Offenders with Mental Illness

Offenders with mental illness present significant challenges for the criminal justice system. Many offenders with mental illness have co-occurring substance use disorders. Successful reentry is also a major challenge. Many offenders with mental illness have difficulty accessing treatment in the community, and unemployment, homelessness, and recidivism are common. In fact, research has found that people with mental illness are 64% more likely to be arrested than those without a mental illness committing the same crime. Studies of parolees as well as probationers have found that those with a mental illness are more likely to fail than parolees and probationers without a mental illness. Cycling through the mental health, substance use, and criminal justice systems is not uncommon for offenders with mental illness.

Two broad conclusions can be drawn from the scientific evidence on interventions for offenders with mental illness:

1. **Mental health treatment works**. Treatments for serious mental illnesses are highly effective with early intervention success rates of 60-80%. Treatment outcomes for people with even the most serious mental illnesses are comparable to outcomes for well-established medical or surgical treatments for other chronic diseases.

2. **A number of promising practices and programs that serve justice-involved individuals with mental illness have been identified in recent years**. Examples of these programs and practices are included below.

**Assertive Community Treatment (ACT).** This model combines treatment, rehabilitation and support services in a multi-disciplinary, self-contained team. The ACT team is typically made up of professionals from a variety of relevant disciplines, including psychiatry, nursing, and addiction counseling. The ACT team is mobile and it operates 24 hours a day, seven days a week, to provide services in the community and in homes to those suffering from severe mental illness.

**Assisted Outpatient Treatment (AOT).** AOT is the practice of delivering outpatient treatment under court order to adults with severe mental illness who meet specific criteria, such as a prior history of repeated hospitalizations or arrest. AOT involves petitioning local courts to order individuals to remain in treatment within the community for a specified period of time. AOT laws have been shown to reduce hospitalization, arrests, incarceration, and violent acts associated with mental illness.

**Crisis Intervention Team (CIT).** CIT is a pre-booking diversion program designed to divert individuals with mental illnesses at the point of first contact with the police. Officers are trained in the use of crisis intervention and de-escalation techniques when encountering individuals with mental illness. Community treatment and other resources are mobilized to serve those individuals.

**Integrated Mental Health and Substance Use Disorder Treatment.** Integrated treatment addresses both mental health and substance use disorder conditions simultaneously in the same setting, with a single clinician or treatment team trained in both substance use disorder and mental health services.

**Law Enforcement Assisted Diversion (LEAD).** LEAD is a pre-booking, diversion program designed to divert those arrested...
for low-level drug and prostitution offenses away from jail and prosecution and into case management, legal coordination, and other supportive services. LEAD participants are connected with existing resources in the community such as legal advocacy, job training or placement, housing assistance, and counseling.

Mental Health Courts (MHCs). Mental Health Courts are problem solving courts that divert justice-involved individuals with serious mental illnesses out of the court system and into community-based treatment. Research on mental health courts has found that MHCs reduce rates of arrest and time incarcerated.5

Pharmacotherapy/Medication-Assisted Treatment (MAT). Individuals with co-occurring mental and substance use disorders frequently benefit from pharmacologic interventions,6 which may include both psychiatric and addiction medications. MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders. Research shows that a combination of medication and therapy can successfully treat these disorders, and can help sustain addiction recovery.

Sequential Intercept Model. The sequential intercept model is not a program per se; rather, it is a framework for intervention that identifies five key points for “intercepting” individuals with behavioral health issues, linking them to services and preventing further penetration into the criminal justice system.7 The five key intercept points are: (1) Community and law enforcement; (2) Arrest and initial detention/court hearings; (3) Jails and specialty courts; (4) Reentry from jails and prisons to the community; and (5) Community corrections.

Supported Employment and Supported Housing. Given the important role that work and housing stability plays in the successful reentry of offenders, supported employment and housing for offenders with mental illness are particularly important. Supported employment helps people with serious mental disabilities find and keep meaningful work. Supportive housing provides individuals with serious mental illness with either transitional or long-term housing.

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6 U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.