

Mental Health Matters

The newsletter of the Illinois State Bar Association's Section on Mental Health Law

Editor's Note

BY SANDY BLAKE

This issue of *Mental Health Matters* is dedicated largely to the Illinois Mental Health Task Force Virtual Summit Sessions convened by Illinois Supreme Court Chief Justice Anne Burke. The October 2020 issue contained a report on the first session, and this issue covers the remaining fall programs. Congratulations to Justice Burke on gathering so many stakeholders together for this virtual summit—because of and in spite of the COVID-19 pandemic.

Special thanks go to my colleagues in Kane County for their contributions to this issue. Assistant public defenders Eun Yoon and Juanita Archuleta graciously reported on virtual summit sessions 2 and 3, respectively. In addition, Dr. Alexandra Tsang, director of the Kane County Diagnostic Center, prepared the article on COVID-19 and Mental Health. My apologies for not getting that article published in a more timely fashion. ■

COVID-19 and Mental Health

BY DR. ALEXANDRA TSANG

As the cold air arrives and the long Chicago winter stretches out in front of us like an endless horizon, the idea of sheltering in place and staying at home may be as dismal as the gray winter sky. Although we currently are in December and have the immediate distraction of the holidays, in a few weeks we will be faced with the post-holiday blues and the monotony of the indoor life that winter and COVID-19 will bring.

COVID-19 brought us an epidemiological and psychological crisis. This is the largest mental health impact in modern history. The increased isolation, changes to routine, changes to

our jobs and the daily confrontation with our own mortality is an overwhelming stress that impacts all of us. Frustration and boredom related to the isolation of quarantine, inadequate supplies and access to health care for some, and insufficient or contradictory information about the virus from public health officials all add to our stress levels. Suicide hotline calls have increased, individuals with substance abuse problems are relapsing more and declining mood and increasing anxiety are a reality. If your mental health was in relatively good shape prior to COVID-19, you now likely are doing less well. If you

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were already doing less well and had some pre-existing depression and anxiety prior to COVID-19, you now are likely struggling. And if you were already struggling prior to COVID-19, you are now likely in crisis. Basically, we all have experienced some level of mental health decline this year.

Rates of depression and anxiety in Americans have significantly increased. Parents who now have to juggle working from home while tending to the academic needs of their children have a two-fold onus and thus double the stress. There is little reprieve when you work, attend school, have dinner and socialize with the household all within a few rooms of the house. There is no stress relief of going to concerts, eating out at restaurants, attending sport games or going on vacation.

Quarantine stress impacts us all but in different ways. Children respond to anxiety differently than do adults. Young children may not have the vocabulary to express their frustration, boredom, or the feelings of loss of not seeing their friends, playing at recess on the playground and engaging in social activities. Children will likely show you how they are feeling rather than tell you. This means that you may see more acting out behaviors in your young ones. Agitation, clingy behavior, anxiety and complaints of stomach aches and headaches can be common. It is important that as parents we limit their exposure to the news and translate the information in a way that they understand. Reassure your children that they can be safe, teach them everyday actions to reduce the spread of germs and keep up with their regular routines. Children respond to structure because structure is predictable and with predictability comes the feeling of safety. That will translate in a calmer behavior.

Adolescence, even in the best of times, is a developmental period that comes with angst, growing pains and when peer group development is very psychologically significant. This is when children start pulling away from their parents psychologically in order to

become independently functioning adults. Hormones, focus on peers and social events such as graduations, proms and sport events become crucial. Teenagers have faced the loss of many of these activities. Creatively, a lot of these activities have taken on a new form such as drive-by birthday celebrations, but the feel is not the same. Encourage your teens to stay socially connected to their peers via phone, video chats and even video games which can utilize the chat function for cooperative play.

The emerging adult group, ages 18-24, have also faced the loss of in-person milestones such as visiting college campuses, going on their first job interview and securing an internship or work-study program. These are now virtual. It is common for teens and emerging adults to feel “robbed” of these events that they grew up hoping to have one day.

With all this being said, one key thing to remember is: “It’s OK to not be OK.” Yes, we all have been affected. We are all having a normal reaction to a historically not-normal era. However, there are attainable things we can do to lighten our moods and keep the positivity going.

One way to take care of your well-being is to let go of things you cannot control. You cannot control when other people refuse to wear masks or wear them half way slung down their faces dangling from their ear like a wispy feather boa. You cannot control when others do not social distance and contaminate your personal space bubble. You cannot predict what will happen in 2021 as it pertains to the coronavirus. You cannot predict toilet paper shortages. You cannot control how long this will last. But... You can control your media exposure and decide what levels of information you can tolerate. You can control your own mask-wearing, social distancing and hand washing behaviors. Remember there are perks to face mask wearing. You don’t have to smile if you don’t want to. You can even sneak in a bit of a grimace and no one will be the wiser. You can control keeping a positive attitude. You can find fun things to do at home.

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OFFICE

ILLINOIS BAR CENTER
424 S. SECOND STREET
SPRINGFIELD, IL 62701
PHONES: 217-525-1760 OR 800-252-8908
WWW.ISBA.ORG

EDITOR

Sandra M. Blake

PUBLICATIONS MANAGER

Sara Anderson

✉ sanderson@isba.org

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Which brings me to home survival strategies. In regards to every day functioning, have some sort of routine. If you roll out of bed and shuffle with your bunny slippers to the next room with a pillow crease on your face, believe me, you will not be as productive at work as you can be. You have to transfer into work mode. That means, yes, take that shower before you log onto your computer and not during brunch or when the sun is setting and the geese are returning to their ponds. Comb your hair and put on makeup if it will make you feel more alert, even if only your dog Fido sees you and appreciates your effort. Designate only one work area for yourself. If you scatter your papers around the house like a windstorm, everywhere you look you will see reminders of work and you may have a hard time unwinding in the evening.

Find productive and fun ways to use your time at home. You can use the shelter in place time to exercise your brain. Take an academic course like something from Khan Academy or Skillshare. Do some brain training apps like Cognifit, Lumosity or Elevate. Listen to a TED Talk. Check out Goodreads for book recommendations and

book reviews with other readers. Do a self-help workbook. There are a ton of resources out there for anxiety and depression. Write in a journal, keep a gratitude journal, or color in an adult coloring book. Do some meditation through Headspace. Start that yoga routine you have always wanted. I personally recommend the You Tube channel Yoga with Adriene. She has yoga routines designed for specific body issues, such as lower back pain, and also for emotional issues such as anxiety. And she does not make me feel awkward and clumsy just because I can't touch my toes without wincing. Keep an optimism calendar where you do one positive thing a day even when you are having one of those days when the only positive thing that happened that day seems to be "I didn't burn dinner."

There are also semi-mindless tasks you can do. These are my personal favorites. Mindless tasks will burn off some of the anxious energy and will keep your brain engaged. Cleaning and decluttering is a great one. Learn how to fold your clothes Marie Kondo-like. Please see Netflix for the reference. Do some jigsaw puzzles or work on that scrapbook that you started in 1999. Organize your photos. Who cares that your

kid just graduated college and you are on page two of his baby photo album. Pets are another source of comfort and stress relief even though they may steal all your hand towels and use them as chew toys. I'm just saying. (I'm looking at you, Mango). Learn to cook a great soup, how to play the guitar or how to knit.

Remember those things that are not cancelled are family movie nights, playing board games, baking cookies, and calling a friend. Remember that it's OK to not be OK and that even though these times will be in history books we have the choice to remember this as a completely negative event or a time where we revived family walks, we learned how to cook something new, and we realized we were much more resilient than we thought because we chose to see the slivers of opportunity that came with this unique time period and we remembered that those gray winter days always lead to sunnier seasons.■

Dr. Alexandra Tsang is the director of the Kane County Diagnostic Center.

The Illinois Mental Health Task Force Virtual Summit Session 2—Mental Health Diversions From the Justice System Through Leadership, Collaboration, Building Momentum, and Moving Forward With Lessons Learned From the Pandemic

BY EUN K. YOON

On October 6, 2020, hundreds of stakeholders in the mental health area reconvened for the second of five virtual sessions aimed at "Improving the Court and Community Response to Persons

with Mental Illness and Co-Occurring Disorders Through Compassion and Hope. The title of this presentation was Mental Health Diversions from the Justice System through Leadership, Collaboration, Building

Momentum, and Moving Forward with Lessons Learned from the Pandemic. These sessions are free and available at www.ncsc.org/mentalhealth.

Justice Kathryn Zenoff of the Illinois

Appellate Court, Second District, welcomed attendees. In her opening remarks, she noted that: “We are in a pandemic, but also in the midst of the ‘silent epidemic’—mental illness.” Justice Zenoff emphasized the importance of raising awareness of those who live with mental health issues and co-occurring disorders and the need of providing help through the coordinated action of various agencies in the community. She stated that compassion and hope were essential and encouraged participants to “see the person, not the disease.”

Next, Kimberly McCullough, deputy director of community outreach, from the Department of Healthcare and Family Services welcomed the participants and highlighted the agency’s continuing efforts to provide service for the public during the COVID-19 crisis, especially expanding the Medicaid program.

Judge Steven Leifman, associate administrative judge, in the Eleventh Judicial Circuit of Florida (Miami-Dade County) was the keynote speaker. Judge Leifman currently chairs the Steering Committee on Problem Solving Courts for the Supreme Court of Florida and the Mental Health Committee for the Eleventh Judicial Circuit of Florida.

The theme of the presentation was his “journey into the mental health system, the legal and medical history that led to America’s mental health crisis and the essential elements necessary to create an effective system of care that ultimately would transform the mental health and criminal justice systems and would make jail the last option for people with serious mental illnesses, not the first.”

Judge Leifman pointed out that it would be “failed public policy” if we applied the traditional criminal justice model to people with mental health disorder rather than population health model or disease model. However, he emphasized that it is not just a “criminal system problem but a systemic problem with the mental health system. Systemic changes are needed to improve the appropriate response to people with mental illness.”

Various source of data supported the strong correlation between multiple involuntary civil examinations and arrests

of people with mental health issues. A disproportionate number of people with Serious Mental Illness (SMI) were arrested and incarcerated rather than hospitalized. The criminal justice system was becoming a de facto mental health system and it caused great fiscal impact, as well as human cost. Due to the pandemic, the jail population was decreased, providing a unique opportunity to reassess the approach to the arrestees who were having a mental health crisis.

Judge Leifman presented the Miami-Dade approach as an example of effective ways to address the “high users of the system without overhauling the entire system.” He highlighted the critical aspects of collaboration of court, community, and law enforcement to serve the people with SMI. The Miami-Dade two-tier approach was the following: 1) Pre-Arrest Diversion-Crisis Intervention Team (CIT); 2) Post-Arrest Diversion. He would add a third tier: School-based/Pediatric Program to identify and help children who show signs and symptoms of trauma or SMI (sexual assault or domestic violence).

In addition to the two-tier approach, three other measures were used in Miami/Dade County under Judge Leifman; Competency Restoration Alternative Program, Assisted Outpatient Treatment (AOT) Program in County Court Criminal Division, and Jail In-Reach Program.

The Miami/Dade Court approach effectively help individuals with mental illness who are in crisis. It routes them to appropriate mental health care facilities rather than jail. The approach has resulted in a decrease in the number of arrests and incarceration and lowered recidivism, all at a significant cost reduction. There was an added benefit of providing treatment of the PTSD of law enforcement.

Judge Leifman showed a clip of the documentary, *The Definition of Insanity*, which aired on PBS on April 14, 2020. *The Definition of Insanity* shows how Judge Leifman’s novel approach to solving the mental health crisis could be the model to tackle the much larger epidemic throughout America. <https://www.pbs.org/video/the-definition-of-insanity-7egjih/>

The last part of the session was a

panel discussion, moderated by the Judge Sharon Sullivan, Presiding Judge of the County Division of the Circuit Court of Cook County. Members of diverse areas of expertise in the mental health arena each discussed the services they provide to people with mental health issues, the impact of the pandemic and their responses.

Representing treatment providers, Dr. Rashad Saafir, president and CEO, Bobby E. Wright Center Comprehensive Behavioral Health Center and co-founder and director of the Westside Community Triage and Wellness Center, discussed how his organization helped the people with mental illness or substance abuse disorder in his community by crisis intervention, assistance with housing, food, and job search and working with law enforcement.

Representing Medicaid, Kim McCullough, deputy director of community outreach, Department of Healthcare and Family Service stated the agency expanded during the pandemic and changed the emergency rule of Medicaid to reimburse “telehealth” services so treatments are more accessible to those in need.

Representing the courts, Judge Janet Holmgren, of the Juvenile and Problem-Solving Court Division, 17th Judicial Circuit Court and President of the Illinois Association of Problem-Solving Courts, detailed problem-solving courts (drug court or mental health court) and their function, roles and procedures. Judge Holmgren further talked about the challenge posed during the pandemic and the implementation of creative methods, such as telehealth, to help the participants.

Representing probation, Hanna Ewing, MSW, Tazewell County specialty court officer, who also has a clinical social work background, expressed the concerns of different effects of the pandemic on her clients, such as treatment access, probation appointments, or other daily routines such as grocery shopping. Her probation department tried to utilize a new method to contact the clients such as downloading a free meeting app or using on-line NA/AA.

Representing prisons, Dr. Melvin Hinton, chief of mental health services, Illinois Department of Corrections (IDOC), stated

the pandemic also affected prison population in the IDOC. Out of 31,000 offenders, 12,000 (39 percent) are in mental health caseload. The IDOC faced the challenge of providing the inmates' mental health services while they were in the facility. The IDOC also tried to help prisoners by giving information and education so they could continue to seek treatment after their release and return to the community.

Representing the legislature, Rep. Deb Conroy, Illinois state representative, 46th District, chair of Mental Health Committee

expressed the importance of educating other legislators and the public about mental health and substance abuse issues and the committee's efforts of expanding telehealth, mental health and addiction issues and creating new laws and budgets.

The second session of the Illinois Mental Health Task Force Virtual Summit afforded participants an opportunity to learn valuable information from a variety of different government agencies and community organizations, focusing on the new challenge during the pandemic and

creative responses to continue to help the most vulnerable population. The Miami/Dade County approach demonstrated how a creative and well-coordinated system with the collaboration of various resources could accomplish helping people with mental health disorders effectively. ■

Eun K. Yoon is an assistant public defender in Kane County, Illinois.

The Illinois Mental Health Task Force Virtual Summit Session 3—Learning From the Voices of Lived Experience: Informing Change

BY JUANITA ARCHULETA

On October 13, 2020, the Illinois Mental Health Task Force Virtual Summit presented its third of five sessions. The program focused on a holistic approach to treatment and featured the lived experiences of two people in crisis, their involvement with criminal law and their efforts to get help.

Illinois Lt. Governor Juliana Stratton began the session by discussing aspects of the Justice, Equity and Opportunity Initiative, JEO. She said that justice reform is not just about policing, jails and prisons, but is also about healthcare, mental health and wellness. JEO has a key focus on addressing how people can have access to healthcare upon release from prison. Stratton said she was proud to work with organizations like the National Alliance on Mental Illness (NAMI), to help enroll juvenile detainees in Medicaid upon release. She encouraged everyone to get more information by listening to the JEO podcast series Walk, Listen, Learn: Our Journey to Justice. Stratton said she agreed with Rob Jeffreys, Acting Director of the Illinois Department of Corrections (IDOC), that underserved communities in Illinois have a medical treatment system rather than

a healthcare system which is preventative. The lieutenant governor considers herself to be a restorative justice practitioner and says we need to listen to the people in order to do the work (to serve them). She said that the system of JEO is rooted in compassion and hope. More details can be found on the JEO website <https://www2.illinois.gov/sites/lgt/issueslist/Justice-Equity-and-Opportunity-Initiative/Pages/Introduction.aspx>.

Rob Jeffreys, Acting Director of IDOC, spoke next about statistics of people currently incarcerated in Illinois. He said that about 39 percent are diagnosed with a mental health illness and 79 percent of the women detainees are mentally ill. Approximately 1200 people remain in IDOC past their parole date yearly because they cannot get housing. Jeffreys said that many people in the prisons have backgrounds of severe trauma. IDOC has a reentry team to increase Medicaid enrollment and assist with work place opportunities. They partner with other agencies to find housing with support from the office of Lt. Governor Stratton. The Acting Director finished his remarks by emphasizing the need to look at the system

holistically, focusing on housing, work and mental health services.

Moderator Alexa James, CEO of NAMI Chicago, introduced the program's speaker, Dr. Debra Pinals. Dr. Pinals, Medical Director, Behavioral Health and Forensic Programs, Michigan Department of Health and Human Services; Director of the Program in Psychiatry, Law, and Ethics and Clinical Professor of Psychiatry, University of Michigan; presented on "Systems, Struggles and Strategies: Opportunities at the Justice and Behavioral Health Interface." Dr. Pinals explained that "silo systems" are the different systems encountered in society such as court-ordered services, emergency room care, community substance use services, etc. These systems speak different languages and are unable to operate with each other. Criminal justice is focused on recidivism, a measure of success on whether a person returns to that system. Recovery is the language of mental health, not as a cure but defined by Substance Abuse and Mental Health Services Administration (SAMHSA), as "a process of change through which individuals improve their health

and wellness, live a self-directed life, and strive to reach their full potential.” Laws and regulations can be challenging for treatment providers who address the “process” that is needed. Dr. Pinals highlighted the problems that arise when different systems, such as community civil systems versus criminal systems attempt to interconnect. She said that there is an over penetration of people with mental health illnesses in jails and prisons. According to Dr. Pinals, 60 percent of incarcerated populations have substance disorders, of that 22 percent also have mental health illnesses.

When treating people in custody, Dr. Pinals said it is important to look at the whole person- child welfare, time in foster care if they were removed from home, understanding that children should stay with parents. Treatment for substance use upon reentry is a matter of life and death for people with opioid addictions; the risk to relapse and die is great. There is no recidivism if a person dies but that is not what we want from a public health standpoint. In taking a holistic look at the individual, everything is important, race, the socioeconomic status of their community, environmental factors, the relationship between crime and mental health symptoms, etc.

Dr. Pinals advocated shifting financial burdens to meet the needs of people in their communities. Currently more money is being spent on prisons. She recommended working with Medicaid as a partner agency for community-based support. Courts can help by using mandates and support to keep people engaged in treatment. Dr. Pinals encouraged cross-collaboration, to use what works in each system and think broader to form safety networks. She outlined a “Sequential Intercept Model” that would support someone with a continuum of care through a variety of systems from community services through involvement with law enforcement, court appearances, prison and reentry. This strategy is thoroughly explained in the book *Sequential Intercept Model and Criminal Justice* by Patricia Griffin et al. Dr. Pinals completed her presentation by

urging participants to review evolving trends addressing reforms, follow SAMHSA guidelines and best practices published by the National Association of State Mental Health Program Directors, NASMHPD. She said that we need evidence-based practices and engagement.

Following Dr. Pinals, Alexa James introduced Olachi Etah, a young woman who shared her lived experience of having bipolar disorder and being in crisis. She had graduated from college and wanted to become a psychiatrist. She was attending Loyola but had to take a leave of absence when she started having symptoms. She took a new job in Chicago and did volunteer work, but she began roaming the streets in psychosis. Her mother flew in from Maryland but could not find her daughter. Etah ended up at O’Hare in the midst of a psychotic episode. While submerged in a mental break, she hallucinated gun shots and picked up a child to take her to safety. The child’s mother took the child back, police officers surrounded Etah and arrested her. She was charged with kidnapping, not taken to a hospital. Etah spent a year in jail. She said the goal (of the system) was always prison. She was found not guilty by reason of insanity (NGRI), after trial and remanded to a state hospital. There she received treatment and medications. She said it felt like a final destination, like a system not built for someone to leave.

Etah said she has been in full remission since 2016. But she says that the NGRI label makes her feel like an eternal defendant, a cast off as a dreg in society. She wants to be a productive member of society, but says that the system “works to sever your voice.” Etah made an appeal to police and judges viewing the session to take actions that lead to recovery. “Don’t let fear influence the most critical decisions.” She added, recovery is a full 360 with many components—medication, family, freedom to be other things besides a person with a mental health disorder, a “well-rounded comprehensive human.”

Frederick Nitsch, the final speaker of the day, talked about having bipolar type 2 disorder. He said that he had been hospitalized three times with

overwhelming suicidal ideation. He does role playing for first responders in Crisis Intervention Team (CIT), training. Nitsch said that his symptoms of anxiety started in middle school with stomach problems and vomiting. He described depression and suicidal thoughts. After receiving inpatient care, he was discharged with medication but felt overwhelmed by the need to find treatment providers and deal with his depression. He returned to school and said it was difficult to find all the services he needed. He turned to drugs, alcohol and felt amazing. He experienced his first manic episode. He was arrested twice for shoplifting and not showing up to court. When he bonded out, he did not have access to the same medications he had been taking while in custody. He dropped out of grad school, had panic attacks, a bleeding ulcer, was suicidal. Nitsch said that the prospect of finding providers seemed insurmountable and believed he would always be ill. But then he said he hit his rock bottom and found Trilogy Behavioral Healthcare. They have a variety of services, a team of people to provide coordinated care. Nitsch asks, “How do we get someone care before they’re in crisis?” It should be a goal to make the path to wellness as easy as possible. He said that mental health recovery does not rely on connection, it IS connection. Recovery for him means active maintenance, medications, seeing a counselor, maintaining things that keep him healthy. He said he still goes to groups—a vital part of wellness that gets overlooked—to give him a connection with people who have shared experience.

There was so much valuable information presented in this session that is easily accessible on the internet, in print and even as a podcast. There is great need for treatment providers and all societal systems to work together to support and treat people with mental illnesses. Working together presents the best hope of providing a continuum of care to help an individual live a life as a “well rounded comprehensive human.”■

Juanita Archuleta is an assistant public defender in Kane County, Illinois.

The Illinois Mental Health Task Force Virtual Summit Session 4—How Mental Illness and Trauma Affect Quality of Life

BY CHERYL R. JANSEN

On October 20, 2020, The National Judicial Task Force to Examine State Courts' Response to Mental Illness and the State Justice Institute hosted the fourth of five virtual sessions to support the Illinois Supreme Court's continuing efforts focused on coordinating solutions for individuals living with mental illness. The session began with welcoming remarks provided by Sara Feigenholtz, who represents the sixth district in the Illinois Senate, and Heidi Mueller, director of the Illinois Department of Juvenile Justice (IDJJ).

Senator Feigenholtz, who has focused on healthcare access and delivery issues during her legislative tenure, stated that while Illinois has made some progress regarding policy and funding to address mental healthcare delivery and access, it still has a long way to go. She said that historically mental health treatment has been provided in clinical settings, but that health care policies are being contoured to deliver treatment in more effective ways. Sen. Feigenholtz described the combination of the COVID-19 virus and the death of George Floyd as game-changers, bringing trauma center stage and amplifying not only the gaps in mental health care access, but the intersection of racial injustice and inequality. These recent events have made it clear to policymakers that regressive laws and policies need to be viewed and approached with a different lens—especially for youth. She emphasized the need for a paradigm shift aimed at rehabilitation that addresses, not exacerbates, trauma, promotes a culture of stability and non-violence and provides alternative policies for when individuals experience the criminal justice system.

Director Mueller remarked that, like mental health, trauma is a public health

issue. She compared trauma to a virus that requires inoculation and mitigation. She stated that IDJJ has observed the fall-out of the failure to address the issue of trauma among the youth they serve. Seventy-five percent of boys and 95 percent of girls in IDJJ custody have experienced two or more significant traumas in their lifetime. Ninety-five percent of these youth have at least one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders, and 76 percent have three or more such diagnoses. Seventy percent have experienced the impact of ongoing generational systemic racism. Director Mueller noted that IDJJ's transformation model recognizes the need to utilize instruments of healing such as love, compassion, hope, and connectivity rather than isolation, fear and loathing.

The first keynote speaker was former U.S. Rep. Patrick J. Kennedy, who has gone on to found The Kennedy Forum and co-found the One Mind Campaign. During his 1995 to 2011 tenure in the U.S. House of Representatives, he was the primary sponsor of major mental health and addiction equity legislation. He noted the historic lack of prevention in the juvenile justice system and the failure to recognize the role that trauma plays in determining whether youth enter the criminal justice system, particularly in minority communities. Although this failure rendered the civil and human rights of these individuals incomplete, for many years politicians at the highest levels were content with doing nothing. Kennedy stated that the criminal justice system is not working and is too costly in terms of money and human justice. He explained that reform must occur in tandem with real recovery and chronic disease management using a series of treatment modalities, which will

require policy changes to mental health and education systems.

Congressman Kennedy observed that with the convergence of the COVID-19 pandemic and the Black Lives Matter movement, people understand what it is like to be second class Americans and are primed for change. Anxiety and depression are not treated the same as other illnesses and often go untreated until Stage Four. The life expectancy plateau is thus going down, resulting in many preventable deaths. Due to the interrelationship of criminal justice, education and mental health, Kennedy stated that we need to support the mental health of youth in schools and their families. This will require embedding social-emotional learning and stress management skills in school curricula. Currently, teachers have no skills to help these youth.

Kennedy closed by observing that we have an historic opportunity for change in the criminal justice system and a need to build advocacy across systems. He emphasized the need to reduce the time spent on police response, adjudication, sentencing and parole and invest and reallocate dollars to achieve a more effective and meaningful outcome. Using advocacy groups to get the message across to mandate recovery and help others to become self-advocates is critical to achieving this change.

The second keynote speaker was Sarah Y. Vinson, M.D., a board-certified adult, child and forensic psychiatrist and author. Dr. Vinson began her presentation by providing definitions of key terms and concepts, including mental illness, social justice, racism, health inequities and structural trauma and outlining the principles of social injustice. Dr. Vinson stated that everyone is on a continuum between mental illness and

mental health and that everyone can go one direction or the other on that continuum based on certain risk factors and the impact of biological, psychological and social considerations.

With respect to trauma, Dr. Vinson explained how the development of a child's positive sense of self is dependent on the caregiver's benign use of power. A solid foundation for this development is comprised of a true home, reliable caregiver, educational opportunity and access to health care. Dr. Vinson stated that poverty is a poor foundation for this development due to the lack of a true home (due to housing instability and food insecurity), impaired caregivers (who are poorly supported, have low wages and lack mental health treatment), unmet educational needs (which are often segregated and under-resourced) and limited access to health care (due to gaps in coverage and capacity that translate into untreated illness). Dr. Vinson stated that 15 million children in the U.S. are living in poverty. Forty-three percent of children in the U.S. are in low income families, and the majority of children living in poverty are white.

Dr. Vinson discussed the impact of early

trauma on children as evidenced by the experiences of justice-involved youth. Ninety percent of those youth have had at least one incident of trauma and 80 percent are low income. Seventy percent of those youth have a mental illness. However, she said that racial and structural trauma are not counted when diagnosing those youth and not counted in the instruments used to assess and evaluate them. This lack translates into problems in our courts and produces reliably racist outcomes. Eighty percent of state judges are white. The majority of people in jail are black or brown and their sentencing outcomes often differ. They are less likely to be referred for a mental health evaluation or a diversion program.

Dr. Vinson noted that similar racial inequities exist in our healthcare system. A study done in 2018 revealed that 69 percent of black adults with mental illness and 42 percent of black adults with serious mental illness were untreated. Sixty-seven percent of LatinX adults with mental illness and 44 percent of LatinX adults with serious mental illness were untreated. Eighty-nine percent of LatinX adults with substance abuse problems and 88 percent of black adults with substance

abuse problems received no treatment. Dr. Vinson stated that cost was the most cited reason for not seeking treatment, meaning that the system is not accessible.

Dr. Vinson stated that to judge everyone by the same (race neutral) criteria is ineffective because society is not race neutral and people of color do not have equal access to tools and opportunities. She stated that to effectuate meaningful reform we must develop a knowledge base, understand injustice and our role in addressing it and respond to injustice. To underscore that point, Dr. Vinson closed her presentation with a quote from James Baldwin: "Ignorance allied with power is the most ferocious enemy."

This session was informative, thought-provoking, timely and worthy of review. It is available on-demand online at www.ncsc.org/mentalhealth (along with the other four sessions).■

Cheryl Jansen is a public policy director, Equip for Equality in Springfield.

The Illinois Mental Health Task Force Virtual Summit Session 5— Illinois' Path to Improving the Court and Community Responses to Persons with Mental Illness: Bringing the Community Together in One Voice and Common Mission

BY SANDRA BLAKE

Following four weeks of powerful and thought-provoking programs, the final session of the virtual summit on October 27, 2020, was a call to action.

Registrants were divided into groups and

sent off to breakout rooms to brainstorm the guiding question: What are the most pressing challenges regarding mental health we should address in Illinois? Each group selected a facilitator and a note-taker, the

former to report back to the large group and the latter to complete and forward discussion notes.

After listing a number of issues, the group then selected one and discussed possible

solutions or strategies to address it.

Next, the group identified what resources were necessary to address the challenge. These naturally included people, time, space, equipment and finances, to name a few. The discussion continued, with the group considering who should be at the table? Is anyone already engaged in the action item or task? If so, who?

Finally, the group noted any potential barriers, and identified who or what entity is best positioned to move the solution or strategy forward.

When the groups came back together to report on their discussions, it was clear that many identified the some of the same issues; however, each group reported on a different challenge. So many different stakeholders were represented that the exchange of ideas was creative and exciting.

The Illinois Mental Health Task Force will be using the information provided during this session to help form a plan to improve our court, our community, and our system responses to persons with mental illness and co-occurring disorders. Based upon this session, there are many good things ahead for Illinois. ■



Sandra Blake is an assistant public defender in Kane County.



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