



NAMI Connecticut

Connecticut's Voice on Mental Illness

Testimony before the Judiciary Committee

February 5, 2007

HB 6987

Senator McDonald, Representative Lawlor and members of the Judiciary Committee:

Thank you for this opportunity to speak with you regarding Raised Bill No. 6987: An Act Concerning the Rights of Inmates with Mental Illness. I am Louise Pyers, the Criminal Justice Project Director for the National Alliance on Mental Illness of Connecticut (NAMI-CT), an organization that represents people with mental illnesses and their families, both on a local and national level. NAMI-CT supports the intent of this bill.

The vast majority of inmates with mental illness are in jail because of their inadequately treated mental illness and lack of community supports. In prison, many persons with mental illness have no treatment or inadequate treatment, which often leads to a pattern of technical violations, punishment and penalties, further decompensation, and further violations. We believe that this legislation will serve to ameliorate several of the factors that contribute to this unjust pattern.

We do, however, have certain reservations that should be brought to your attention. Under Section 1 (a), subsection (2), the bill states that no inmate shall be given any prescription for psychotropic medication for the treatment of a mental illness without a prior face to face interview without a psychiatrist ... or an advanced practice registered nurse acting under a psychiatrist's supervision, except when *exigent circumstances* exist or the inmate refuses to participate in such face-to-face interview.

It is our understanding that an "exigent circumstance" is defined as a situation in which a person is floridly psychotic due to mental illness or drug induced psychosis and medication must be administered in order to properly interview the inmate and determine the most appropriate intervention. This should be clearly defined within the Department of Correction's policies and procedures. Without a clear definition, this term can be interpreted very broadly.

NAMI-CT agrees wholeheartedly with subsection (5) regarding 16 hours of annual training for all custodial staff members. We further recommend the training be based on evidence-based practices such as those drawn from Crisis Intervention Team Training (CIT) currently used by many law enforcement agencies. The principals of CIT can be easily tailored to fit within the correctional context and should be seriously considered.

Ideally, the community would already possess the services and housing necessary to readily accept inmates with mental illnesses upon their release. Unfortunately, this is not the current situation. We believe in and support this bill,

but would like to see a restructuring of the language in Section 1(b) that limits the release of inmates with mental illnesses.

The proposed language, while meant to be helpful, can have the opposite effect in that it can cause an inmate to serve more time incarcerated because of the lack of available services in the community. This is happening within the prison system already. Under no circumstances should a person with a serious mental illness be kept incarcerated longer than anyone else who has committed similar offenses because of the failure of state agencies to develop an appropriate discharge plan for that person.

Right now, approximately 20% of inmates incarcerated in Connecticut's correctional system have a serious mental illness. Most of those inmates are non-violent offenders. These inmates also, on average, serve longer and harder sentences than other offenders who have been charged with the same crime.

We realize it will require changes within our mental health delivery system including improvements in the sharing of data between the DOC, DSS and DMHAS, and more funding for adequate community based services. There also remains a desperate need for residential Alternative to Incarceration Centers for people with serious mental illnesses, one of which the Legislature funded in 2005 and is yet to be sited.

This bill is just a start. It acknowledges that inmates with mental illness need special treatment and supports, just like an inmate with a chronic illness like diabetes. We ask that you consider passing this bill with our considerations included.

Thank you for your time and attention to address this critical issue in our justice system. I am willing to answer any questions you may have.

Sincerely,

Louise C. Pyers, MS
Criminal Justice Project Director, NAMI-CT