Mental Illness, Criminality, and Citizenship

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Recent efforts to address the needs of mentally ill persons arrested for minor crimes have focused on providing treatment and controlling petty criminal behavior, most notably through diversion programs that shunt offenders from the criminal justice to the mental health and substance abuse treatment systems.[1,2] Diversion programs have been partially successful in bridging the gap between treatment and justice systems, but high recidivism rates reveal that they have been less effective in supporting the community integration of persons who carry the dual stigma of mental illness and a criminal record.[3,4]

Consider the following scenarios. A mentally ill homeless woman is arrested for criminal trespass after collecting redeemable bottles from a trash container behind a funeral home. A mentally ill man is arrested for disorderly conduct for urinating at the entrance to a supermarket. He admits to having to urinate but denies doing so at the store entrance. "I would never do that in my store," he says. A mentally ill man is arrested for breach of the peace for lecturing loudly on Jungian psychology at a bus stop. In each of these cases, the justice system referred the individual to a diversion program for behavioral health treatment. This response represents a far more enlightened outcome than that of locking up individuals for petty crimes directly related to their mental illness,

but it does not address two key issues implicit in our case scenarios and in the actual cases.

First, all of these individuals either made, or saw themselves as needing to make, a contribution to society, but neither the criminal justice nor the behavioral treatment systems had such an expectation of them. The woman arrested for trespass was working for a living, a key factor we associate with being a responsible citizen. (She was also recycling.) The man arrested at the supermarket saw himself as a "member" of that establishment and as adhering to clear standards of behavior, contending that he was moving away from the store entrance when he lost control of his bladder. The man arrested at the bus stop committed his "crime" not out of disregard for society, but in an attempt to make contact with his fellow citizens. For each of these individuals, their diversion program's goal was to stabilize their symptoms with the hope that this would reduce their petty criminal behavior.

Second, diversion programs recognize that individuals with mental illness run afoul of the law, not out of *mens rea* but out of difficulty negotiating an acceptable niche, and behaviors associated with that niche, for themselves in society. Yet in acting on this recognition, such programs divert individuals from one system to another, redefining criminals as mental patients but leaving little room for individuals to define themselves effectively as persons who have the potential to make a positive contribution to society. The behavioral health system, as currently structured, can manage patients' symptoms but cannot help them to become socially integrated within their

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communities. As public sector psychiatry receives the burden of behavioral health for individuals who are arrested for mostly petty offenses, it is imperative that we look beyond the medical model to include life goals and development, as well as the potential contribution to the community, of mentally ill persons.

Based on our work with mentally ill homeless persons, we propose the framework of citizenship for efforts geared toward the community integration of persons with mental illness who are, or are at risk of becoming, involved with the criminal justice system. We define citizenship as a measure of the strength and form of the individual's connection to the rights, responsibilities, roles, and resources that society offers to people through public and social institutions[5,6] and through the informal, "associational" life of neighborhoods and local communities.[7] We conceptualize three preliminary levels of citizenship: full citizenship, with strong practical and psychological connections to mainstream institutions, rights, and responsibilities; second-class citizenship, with marginal connections to those institutions, rights, and responsibilities; and noncitizenship, in which the individual has been severed from, or has very limited contact with, mainstream society, as in the case of stigmatized and marginalized homeless persons with mental illness.[5] The citizenship framework embodies the positions that rehabilitation (or habilitation) is a task not only for professionals but for the entire community; that citizenship is both an individual and collective goal; and that the citizenship of all strengthens the community as a whole and enhances the citizenship of each member, while the noncitizenship of some impoverishes the community and weakens the citizenship of each member.

The citizenship model provides a conceptual framework for practical initiatives that can build upon or be linked with diversion or rehabilitation programs to give mentally ill persons who are involved with the criminal justice system, and have no current avenues for legitimate community membership, an opportunity to take on productive roles in society. Specific initiatives include both organizational or systems-level projects and individual interventions. "Citizenship commissions" composed of community members (among them, the business and faith communities), criminal justice and mental health representatives, and members of the target group might be recruited to support programmatic efforts and individual interventions and to pursue

sponsorship agreements with local organizations. Such a commission could support the development of local agreements with the courts, mental health agencies, businesses, landlords, civic associations, and churches to sponsor pilot projects linking existing diversion programs with community service in the form of volunteer or paid work. Examples of such work include having target group individuals train new police officers and psychiatric residents on how to work with persons with mental illness and criminal involvement, or work with businesses to refer individuals on the street to services as part of an effort to reduce panhandling in commercial areas. Behavioral health treatment teams might recruit "buddies" from the target group to support individuals in becoming acclimated to and comfortable within their neighborhoods or in obtaining and retaining work or other meaningful activity.

Research should be conducted in tandem with such initiatives. We need a richer understanding of the stages of citizenship than the three levels we have conceptualized here. Using those levels, we would have to classify our three case individuals as noncitizens by virtue of their dual stigma of mental illness and a criminal record, along with the lack of opportunities available to them in society. And yet the man who is arrested at the bus stop has some relationship to others, if only through mental health professionals and a few street people. We need to understand the continuum of citizenship for which an intervention model can be effective. We must also identify key indicators—social and work roles, behaviors, and perceptions of one's status and roles—of community integration; barriers and enhancements to movement along a continuum from lower (less integrated and valued) to higher (more integrated and valued) levels of community integration and citizenship; factors or incentives (fear of social disapproval, etc.) that keep individuals from moving downward on the continuum; interventions and supports (relationships to neighbors, churches, service providers, landlords and employers, along with specific incentives and rewards) that keep people at certain levels or enable them to move from a lower to higher level on the continuum; and benefits and perceptions of benefits for those on the higher as well as those on the lower end of the continuum.

To establish such a conceptual underpinning, a careful analysis, available through qualitative ethnographic research, is necessary of the ways in which

individuals with mental illness make or do not make contacts and connections—with the postman, the grocer, the landlord, and others, leading to social relationships and resource opportunities—that help them to be successful in their neighborhoods and communities. Experimental research would also be needed at both the organizational and individual level to determine whether the added value of "citizenship placements," in conjunction with diversion programs or other approaches, are effective in reducing recidivism, improving clinical outcomes, and increasing the community integration of the target population and their/and their communities' satisfaction. Research should focus not only on the disenfranchised target population but also on professionals and established community members who partially control access to citizenship and, presumably, bear many attributes that put them at the high end of a citizenship continuum.

The criminal justice system marks a point at which the relationship between the state and the individual, between public and private rights, and between citizenship as representing individuals' rights and status and citizenship as representing one's relationship with and responsibilities toward one's fellow citizens and society is mediated. Behavioral health diversion programs offer the potential to make effective clinical interventions at the point of arrest; a citizenship framework offers the potential to support individuals' attempts to establish meaningful roles and social contacts within, and to make meaningful and recognized contributions to, society. A citizenship framework may contribute to new collaborations between behavioral health systems and the courts and between professionals and community members and

institutions; to new training for criminal and mental health professionals; and to more effective policies for care of mentally ill persons within a managed care framework that does not, at present, adequately fund rehabilitation efforts. Initiatives organized around this framework might have other long-term benefits. They could contribute to a reduction in crime through institution of a concept of shared responsibility between the behavioral health system and the community-at-large for the target population. They might also contribute to a reduction in criminal justice costs through implementation of less costly interventions and through putting money and resources back into the community in the form of the increased productivity of currently disenfranchised individuals with mental illness.

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