

143756

**U.S. Department of Justice
National Institute of Justice**

This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of Justice.

Permission to reproduce this ~~copyrighted~~ material has been granted by

Public Domain/OJP/BJJ

U.S. Department of Justice

to the National Criminal Justice Reference Service (NCJRS).

Further reproduction outside of the NCJRS system requires permission of the ~~copyright~~ owner.



JAIL INMATES AND MENTAL HEALTH CONTACT

There were 9,669,954 persons admitted to U.S. jails in 1988. "These local government agencies serve as the dumping grounds for the arrested criminal, the chronic drunk, the DWI, ... and the mentally ill."

American Jails: Public Policy Issues.

January/February 1991

Edited by Thompson and Mays

INTRODUCTION

Mental health and criminal justice administrators have become increasingly concerned over the substantial proportion of jail inmates who are mentally ill, mentally retarded, and/or substance abusers. To specifically address the needs of these special populations in jails, the Mental Health Study Commission requested technical assistance from the Criminal Justice Analysis Center of the Governor's Crime Commission with their study which focused upon assessing the degree of need for mental health services to North Carolina jail inmates.

Mentally Disordered Offenders

The most common explanation for the disproportionate presence of the mentally ill in jail is a concept referred to as "the criminalization of the mentally ill". Proponents of this theory maintain that libertarian reforms in mental health policy have resulted in the subsequent "transinstitutionalization" of persons from the mental health system to the criminal justice system. These mental health reforms (which were initiated in the 1960's) included the massive deinstitutionalization of state psychiatric hospitals and also limited involuntary civil commitment only to persons who posed a danger to themselves or others.

Following the implementation of these policy changes, the population of state psychiatric hospitals across the country decreased from 569,000 in 1955 to 116,000 in 1988. Thus, individuals who would have previously been institutionalized within a hospital setting were released to receive treatment within the community. Researchers contend that due to a variety of factors (e.g., fiscal reductions in mental health programs, perception of the mentally ill as dangerous, etc.) that these individuals were subsequently arrested and diverted into the criminal justice system as an alternative means of removing them from the community.

Various studies have investigated the prevalence rates of mental illness among jail inmates. Findings have been disparate and indicate that anywhere from 3 to 50 percent of jail inmates suffer from some form of mental illness. A recent study conducted by the National Association of Counties reported that at least 10 percent of jail inmates charged with minor misdemeanors were mentally ill.

Substance Abusing Offenders

The most recent information on the rates of substance abuse among jail inmates is based on a 1989 Bureau of Justice Statistics (BJS) survey. According to this report, more than 55% of all convicted jail inmates were under the influence of drugs or alcohol at the time of their offense. Approximately 12% of the inmates were under the influence of both drugs and alcohol, 15% were under the influence of only drugs, and 29% were under the influence of only alcohol. For all jail inmates, 24% reported they had taken part in a drug treatment program at some time, and 5% indicated they were in a treatment program the month before their current admission to jail.

METHODOLOGY

In order to assess the need for mental health services in North Carolina jails, the Analysis Center designed a research project which would provide some measurement of the incidence of mental illness, mental retardation, and substance abuse among jail inmates. The research design was formulated to measure the proportion of 1988 jail inmates who had contact (either for personal or legal reasons) with the public mental health system. While this methodology provided only a minimal measurement of the incidence of mental illness, mental retardation, and substance abuse among jail inmates, it did result in a description of the base level of mental health services required by the inmates. It also provided a profile of jail inmates who had accessed the local mental health system. Due to limitations within the scope of this study, it was not possible to measure the prevalence of jail inmates who have a mental health problem. To measure prevalence, or the true number of inmates who were mentally ill, mentally retarded, and/or substance abusers, would have required individual psychiatric evaluations of inmates.

TABLE I
DIFFERENCES BETWEEN 1988 JAIL INMATES
WHO HAD BEEN MENTAL HEALTH CLIENTS
AND THOSE WHO HAD NOT

<u>VARIABLE</u>	<u>MENTAL HEALTH CONTACT</u>	<u>NO MENTAL HEALTH CONTACT</u>
White Males	24%	76%
Nonwhite Males	14%	86%
White Females	13%	87%
Nonwhite Females	9%	91%
Average Age	32 Yrs	30 Yrs
Average Length Of Stay	8.8 Days	6.8 Days
Average Number of 1988 Commitments	7.7	5.6
Average Number of 1988 Arrests	2.2	1.9
Average Number of Prior Commitments	8.2	4.7

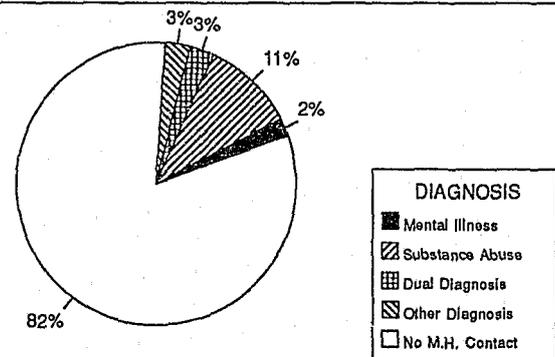
FINDINGS

Of the 1,098 jail inmates in our 1988 sample, 203 (18.4%) accessed the public mental health system (area programs and/or state psychiatric hospitals) between fiscal years 1986 and 1988. Table I summarizes the differences between jail inmates who had and those who had not accessed the mental health system. As indicated in the Table, jail inmates who had been mental health clients tended to be white males with an average age of 32 years. They also tended to stay in jail longer; had more prior commitments to jail; and more prior arrests during 1988, than inmates who had not been clients of the mental health system. *These figures reinforce what is generally understood in the criminal justice and mental health systems, i.e., individuals with a mental health or substance abuse problem tend to enter the criminal justice system more often and tend to stay longer than those who do not have such problems.*

Figure I illustrates the percentage of inmates who had received mental health services by the type of principal diagnosis they received.

FIGURE I

Mental Health Contacts
by Jail Inmates



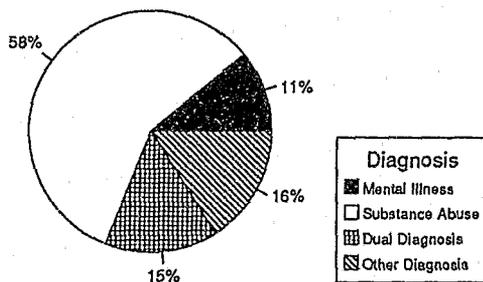
Approximately 11% of the sample had been diagnosed as substance abusers by the mental health system between fiscal years 1986 and 1988. Two percent of the inmates had been diagnosed as mentally ill; 2.8% of the inmates had been dually diagnosed; and 2.9% of the jail inmates had received Other mental health

diagnoses. Eighty-two percent of the inmates had no contact with the mental health system during this time period. This does not mean that those inmates did not have a mental health or substance abuse problem, only that they did not access the mental health system during that three year period for assessment or treatment.

At first appearance it would seem that the number of jail inmates who have been diagnosed or treated in the state's mental health system is fairly small. However, when one considers that during 1988 there were approximately 283,000 admissions to local jails across the state, these numbers become more significant. *Applying the above percentages to the statewide admission figure, we can estimate that over 5,600 mentally ill people were admitted to jail during 1988. Almost 8,000 people were admitted to jail who are mentally ill and have a substance abuse problem. An additional 31,000 admissions to jail were people with a diagnosed substance abuse problem.*

FIGURE II

Diagnosis of Jail Inmates With Mental Health Contact



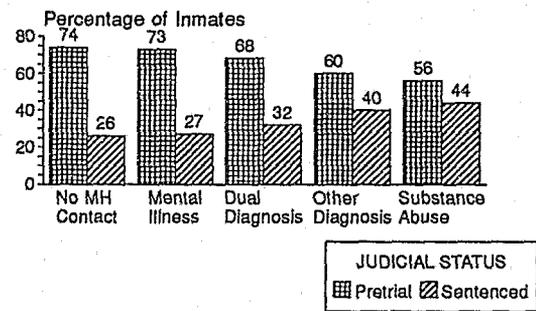
According to our sample, of the jail inmates who accessed the mental health system, 58.1% of the inmates were diagnosed as substance abusers; 15.3% of the inmates were diagnosed as mentally ill and as substance abusers; and 10.8% of the inmates were diagnosed as mentally ill. Approximately 16% of the inmates received Other diagnoses. Given the fact that many DWI offenders are required to have a substance abuse assessment, it is to be expected that a majority of the inmates who have contacted the mental health system would be for a substance abuse problem.

JUDICIAL STATUS

Of the five groups, jail inmates who were diagnosed as substance abusers or Other, had the highest percentage of sentenced admissions (44% and 40%, respectively). Jail inmates who had no contact with the mental health system and those inmates who were diagnosed as mentally ill, had the highest percentage of pretrial admissions (74% and 73%, respectively).

FIGURE III

Judicial Status of Inmates by Type of Mental Health Contact



As noted earlier, the Safe Roads Act requirement for a substance abuse assessment of certain DWI offenders, has obviously contributed to the relative high proportion of jail inmates who have had a mental health contact and been diagnosed as having a substance abuse problem. This is particularly true with respect to jail inmates who are serving a sentence, as DWI offenders comprise the largest single offense group in that category.

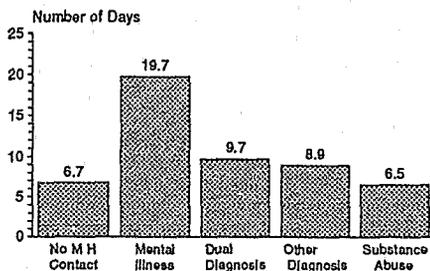
LENGTH OF STAY IN JAIL

The mean or average length of stay (pretrial and sentenced) was longer for those inmates who had contact with the mental health system than for those inmates who did not contact the mental health system. Those inmates who had been diagnosed as mentally ill had the longest length of stay (19.7 days) while those inmates who had been diagnosed as substance abusers had the shortest length of stay (6.5 days).

The relatively short length of stay for inmates diagnosed as having a substance abuse problem, is influenced by the large number of DWI offenders who receive two day or weekend jail sentences. The inordinate length of stay of mentally ill inmates, especially those being held prior to adjudication, is more of a concern for local jails. *With a conservatively estimated number of admissions of mentally ill inmates figured at 5,600; and the average length of stay set at 19.7 days; over 110,000 person / days of jail space is utilized statewide on an annual basis to house mentally ill inmates.*

FIGURE IV

Mean Length of Stay in Jail by Type of Mental Health Contact

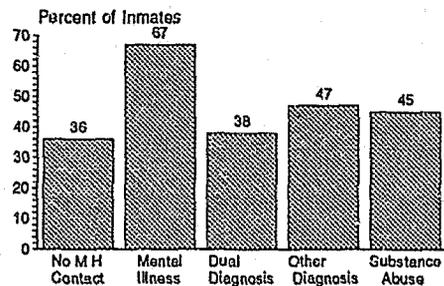


PERCENTAGE OF PRETRIAL INMATES REMAINING IN JAIL

Another way of comparing the length of stay of various jail inmate groups, is to look at the percentage of inmates remaining in jail after a certain period of time. The percentage of pretrial inmates remaining in jail after 24 hours was, again, highest for those inmates who had been diagnosed as mentally ill (66.7%). Approximately 47% of the Other Diagnosis group, 45% of the Substance Abuse group, and 38% of the Dual Diagnosis group remained in jail after 24 hours. This may be compared to 36% of the No Mental Health Contact group. Thus, inmates who had accessed the mental health system were more likely to be in jail after twenty-four hours than those inmates who had no mental health contact.

FIGURE V

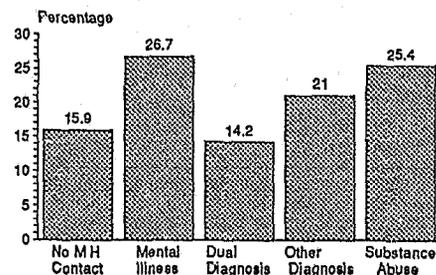
Percentage of Inmates Remaining after 24 Hours



The percentage of pretrial inmates remaining in jail after one week was also highest in the mental illness group (26.7%), the Substance Abuse group (25.4%), and the Other Diagnosis group (21.0%). This may be compared to 15.9% of the No MH Contact group and 14.2% of the Dual Diagnosis group. Therefore with the exception of the Dual Diagnosis group, those inmates who had mental health contact were more likely to be in jail after the first week than those inmates who did not have mental health contact. This is particularly significant considering that these are pretrial detainees and does not include sentenced offenders. Jail inmates who had been adjudicated and given an active sentence were eliminated from this phase of the study.

FIGURE VI

Percentage of Inmates Remaining After One Week

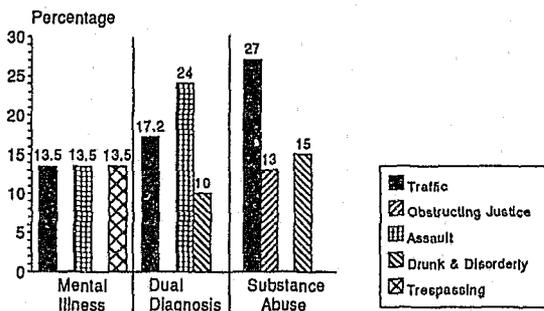


MAJOR OFFENSE TYPE

Figure VII illustrates the three most common offense types for inmates who had a substance abuse, mental illness or dual diagnosis. Traffic was the only offense type that was common to all of the groups. The percentage of traffic offenses was highest in the Substance Abuse group (27%) and in the No MH Contact group (26.5%). DWI's comprised 84% of the traffic offenses in the Substance Abuse group and 58% of the traffic offenses in the No MH Contact group.

FIGURE VII

Major Offense by Type of Mental Health Contact



Assault and Obstructing Justice were the next most frequently occurring offense types among the groups. Assault offenses were highest in the Dual Diagnosis group (24.1%), the Mental Illness group (13.6%), and in the No MH Contact group (9.9%). Obstructing Justice offenses were highest in the Substance Abuse group (13%), the Other Diagnosis group (9.4%), and in the No MH Contact group (9%). Obstructing Justice includes such offenses as Failure to Appear, Contempt of Court, and Probation Violation. The percentage of Drunk and Disorderly offenses was highest in the Substance Abuse group (14.8%) and the Dual Diagnosis (10.3%). Trespassing was a major offense type only in the Mental Illness group (13.6%) and larceny was a major offense type only in the Other Diagnosis group (18.8%).

CONCLUSION

As stated earlier, this study provided only a basic or minimal assessment of the need for mental health services in North Carolina jails. It identified and profiled those jail inmates who had contacted the state's public mental health system. There is little doubt that many more jail inmates need mental health services than those who are already accessing those resources.

Following the completion of this study, the MHSC subcommittee on Mental Health, Mental Retardation, and Substance Abuse Services to Jails proposed several recommendations which were subsequently approved by the General Assembly in Senate Bill 376. Some of the more salient provisions of that legislation are as follows: 1). To identify mentally ill, mentally retarded, and/or substance abusing offenders and target them for services through the local continuum of care; 2). To promote the development and implementation of mental health, mental retardation, and substance abuse services (MH, MR, SAS) to divert certain offenders from the criminal justice system at the earliest point; and 3). To promote the development and implementation of an array of services to incarcerated jail inmates.

SYSTEMSTATS
A Publication of
The Criminal Justice Analysis Center
Governor's Crime Commission
Department of Crime Control and Public Safety
(919) 793-5013

<p>James G. Martin Governor</p> <p>Graham H. Wilson Director Public Affairs</p>	<p>Joseph W. Dean Secretary</p> <p>Bruce E. Marshburn Executive Director Governor's Crime Commission</p>
---	--

David E. Jones
Director
Criminal Justice Analysis Center

Feature Article Written by
Jeanne Olderman-Jones

Researched by
Jeanne Olderman-Jones
Dr. Kitty Brown Herrin

Graphics by
James Klopovic

The Governor's Crime Commission was established in 1977 by the North Carolina General Assembly under G.S. 143B-479. Its primary duty is "to serve, along with its adjunct committees, as the chief advisory board to the Governor and to the Secretary of the Department of Crime Control & Public Safety on matters pertaining to the criminal justice system." The Crime Commission is always open to comments and suggestions from the general public as well as criminal justice officials. Please write to us and let us know your thoughts and feelings on the information contained in this publication or on any other criminal justice issue of concern to you.

James G. Martin
Governor
Raleigh

J. B. Allen, Jr.
Superior Court Judge
15A Judicial District
Burlington

Sherry F. Alloway
District Court Judge
18th Jud. District
Greensboro

Michael A. Ashburn
District Attorney
23rd Jud. District
Millers Creek

V. Lee Bounds
Secretary, NC Dept.
of Correction
Raleigh

Wilhelmina Bratton
Municipal Official
Asheville

Diane W. Buchanan
Citizen Rep.
Graham

John Carter
Member, NC Senate
Lincolnton

Gwen Chunn, Director
Division of Youth Services,
Raleigh

Thomas Danek, Ph.D.
Adm. Juvenile
Services, AOC
Raleigh

Ronald Stone
Chairman
Chief of Police
Charlotte

Sylvester Daughtry
Chief of Police
Greensboro

Charles Dunn
Director, SBI
Raleigh

John O. Dunn
Citizen Rep.
Wilmington

Bruce R. Eckard
Mayor of Conover

Bobby Etheridge
Supt. of Public
Instruction, Raleigh

David Flaherty, Secretary,
NC Dept.
of Human Resources
Raleigh

Gerald Fox
County Official
Charlotte

Franklin Freeman
Director, AOC
Raleigh

Joseph Hamilton
Dir., Division of
Prisons, Raleigh

Paul S. Helms
County Commissioner
Robbins

Thomas P. McNamara
Vice Chairman
Attorney-at-Law
Raleigh

Robert J. Hensley, Jr.
Member, NC House of Rep.,
Raleigh

Coy Hollifield
Sheriff, Mitchell Co.
Bakersville

William Justice, III
Youth Member
Hampstead

H. Mickey Michaux, Jr.
Member, NC House of
Rep., Durham

Burley B. Mitchell, Jr.
Supreme Court Justice
Raleigh

William M. Neely
District Court Judge
19B Judicial District
Asheboro

John Patseavouras
Director, Adult
Probation & Parole
Raleigh

Joe B. Raynor
Member, NC Senate
Fayetteville

Thomas S. Royster
Attorney-at-Law
Oxford

Joseph W. Dean
Sec., NC Dept. of
Crime Control &
Public Safety
Raleigh

Fred Allen Spruill
Sheriff, Chowan Co.
Eden/On

Thomas H. Thompson
Clerk of Sup. Court
29th Judicial Dist.
Hendersonville

Lacy Thornburg
Attorney General
Raleigh

Carl L. Tilghman
County Official
Beaufort

James W. Wise
Sheriff. Moore Co.
Carthage

J. Hugh Wright
County Official
Winston-Salem

Thomas Younce
Chief of Police
Wilson

2,500 copies of this public document were printed at the cost of \$775.00 or \$31 per copy. Printing and distribution costs were paid with funds provided by the Bureau of Justice Statistics Grant No. 90-BJ-CX-K019.



SYSTEMSTATS

North Carolina Criminal Justice Analysis Center • P. O. Box 27687 • Raleigh, N.C. 27611
Governor's Crime Commission

BULK RATE
U.S. POSTAGE
PAID
PERMIT 611
RALEIGH, NC