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COMMENTARY

Jail Doesn't Treat Mental Illness. Patients Need Care, Not Prison.

I'm a doctor who treats dying patients. People with mental illness who get trapped in the criminal justice system are facing tragic consequences.

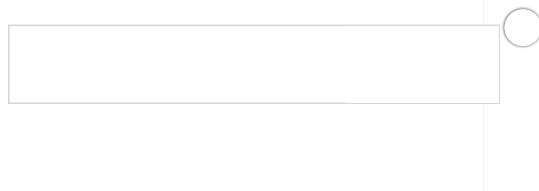
By Raya Elfadel Kheirbek | Contributor April 24, 2025, at 6:28 p.m.

CHARLES REX ARBOGAST | AP

Chicago's Cook County Jail, shown in 2014, is one of more than 3,000 local jails that have become treatment centers of last resort for people with serious mental illnesses, most arrested for non-violent crimes.

As a [palliative care](#) physician, I ease suffering and guide families through their darkest hours. The circumstances are often fraught with profound challenges and heartbreaks, but some encounters cut through even the most practiced routines, leaving me grappling for words.

Meeting Ian last year was one such moment.



Ian, a 28-year-old who suffered from mental illness, was lying unconscious in a hospital bed, his wrists shackled, while armed guards stood at the door. Life-support machines hummed in the sterile silence. His mother, Tanya, leaned over him, gently stroking his cheek, her face etched with worry and heartache.

Ian had suffered a life-threatening brain injury after a violent altercation with other inmates in jail. Found unresponsive and with his head pressed against the concrete floor of his cell, he was now caught between life and death – the tragic consequence of systems that had failed him at every turn.

Ian's story is not unique. Our criminal justice system often punishes rather than helps those with [mental illnesses](#). Approximately [2 million people](#) with serious mental illnesses ranging from [schizophrenia](#) and [bipolar disorder](#) to severe [depression](#) and [post-traumatic stress disorder](#) are incarcerated annually, often for minor, nonviolent offenses stemming from untreated conditions.

With a [shortage of resources](#) in the health care system, jails and prisons have become de facto mental health facilities. Yet, they are fundamentally ill-equipped to address the complex needs of these individuals, leading not only to inadequate treatment but to worsening mental health. This cycle perpetuates despair for individuals and families alike, trapping them in a system that criminalizes illness.



How To Tackle Our Mental Health Crisis

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Ashley Judd and Xavier Becerra Jan. 14, 2025



Ian was the youngest of four children in a working-class Virginia family. His mother vividly recalled to me the first signs of his illness: As a child, he impulsively darted into traffic, saying that voices in passing cars had called to him. His adolescence was marked by escalating chaos – unexplained anger, erratic behavior and outbursts that strained his family to the breaking point.

The family sought help repeatedly, but Ian frequently declined treatment because of his paranoia. When they managed to get him to hospitals, his distrust was deepened by long waits, limited beds and premature discharges due to limited space. Ian's condition worsened, and by his 20th birthday, he had cycled through homelessness, theft and instability, leaving his family desperate for solutions.

In May 2021, Ian called his mom. His voice crackled through the phone: "I need help, someone is hurting our family." His mother, a licensed social worker, urged him to go to the nearest hospital. He was turned away because of [a shortage of psychiatric beds](#). Distraught, Tanya called the hospital, begging for her son's admission to no avail.

Tormented by hallucinations that his family was in danger, Ian breached a locked hospital area in a desperate attempt to "save" them. Security reported that Ian appeared to be armed, and when police were called, he fled in fear before he was apprehended. His cry for help had been tragically criminalized.

Ian's incarceration marked the beginning of an even steeper descent. Ian's [psychosis](#) went untreated in jail. Eventually, he was given reading materials on anger management, a tragically inadequate treatment for psychosis. A judicial system that promises [higher standards](#) for psychiatric care left him to languish in jail until a violent altercation with other inmates led to his devastating injury. Ian finally found what he needed in the first place – a hospital bed – under the most tragic of circumstances.



Nearly 44% of individuals in local jails and 37% in state and federal prisons have a diagnosed mental health disorder, according to the federal [Bureau of Justice Statistics](#) – compared to [about 20%](#) of the general population. Meanwhile, the U.S. has only [12 psychiatric beds per 100,000 people](#), far below the recommended 40 to 60. The justice system's failure to address underlying mental health conditions leaves people in need untreated and perpetuates recidivism.

There are programs offering [solutions](#). Crisis Intervention Teams, developed by the [National Alliance on Mental Illness](#) and implemented in more than 2,700 communities, train law enforcement officers to de-escalate crises and connect individuals to treatment, with encouraging results in [Memphis](#) and [San Antonio](#). Both cities saw a reduction in arrests, with thousands of people diverted to mental health care.

A Broken Justice System Ruins Lives

Innocent people are paying with their lives and freedom.

Marc M. Howard Sept. 27, 2024



Similarly, the U.S. Department of Justice's [Mental Health Courts](#) program offers treatment-based alternatives to incarceration. A 2024 [study](#) in North Carolina showed a 30% drop in recidivism rates among participants. Other programs like the [Stepping Up initiative](#) used in dozens of counties across the U.S. have shown success in reducing jail populations by improving access to county-level mental health care.

Even where there are successes, the programs often operate in isolation, underfunded and lacking cohesive implementation. The patchwork nature of these efforts cannot resolve the systemic gaps. Lawmakers must invest in community mental health services and expand psychiatric treatment capacity. Law enforcement and judicial systems must fully embrace diversion programs. Health leaders must better integrate mental health care into primary care systems, making it accessible long before crises erupt.



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When I think back to Ian's hospital room before he died, I remember Tanya tracing her son's hand, whispering memories – of joyful days spent outdoors with his twin sister. I imagined myself in Tanya's place, grappling with the unbearable weight of love and helplessness. The thin veil separating our lives felt painfully fragile.

Ian's story forces us to confront an uncomfortable truth: Behind every statistic is a human life, a family and a community left grappling with unanswered questions. How can we do better? Change begins with the courage to look closely, to listen and to act – because we owe it to one another to build a system that heals rather than harms.

[Raya Elfadel Kheirbek, M.D.](#), is a professor of medicine and chief of the Gerontology, Geriatrics & Palliative Medicine Division at the University of Maryland School of Medicine.

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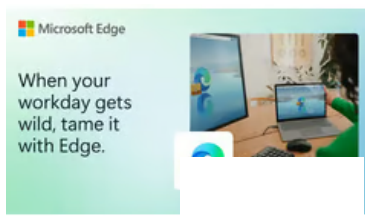
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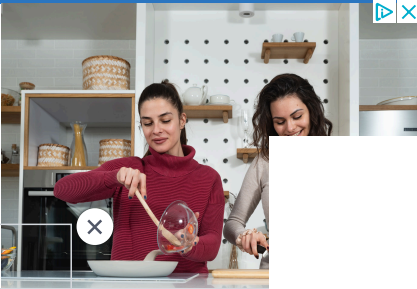
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