

Council of State Governments Justice Center Releases Estimates on the Prevalence of Adults with Serious Mental Illnesses in Jails

Key Findings

- In a study of more than 20,000 adults entering five local jails, researchers documented *serious mental illnesses* in 14.5 percent of the men and 31 percent of the women, which taken together, comprises 16.9 percent of those studied—rates in excess of three to six times those found in the general population.¹
- “Serious mental illness” for this study refers to the presence of one or more of the following diagnoses: bipolar disorder, schizophrenia spectrum disorders, and major depression. Estimates do not include other less serious mental illnesses, such as anxiety disorders (including post-traumatic stress disorder), adjustment disorders, or acute reactive psychiatric conditions, such as suicidal thinking, which also represent significant jail management concerns.² Although there are many adults in jail with mental health needs, the study highlights the population with the most significant disabilities and the greatest need for comprehensive and continuous treatment, both inside the jail and after release.
- The prevalence estimates for women with mental illnesses are double those for men. This gender difference is particularly important given the rising number of women in U.S. jails.³
- These findings represent the most reliable estimates of rates of serious mental illness for adults entering jails in the last 20 years.
- If these estimates are applied to the 13 million jail admissions reported in 2007, the study findings suggest that more than 2 million bookings of a person with a serious mental illness occur annually.⁴

The Problem

Large numbers of people with serious mental illnesses are cycling through the criminal justice system, often resulting in tragic outcomes for these individuals, their families, and the communities in which they live; the ineffective use of law enforcement, court, and corrections dollars; missed opportunities to link people to effective treatment; and failure to improve public safety.

Too often there are people incarcerated who have serious mental illnesses, oftentimes for minor offenses, who would be better served in the community. Though jails have a constitutional mandate to treat the mental illnesses of individuals under their supervision, they are ill-equipped to meet the needs of those with serious mental illnesses.

Policies have relied on outdated data to determine the scope and nature of this problem. As state and local governments face significant budget shortfalls, grapple with growing jail populations, and slash

spending for community-based mental health services, there has not been a more critical time for policymakers to consider the implications of this prevalence study.

The Study

The Council of State Governments Justice Center, in partnership with Policy Research Associates, conducted a five-site study, with initial funding from the National Institute of Justice to develop a screening instrument for mental illness and with additional support from the National Institute of Corrections to generate the study findings. The study used structured clinical interviews to determine the presence of mental illnesses in a sample of individuals screened at booking in Maryland and New York jails. Screening data were obtained for 11,168 adult men and women entering five local jails between May 2002 and January 2003, and 10,240 adult men and women between November 2005 and June 2006. The findings, highlighted in the June issue of *Psychiatric Services*, confirm what corrections and community leaders have long known: people with mental illnesses are significantly overrepresented in jails.⁵

Have the prevalence numbers increased from previous years? It is hard to know. The few studies conducted over the last decade have estimated a wide range of rates, largely due to very different methodologies. For example, a 1999 Bureau of Justice Statistics (BJS) survey indicated that 16.3 percent of jail inmates self-reported a “mental health condition” or an overnight stay in a “mental hospital” in their lifetime.⁶ And in 2006, BJS used questions from a diagnostic tool to determine that 60.5 percent of local jail inmates self-reported they had *symptoms* of a mental illness, such as insomnia or persistent anger; these symptoms alone are not sufficient to meet DSM criteria.⁷ *The current study uses the most rigorous methodology since a 1984 study of the Cook County (IL) jail by Linda Teplin and colleagues.⁸ It improves the reliability of the estimates by studying multiple jails at different points in time (2002–2003 and 2005–2006).*

Possible Explanations

The study’s finding that nearly 15 percent of men and 31 percent of women in jails have serious mental illnesses is deeply troubling. Some people assume that individuals with a mental illness are more violent or dangerous—which then explains their overrepresentation in jails. This is not borne out by studies of violence. One more likely explanation is that people with mental illnesses have high rates of co-occurring substance use disorders and are therefore more likely to be arrested for drug-related crimes. People with serious mental illnesses are also often unable to access affordable housing, and homelessness is frequently associated with arrest. Many people with mental illnesses also have no health insurance and cannot access community care. A combination of these and other factors help account for the high rates of people with mental illnesses in jail.

Policy Implications

Large numbers of people with serious mental illnesses are booked into jails. Each pose different risks to public safety and have different strengths, degrees of disability, access to care, and criminal charges. Any responses will need to draw on multiple approaches. The findings confirm the need to

- continue federal funding for the Mentally Ill Offender Treatment and Crime Reduction Act (MIOTCRA), which supports comprehensive strategies to reduce recidivism and the prevalence of mental illnesses in jail, including specialized police-based responses, mental health courts, jail interventions that provide continuity of care, training for community correction officers, and the provision of evidence-based services and supports;⁹
- provide adequate screening and follow-up in jails to ensure individuals with mental illnesses receive safe and effective placement and programming while in custody and during the transition back to the

community—recognizing that inmates with serious mental illnesses, many of whom are pre-trial detainees, are sensitive to stress and trauma that can result in their condition worsening;

- address the tremendous cost of incarceration and the allocation of scarce resources for the treatment needs of identified individuals in jail who can be better and safely served in the community, at less cost to taxpayers if resources are made available;
- explore alternatives to incarceration when appropriate—recognizing that people with mental illnesses who commit crimes cannot be excused, and public safety concerns are paramount.

Contact Information

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Notes

¹ The estimate for the prevalence of serious mental illness in the general population is 5.4 percent. See Kessler, R. C., Nelson, C. B., McKinagle, K. A., Edlund, M. J., Frank, R. G., & Leaf, P. J. (1996). The epidemiology of co-occurring addictive and mental disorders: Implications for prevention and service utilization. *American Journal of Orthopsychiatry* 66: 17–31.

² This definition identifies individuals with significant ongoing treatment needs who tend to cycle through the criminal justice system. Jail administrators will correctly attest to a larger number of individuals who require specialized mental health services. Although not routinely considered in the strict definition of serious mental illnesses, if post-traumatic stress disorder is included, the weighted estimates increase to 17.1 percent of men and 34.3 percent of women, which, taken together, comprises 19.6 percent of those studied.

³ See, for example, the Bureau of Justice Statistics Correctional Surveys finding at www.ojp.gov/bjs/glance/jailag.htm.

⁴ For jail admissions, see, Sabol, W. J., & Minton, T. D. (2008). *Jail Inmates at Midyear 2007*. Washington D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Because differences in rates of serious mental illness can be found in specific jails in different locations, a rate for individual jails cannot be calculated precisely from these data. However, in the absence of specific information about the population in their facilities, jail administrators could, for planning purposes, apply the study findings for males and females to the proportion of individuals in their own jail to come up with reasonable estimates of the number of people with serious mental illnesses.

⁵ The study sites were two county jails in Maryland (Montgomery County and Prince George’s County) and two county jails in New York (Albany County and Rensselaer County). In the second phase, Monroe County jail replaced Albany County. Participation in the study was voluntary and informed consent was obtained from all inmates. A Structured Clinical Interview for DSM-IV, widely accepted as the gold standard for diagnosing mental illnesses, was conducted on study participants. For more details on the methodology, see Steadman, H. J., Osher, F. C., Robbins, P. C., Case, B., & Samuels, S. (2009). Prevalence of Serious Mental Illness among Jail Inmates. *Psychiatric Services* 60: 761–765.

⁶ Ditton, P. M. (1999). *Mental Health and Treatment of Inmates and Probationers*. Washington D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance.

⁷ James, D. J. & Glaze, L. E. (2006). *Mental Health Problems of Prison and Jail Inmates*. Washington D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. This study examines “mental health symptoms” to derive the prevalence of people in prisons and jails with “mental health problems” that may not rise to the level of a “serious mental illness” and includes symptoms that may result from causes other than mental illness, making the apples-to-oranges comparisons of the studies particularly inappropriate.

⁸ Teplin, L.A. (1999). The prevalence of severe mental disorder among urban male detainees: comparison with the Epidemiologic Catchment Area program. *American Journal of Public Health* 84:663–669.

⁹ For more on MIOTCRA, see consensusproject.org/resources/government-affairs/fed-leg-MIOTCRA.