

Criminalization of Mental Illness: Crisis and Opportunity for the Justice System

by Risdon N. Slate and W. Wesley Johnson; Durham, North Carolina, Carolina Academic Press, 2008, 407 pages, \$45

Frederick J. Frese, Ph.D.

As public psychiatric facilities have moved from institutions to community settings in the United States over the past 40 years, we have experienced a marked increase in the incarceration of persons with serious mental illness. Recent estimates are that we book over two million persons with serious mental illnesses into jails annually (1), with many of these persons later being moved to prisons for longer-term stays. The rapid transfer of responsibility of care for this population from the mental health establishment to the criminal justice system has been accompanied by significant problems. These problems have been exacerbated by an unfortunate failure to find meaningful interaction between the mental health system and those working in the criminal justice sector.

Nevertheless, the past decade has seen some significant changes. More mental health professionals have begun to pay attention to the plight of persons with mental illness who are involved with the criminal justice system. Mental health courts and specialized mental health training for the police are being established across the country. Laws governing the ability to treat persons who have mental illness and are resistant to treatment have arguably been improved. Initiatives to improve the availability of treatment for incarcerated persons with mental illness also are being implemented. Many of these recent changes have been largely driven by the ad-

vocacy efforts of consumers and family members.

Criminalization of Mental Illness provides an excellent overview of these recent developments from a variety of perspectives. Senior author Risdon N. Slate is a criminal justice faculty member at Florida Southern College, and as he points out, he is a seasoned advocate and person in recovery from serious mental illness. His coauthor, W. Wesley Johnson, is a former criminal justice professor and is currently president of the Academy of Criminal Justice Sciences. These criminal justice academics lay out their work in ten well-written chapters, beginning with a brief history outlining how such a very large proportion of persons with serious mental illnesses came to be under the auspices of the criminal justice system. Given that dangerousness is so frequently perceived to be associated with mental illness in the public mind, it is refreshing to see these authors stress early in their volume that persons with mental illness are much more likely—by as much as a factor of 14—to be victims of violence than they are to initiate it against others.

After their initial overview, the authors cover various approaches that police departments have taken to better address the problems of the population with serious mental illness. This section is followed by one describing the development of the several types of mental health courts, which they describe as being similar to the drug courts that preceded them in the late 20th century. Both drug and mental health courts started in southeast Florida, and both are described as relying heavily on the principles of therapeutic jurisprudence. Subsequent chapters then focus on planning for discharge from incarceration and on various

approaches to handling violations among those with mental illness outside the jails and prisons, including those related to parole, probation, and contact with specialized forensic assertive community treatment teams.

The book includes numerous real-life examples of individuals caught up in the interface between mental illness and criminal justice. Somewhat refreshingly, these authors tend to draw their examples from Florida and other parts of the country, in contrast to the more typical custom of disproportionately taking examples from the more densely populated, northeastern region of the country.

Additional chapters are contributed by professionals who have perspectives outside the book's primary authors. Three psychiatrists who had served with Dr. Slate on the board of directors of the National Alliance on Mental Illness (NAMI)—Anand Pandya, H. Richard Lamb, and Suzanne Vogel-Scibilia—contribute an excellent chapter on how persons with mental illness are affected by the experiences and attitudes of criminal justice practitioners. They lament that too often mental health professionals tend to avoid those most in need of their care. They present an urgent call for a change in the attitudes and biases of mental health professionals with regard to persons with mental illness in the criminal justice system.

Ronald Honberg, J.D., the longtime legal director for NAMI, writes the excellent penultimate chapter. He describes legal difficulties that arise for persons with mental illness, including various aspects of determining trial competency, insanity, and prisoners' rights both to receive and to refuse treatment. His description of Eighth Amendment rights and how these extend to discharge planning is of particular interest.

Overall this very readable book provides a good survey of the various sectors of the criminal justice system and their response to the substantive changes that have affected persons

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with mental illness during the recent past. These authors provide a valuable guide for mental health professionals interested in appropriate treatment and placement of persons with mental illness.

The reviewer reports no competing interests. ♦

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Dimensional Approaches in Diagnostic Classification: Refining the Research Agenda for *DSM-V*

Edited by John E. Helzer, M.D., Helena Chmura Kraemer, Ph.D., Robert F. Krueger, Ph.D., Hans-Ulrich Wittchen, Ph.D., Paul S. Sirovatka, M.S., and Darrel A. Regier, M.D., M.P.H.; Arlington, Virginia, American Psychiatric Publishing, Inc., 2008, 164 pages, \$60

Scott E. Provost, M.M., M.S.W.

A swirl of controversy has surrounded the upcoming fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) (1–3). Unfortunately, less consideration has been paid to the substantive work involved in enhancing the utility of the DSM for clinical and research diagnostic purposes (4). Critics of the DSM have called attention to the limitations of categorical diagnoses based on symptom counts, a method that does not fully take into account symptom severity and quality-of-life issues. For example, is an individual who meets diagnostic criteria for a major depressive episode with five of the nine symptom criteria considerably different from someone who falls just short of the cutoff for a depressive episode by meeting only four of nine criteria? Many argue that symptom counts alone do not help clinicians understand the scope of a diagnosis. The contributions in this volume shed light on this important area of inquiry of adding a dimensional approach to the diagnostic taxonomy.

The book is a compilation of articles first published in a supplement to the *International Journal of Methods in Psychiatric Research* and based on a National Institutes of Health (NIH)–funded July 2006 conference, *Dimensional Approaches to Diagnostic Classification: A Critical Appraisal*.

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The conference was organized by the American Psychiatric Association, World Health Organization, and NIH. The editors hoped that the articles would spark debate and generate interest in developing ways to combine categorical and dimensional approaches to psychiatric diagnosis.

Overall, the collection of articles is well organized and includes a useful organizing chapter on *DSM* categories and dimensions, which summarizes the limitations of the current categorical approach to psychiatric diagnosis and the scientific merits of adding a dimensional component. This chapter provides a framework for the subsequent chapters but is most applicable for professionals with some knowledge of epidemiology and statistics. Other chapters focus on the potential utility of adding dimensional components in the diagnosis of substance dependence, major depressive episode, psychosis, anxiety disorders, personality disorders, and developmental psychopathology.

The concluding chapter on dimensional options for *DSM-V* is the most thought provoking, providing recommendations and outlining the challenges of incorporating a dimensional approach in the next iteration of the *DSM*. Adding a quantitative, dimensional approach is not necessarily a novel method, as noted by the editors. Clinical researchers, for example, often use standardized instruments to assess severity and response to treatment interventions. Similarly, clini-

cians also want to know how well their patients are responding to treatments. A dimensional component would add to the utility of the diagnostic process by solidifying the approach many clinicians and researchers are already following. The challenge will be to find a way to add a dimensional element to the psychiatric classification scheme that does not burden either clinician or respondent but yields a richer diagnosis and understanding of the patient. Overall, *Psychiatric Services* readers will find that this book provides direction for the future and describes how substantive changes to the *DSM* may shape both clinical treatment and research.

The reviewer reports no competing interests. ♦

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Addicted to Incarceration: Corrections Policy and the Politics of Misinformation in the United States

by Travis C. Pratt; Thousand Oaks, California, Sage Publications, Inc., 2009, 153 pages, \$31.95 paperback, \$69.95 hardcover

H. Richard Lamb, M.D.

With at least 350,000 persons with severe mental illness in our jails and prisons, the mental health field is very much in need of the knowledge and perspective of criminologists. Their perspective can only help us in our efforts to deal with criminalization of persons with severe mental illness, one of the most important social issues

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of our time. Thus this slender volume by an expert on crime and delinquency and the criminal justice system focuses on an area that is one of our greatest challenges.

The author's main thesis is that society's emphasis on social support is inversely related to its emphasis on social control. As the State has placed increasing emphasis on its social control function by increasing the power and scope of the criminal justice system, the State has deemphasized its public responsibilities in providing social support in areas such as community mental health and inpatient treatment. Another issue emphasized by the author is the war on drugs, in which the criminal justice system plays a leading role. Given that such a large percentage of persons with severe mental illness have severe substance abuse and dependence problems, many tens of thousands have found their way into our jails and prisons via their problems with drugs and alcohol.

The author points out that the State's shift in emphasis from social service to social control has resulted in responsibilities, in addition to punishment, beyond the capabilities of the correctional system. For instance, prisons are simply ill equipped to effectively treat persons with severe mental illness. Society needs to be reminded of this fact, and the author forcefully does that. This statement needs to be qualified, however; if the person has committed a serious crime, such as

murder or armed robbery, there is no alternative but to incarcerate that person, no matter how severe the mental illness.

In addition to the struggle in society between those who would stress social control and those who would stress social support is the issue of cost. In the case of persons with severe mental illness, there has been an attempt to show, as an argument for decriminalization, that treatment in the mental health system would cost less than incarcerating these persons in jails and prisons. The argument considers all the costs associated with the criminal justice system, such as the courts, law enforcement, public defenders, and so on. However, this is difficult to prove, and, in fact, high-quality mental health care, including therapeutic psychiatric hospitalization, is expensive.

An additional issue is the belief on the part of many persons, both in and outside of the mental health system, that hospitals and involuntary mental health treatment often are not necessary. Ironically, this belief often leaves jail and prison as the only alternative for those who need involuntary, structured care.

Clearly, the main points of this book are valid. Society has a public responsibility to provide treatment to persons with severe mental illness, and this should be done in facilities designed not for punishment but for treatment.

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treatment providers, be they physicians or clinicians, and patients and their families.

The first chapters lay the background. They begin with the historical and phenomenological aspects of bipolar illness and then present the principles of treatment. They close by discussing the basic psychopharmacology of mood stabilization. These chapters are sound and provide a balanced perspective and sufficient depth to be a concise review for psychiatrists treating mood disorders. However, they are likely to be too complex for most patients.

The heart of the book resides in case studies exemplifying clinical scenarios related to different psychopharmacological treatments. Chapter topics cover a representative breadth of bipolar treatment considerations, including antidepressants, mood stabilizers, complex combination treatment, as well as the hot topic of childhood bipolar disorder.

The clinical scenario chapters begin with a brief case history and a visual mood chart of the NIMH-LCM; next, the treatments and rationale for using them are reviewed. The chapters close with bullet points of concepts weighted by strength of clinical evidence. This format creates a surprisingly easy and rapid read. The case presentations are short and concise, and the mood charts display significant information that can be quickly grasped. The discussions are of reasonable length, and the concluding bullet points digest the content for the scanning reader.

This ingenious approach to the chapter format draws in both physician and patient. The patient will identify with the case patient's story but will have to work a little harder to assimilate the denser treatment discussion. The clinician is likely to glide through the case studies to focus on the treatment scenarios, considering them in the context of his or her own practice approach.

The final chapter on guidelines for patients and families highlights key points, such as use of social supports, education, and of course, the necessity of medication, but it tends to wax into phenomenology. It would have stayed truer to its guideline title, as well as the

Treatment of Bipolar Illness: A Casebook for Clinicians and Patients

by Robert M. Post, M.D., and Gabriele Leverich, M.S.W., L.C.S.W., B.C.D.; New York, W. W. Norton and Company, 2008, 576 pages, \$65

Wendy Marsh, M.D.

Written by Robert Post and Gabriele Leverich, *Treatment of Bipolar Illness* illustrates the course of bipolar disorder and treatment approaches through longitudinal case

examples. Dr. Post, with 37 illustrious years at the National Institute of Mental Health (NIMH), where the cases originated, is a leader in research on bipolar disorder and creator of the Mental Health Life Charting Method (NIMH-LCM) with which the cases are depicted over time. The book takes on the challenge of focusing on

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book format, if it had ended with take-home bullet points for patients, as it does on medication management for doctors.

Overall, Dr. Post and Ms. Leverich did a commendable job in creating a casebook for clinicians and patients on the treatment of bipolar disorder. Although at times too complicated for the

average patient and skimmable for the psychiatrist, the book as a whole covers a healthy breadth of topics on a level that will engage both audiences. *Treatment of Bipolar Illness* brings both doctor and patient onto the same page—a rare yet critical accomplishment.

The reviewer reports no competing interests. ♦

The Black Swan: The Impact of the Highly Improbable by Nassim Nicholas Taleb; New York, Random House, 2007, 366 pages, \$28

Alexander M. Millkey, Psy.D.

Nassim Nicholas Taleb is a maverick economist, and his intended audience for *The Black Swan* is investment professionals. As it happens, the lessons that Taleb intends for practitioners of “the dismal science” are also applicable for mental health professionals involved in risk assessment. Both investment and mental health professionals routinely forecast risk and often suffer the consequences of unpredicted adverse outcomes. Both also find that their ability to predict outcomes can be undermined by the same sets of incorrect assumptions.

Taleb defines a “black swan” by three attributes. First, it has a very low base rate occurrence. Second, it carries an extreme impact. Third, after the event a narrative is constructed that creates a false sense that the outcome could have been predicted and therefore prevented. Although Taleb’s case examples are often economic or political in nature (the events of September 11, 2001, for example), it is not difficult to generate a list of black swans from within our own profession. School shootings, violence by individuals with no history of violence, and escapes from extremely secure forensic settings may all be black swans. I am reminded of two tragic events at a forensic hospital wherein two patients choked to death

on pancakes within a month of each other. The base rate for an otherwise physically uncompromised person’s dying from choking on a pancake is astronomically low; nonetheless pancakes were *crêpe non grata* and were not served in the institution for well over a decade. In retrospect these events may be explained, but it is rarely recognized that they are often fundamentally unpredictable and are unlikely to recur in a similar manner. The resources expended in preventing the recurrence of such an event can deplete financial resources or cause unnecessary abridgement of civil liberties.

After defining the problem, Taleb lays bare the assumptions that underlie our misperceptions of the unpredictable,

defines gray swans (which are somewhat predictable low base rate events), and gives thoughtful commentary that may help clinicians in understanding when and how to make predictions. Ironically, Taleb’s points are all well known by academic psychologists but are generally ignored by practitioners. It has been known since the early 1980s that unstructured clinical judgment predicts adverse outcomes at a rate below chance. Whereas actuarial and structured clinical judgment schemes are demonstrated to greatly improve predictive accuracy, unstructured clinical judgment remains the most common method of forecasting risk.

The Black Swan is an interesting and helpful book, but it is not without shortcomings. Taleb is an engaging writer, but in the latter part of the book his literary voice at times crosses the line from knowing to smug. In addition the book moves from general (and useful) observations about risk in the first two parts of the book to arcane pontification irrelevant to clinicians in the last part of the book. Nonetheless, Taleb’s sensibilities as an economist offer a fresh perspective on problems faced by mental health practitioners, particularly those who work in public-sector or forensic settings, and *The Black Swan* is a worthwhile and enjoyable book for those involved in risk prediction.

The reviewer reports no competing interests. ♦

Additional Book Reviews Available Online

Reviews of three additional books are available as an online supplement to this month’s book review section on the journal’s Web site at ps.psychiatryonline.org:

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- ♦ Caroline Fisher, M.D., reviews *Dyslogic Syndrome: Why Millions of Kids are “Hyper,” Attention-Disordered, Learning Disabled, Depressed, Aggressive, Defiant, or Violent—and What We Can Do About It*
- ♦ Maxine Harris, Ph.D., reviews *Mad, Bad, and Sad: A History of Women and the Mind Doctors*

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