

Many can't access mental health services that save money, keep people out of jail

March 6 2024, by Ernie Mundell



When it comes to giving at-risk Americans access to the mental health



services they need, prevention is far better than detention, new research confirms.

However, a majority of the 950 U.S. counties surveyed in the report do *not* offer access to the types of mental health and substance use disorder services that can save communities money and prevent incarceration.

"Most counties offer only a tiny fraction of the community services that are necessary to keep people out of jail," said study author Jennifer Johnson, a professor of public health at Michigan State University.

"We're hoping that by publishing this article, county administrators will look at the list of services that they don't yet offer and try to make them happen," Johnson added in a university news release.

Her team surveyed the availability of 59 mental health practices that are known to help at-risk folks stay healthy.

The <u>survey</u> asked people representing the counties studied if such programs might be accessible "to people interacting with police, 911, courts, jails, probation or parole."

The results were disappointing. For example, only about 29% of counties offered permanent supportive housing to people with mental health conditions, while even fewer (about 27%) offered what's know as assertive community treatment.

According to the <u>U.S. Department of Health and Human Services</u>, assertive community treatment is "treatment, rehabilitation and support services using a person-centered, recovery-based approach," largely focused on people with the schizophrenia spectrum of disorders.

Supportive housing and assertive community treatment have both been



proven to help people with serious mental illness stabilize and stay out of prison, Johnson's group noted.

Access to such programs often depended on geography, with availability much more limited in rural counties versus urban ones, the study found.

One particularly troubling issue was the suspension of Medicaid privileges when a person is in jail for even a day. There's often a delay in re-accessing Medicaid once that individual is released.

That can be disastrous for folks dependent on psychiatric medicines, Johnson said.

"We've had people who have been standing in line at the pharmacy to get their medications and they're told, 'Your Medicaid is suspended because you're in jail,' and yet the person is standing right there," she said.

The findings were published in the March issue of the journal <u>Psychiatric Services</u>.

There are other ways improved access to <u>health programs</u> can help people remain stable and out of jail.

For example, ensuring access to therapies that relieve pain can prevent folks from becoming dependent on opioids, the researchers noted.

Employment centers can also help ease poverty and homelessness and walk-in crisis centers can prevent incarceration.

The bottom line, Johnson said, is that permanent housing and employment combined with professional and/or <u>peer support</u> "are better than keeping people in <u>jail</u>, and they're 100% cheaper. Our goal is to keep people treated and stable in the community and not cycling through



local jails."

More information: Jennifer E. Johnson et al, Recommended Mental Health Practices for Individuals Interacting With U.S. Police, Court, Jail, Probation, and Parole Systems, *Psychiatric Services* (2023). DOI: 10.1176/appi.ps.20230029

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