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## OPINION

### Decriminalizing Mental Illness

The institutions that once cared for people with severe mental illnesses were largely closed down during the deinstitutionalization movement that swept the country in the 1960's and 70's. Now mentally ill people who commit crimes or create public disturbances often go straight to jail, where they receive little treatment and where their symptoms usually get worse.

Inmates who suffer from delusions or hallucinations, and who break prison rules because they cannot follow simple instructions, find themselves in even deeper trouble, landing in "disciplinary lockdown" — solitary confinement in many cases. There they deteriorate rapidly, sometimes mutilating themselves or even taking their own lives.

Moreover, mentally ill inmates are easily victimized by other inmates and goaded into fights and rule-breaking. Since disruptive behavior can draw extended sentences, mentally-ill prisoners may end up serving more time — and hard time at that — than nondisabled prisoners who have committed comparable crimes. One report found that inmates who suffered from serious mental illnesses spent six and half times longer in disciplinary units than other inmates generally.

New York State has been complicit in this kind of suffering for far too long. But the State Legislature has at last passed a law, which Gov. George E. Pataki should sign, that would mandate better care for mentally ill inmates and prevent corrections officials from banishing those who suffer from serious mental illnesses to solitary confinement.

The need for a new approach was underscored in a startling report by the Correctional Association of New York. The study found that the mentally ill prison population had grown at three times the rate of the general prison population. It also found that prison officials were routinely using solitary confinement to control mentally ill prisoners.

At the time of the study, nearly a quarter of the inmates in disciplinary confinement — held in cramped cells 23 hours a day — were mentally ill. More than 40 percent reported they had tried suicide and more than a third reported self-mutilation.

The suffering does not end there. After completing their sentences, the mentally ill are typically dumped onto the streets. Lacking access to drugs or treatment that could control their symptoms, they create more disturbances, posing a danger to the community as well as to themselves, and are swept right back through the revolving door into prison.

In addition to outlawing solitary confinement for those with serious mental illnesses, the law would require the prison system to expand residential mental health treatment programs and provide better training for corrections staff, and would give mental health professionals more influence in deciding treatment options.

This will clearly cost money. But the program would pay for itself by shortening the stay for mentally ill inmates and by making it possible for more of them to stay out of prison once released. And it will reduce disruption inside the prisons, making them safer for both staff and inmates.