

**Testimony in support of Raised Bill No. 6987;
An Act Concerning the Rights of Inmates with Mental Illness
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Good afternoon, my name is Karen Zimmer, and I am co-chair of NAMI-CT's Public Policy Committee. Thank you for considering the ideas in Raised Bill 6987. In 2000, the Governor's Blue Ribbon Commission on Mental Health recognized the "increase in the proportion of inmates in jails and prisons who have mental disorders." In a shocking report released in September, 2006, the Federal Bureau of Judicial Statistics noted that the number of mentally ill inmates in U.S. prisons and jails has quadrupled since our Blue Ribbon report was written, to 56% of those in state prisons, and 64% of those in jail (see attached). Granted, these statistics represent the country as a whole. Nevertheless, it is clear that increasing numbers of people with mental illness are incarcerated in CT. As a psychiatric nurse and as a family member of one of the many caught in the revolving door of street life to prison life, I can tell you that many of our dollars continue to be spent on band-aid approaches to the problem.

Raised bill 6987 seeks to improve interventions for those incarcerated who suffer from mental illness. Certainly it's time to include training on mental health issues each year to all custodial staff at correctional facilities. This will greatly improve safety for both staff and inmates and help identify those who are in need of treatment.

I especially applaud paragraph 7b, which recommends that the DOC shall collaborate with the Judicial Department, DSS, and DMHAS to ensure that the inmate who is diagnosed with mental illness will have access to housing, mental health treatment services, public benefits the inmate is eligible for, and employment counseling upon release. That is so long as it is not used as a barrier that keeps inmates with mental illnesses incarcerated longer than the general population.

This follows one of the recommendations from the 2000 Blue Ribbon Report: "The Governor should encourage and expand collaborative interagency approaches to planning and delivering mental health services." Coming out of prison is tough enough for a person without a mental illness. A recent study on the benefit of re-entry planning by the DOC showed that offenders who are merely discharged from a correctional facility at the end of their sentence experience a high reconviction rate of 47 percent over 6 years. However, when offenders are assigned to a supervised period in a halfway house, reconviction falls to 24 percent, half the rate of those discharged directly from a correctional facility. I believe that those with mental health problems are less likely to receive such re-entry services due to their mental illness.

Imagine leaving a prison with no place to live, a two-week supply of medication if you're lucky enough to have been treated, but no insurance or doctor to refill the prescription, no job and no money. You may already qualify for Social Security and Medicaid because of a serious disability, but your benefits stopped while you were in prison. Naturally the risk for relapse of symptoms, relapse on street drugs, and criminal behavior will be high.

Raised Bill 6987 addresses these problems by ensuring collaboration of state agencies to decrease common barriers to recovery. I urge you to support this bill to work toward the goals established by mental health experts in 2000.

Let's Keep the Promise to those whose lives are especially difficult due to mental illness, and support their recovery in every way that we can. Thank you.