

WHY THE JEMI COALITION?

By Nancy Kahanak, 2014

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Judicial Equality for Mental Illness or JEMI, was formed the end of 2012. A woman who I and others in the community knew personally had been held in the Benton County jail for 9 months awaiting an evaluation at the Arkansas State Hospital. She died there from undiagnosed and untreated pancreatic cancer. Such a death is thankfully not common, but her being held for such a time, and the suffering involved is, sad to say, very common. As a result of this incident the judicial community, the mental health community, and Washington and Benton County jails came together to form JEMI.

We agreed there had long been a great need to change the revolving door of persons with mental illness being held in jails, and to their warehousing in the penal system. At the present time, people suffering from mental illnesses who act out publically are sent to a hospital emergency room or jailed. Such a solution to the problem is expensive, inefficient and cruel, and makes poor use of medical, court and law enforcement resources.

There are several reasons we are presently at the point where a person exhibiting signs of mental illness is taken to jail or Emergency Room. I plan to explain briefly how this came to be, and I want also to explain what we mean when we talk about mental illness.

Mental illness is actually a category of various conditions affecting the brain, causing delusions, paranoia, severe depression, profound withdrawal. These symptoms can be ongoing or recurring conditions. Mental illness has physical causes just as does diabetes or heart failure.

Although medical science has made inroads into managing mental diseases with new medications, the big picture is more complicated. The conundrum of a mental disease is that some of those very symptoms are in direct battle with the healing: paranoia by its very nature excludes reasonable clinical intervention.

The shying away from human contact, a typical symptom of the disease, is part of why someone with mental illness will often decline prescribed medication and may choose to self medicate with street drugs or alcohol

rather than seek professional care. And this is exactly where good treatment options could make all the difference.

A necessary part of mental health care is a known and trusted mental health professional and a place to go when symptoms become overwhelming. These are the simple but necessary things that we as a community, a state and a nation need to be certain are available for persons with mental illness; right now they are not available.

Without those options you can see why a person actively suffering from severe symptoms of mental illness might land in the hands of law enforcement. And from there, the responsibility for care inadvertently falls on our jails, since at this time there is no treatment safety net for the person in that mentally fragile state as there is for a person in a physically critical condition. Jail can keep violence at bay. It is however unequipped to treat the mental illness.

At this point, some history might put the problem in context of why we are at this point today. In the mid 1840s, Dorothea Dix educated the public about the terrible conditions in which persons with mental illness were kept. Her efforts helped to get mental institutions built in order to provide decent living conditions and care. However, decades after Ms. Dix, people in these institutions were once again found living in terrible conditions.

The coming of psychotropic drugs in the 50s and 60s helped reduce symptoms of mental illness, and with other political forces, the deinstitutionalization movement of the 1970s began. A web of Community Mental Health Centers was built across the country to serve people with a mental illness. Federal support for this change worked well, and persons with mental illness began to receive early and ongoing intervention. Unfortunately, over time funding has been withdrawn and that is where we are today.

The national safety net for persons with mental illness is gone: there are too few psychiatrists or low income treatment options available. In most cases, there is no ongoing interaction or active follow up between patient and case managers, social workers or doctors. There is not a process for developing a relationship between the individual needing care and the care providers, an important component that could keep someone with a mental illness from getting to the point of acting out.

Some states, Missouri for example, have chosen to take over the responsibility of caring for persons with mental illness by voting to permanently designate a portion of state taxes for that purpose. Their citizens had the will to be sure this population was not neglected.

Arkansas presently does not have adequate funding for persons with mental illness. The general public has little understanding of the issues involved. Recently the Arkansas Department of Human Services has begun to give more attention to serving people with mental illness, and has tasked their Department of Behavioral Health Services to look into correcting some of the problems that we are speaking about today.

One more thing - the State of Arkansas is required by the Arkansas Constitution, Article 19, Section 19, to comply as follows:
“It shall be the duty of the General Assembly to provide by law for the support of institutions ... for the treatment of the insane.”

This is not happening.

In closing, our grassroots group JEMI, or Judicial Equality for Mental Illness, meets monthly, usually the first Wednesday of the month, alternating at either the Washington or Benton County jail. The sharing of issues among various stakeholders, such as the jail and the inpatient psych unit, has yielded amazing results in the past year. It's all about communication! We would love to have you join us, to attend our meeting at any time, and/or request to be added to the JEMI mailing list for regular updates.