

## 1: Rhetoric of Health: Punishing the Mentally Ill

*found guilty but mentally ill, the defendant shall be committed to the Department of Corrections, which shall cause periodic inquiry and examination to be made concerning the nature, extent, continuance, and treatment of the defendant's mental illness.*

Dreadlocked and in dirty clothes, he yelled incoherently as I walked home in Brooklyn. Inside, the tired staff kept serving customers, immune to the noise. I thought of the homeless guy, toothless, who lurches into the local bodega and gets cussed out. And of the New York subway cars, routinely cleared out by a filthy man, defecating, urinating, or masturbating in his seat. The delusional woman who once pushed a stranger onto the tracks. And the boy with a knife. Where I live, the helpless sick often live on the street. This is true across the United States: Fathers are missing from many homes near mine. Most are black, like most of our neighborhood and 37 percent of US prisoners. Today, New York is home to more African Americans than almost any other state. In , 90 percent of black Americans lived in places like Virginia, where I grew up, and Alabama, where my family has lived for centuries. But when six million descendants of slaves left the South, between World War I and , they were trailed by poverty and prejudice: Drained by white flight, Bedford-Stuyvesant was blighted by heroin and crack. In , Bedford-Stuyvesant saw murders, one every third day. The race riot of was nearby in Crown Heights. More common than violence, though, were drugs and arrests of young black men. In New York, black men are arrested at eight times higher rates for marijuana possession than whites, The New York Times found. One in three black men in the United States will spend time incarcerated, the Bureau of Justice Statistics predicted in This is old news. What gets less attention is another injustice: Today in the United States, the three biggest providers of mental health care are not hospitals, but prisons. One recent morning my neighbor walked in behind me at our local cafe. A fortysomething father, with a teenage daughter bound for boarding school, he and his wife are friends of mine — stoop-chat, neighbor-dinner friends. The EMTs kept asking me was I on drugs. We no longer have a place for such people, not since the s. Now, our prisons are packed once again with the mentally ill. Access to treatment is varied: And when they do see doctors, minorities are more likely to be misdiagnosed. In black men especially, mental illness is often taboo or misunderstood: The place where the poor are likely to get treated, if anywhere, is prison. With an eye not toward shaming but toward progress, she gestures at solutions. As the authors point out, even if forensic psychiatry were well funded, jails and prisons are ill equipped to serve as clinics. These prisons are more akin to torture chambers than curative asylums, with inmates essentially warehoused in cages. Meals are erratic, and sleep is restricted. Hardly a recipe for peace of mind. Mental hospitals, on the other hand, are not the nefarious places portrayed in movies and novels. Roth points out the irony of laws meant to keep the mentally ill safe by limiting forced hospitalization. For a poor family, these laws make it very difficult to get a psychotic relative treated. They are in fact far more likely to get him arrested. A mental hospitalization, in any case, is rarely the long-term sentence it once was. Today, the average stay is one week — just long enough to stabilize patients who may be paranoid, agitated, or suicidal. On the day I got committed, I was a year-old grad student. As many manic patients do, I fought the decision. Every bit as manipulative as I was well spoken, I argued at intake with a young psych resident, drawing on my neuroscience degree. Nobody asked if I was on drugs; they could see that I was sick. It beats the hell out of the alternative facing many poor black men: On Rikers Island today, there are 4, mentally ill inmates, out of 10, Forty percent of female prisoners do. As one state legislator told Alisa Roth: For the most part, Roth is quick to note, prisons do not actively abuse prisoners. Rather, they are understaffed, underfunded, and untrained to treat them. Passive neglect, and solitary confinement as a form of expedient discipline. Solitude, of course, stokes mental illness, like kindling on a flame. Walking under sycamores past the brownstones, bodegas, and bars, she told a familiar story. She described mood swings and charismatic highs; rage and booze. She said that she only lately realized that her father, despite a career more stable than his personal life, probably suffers from untreated mental illness. What her family and mine have in common is a legacy of mental illness. She and I also both went to Ivy League schools, lived in Japan and France, and studied foreign languages. But our

similarities end there. I grew up well off in the leafy suburbs of Richmond, Virginia; she in the housing projects of Queens. Her male relatives, involved with drugs, were in and out of prison. A nephew stayed with her once when he finished his sentence. Idle and surly, he seemed depressed. Police, however, do shoot mentally ill people nearly every day. One in four police shootings in and , Roth writes, struck mentally ill people. Some precincts report much higher rates. Of those killed by San Francisco police in , a full 60 percent were mentally ill. A SWAT team in Atlanta in responded to a call about a suicidal year-old boy by surrounding his home. Decked out in riot gear, a sniper on a nearby roof assassinated him. Last year, US police added sick people to the body count of mentally ill Americans killed by cops. Those most likely to be victimized by police, according to criminologists, are men with bipolar disorder who are addicted to drugs or alcohol. Substance abuse, common in bipolar people, seems to put them at somewhat higher risk of committing crimes. This summer, a study by Seattle researchers found that 50 percent of those shot by police were hospitalized or incarcerated in the two years prior to being shot; those shot by cops were 22 times more likely to have an impulsivity or conduct disorder than car crash survivors. One report found that mania or psychosis combined with substance abuse increased the chances of a run in with the law by 7. Manic men are more likely to act in an aggressive manner that attracts police attention. Instead of an ambulance, police show up, in part because mental health calls are not high priority from a medical perspective. The tools of law enforcement then perpetuate, as Roth puts it, the notion that people with mental illness are dangerous. This is not to say that the mentally ill are never violent. Mass shootings are often committed by people with brain disorders: The shooters at Columbine High School in were depressed; one died with a drug like Prozac in his blood. Adam Lanza at Sandy Hook in Connecticut had autism. He told his therapist he was having homicidal fantasies before he shot up a theater. Currently serving 12 consecutive life sentences. If someone had helped these sick people in time, many lives would have been saved. In the s, during the Great Migration, many black families moved up here from the South, bringing accents, jazz, and soul food. Caribbean immigrants came, along with Harlem families. Meanwhile, white people like me â€” Irish, Germans, Italians â€” moved away. And Bed-Stuy became poor and rough. More often, it involved petty drugs, policed with prejudice. The cocaine snorted by white bankers was never punished like crack among the black urban poor. Then, as crime declined a decade ago, white young people like me started moving in, drawn by the historic homes, eclectic culture, and rising rents elsewhere. But Bed-Stuy remains among the largest majority-black neighborhoods in the United States. The food, the warm voices, sweet tea, and folksy pace of life make us nostalgic for the South. Alabama, where my family has lived for two centuries, is no exception. Fond of guns and capital punishment, the state executes more people per capita than any other. It has high rates of mental illness, but spends less on mental health care than nearly any other state. Alabama ranks 46 out of 50 states in unmet mental illness need, according to a yearly survey by the advocacy group Mental Health America. Alabamians often get defensive if outsiders bring up racism â€” lynching, George Wallace, and civil rights groups like Southern Poverty Law Center and Equal Justice Initiative, based in Montgomery.

### 2: NPR Choice page

*Mentally ill prisoners are not allowed to have toilet paper in their cells, for fear they will suffocate. Dazed, many never talk, like dementia patients. They are often sloppily dressed, or not at.*

Tweet I posted a blog yesterday describing the plight of Christopher Sharikas who has spent nearly twenty years in prison for a violent carjacking committed after he was diagnosed with paranoid schizophrenia. What frustrates me is Judge Paul F. Sharikas needs to be in a mental hospital, not in prison for life. His mother says he belongs in a mental hospital. Sana Campbell has been trying unsuccessfully for years to get her schizophrenic son, Christopher Sharikas, transferred to a psychiatric facility from prison, where he is serving multiple life sentences for a violent carjacking. She has been visiting him in one lockup or another for two decades, ever since he was arrested for a violent and random act: Christopher Sharikas was 17 years old at the time and had been recently diagnosed with paranoid schizophrenia. But she believes his illness led to his crimes and his harsh sentence, leaving him to deteriorate in prison to a low from which experts say he will never rebound. Sharikas illustrates one of the biggest problems facing the criminal justice system: Family photo Campbell blames herself for not fighting harder from the outset. She encouraged her son to plead guilty, knowing that the guideline sentence for his crime was seven to 11 years. But the judge started by considering a year sentence. Since then, Campbell has helped her son appeal the case as many times as possible and has written letters to her U. Her hope now is an unlikely one: She said she is preparing to reach out to him with help from mental-health advocates. Around age 15, growing up in Fauquier County, Sharikas quickly changed from what family members described as a sociable, ordinary teen to one who acted out, used drugs, sat alone in the dark, carried a baseball bat and fought with teachers. Campbell sent him to live with her mother in Wheaton, Md. The teen was eventually hospitalized and diagnosed with paranoid schizophrenia, but after his release, he stopped taking his medication. Sharikas, the middle child of three, had gotten into typical teenage trouble before, his older brother recalled, smoking cigarettes and drinking beer, but he had never been impulsive or violent. Then, in April, about a year after his diagnosis, Sharikas committed the crimes that would send him to prison. First he tried to rob a woman at knifepoint in Fairfax. Sharikas was questioned but not arrested. That afternoon, his mother went to work a late shift for United Airlines at Dulles International Airport. When she got off work, she learned her son had been arrested for a violent carjacking in Northern Virginia. According to court records, she staggered into a nearby medical facility and was hospitalized for several days. Greenwood could not be reached to comment for this story. Sharikas as a child. He then pleaded guilty. But after, with a smirk, the judge said, he blamed the victim. An irate Arlington Circuit Court judge in sentenced him not within the voluntary guidelines of seven to 11 years but to two life sentences plus 30 years. Sheridan said at the time. Not long after the plea, the attorney was caught embezzling money from a client and voluntarily admitted himself to rehab for alcoholism. His law license was later revoked. Petitions for a new sentence failed. His mother says he was never involved in a gang and was not arrested in Leesburg but was sent to a mental-health facility there. He was never cut off in traffic by Greenwood, to her knowledge; he first encountered her in the parking lot. He also claimed to have punched a guard once in prison, his mother said, until a video showed otherwise. When Sharikas is heavily medicated, he becomes passive, according to the report, and is preyed on by other inmates. He has lost teeth, and his nose has been broken. Ron Honberg, senior policy adviser at the National Alliance on Mental Illness, said that while the medication available for schizophrenia in prison is comparable to what a patient would get outside, the treatment is hardly the same. That only exacerbates mental disorders, experts said. When Sharikas talks, he mumbles and jiggles his legs and stares at the ground. His jumpsuit hangs off a thin frame. When he smiles, he reveals crooked, yellowed teeth. He no longer frequently visits his brother. Only their mother does. When he is not spending time with his family, he tours the globe advocating for mental health reform.

### 3: Punishing the Mentally Ill

*Prison Or Treatment For the Mentally ill We should be supporting mental health, not punishing patients. Posted Mar 10,*

Molly Allender The use of the insanity defense has been a controversial topic throughout American history. From Hinckley to more recent cases like Andrea Yates, there is usually a public outcry against the insanity defense. Newsweek Although the plea is not used often, it has earned notoriety due to the association with unusual and famous cases. While this conviction was created with good intentions, it is a flawed system that does more harm than good, a critical concept that as an American voter the reader should realize. This ineffective charge is unethical and a harm to the mentally ill who have fallen into the US judicial system. This view was probably justified in the s when after new laws were passed and improved therapy was available many mental patients, including those who had used the insanity defense, were being released quickly. Newsweek Ultimately this resulted in a few but notable repeat offenders, sparking public outcry and legal changes. Even now with these changes, many in the public have maintained their negative feelings about the insanity defense. Newsweek The main purpose of this alternative verdict is to provide criminals with needed psychiatric treatment. These individuals should be in mental hospital where they can be carefully monitored and treated for their condition. Its cases like Ralph Tortorici that demonstrate the mentally ill should be treated in mental hospitals. Tortorici had a history of mental illness before he held a college classroom hostage and ultimately shot one student. PBS Frontline. The prosecutor could not find a single psychiatrist to give testimony that Tortorici was not mentally ill yet a jury found him guilty of all charges against him. PBS Frontline. After a suicide attempt, Tortorici drifted back and forward between prison and a mental hospital. PBS Frontline. After a long stint at the hospital, he was placed in prison again, three weeks after returning he successfully committed suicide. PBS Frontline. Tortorici exemplifies the fatal shortcomings of sending the mentally ill to prison. While the initial costs of the criminally insane in state mental hospitals is more expensive for tax payers than the cost of inmates at a prison this is not always the case at regional or private hospitals. Cole. Furthermore, mentally ill criminals who are released after psychiatric treatment are far less likely to commit another crime than criminals who are released from prison. Cole. It seems sending the mentally ill to hospitals to receive treatment would be more beneficial for the tax payer long term. Designed to protect communities from an imaginary danger, this verdict discriminates against and punishes the mentally ill without regard for their well-being. Although the insanity plea is not without flaws it is an effective and fair system that gives power to psychiatrist rather than a fearful and uninformed jury. Works Cited Cole, Michelle. Melville, John, and David Naimark. In Support of the Insanity Defense. Mental Health America, 13 Jun

### 4: Condemning A Child, Punishing A Mentally Ill Son. Again, Where Is The Justice? - Pete Earley

*Punishing the Mentally Ill shows that current mental disability law research, programming, and policy are seriously flawed and that wholesale reform is necessary if the goals of citizen justice, social well-being, and humanism are to be realized.*

### 5: Asylum, Again: Why We Need to Stop Punishing the Mentally Ill - Los Angeles Review of Books

*Treatment or Punishment. That there are many mentally ill individuals in the prisons (including those incarcerated under circumstances like the New York case described earlier) raises the question of whether indeed it is a desirable situation. 6 Today, there is more emphasis placed on the examination of the relationship between the crime and psychotic content.*

### 6: Punishing The Mentally Ill: A Critical Analysis Of Law And Psychiatry by Bruce A. Arrigo

*Punishing The Mentally Ill (Minnesota Today's Minneapolis Star Tribune article supports a position I've held for years. By*

## PUNISHING THE MENTALLY ILL pdf

*ignoring or under-serving people with mental health problems we are manufacturing state wards, preteen moms, and felons and this is making our cities dangerous and unsafe.*

### 7: The Death Penalty for Juveniles | Capital Punishment in Context

*On punishing mentally ill prisoners for self-harm, which is frequently a symptom of their illness. One of the other things that we see often is that somebody will try to hurt themselves.*

### 8: Punishing The Mentally Ill (Minnesota is not alone) | INVISIBLE CHILDREN

*While Sharikas has served time in a special prison for mentally ill men and is housed in a mental-health unit, he has often been placed in solitary confinement. That only exacerbates mental disorders, experts said.*

*From Slavery Freedom-Volume Two Its not just about avoiding the lawsuit Gerald Dolman, Marjorie O. Thomas Sports great Jerome Bettis V. 2. Mineral processing and process control Is there a writer Api 560 5th edition The secret book tamil Why Did We Stand For It? New developments in electrochemistry research School for secrets Bridge Made Easy Book 2 The Boy Named 27091 The Sonoma Diet Cookbook Map ing land navigation Food Crisis in Africa The Hounds of the Baskervilles The Prentice Hall illustrated handbook of advanced manufacturing methods 20 minutes to dinner Man and his future Belgium and Holland Na steps working guide In Endless Strife Republic chapterplays Literatures of the world in English From the Ground Up (Millenium Edition) Mary Plain and the twins Della Robbias in America. Gdt 2009 applications book Casualties of the lifestyle revolution: Playboy, the permissive society and womens liberation. Saltwater salmon angling End times fiction gary demar The art and technique of matchmoving Baker, W. A. Fishing under sail in the North Atlantic. Pictorial price guide to metal lunch boxes thermoses Hes The God Of A Second Chance Fevicryl hobby ideas books The Mystical Side of the Mysteries and Their Relation to Freemasonry Encyclopedia of Indian Art MYSTERY OF THE MISSING MILLIONAIRESS (NANCY DREW 101): MYSTERY OF THE MISSING MILLIONAIRESS (Nancy Drew M Multiple Choice Questions in Preparation for the Ap United States Government Politics Examination*