Mental illness is not a crime

Imprisonment is far more expensive than community mental health care.

Mental illness in Victorian Prisons

People with mental illness are over represented in Victorian prisons. 40% of prisoners experience serious mental illness and the proportion increases greatly when other types of psychiatric disability such as personality disorder are considered. 1

Social disadvantage and inadequate treatment of mental health in the community inevitably mean that too many people with untreated illness end up in prison. Then, not only are they likely to go untreated while in prison, upon release back into the community they are left without adequate support networks. According to researchers there is no link between mental illness and criminal behaviour "The risk of a serious crime being committed by someone with a major mental illness is small and does not justify subjecting them as a group, to either increased institutional containment or greater coercion". 2

Ill health and marginalisation, not criminality, are the drivers, but this goes unacknowledged by a justice system which often only serves to exacerbate illness, and may increase chances of reoffending. 3

How is mental illness dealt with in prison?

Almost half of prisoners in the Victorian Prisoner Health Survey experienced thoughts of committing suicide and 60% of those had actually attempted suicide. A quarter of prisoners indicated that their thoughts about suicide had increased or greatly increased after they were incarcerated. 4

It is widely agreed that assessment and treatment services in prison are inadequate. At the very least prison health services should match services accessible by the general community. Currently we are nowhere near this. As well as covering assessment and treatment services, the standard of care should ensure that proper preventive health measures are available in prison. Correctional authorities should aim to ameliorate aspects of prison life causing or perpetuating psychiatric disorder and distress. 5

Women in prison

Women in prison are 1.7 times more likely than men to have a mental illness — and 84.5% of women in prison had a mental disorder compared with 19.1% of women in the community. 6 51% of women surveyed reported having been diagnosed with a mental health illness prior to their incarceration. A large number of women in custody have histories of abuse, and custody often heightens their problems. Moreover, women in prison have less access to intensive mental health care than their male counterparts. 7

Mental illness and drug abuse

Many young people with an untreated mental illness turn to different forms of substance misuse, including heroin use, in order to alleviate the symptoms in an attempt to deaden the pain. 8 Given that expenditure on mental health is inadequate, mental health services do not have the capacity to respond to young people suffering from mental illness and drug dependency so their problems often go untreated in the community. The increase in illegal substance abuse among the mentally ill inevitably leads to a rapid inflation of the prison population. 9

What are the costs of imprisoning people with a mental illness?

Imprisonment is far more expensive than community mental health care. In 2003-04 $218 million was spent on Victorian prisons. In the same period there were only 1,194 publicly funded community residential facilities providing mental health services. Psychosocial Rehabilitation and Support Services are chronically under funded yet do invaluable work to address social disadvantage.

2. Wallace, Mullen et al. (British journal of Psychiatry (1998), 172, 477).
This money could be better spent. The Victorian Council of Social Services (VCOSS) has found that providing intensive residential support to people with mental illness is comparable in cost to prison, but makes ‘a positive contribution to people’s health and wellbeing, as well as contributing to a reduction in crime and savings to the justice system.’

**How can we keep people with mental illness out of prisons?**

Many factors contribute to the high numbers of severely mentally ill people imprisoned. For intervention to be effective it must be at a number of levels in the justice and mental health systems. Adequate investment to remove social disadvantage, improve community involvement and universal mental health services is a necessary first step. We also need specific services to enhance diversionary options available to courts when sentencing people with a mental illness.

There a number of further steps that could be taken within the criminal justice system. These include:

- Police training, increased involvement of mental health professionals and other steps to prevent inappropriate arrests and aversive, counter-therapeutic and inflammatory police interaction with people with mental illness.
- Increased diversion of offenders from the criminal justice system. Legislative reforms include empowering courts to dismiss charges without a finding of guilt or mental illness acquittal and without police/prosecution consent, and introduction of provisions similar to section 32 of the New South Wales Mental Health (Criminal Procedure) Act 1990.
- The widespread practice of pushing matters up from the Magistrates Court to avoid mental illness acquittal dismissals must also stop.
- The routine screening for severe mental illness of all arrested persons in custody and diversion entirely to the mental health and psychosocial rehabilitation and support systems or, at a minimum, for treatment.
- Prisoners must be offered a choice of effective, non-aversive, non-stigmatising treatments and supports if they are to stop making an understandable choice against diversion and treatment. Correctional administrations should negotiate with mental health agencies for the provision of multi-disciplinary mental health teams.

For more information and Smart Justice alternatives visit: smartjustice.org.au

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11. Where a person has a mental illness a Magistrate may dismiss charges with or without conditions.

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