

Reducing Barriers to Reentry for Ex-offenders with Mental Illnesses

After release from prison or jail, ex-offenders face incredible barriers to finding treatment, employment and safe housing—key factors that will keep them out of jail or prison. These barriers are even greater for ex-offenders with mental illnesses.

People with mental illnesses are significantly overrepresented in the criminal justice system.

- Currently, about 75% of women and 25% of men in prison are receiving psychiatric or psychological care (Minnesota Dept. of Corrections, 2009), and more are probably undiagnosed and untreated.
- At least 60% of Minnesota jail inmates have a mental illness (NAMI Minnesota, 2006).
- By contrast, about 26% of people in the general population have a mental illness (National Institute of Mental Health, 2010).
- The lack of access to mental health treatment in corrections and in the community contributes to recidivism. Without the appropriate resources, ex-offenders with mental illnesses are likely to be re-incarcerated.

Integrated responses reduce recidivism, allowing more effective use of scarce resources. For example:

- Re-incarceration rates have fallen by 79% for participants in the Stearns County jail discharge planning program. This frees beds for other inmates and reduces the need to contract for additional beds in other county jails.
- My Home, Inc. in St. Paul provides transitional housing, culturally specific programs and access to a wide array of mental health and other services to African American men and women on supervised release, work release and probation. A 2008-09 study by the University of Minnesota and the DOC found that re-incarceration rates were extremely low—only 12.75%—among participants in their program for men with dual diagnoses (both substance use and mental health disorders).

Policy responses:

Minnesota should take steps to prevent criminal justice contact and divert people with mental illnesses from the criminal justice system into treatment when appropriate. The legislature should:

- Continue funding for mental health crisis teams and supportive housing.
- Require board and care homes to undergo training on mental health and crisis planning.
- Require crisis intervention team (CIT) training for law enforcement officials and fund CIT training.
- Hire more public defenders.
- Fund mental health courts.

People returning to the community from incarceration are less likely to re-offend if they have the tools to succeed, such as treatment services, housing, employment or income supports, identification, a reasonable supply of medication and health care benefits. Minnesota should:

- Fund projects and develop standards for counties and community-based agencies to conduct jail discharge planning.
- Increase funds for release planning for inmates with serious mental illnesses.
- Address the loss of access to General Assistance Medical Care by expanding access to Medicaid.

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