

# THE CRIME REPORT

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## Revolving Door Justice

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**The problems of mentally ill offenders really start once they leave prison**

Five years after Victor left New York's Downstate Correctional Facility, he tried to kill himself by drinking a container of bleach.

It was July 2006, and the 43-year-old Bronx resident had just lost his third job. Believing that he would never be able to make a living, and feeling that his family had lost hope in him, he considered suicide the only option left to him.

"Some days I thought I was invincible, like I couldn't be touched," he recalls. "I couldn't control my temper. One minute I'm all right, the next I'm real angry. I don't know what's going to happen to me or what I'm going to do day to day, second to second."

Victor, who asked not to use his last name, has been diagnosed with depression and bi-polar disorder. But in three separate stints behind bars, all of them for drug-related offenses, his illness has never been treated.

If anything, the prisons dealt with the symptoms—rather than the man himself. At Downstate, where he spent seven years, Victor lived out much of his sentence in the special housing isolation unit, where he said he landed after repeated fights with other inmates and guards.

For such prisoners, release without the promise of any hope of medical attention amounts to a kind of sentence itself.

More than 16 percent of state prison inmates have a mental illness, according to the Department of Justice. Compared to the general population, four times as many men and eight times as many women in jail suffer from a mental illness.

## **‘The Next Criminal Justice Challenge’**

Eugene O’Donnell, a former New York City police officer and prosecutor, calls the growing number of mentally ill inmates released into the community “potentially the next big criminal justice challenge.”

“We need a major strategy to deal with this, and I don’t see that happening,” says O’Donnell, who now teaches at John Jay College of Criminal Justice. Mentally ill inmates leaving prison face many of the same challenges reintegrating into society as other released prisoners, such as lack of housing and marketable job skills. But psychiatrists and other specialists say their problems are exacerbated by the stigma of their illness, their need for consistent medical treatment and their difficulty accessing community services.

“They are often triply stigmatized,” says Dr. Merrill Rotter, a forensic psychiatrist who has studied re-entry among mentally ill ex-offenders. “Because of their mental illness, they are seen as dangerous when they may or may not be; the vast majority of the mentally ill in the criminal justice system are substance abusers; then there’s the third stigma of having been in prison.”

Department of Justice surveys suggest that, once in prison, mentally ill offenders are more likely to be victims of physical and sexual abuse than other inmates—and misunderstanding or misdiagnosis of their problems often lands them longer prison sentences or turns them into repeat offenders.

The lack of treatment and attention paid to the special needs of mentally ill offenders has triggered a federal lawsuit in New York, which charges that prisoners with psychiatric disabilities are the victims of “revolving door” justice.

Without adequate support, medical treatment and accommodations once they get out, they are often re-arrested for the same acting-out behavior – or worse – that landed them in prison in the first place.

Activists in several other states, including Ohio, have filed similar lawsuits seeking to force the government to provide greater assistance to prisoners with mental illness as they leave prison. Although New York’s prisons have a pre-release planning program for mentally ill inmates, the lawsuit alleges that it is far too small. Talks have been underway on a settlement for the last two years. Spokespersons for the state division of parole and the New York Attorney General’s Office, which are defendants in the suit, declined to comment.

But the statistics are hard to argue with. The mentally ill are more than twice as likely to have their probation or parole revoked, according to a 2009 report from the Council of State Governments. A recent study in Utah found that ex-offenders with serious mental illnesses were re-incarcerated an average of a year earlier than other offenders.

## **A Life Sentence**

“These guys are serving a life sentence, 90 days at a time,” said one parole officer who supervises a group of mentally ill parolees..

There is comparatively little research on what works to reduce recidivism for the mentally ill. But existing studies suggest that a holistic approach has benefits.

“Mental health treatment doesn’t stand out as main defense against recidivism,” says Dr. Frederick Osher, director of health systems and services policy at the Justice Center of the Council of State Governments. “The current thinking is that not all treatment is the same.”

Osher, who has written a guide to improving probation and parole for mentally ill offenders, adds: “Just sending someone to a community health center doesn’t mean that they’re getting the right treatment, in the right dose.”

The story of Debra Edwards, a New York mother of five with bipolar disorder, offers an instructive example.

Edwards, 52, says she had been arrested nine times, mostly for drug related crimes. Like many people with mental illnesses, she self-medicated: heroin when she was up; cocaine when she was down.

Some mornings, she said, she was so depressed she couldn’t get out of bed. Once, she disappeared for three days. She said she felt as if she were underwater, seeing and hearing what was going on around her, but unable to interact with her surroundings. She awoke three days later on a park bench in the Bronx.

During several short stints in jail, including a year in New York’s Rikers Island facility, Edwards said she did not receive any assistance in planning for her release and life outside of jail. She recalled that on the day she was released she felt both happy and depressed at being back outside.

”You know where you’re going – you’re just going back...to your regular life again,” says Edwards.

Within two months, Edwards was indeed back in the same situation. Her drug use increased, and her mental illness left her so feeling so paranoid that she spent most days in bed with her head under the covers. Her next arrest, however, turned out to be her last.

In 2006, a judge placed her in an alternative treatment program. But since the program focused on her addiction rather than her mental illness, it was of limited use—until she discovered a Harlem-based program called Howie the Harp which provides training in basic life and work skills for former offenders with mental illnesses and places them in internships. It turned her life around, she said.

John Williams, program spokesman, said more than 80 percent of Howie the Harp graduates keep a job for at least a year after leaving the program.

“If I had my bi-polar under control, I wouldn’t have been doing drugs,” Edwards says. “We need to find out why we feel the way we feel and not be ashamed of it.”

Meanwhile life on the outside continues to be a struggle for Victor. Although he has managed to avoid prison, he is still without a job. But he believes a little extra help for his illness would have gone a long way.

“For years I said I ain’t got no problems, that there’s nothing wrong with me,” he says. “But I needed a lot of help. If somebody had talked to me about my problems and how to control myself, I think things would have been different for me.”

*Scott Michels is a freelance writer in New York City.*

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