SUPPORT MENTAL HEALTH DIVERSION & TREATMENT

Invest in crisis care and community-based alternatives, so jail is not the default mental health system

TO ASK

Ask policymakers to fund and adopt a 3-part policy package that:

- Create a 24/7 mental health crisis response system.
- Conduct universal mental health screening upon prison admission.
- Create referral mechanisms for non-violent offenders with treatment plans.

WHY THIS MATTERS

People facing severe mental health crises show up behind bars far more often than in the general population (Figure 1). When support systems fail, time spent in jail may deepen psychological struggles, making repeated cycles through the system more likely.

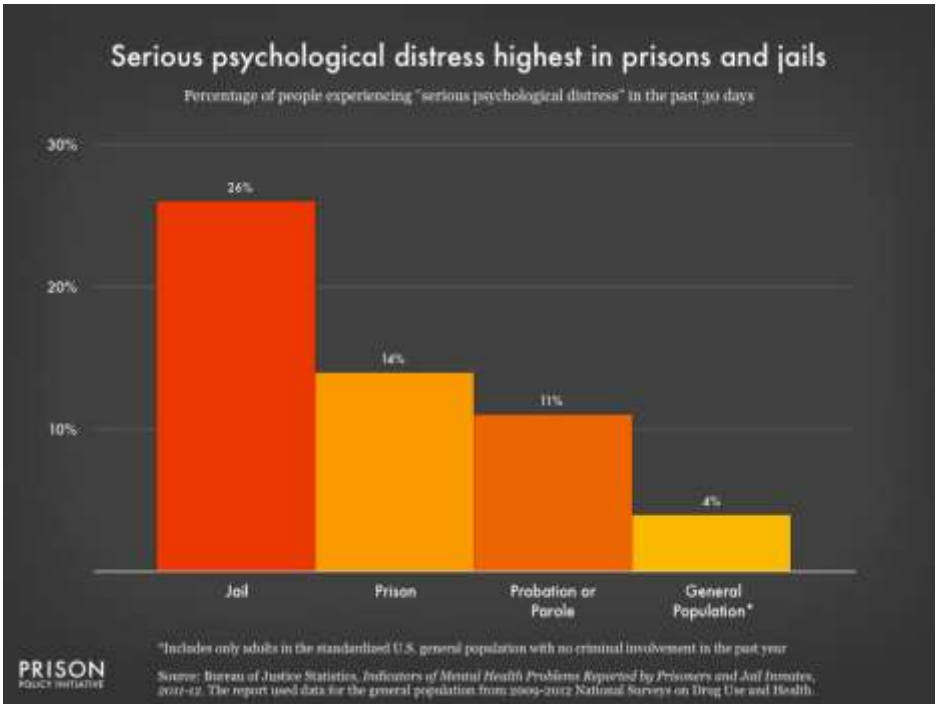

Figure 1. Serious Psychological Distress is Highest in Jails (Prison Policy Initiative, n.d.b)

KEY FACTS (U.S.)

26% - Serious psychological distress in jail (past 30 days) vs 4% general population (Figure 1).

31% - Women in jail with serious mental illness vs 5% general population (Figure 2).

15% - Men in jail with serious mental illness vs 3% general population (Figure 2).

BACKGROUND

Aiming to reduce incarceration for people with serious mental illness, the recent diversion legislation expands pre-arrest options using community-based care networks. Instead of moving through courts, some facing low-level, nonviolent charges may be directed into therapeutic programs. Without accurate diagnoses or ongoing help, numerous detainees endure worsening conditions behind bars (Bureau of Justice Statistics, n.d.). As untreated cases grow inside facilities, systems now shift toward initiating medical involvement sooner. Though not a fix-all, early outreach could reshape how justice and health sectors respond.

WHAT TO DO NEXT

- Intercept crises early: fund mobile crisis teams and outreach specialists.
- Divert cases safely: use pretrial settlements and mental health courts for non-violent crimes.
- Treatment and linkage to healthcare providers: ensure continuity of medication treatment and discharge planning.

FISCAL CASE

Funding shifts away from holding low-risk individuals often free up room in budgets for proven support services. About nine to eleven times more money goes toward jail compared to oversight outside facilities under federal accounting (U.S. Courts, 2025). Through such reallocations, systems gain space while communities grow safer.

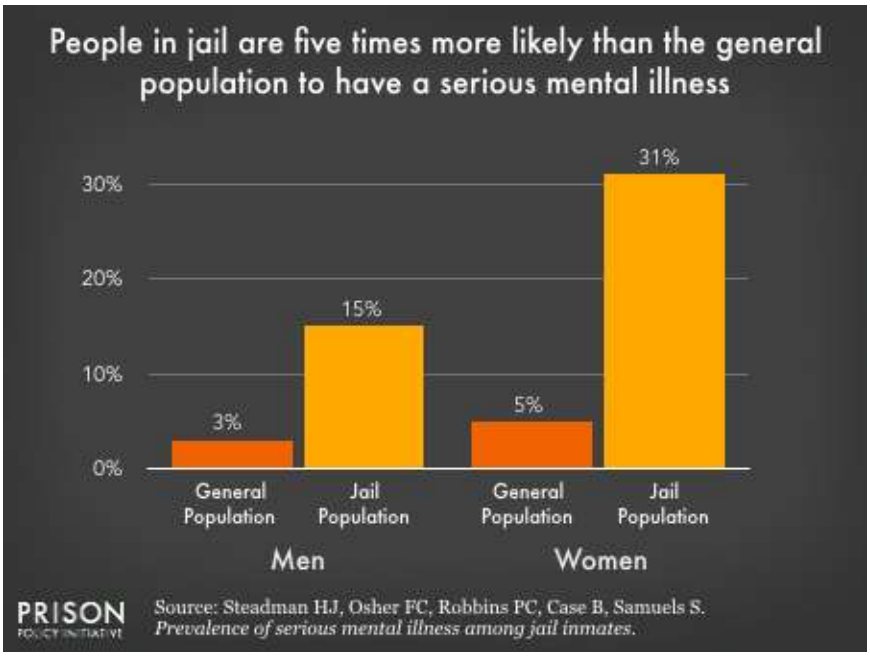

Figure 2. Prevalence of serious mental illness (Prison Policy Initiative, n.d.a)

ALLIES / COALITIONS

- Policymakers (budget + oversight)
- Sheriff/jail + pretrial services
- Behavioral health providers
- Courts + defenders/prosecutors
- Advocacy groups (NAMI, MHA, ACLU)

MEASURES OF SUCCESS

- Fewer crisis-related bookings
- Shorter pretrial detention for people with mental illness
- More care connections within 14 days of release
- Lower rebooking rates for diversion participants

Allocate funds for alternative treatment/rehabilitation programs so that mental health crises are resolved through care rather than arrest

References

Bureau of Justice Statistics. (n.d.). *Indicators of mental health problems reported by prisoners and jail inmates, 2011–12.* https://bjs.ojp.gov/content/pub/pdf/imhprpji1112.pdf

Prison Policy Initiative. (n.d.a). *People in jail are five times more likely than the general population to have a serious mental illness.* https://www.prisonpolicy.org/graphs/jails_mental_illness.html

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U.S. Courts. (2025). *The public costs of supervision versus detention.* https://www.uscourts.gov/data-news/judiciary-news/2025/06/05/public-costs-supervision-versus-detention