

Managing the mentally ill offender

By Leonard A. Sipes, Jr.

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"The New Asylums"

In part one last week guest author Leonard Sipes discussed the role his agency, the Court Services and Offender Supervision Agency (CSOSA), plays in helping mentally ill inmates. This week, he writes about the challenge of balancing the need for safety with a desire for human treatment.

Research indicates that substantial social problems result from child abuse and neglect, sexual and physical violence, early age onset of alcohol and drug use and criminal activity. Couple this with poor school performance, limited employment histories, and involvement in the criminal justice system, and the challenges seem insurmountable. To state that the average offender is a trial is an understatement. Add mental health or retardation or personality disorders, and the challenges are immense.

All of this takes on greater importance as society grapples with the need for safety, balanced with a desire for humane treatment. This dilemma was explored in a *Frontline* episode entitled *The New Asylums* produced by WGBH in Boston and co-produced by Mead Street Films. The program's implications are profound. There are no easy answers.

"The New Asylums asserts that 500,000 mentally ill patients, who in earlier decades would've been treated in hospitals, are now mistreated in prisons. The mental hospitals now house only a tenth of that number, the narrator says."

The *New York Times* reported on the episode: "An enormously disturbing *Frontline* report profiles the enormously disturbed." Times reporter Ned Martin wrote that the documentary ... "explains that the mentally ill, in the decade after a mass release from mental hospitals, have often wound up in less forgiving confines."

Ultimately, after they leave hospitals or prisons, the mentally ill return to the community.

According to the "Frontline" website, "In 2004, some 630,000 prisoners were released into their communities, many with mental illnesses and co-occurring disorders such as substance abuse. Studies have shown that 60 percent of released offenders are likely to be rearrested within 18 months, and that mentally ill offenders are likely to be rearrested at an even higher rate. *Experts claim that a major cause for recidivism among the mentally ill is the "epidemic" shortfall in community-based mental health services*. While offenders have a constitutional right to receive mental health treatment when they are incarcerated, they do not enjoy a similar right to treatment in the community..."

"I do not understand how everything began to unravel," says a 52-year-old woman from northwest DC.

She is on probation for drug distribution. Her years of cocaine abuse produced severe depression and an array of medical problems. She just got out of drug treatment, but recently tested positive for marijuana. She understands that CSOSA will mandate twice a week drug testing as a sanction for drug use and believes that this level of scrutiny (and the possibility of returning to jail) will keep her from doing drugs.

"I need structure in my life, and my CSO provides that structure. My CSO comes to my home to check on me. It's nice that I can talk to people who insist that I take care of myself."

A 48-year-old parolee from southeast DC presents similar problems. He was incarcerated for assault and gun charges. He is a diagnosed paranoid schizophrenic. His drug use (cocaine) was a social event with friends until it became a demon that made his illness much worse. Structure is an essential element in his rehabilitation, and the requirements of supervision help him cope with life's problems.

"As long as I keep my job, I can stay away from drugs and take care of my family. CSOSA helps me cope with problems and keeps me on track," says.

He admits that drug testing is an essential element.

"It's nice that they care," he states, "but I know that they will put me back in prison if I do not improve, so I know that I must stay on my medication and do what they want me to do."

"Public safety is combined with a sincere desire to assist"

It was because of concern for the community that CSOSA started its innovative mental health caseload. "Public safety is combined with a sincere desire to assist these offenders in meaningful ways," states CSOSA's director, Paul A Quander, Jr. "We can manage this caseload in a way that services both goals."

Thomas H. Williams, CSOSA's Associate Director of Community Supervision Services, says, "The Frontline report only confirms our experience with mentally ill offenders. Many of the recommendations of the report are already in place within the District of Columbia. The challenges are immense, but we are attempting to meet them with vigor and dedication."

Tiffany Robinson is ready.

"We fix the complexities of life," she says. A Mental Health Unit CSO, she is ready to bring her education and enthusiasm to the challenges offered by this population. Ms. Robinson understands her caseload.

"They often say, 'Please help me,'" she reflects. "They do not understand the world they inhabit. It's my job to help them cope, to reassure, to make the world a less frightening place. That requires structure, and that's what we and the mental health professionals offer. If that need for structure leads to incarceration or commitment to a mental health facility, then so be it. We will protect society."

She understands that CSOSA embraces both sides of the challenges posed by the mentally ill offender.

"But we will also offer a humane and compassionate hand to those who need it," she says. "Thousands have become productive citizens because of it."

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