and without the possibility of relapsing, patients are able to be put through a detoxification process if needed, have a psychological evaluation, and be medicated by trained staff as needed. Patients also have the ability to complete some type of rehabilitation process without any interference from negative peer pressures.

Rather than waiting long periods of time to be screened by a clinician at an overcrowded hospital, a person is screened upon being booked into jail and receives medical and psychological screenings immediately. These screenings are conducted promptly in order to determine housing assignments for the patient's safety and to determine if further medical or psychological treatment is needed. With this type of plan in place, any mentally ill patient could receive help immediately and without further delay.

In the state of Texas alone, the number of state hospital beds has consistently declined from approximately 2,800 beds in 1996 to approximately 2,400 beds today (Grissom, 2010). Declining hospital beds at the state level has had a rippling effect on other statewide hospitals and jails. With a lack of beds, this leaves only two other choices for mentally ill patients. Those choices include either turning to the streets with no assistance or temporarily going to jail for assistance. As hospitals continue to cut services for patients with mental illness, these patients are left to care for themselves. In some cases, in order to survive, patients turn to illegal activities and ultimately end up being arrested after committing minor crimes (Sowell, Thompson, & Mullins, 1999). Patients committing minor crimes can become a consistent pattern, so mentally ill patients should be housed in jails and treated for their mental illness.

Upon being booked into a jail, a screening process is completed to detect for mental illnesses. Jails have a routine intake process, which consists of the booking intake officer asking questions about past suicide attempts and prior admissions to psychiatric hospitals. All information gathered at the time of intake is to be documented and stored (Steadman, McCarty, & Morrissey, 1989). This information can be used for housing assignments, competency status, and times of treatment needed.

When hospitals are overcrowded and no other possible alternatives are readily available, jails not only provide a temporary bed but also provide a secure environment. While being able to walk out of the average hospital, jails have security measurements to prevent such events from taking place. Jails also provide trained security staff to help monitor patients.

For patients who have been repeatedly arrested for misdemeanor crimes while trying to survive without properly being treated for their mental illnesses, jails have created what is called mental health courts. These courts exist with help from the criminal justice system and the mental health system and are considered to be safety nets. When in place and working effectively, mental health courts can have a positive outcome for patients.

The primary goal of a mental health court is to establish the best treatment for patients while using the least amount of restraints as possible (Slate & Johnson, 2008). A mental health court usually operates with input from state prosecutors, defense attorneys, crisis intervention teams, mental health caseworkers, psychiatrists, and sometimes family members. With cooperating efforts from all and a judge's final approval, patients could have a beneficial outcome.

Some of the benefits from mental health courts are being introduced to existing help within the community. Mental health courts also unite patients with crisis intervention teams, who monitor patients' progress once they are released from incarceration. Other intervention teams in the community also exist, such as the Galveston County Sheriff's Mental Health Division, in Galveston County, Texas. (Steadman, McCarty, & Morrissey, 1989)

The goal of the mental health division is to intervene when patients are in a deteriorating state or in an active crisis and get patients the help that is needed before their actions result in them being arrested. The mental health division can consist of highly trained sheriff's deputies who are certified in Crisis Intervention (CIT), Cardiopulmonary Resuscitation (CPR), and First Aid and Automated External Defibrillators (EAD). The deputies are also available 24 hours a day to assist local law enforcement agencies and the community of Galveston County with mentally ill patients. Along with crisis teams, the courts have the ability to assign caseworkers to the patients to assist with social service issues.

Another community safety net for some patients once they are released from incarceration is an outpatient facility known as the Gulf Coast Center Mental Health-Mental Retardation and Substance Abuse Recovery. The Gulf Coast Center's home office is located in Galveston, TX, Galveston County, which started providing services for the community in 1971. Today, the Gulf Coast Center provides services for patients in Galveston County and the neighboring county of Brazoria County, Texas (Elder, 2009).



With over 40 years of service, the Gulf Coast Center is staffed with psychiatrists, counselors, caseworkers, mobile crisis teams, jail liaisons, and other essential staff members who have a positive impact on mentally ill patients who are released from jails in Galveston and Brazoria County. After being released from jail and entered into center's system by the jail liaison, patients have the opportunity to receive treatment for their mental illnesses and assistance with social service. Today, the Gulf Coast Center operates outpatient programs using telemedicine for faster assessments on patients (Elder, 2009).

## **COUNTER POSITION**

Research has shown that many are not in favor of housing and treating mentally ill patients in jail. With a lack of mental health or crisis intervention training, some critics are very skeptical of housing and treating mental patients. Some believe with a lack of training, patients will be subject to abuse. It is also believed that a jail is not structured to house mentally ill patients, which may cause additional problems (Sowell, Thompson, & Mullins).

Some of the smaller jails lack the manpower and proper training needed to handle patients with mental illnesses. Though training is available and can be obtained, some jails are unable to afford the cost. However, in most larger jails, training is available through certified staff members.

There are many jails with a full-time medical staff, emergency medical technicians, and psychiatrists available when needed. Some jails even contract out for medical and psychiatry staff. Wabash Correctional Facility in Carlisle, Indiana has a program where patients meet one on one with a psychiatrists, psychologists, and

counselors (Williams-Gibson, 2010). Research has shown medically and psychological help is available in jails (Williams-Gibson, 2010).

Jails also have programs available for patients with mental illnesses. After calculating numbers that up to 40% per month of the inmates booked into jail have mental illnesses, Hamilton County Jail in Chattanooga, Tennessee developed a program called the Bridge Project. The Bridge Project consists of patients having their medication and therapy sessions for 120 days and linking the patients with various mental health programs (Mercer, 2010). Programs such as the Bridge Project helps the mentally ill become stable while incarcerated and better prepares them for life after their release.

Historically, jails were not structured or equipped to treat mentally ill patients. Due to structural issues, patients with mental illnesses often had a history of disciplinary problems. It is reported that mentally ill patients in jails are often punished due to their illnesses. Actions, such as disruptive behavior, refusing to obey orders, self-mutilation, and attempted suicide, can result to disciplinary action (Kanapaux, 2004). Though jail structure can be challenging, it is still possible to provide temporary and adequate housing for mentally ill patients. With an adequate amount of trained staff members and correctional officers, jails can be restructured and equipped to treat mental patients. A change in structuring will also lower the amount of patient behavioral problems.

Some jails are structurally designed so that a patient who is actively suffering from a mental illness can be monitored on a one-on-one basis. Some newly constructed jails are structured for patients to be constantly monitored through a

television monitoring system. Both structures can be used effectively when housing mentally ill patients.

## **RECOMMENDATION**

Statistics have shown that there is an average of 35,000 mentally ill jail admissions a week, for people with mental illnesses (Perlin & Dlugacz, 2008). The problem that law enforcement, correctional officers, and the community is faced with is evident when it comes to housing and treating mentally ill patients who have been turned away from an overcrowded hospital. Faced with no other options, one who opposes are forced to accept, patients being housed and treated in hospital. Though there are some objections to mentally ill patients being housed and treated in jail, there have not been any other alternatives that are in place and working effectively.

Housing the mentally ill in jails has been a temporary solution of the past, is a temporary solution of the present, and will possibly remain as a temporary solution for the future. Unfortunately, budget cuts across the nation will soon affect the mental health communities, hospitals, city jails, county jails, and state prisons. In the state of Texas, proposed budget cuts are at an estimated \$134 million dollars for mental health service. Texas's insufficient funding will put an estimated 1.5 million patients who suffer from some type of mental illness at risk of losing treatment (Jarvis, 2011).

With that in mind, jail officials should take action by preparing their agencies by adding trained staff and requiring current staff members to be trained to deal with mental ill patients. Jails who are having budget cuts should attempt to seek help through local government or federal grant funding. Jails may even benefit in contracting with private hospitals for assistance with housing and treating patients.

Some jails across the nation have already taken the initiative in preparing for housing and treating mentally ill patients. In the state of Kansas, Johnson County has applied for and received federal grant funding for over \$500,000. A portion of the funding they received will be applied to a work release program for mentally ill patients (Hess, 2010).

The research shown in this paper has identified positive positions on using jails as a temporary holding facility for mentally ill patients. Though some opinions may differ, jails have the ability to provide temporary and safe housing for patients. The structured security measures in jails can provide a safe environment for patients while protecting them from potential predators and, in some cases, protecting the patients from harming themselves.

Jails were also found to have the ability to hire staff with experience in crisis intervention as well as train current staff members. Along with trained staff, some jails offer full time medical staff with psychiatrists. With trained staff, jails can create a sense of relief in a moment of crisis.

With no hospital beds available and the nation being faced with sense of urgency on providing treatment for mentally ill patients, city, county, state, and federal governments should expeditiously work together for a solution. As overcrowded hospitals are becoming a burden to law enforcement, the communities, and jails, all jails across the nation should be equipped to be the short-term solution to a long-term problem. Also, with current budget cuts affecting the nation as a whole and more on the way, assistance is needed from all to provide housing and treatment for mentally ill patients. Until a solution is created to solve the short-term and long-term problems, jails

will be the only option for mentally ill patients needing in-patient treatment when hospitals are overcrowded. Hopefully this research will provide an insight to readers on an issue that could be affecting them or a family member and give a clear understanding of how law enforcement and jails are effected.

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