



Laurie Emerson, Acting Executive Director
NAMI Vermont
February 11, 2015
Committee: House Committee on Corrections and Institutions
Re: Mental Health Advocacy Day

Good Morning. My name is Laurie Emerson. I am the Acting Executive Director of the National Alliance of Mental Illness of Vermont (NAMI Vermont) located in Williston, Vermont. NAMI Vermont is the independent Vermont chapter of the National Alliance on Mental Illness, a statewide non-profit, grassroots, volunteer organization comprised of family members, friends, and individuals affected by mental illness. Our mission is to provide education, support and advocacy to individuals and family members living with serious mental illness.

We are joined here today with 20 other co-sponsors of Mental Health Advocacy Day along with the many advocates, family members, peers, and mental health professionals throughout the state. We need to ensure that adequate funding will continue to be available for mental health services. In Vermont approximately 23,000 adults and 6,000 youth and teenagers face serious mental illness - that's one in 4 adults and one in 10 children. One in 17 adults lives with serious mental illness such as schizophrenia, major depression or bipolar disorder. The good news is that most people living with mental illness can lead fulfilling, productive lives, but only if they have access to treatment. We need to protect and strengthen mental health services and programs. We are calling on you to pass legislation relating to mental health that will invest in proven, cost-effective, community-based treatment and services that promote recovery.

Without state and local mental health services, too many people living with mental illness end up in encounters with police or warehoused unnecessarily in jails and prisons.

In United States prisons alone, approximately 24% of inmates live with serious mental illness.¹ Seventy percent of youth in the juvenile justice system also experience mental health disorders, with 20 percent experiencing disorders so severe that their ability to function is significantly impaired.²

State spending on correctional systems has increased substantially, contributing significantly to the state budget crises.³ What is needed, instead, is investment in mental health treatment and recovery services to minimize costly criminal justice involvement of persons living with serious mental illness.

Investment in proven, cost-effective mental health services can help reduce burdens on the correctional system. It is also an investment in recovery that essentially saves lives of persons who struggle with mental illness.

30% of female and 15% of male inmates in local jails live with a serious mental illness such as schizophrenia or bipolar disorder.⁴

70% of youth in the juvenile justice system also have mental health disorders.⁵

50% of previously incarcerated individuals living with serious mental illness are re-arrested and return to prisons not because they have completed new offenses, but because they have not been able to comply with conditions of probation or parole, often due to mental illness factors.⁶

NAMI Vermont advocates for the following priorities for individuals who are incarcerated:

- Ensure incarcerated individuals have the right to quality mental health care, both while incarcerated and upon release into the community.
- Do not incarcerate individuals for acts directly linked to their mental illness.
- Divert people living with serious mental illness from jail to appropriate community treatment.
- Eliminate solitary confinement and ensure continuous and effective mental health care, substance abuse treatment and medical care for inmates with mental illness.
- Ensure connection of inmates living with mental illness to housing, treatment, supports and enrollment in federal SSI/SSDI, Medicaid, Health Insurance Marketplace plans and other benefits upon release from custody.

It is critical that Vermont allocates more resources for mental health treatment. Treatment resources should be focused on early identification, early intervention and evidence-based mental health treatments.

Thank you for your time and listening to our comments.

1. James, D. and Glaze, L., *Mental Health Problems of Prison and Jail Inmates*, U.S. Department of Justice, Bureau of Justice Statistics, (2006).
2. Shufelt, M.S. and Cacoza, J., *Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System*, National Center for Mental Health and Juvenile Justice, (2007).
3. National Association of State Budget Officers, *State Expenditure Report*, (2006).
4. Shufelt, M.S. and Cacoza, J., *Youth with Mental Health Disorders in the Juvenile Justice System: Results from a Multi-state Prevalence Study*, National Center for Mental Health and Juvenile Justice, (2006).
5. Steadman, J.J., Osher, F.C., et al., "Prevalence of Serious Mental Illness Among Jail Inmates," *Psychiatric Services*, November 2007; 58: 1472-1478, (2009).
6. Council of State Governments, *Report of the Criminal Justice/Mental Health Consensus Project*, (2002).