New York Addresses the Needs of Mentally Ill Citizens

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New York City has seen a steady decline in jail admissions over the past four years, but those with serious mental illness are still incarcerated at disproportionate rates. Persons with psychiatric illnesses comprise 38% of the total jail admissions, and account for 67% of the 400 individuals who have been arrested more than eighteen times in the past five years. Sadly, these "frequent fliers" were arrested for misdemeanors or parole violations 85% of the time. In an effort to reach these individuals, the city has proposed a comprehensive plan to divert those with serious mental illness out of jail and prison and to keep them in the community. This plan involves focused training for police officers to prevent arrests related to mental illness, expansion of supervised release programs to prevent incarceration, increased access to mental health services in correctional settings, and, critically, discharge planning that enrolls incarcerated individuals back into health insurance programs and connects them to care in the community. This is an important first step in treating mentally ill individuals responsibly and humanely. Such a step could avert the needless suffering caused by repeat incarceration.

At the beginning of my intern year, I drove thirty minutes from Boston to a predominantly Latino community in Massachusetts, to a clinic for persons who were recently released from jail and prison. Like many physicians, I had a vague notion that patients had access to medical services while incarcerated (though I have since learned that these services vary widely in quality). What I didn't consider was what happened to inmates who had served their time and were now returning to their communities. Where did they get their medications? Who followed up with them?

I was not prepared for the acuity or the desperation of my first patient, a man I'll call Mateo. He had been in and out of jail since he was a teenager, often arrested for acting bizarrely and speaking to himself. Mateo told me he had been hearing voices since he was a child, and now, in his forties, the voices had grown so loud it was hard for him to answer my questions. The only thing he had found to quiet them was alcohol. As a consequence, he had spent more of his life in jail than out. He was never given a diagnosis of schizophrenia, and never treated. Each time he left the jail, he had no medications and he had no access to healthcare. At our clinic, we were finally able to connect him to psychiatric care and provide him with a diagnosis, treatment, and hope.

If Mateo returned to jail even for a day, it could be disastrous for his mental health care. He might lose his medications and miss his follow up appointments. Most alarmingly, he might lose his insurance: because of a loophole in the original Medicare and Medicaid laws, these insurance programs can be cancelled even when a person who is incarcerated is not charged with a crime.

If I could envision a system that would serve people like Mateo, it might look something like New York City's proposed plan for addressing the growing proportion of inmates with mental health disorders. As physicians, it is fundamental that we recognize the destructive power of incarceration in so many of our patients' lives, particularly those with mental illness. We can look for ways to advocate for more humane treatment, and support programs like the one proposed in New York City to provide a way forward. With this kind of advocacy, people like Mateo may have access to basic, quality health care and no longer live in fear of the police.