Individuals With Serious Mental Illnesses in County Jails: A Survey of Jail Staffôs Perspectives

A Research Report From

and

The Treatment Advocacy Center

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About The Treatment Advocacy Center

The Treatment Advocacy Center is a national nonprofit organization dedicated to eliminating barriers to the timely and effective treatment of severe mental illness. The organization promotes laws, policies, and practices for the delivery of psychiatric care and supports the development of innovative treatments for and research into the causes of severe and persistent psychiatric illnesses, such as schizophrenia and bipolar disorder.

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Executive Summary

Background

Incarceration has largely replaced hospitalization for thousands of individuals with serious mental illness

inmates), and 30.9% were small (averaging 50 inmates or fewer). Jail size was not reported by 1.7% of the respondents.

Ninety-three percent of the surveys were completed by experienced law enforcement staff who had been at their current jail for two or more years (60.9% had been there for 11 or more years); the median reported tenure at the current jails across all respondents was 13 years. Aside from their responses to our closed-ended survey questions, these respondents provided numerous valuable lengthy comments in response to open-ended questions about their experiences and the challenges they face as part of their jobs of handling inmates with serious mental illnesses in county jails. We used these comments throughout the report to supplement our findings.

Our main findings were as follows:

> Overall, the vast majority (95.7%) of the jails reported having some inmates with serious mental illnesses from September 1, 2010, to August 31, 2011. While 49 (21.3%) of all jails reported that 16% or more of their inmate population were seriously mentally ill, more large jails reported having such large proportions of these inmates. Specifically, 31.3% of large, 13.2% of medium and only 4.2% of small jails reported that 16% or more of their inmates were seriously mentally ill.
>
> Per our adopted definition of a large seriously mentally ill inmate population (where seriously mentally ill inmates made up 6% or more of the population), more than a third (40.4%) of the jails reported having a large seriously mentally ill population. In contrast, more than half (58.3%) of the jails reported having a small seriously mentally ill population (i.e., a

Widespread assisted outpatient treatment programs that permit courts to order certain individuals with serious mental illnesses to comply with treatment while living in the community.

A careful intake screening for individuals with serious mental illnesses in jails in order to identify and transfer them to a mental health care dormitory for further evaluation or treatment.

Proper mental health treatment for seriously mentally ill inmates inside jails.

Community-based pre-trial psychiatric competency evaluation and competency restoration treatment for qualifying mentally ill inmates

The restoration of a sufficient number of inpatient psychiatric beds to meet the need for inpatient care for mentally ill individuals both prior to arrest and when in need of care while incarcerated.

Mandatory jail pre-release planning for seriously mentally ill inmates to ensure their transition to proper treatment after release.

Background

The advent of effective antipsychotic and antidepressant medications more than half a century ago made it possible to improve the symptoms of many individuals with serious mental illnesses in the community for the first time.[1] Therefore, community-based treatment was hailed as the preferred mode of treating these individuals. In contrast, U.S. psychiatric state hospitals where seriously mentally ill individuals were primarily cared for were viewed as ineffective and inadequate due to staff shortages, poor facilities, and overcrowding.

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Survey Methodology

Our study was a cross-sectional online survey whose target population was county sheriff departments that operated jail facilities or detention centers in the U.S. when our study

Pr effective ways to handle mentally ill offenders
P handling issues concerning seriously mentally ill inmates
Mental health treatment provided to seriously mentally ill inmates inside jails
Time involving the transportation of mentally ill persons to emergency rooms or hospitals for mental health treatment and prescheduled medical and psychiatric appointments.
Type of staff with the primary responsibility for coordinating mental health treatment in jails
Type of staff who handle psychiatric emergencies in the jail
Availability of a support system offered by the mentally ill inmates following their release

The survey questionnaire also asked the respondents to report the names (for use by the study team only) and locations (county and state) of their jails, their job titles, and the length of their tenure at their current jails. While most of our survey questions were closed-ended, we asked some open-ended questions to gain more insight about select topics.
completion time was estimated at 15 to 20 minutes.

Definition of Serious Mental Illnesses

We adopted a narrow definition of serious mental illnesses, limited to schizophrenia, bipolar disorder (manic-depressive illness), and related conditions. We included this definition in the introduction of our questionnaire. The introduction further explained that some people with these illnesses:

Hear voices
Have confused or illogical thi
Have delusions for example, they may believe that they are being pursued (paranoia) or that they are the president of the U.S. (delusions of grandeur)
Behave bizarrely or inappropriately for example, they may talk loudly to voices that only they can hear or dress bizarrely

have not, in fact, taken drugs; such mood swings are usually accompanied by confused or illogical thinking'

We clarified in the introduction of our questionnaire that seriously mentally ill individuals may also abuse alcohol or drugs, but when the effect of the alcohol or drugs wears off, the other symptoms remain. We specified that, for the purposes of our survey, two stand-alone conditions (suicidal thoughts or behavior without other symptoms, and alcohol and drug abuse) are not considered serious mental illnesses.

Results

Participating Jails

our reminder phone calls that they did not operate jail facilities or detention centers; 22 of these indicated the same in a completed survey. Another 14 she indicated that they did not operate jail facilities or detention centers only in their completed surveys. Therefore, the number of potentially survey- 574 (Appendix C).

We received a total of 274 on

The majority (93.0%) of the respondents reported being at their current jail for two or more years: 60.9% had been there for 11 or more years and 32.2% had been there for two to 10 years. Only 6.1% reported their tenure at their current jail as one year or less.

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ill inmates has been a cause for alarm, both for the jail staff and myself. We are now forced to try to deal with these problems without the help of [mental health and mental retardation agency] due to the latest

We have a very small jail and cannot adequately assist those who are in need [of]

Segregation of Seriously Mentally Ill Inmates

Are the seriously mentally ill inmates segregated from the general
A majority (68.7%) of the jails reported segregating these inmates (Figure 4).

Figure 4. Are Seriously Mentally Ill Inmates Segregated From the General Inmate Population?

Although there was no statistically significant association between jail size and segregation of seriously mentally ill inmates, more jails with small seriously mentally ill inmate populations reported segregating these inmates than jails with large seriously

Figure 5. Percentage of Jails That Segregate Seriously Mentally Ill (SMI) Inmates, by Average Percentage of Inmates Who Were SMI

In commenting on segregation of seriously mentally ill inmates in other parts of the survey, some respondents expressed the following concerns:

> *ill inmates require segregation into a cell capable of holding several inmates[,] thus influencing populat*

> *They occupy the only segregation cells that we have to use. They cause issues when they are in general population because we do not have enough segregation cells.*

> *use one of our two holding cells for the seriously mentally*

Special Problems Encountered or Caused by the Seriously Mentally Ill in Jails

> *mentally ill inmates], we are not doctors and county jails afford to have one on*
> ' '

Only 1.7% of the jails reported that seriously mentally ill inmates do not present special problems in their jails. 1 Tm005 1 h Tm01.66 1

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] health is poor

Recidivism

seriously mentally ill inmates

About one-third of jails (31.7%) reported having a higher or much higher recidivism rate among these inmates than among the general inmate population, whereas 35.2% reported having the same or lower recidivism rates; 33.0% were not certain or did not answer this question (Figure 9).

Figure 9. Distribution of Jails, by Reported Percentage of Recidivism of Seriously Mentally Ill Inmates Compared to That of the General Inmate Population

Notably, a greater proportion of large (43.8%) and medium (35.2%) jails than small jails (18.3%) reported a higher recidivism rate for seriously mentally ill inmates [(lar [re) -4 (-3 (ll)5 (re)o Thjails)

Figure 13. Distribution of Jails, by Reported Number of Current Inmates With Serious Mental Illnesses Compared to Five to 10 Years Ago and by Jail Size

Changes to Accommodate Seriously Mentally Ill Inmates

The survey asked about job, staffing, or structural changes to accommodate the mentally ill offenders in the criminal justice system.

Job Changes

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Interestingly, 78.2% of the jails that reported seeing increased numbers of seriously mentally ill inmates compared to the previous five to 10 years reported experiencing job changes. In contrast, only 44.4% of the jails that did not report seeing an increased number of seriously mentally ill inmates reported experiencing job changes ($P < 0.001$) (Figure 16).

Figure 16. Percentage of Jails for Which the Increased Number of Mentally Ill Offenders Caused Job Changes, by the Change in the Number of Seriously Mentally Ill (SMI) Inmates Compared to Five to 10 Years Ago

In their open-ended responses, the respondents pointed out the following concerns about their jobs being harder as a result of dealing with seriously mentally ill inmates.

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Figure 19. Percentage of Jails Implementing Staffing or Structural Facility Changes to Accommodate Seriously Mentally Ill (SMI) Inmates, by Average

More than twice as many jails with large seriously mentally ill inmate populations reported implementing these housing changes as did jails with small seriously mentally ill inmate populations (43.0% vs 17.9%, *P* = 0.001) (Figure 22).

Figure 22. Percentage of Jails Implementing Changes to Housing Facilities to Accommodate Seriously Mentally Ill Inmates (SMI), by Average Percentage of Inmates Who Were SMI

With regards to staffing changes,

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!"#$%&'(%)*+,'-.'/0+-)1+,)'2.34&-&5'(+,)+0'' ' ' ' ''''''''''''''''''''''''''''''''''(4",)5'6-%$'7"03+5

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Figure 25. Distribution of Jails, by Whether the Sheriffsô Departments Provide Formal Training on Effective Ways to Handle Mentally Ill Offenders

Figure 26. Percentage of Jails Providing Formal Training on Effective Ways to Handle Mentally Ill

Initial Training

Yet when asked about the length of the initial basic training offered to the jail staff and deputies, 45.7% of the jails reported that only 2% or less of this training specifically relates to issues dealing with seriously mentally ill inmates (Figure 27). On the other hand, 50.4% of the jails reported that 3% or more of the initial training was

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Annual Training

With regards to the annual training of jail staff members ies, 60.4% of the jails reported that only two hours or less of this training were allotted to issues specifically dealing with seriously mentally ill inmates. In contrast, only 36.1% of the jails reported that three hours or more of their annual training were allotted to these issues (3.5% did not respond) (Figure 29).

Figure 29. Distribution of Jails, by Number of Annual Training Hours Allotted to

for Sheriffs Choice. We attempt to cover all training issues listed by the State which

Expanding on the nature of their training in relation to inmates with serious mental illnesses, some respondents reported providing or receiving training in the following areas:

control the inmate without causing or minimizing any injuries that might occur with a normally combative inmate from general populati

tate academy includes this training in the Basic course and advanced detention

individuals displaying sig

In commenting on who provides the training, some responses were:

. ... We have a certified counselor that will come to the jail

[Training] is taught by ou[r] medical staff and other mental health providers in the

We rely on in-house experts and N.A.M.I. [the National Alliance on Mental Illness]

This [Crisis Intervention] class is taught by a few higher ranking training officers in

Other Training

When survey respondents were asked to describe any other training or experience that have prepared them to work with seriously mentally ill individuals, most cited on-the-job experience or their educational background as the only sources.

of dealings with mental health inmates are from on the job experience, without having a mental health staff member on the payroll and in a jail setting[,] the line officers wear the hat of counselor and health worker, even when housing a[n] inmate with ser

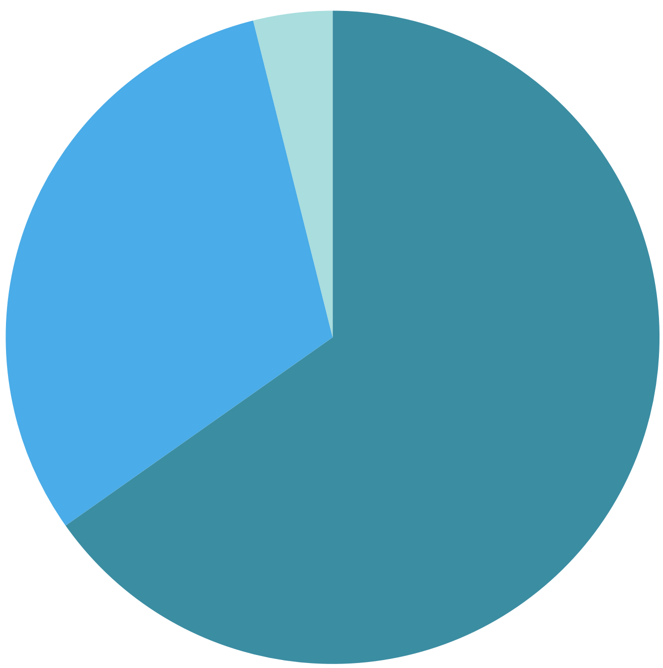
The System of Care for Seriously Mentally Ill Inmates in Jails

Time Handling Issues Concerning Seriously Mentally Ill Inmates

jail work time, if any, involves handling seriously mentally ill About a third (30.9%) of the jails reported that 11% or more of time involves handling issues concerning seriously mentally ill inmates, whereas 65.2% reported that 10% or less of their staff time involves handling these inmates (3.9% did not respond to this question) (Figure 30).

Slightly more than half (55.9%) of the jails with large seriously mentally ill inmate populations concerning these inmates. In contrast, only 14.2% of the jails with small seriously mentally ill s work time involved handling issues concerning these inmates ($P < 0.001$) (Figure 31).

Figure 30. Distribution of Jails, by Percentage of Total Jail Staff0s Work Time Spent Handling Issues Concerning Seriously Mentally Ill Inmates



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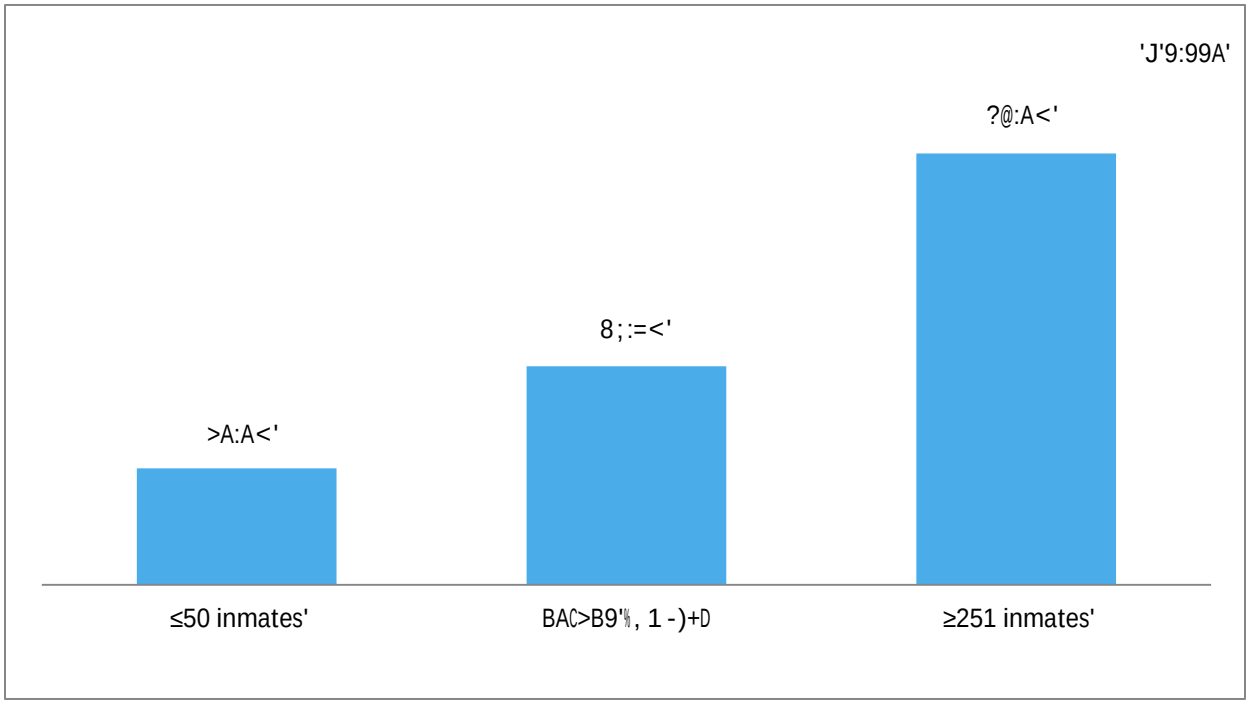
Although 78.1% of the large jails reported offering mental health treatment, only 39.6% and 21.1% of medium and small jails, respectively, reported offering mental health treatment ($P < 0.001$) (Figure 33).

Figure 33. Percentage of Jails Providing Treatment for Seriously Mentally Ill Inmates Inside Jail Facility, by Jail Size



Twice as many jails with large seriously mentally ill inmate populations reported offering mental health treatment as jails with small seriously mentally ill inmate populations (62.4% vs. 32.1%, $P < 0.001$) (Figure 34).

Below are some comments from the respondents regarding the challenges they face in offering treatment to these inmates:

burden on this jail and fails to provide for the wellbeing [of the seriously mentally ill

ources other

!''#%&'(%*+,'-,.'/0+-)1+,)'2.34&-&5'(+,)+0''

cooperation between a designated mental health deputy, community mental health centers, the state mental health facilities, and our contract mental health

Below are some responses from the jails that reported offering mental health services in-house. However, many of those jails contract mental health care to outside mental health providers who come to the jail (often on an as-needed basis) to provide mental health evaluation or treatment:

Psychiatrist comes to the jail weekly to have 1 on 1 contact with people who request (or are requested by staff) help [from X Community Mental Health]

[.] We contract with them

[have] a contract with our local Behavioral Health Services to provide a level of care to our mentally ill inmates, most of the care is provided at the jail. We occasionally

Figure 35. Percentage of Jails Providing Types of Mental Health Treatment Services for Seriously Mentally Ill Inmates Inside Jail Facility

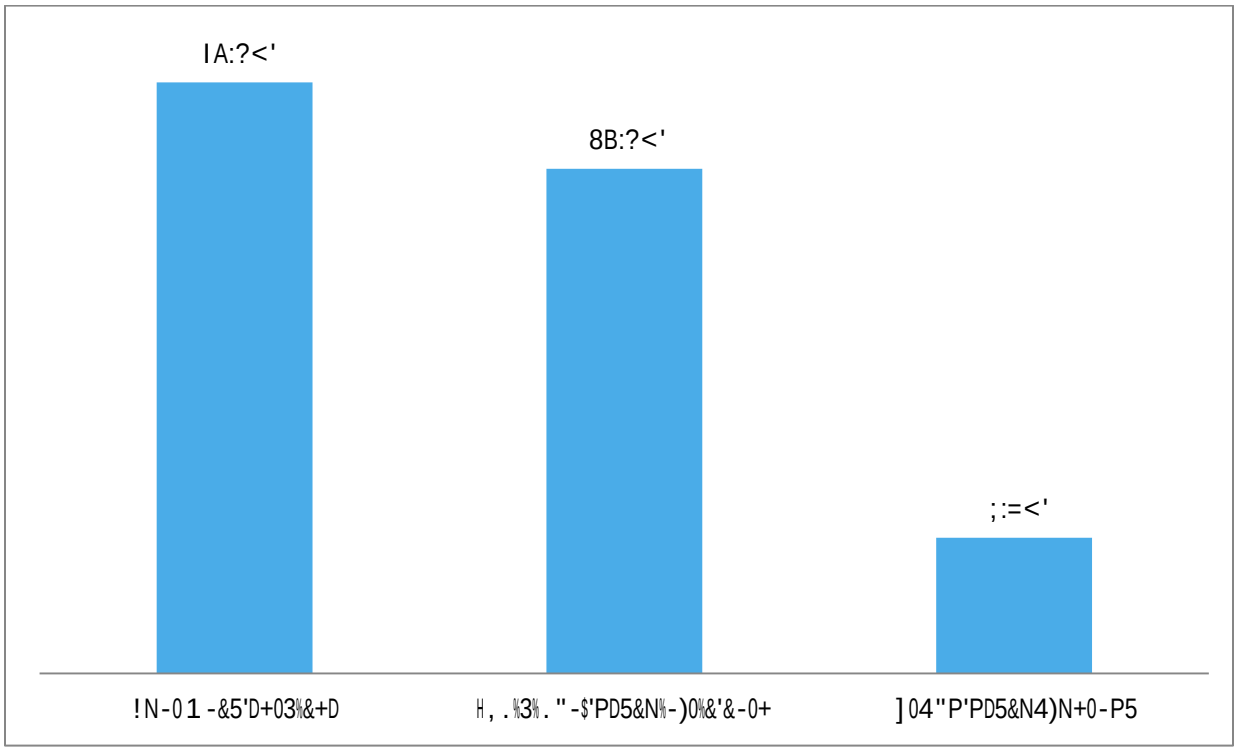
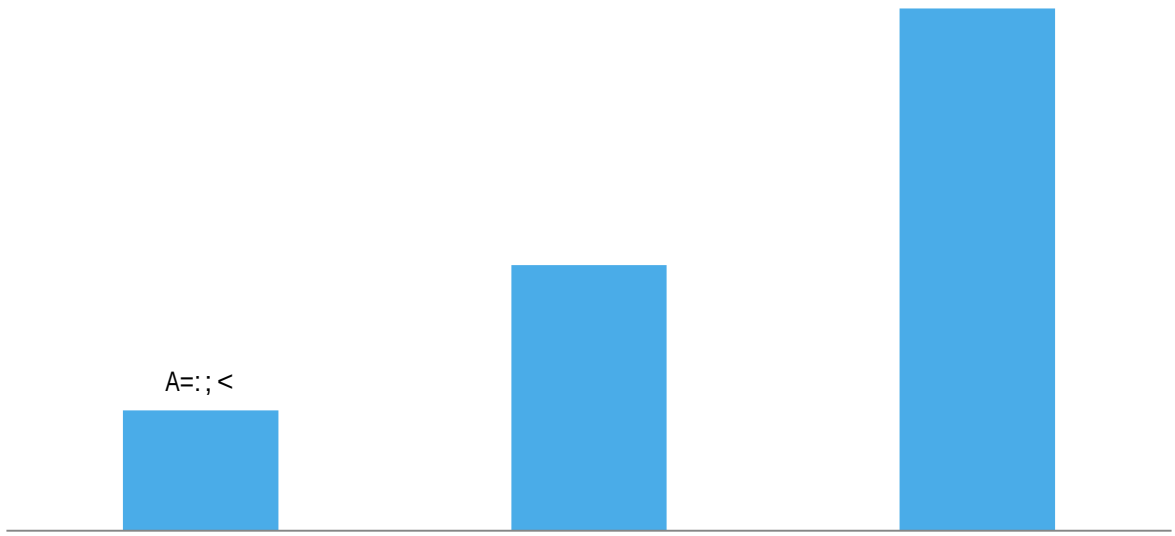


Figure 36. Percentage of Jails Offering Pharmacy Services to Inmates Inside Jail Facility, by Jail Size



In addition, while 58.1% of the jails with large

Figure 39. Percentage of Jails Providing Individual Psychiatric Care to Inmates Inside Jail Facility, by Average Percentage of Inmates Who Were Seriously Mentally Ill (SMI)

Only a small proportion (9.6%) of the jails reported providing group psychotherapy (Figure 35). Overall, 18.8% of large jails, 11.0% of medium jails and no small jails provided group psychotherapy (*P* = 0.003) (Figure 40).

Furthermore, 17.2% of the jails with large seriously mentally ill

Figure 40. Percentage of Jails Offering Group Psychotherapy to Inmates Inside Jail Facility, by Jail Size

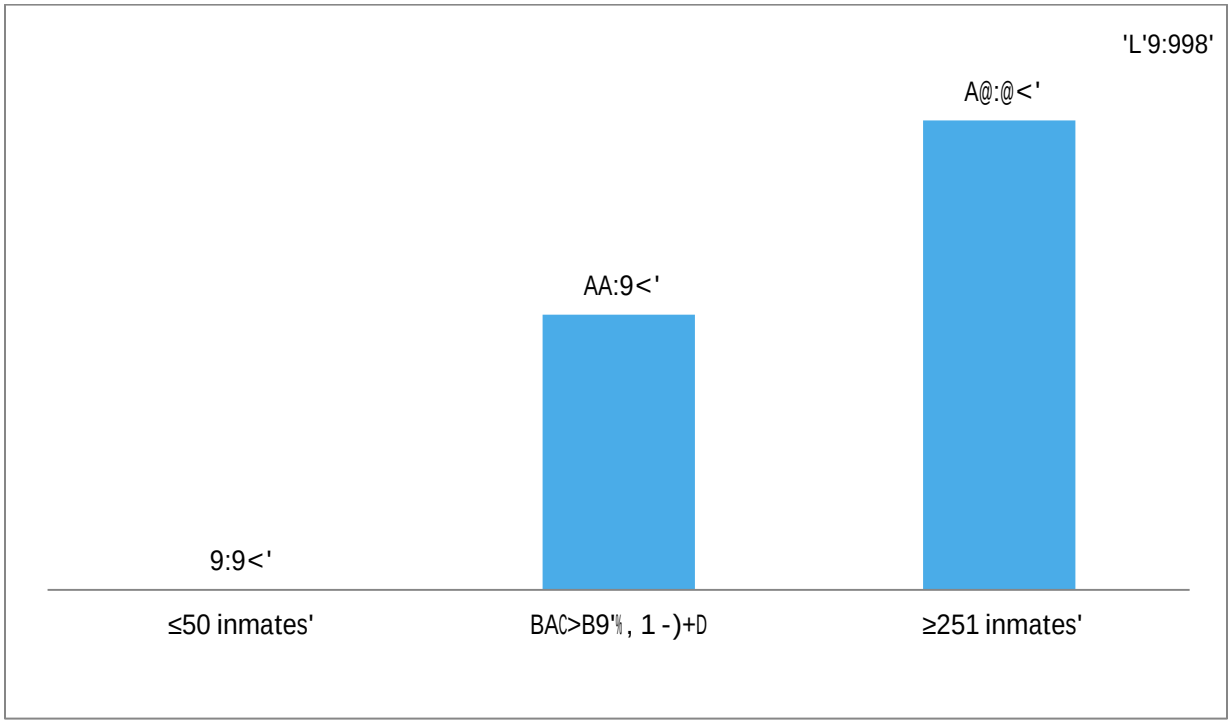
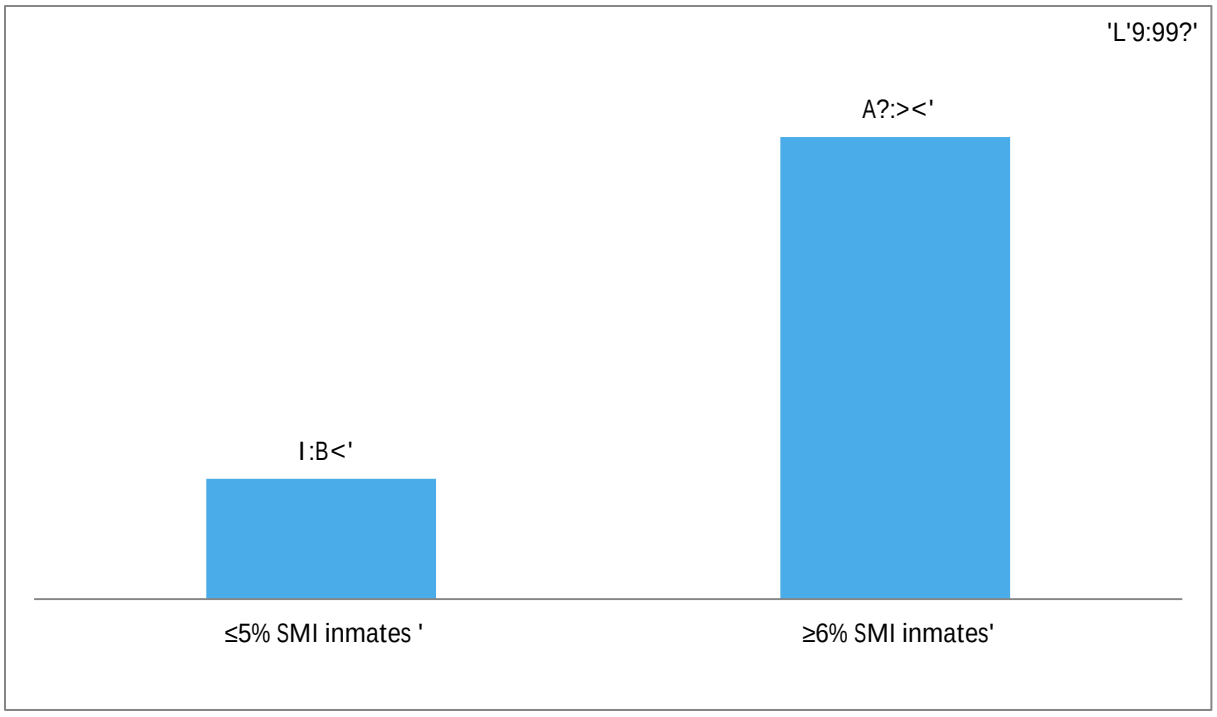


Figure 41. Percentage of Jails Providing Group Psychotherapy to Inmates Inside Jail Facility, by Average Percentage of Inmates Who Were Seriously Mentally Ill (SMI)



Time Transporting Mentally Ill Persons to Emergency Rooms or Hospitals

Figure 43. Distribution of Jails, by Percentage of Sheriffôs Deputiesô Work Time Transporting Mentally Ill Persons and by Average Percentage of Inmates Who Were Seriously Mentally Ill (SMI)

Type of Staff Coordinating Mental Health Treatment in Jails

categorized responses to this question as professionals with mental health training (such as designated mental health deputies, physicians, nurses, and social

or unknown/missing.

While 59.6% of the jails reported that professionals with mental health training have the primary responsibility for coordinating menta

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Figure 44. Distribution of Jails, by Type of Staff Who Have the Primary

- *we have a very limited protocol for when we are able to call for crisis intervention. The jail is said to be a*

NONE

(b) Help from in-house staff (who are often part-time):

[who] is in our facility for only 9 hours a week. Other times, they

coroner) as well as the Emergency Room at our disposal should there be a psych

d an infrequent mental health [doctor]

well as a fully licensed dual therapist that is in our facility approx. 40 hours per week [and] a full time and part time RN in the facility

mental health court liaison, we have a psychiatrist/p

mental health program Coordinator, full-time nursing staff with access to mental health medications, on-call physician who visits the jail M-F for 4 hours a day. An on-call psychiatrist who is on call for 24 hours a day.

to handle psychiatric emergencies. However, in rare instances where they would require more assistance, they have an on-call community mental health person that can come to our facility 24 hours a day/7 day[s a week]

A full time nurse for the initial contact/incident. We also have an on call psychiatric nurse practitioner who will respond to the detention center. Counselors from ... mental health can be called in or the inmate can be transported to the hospital

Our contracted medical [staff] uses Skype for onsite interviews with mental health professionals.

(c) Help from the county or outside contractors:

provider is 45 miles away. We are currently using televideo to coordinate appointments with patients. If an emergency occurs[,] a crisis counselor will

into the State H

We can also contact the County Mental Health crisis team to provide an emergency assessment and recommendation

ough local county mental health. Psychiatrist two hours each

[Contactor] would be called to do an evaluation on inmates that are showing signs of mental illness. ...

dical/mental health provider or do a 72 hour hold at the local

[ed] crisis intervention by our contract mental health provider, we

Support System for Mentally Ill Persons After Release

mentally ill inmates] still in crisis we take [them] to the hospital for continued services. Most unfortunately simply wander back into the community where they self-medicate and

Does y mentally ill persons following their release Overall, only 20.9% of the jails reported offering such support system for mentally ill persons following release (Figure 47). More large (35.9%) than medium (19.8%) and small (9.9%) jails reported offering such a system (P = 0.007) (Figure 48).

Figure 47. Distribution of Jails, by Whether the( )]TJ ET ET 7 0 0 12 427.27 515.3589.a(2 (( )]/ ff]

Figure 48. Percentage of Sheriffsô Departments Offering a Support System for Mentally Ill Persons Following Release, by Jail Size

The majority of the jails that reported offering a post-release support system described their system as simply referral of the inmates

Discussion

As part of a policy of deinstitutionalization, state psychiatric hospitals have been progressively closed or downsized since the 1960s. The failure to provide treatment for seriously

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Besides the structural and staffing challenges associated with housing seriously mentally ill inmates in the jail system, our survey respondents stated time and time again that they feel conflicted about the presence of these individuals in jails. We learned anecdotally that the current failure of the public mental health system jail has often put jail officers and other staff in a variant of a double bind situation in relation to the seriously mentally ill inmates. They are obligated to find ways to provide mental health treatment for these inmates while they are in

inmates continue to recidivate after their release due to the lack of community-based treatment. Their double bind is heightened by the fact they have no jurisdiction in the majority of states to follow up on these inmates after their release.

Survey Limitations

We acknowledge the following limitations of our study. First, our response rate was only 40.1%. However, our true response rate
have been higher, do not
operate jail facilities, and they likely never bothered to answer our survey. Additionally, our
to confirm whether they operated a jail
were unsuccessful because we either did not have their current phone numbers or received no response to our voice messages.

Second, our results are subject to the general limitations of survey research, including recall bias and lesser precision than other types of observational research. Particularly, the reported estimates of the numbers of seriously mentally ill inmates in county jails were likely underest
behavior, rather than objective mental health assessments in all cases. For example, an inmate who is talking loudly to him/herself is more likely to be noticed and counted than one who quietly whispers to voices (auditory hallucinations) only when alone. Likewise, an inmate who

Notwithstanding these limitations, our survey of a mostly experienced group of law enforcement staff

The implementation of these recommendations can prove instrumental in managing the increasing numbers of people with serious mental illnesses in the criminal justice system. For example, a recent commentary in *The New England Journal of Medicine* provides encouraging results from a project, called the Criminal Mental Health Project (CMHP), in Miami-Dade County in Florida. This project includes prebooking/postbooking diversion and post-release case management programs, and integrates resources to pursue what is perceived in this a shared community solution

Appendices

Appendix A. Survey Invitation Letter

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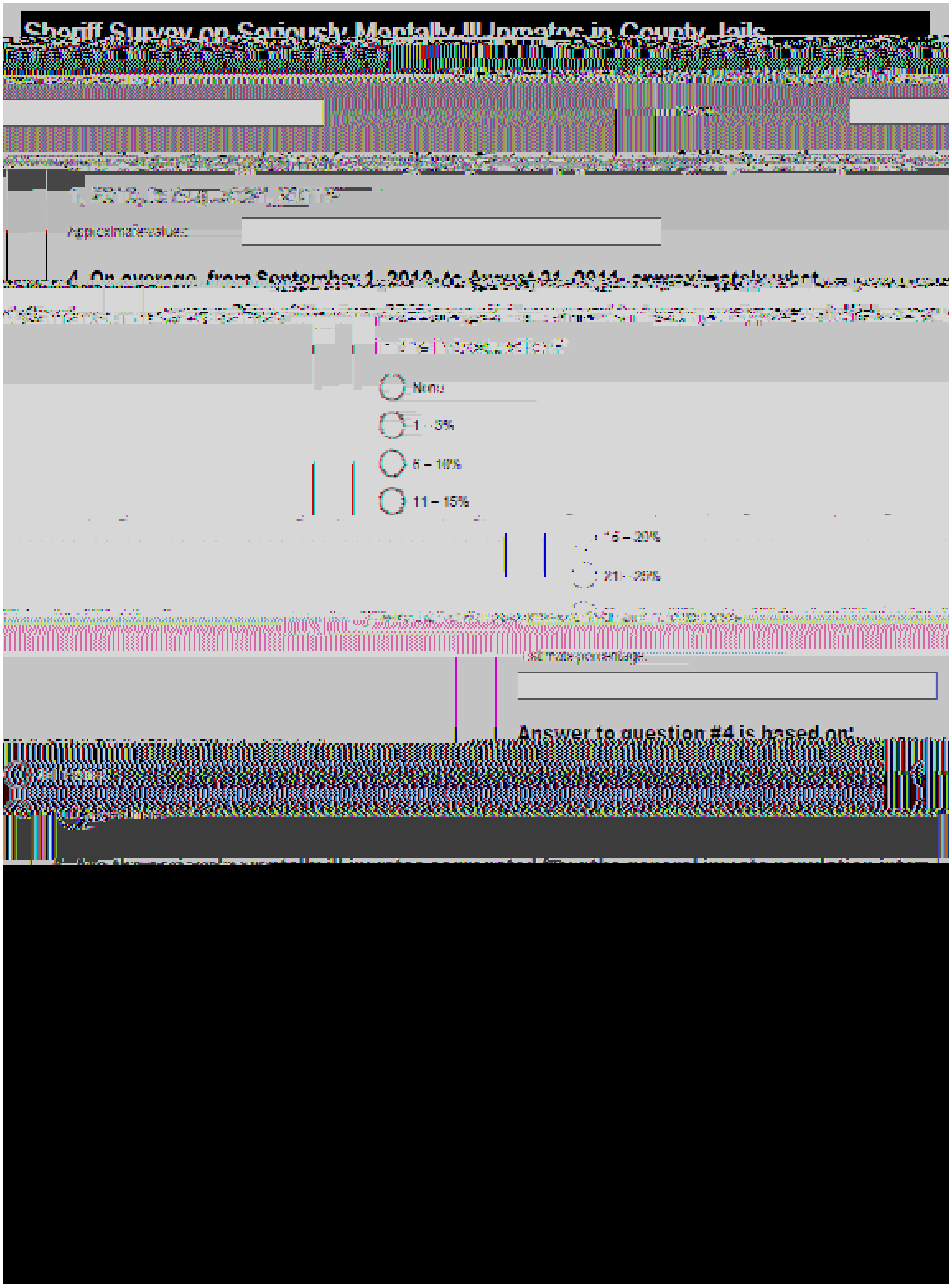


Sheriff Survey on Seriously Mentally Ill Inmates in County Jails

Approximate values:

4. On average, from September 1, 2010 to August 31, 2011, approximately what

None

1 – 5%

6 – 10%

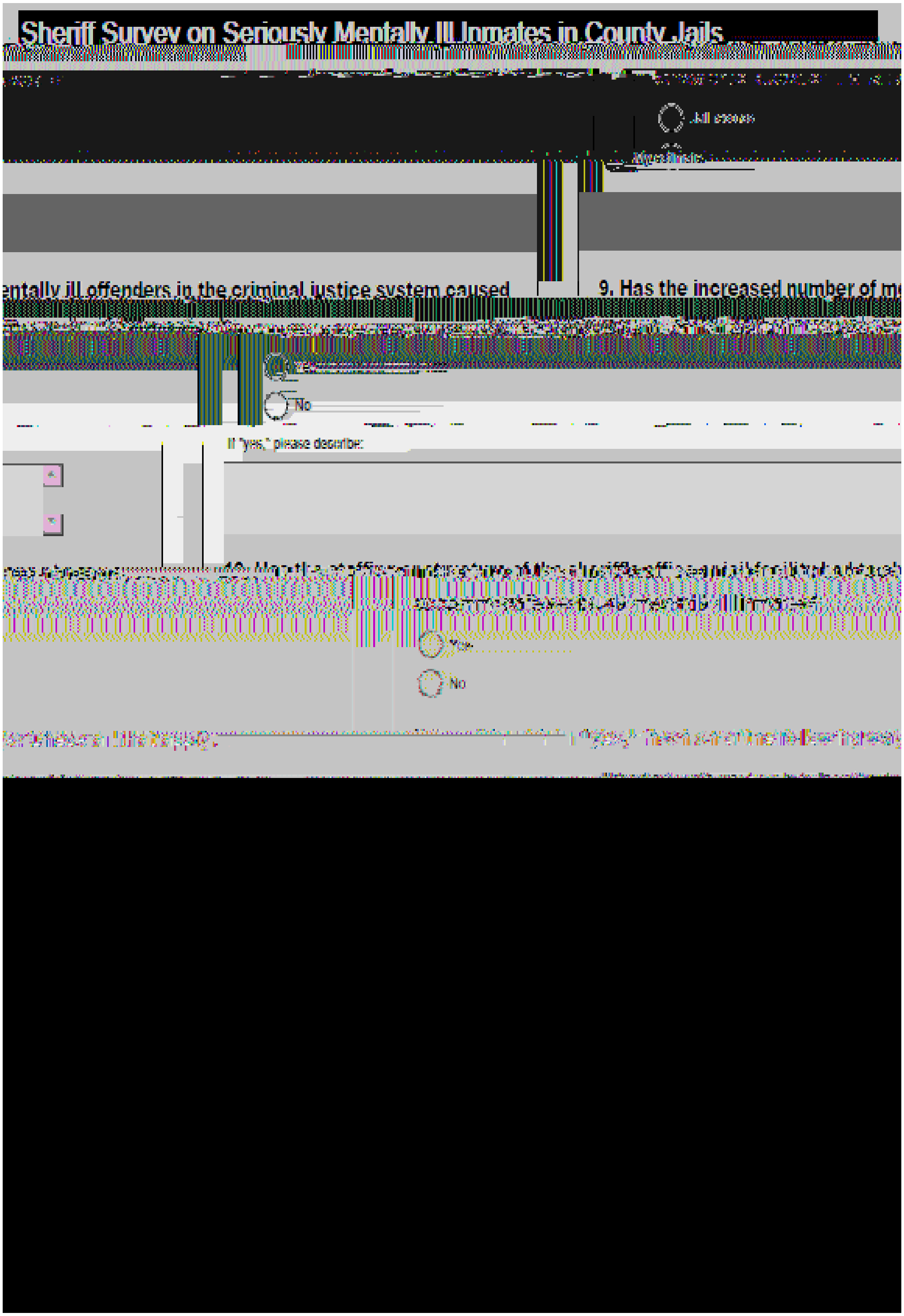
11 – 15%

16 – 20%

21 – 25%

Estimate percentage:

Answer to question #4 is based on:


Sheriff Survey on Seriously Mentally Ill Inmates in County Jails
Jail assess
9. Has the increased number of m
entally ill offenders in the criminal justice system caused
No
If "yes," please describe:
Yes
No

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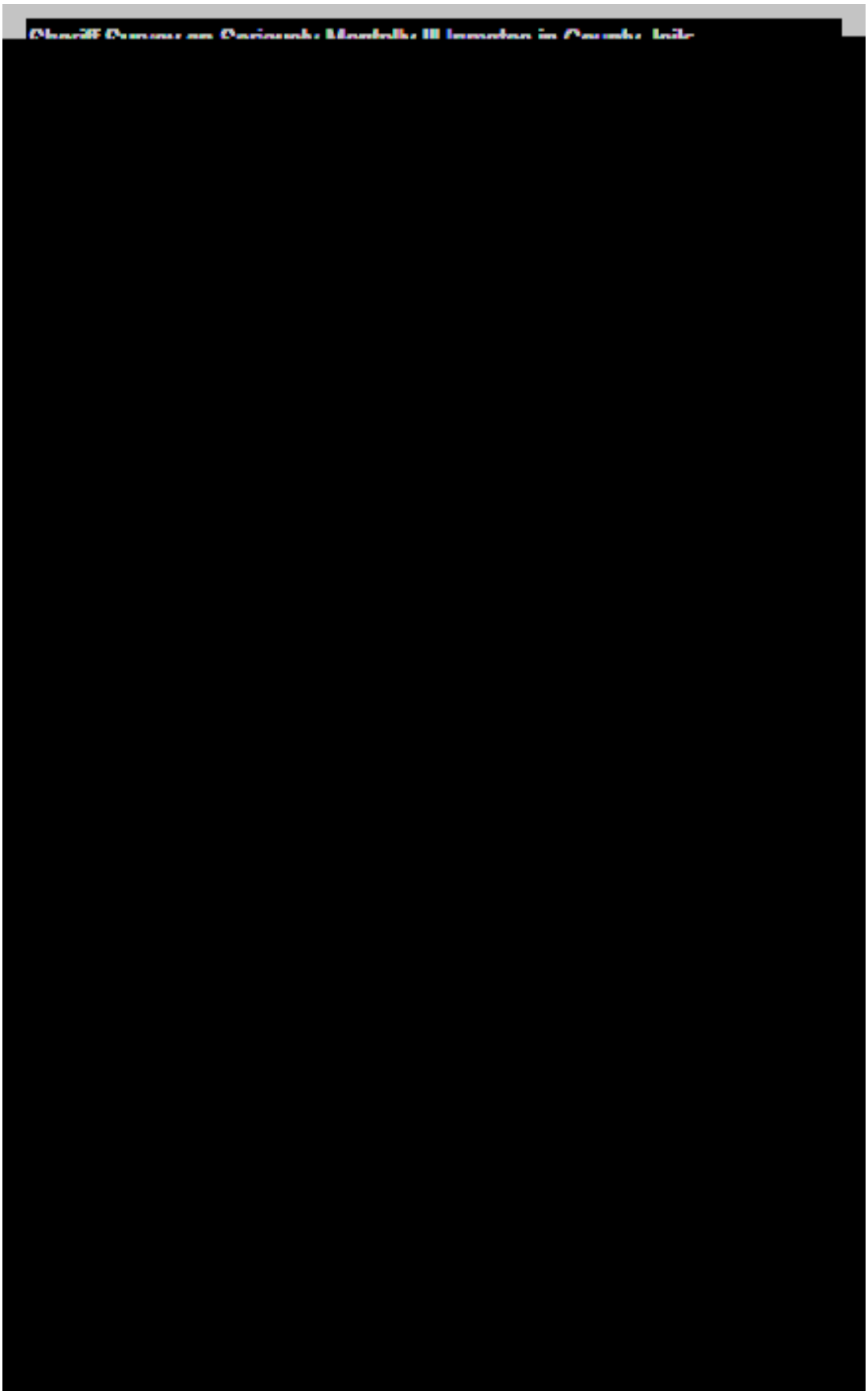

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Appendix C. Survey Sample Disposition

Step	n
1. Sheriffs'	***1***
1.a. Ineligible departments that reported during reminder phone calls	

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