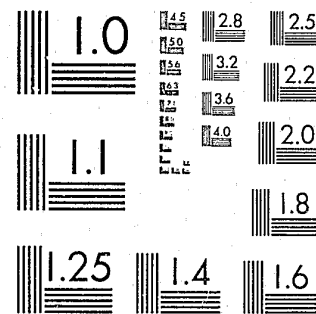


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THE MENTALLY ILL IN LOCAL JAILS:  
NEW CLAIMS VERSUS OLD PROBLEMS

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The complexities of the relationships between mental illness and crime which have vexed researchers and policy makers for centuries have taken on renewed importance in the current controversies over changing mental health statutes and their impacts on the criminal justice system. Correctional administrators especially at local jails, are strongly contending that their facilities have become depositories of persons who should be and formerly would have been in mental hospitals. Further support for such observations has come from a number of clinicians (1,2,3).

While these mental health problems are being articulated in a criminal justice context, staff at state mental hospitals are concerned that their admissions are now more agitated, hostile, and assaultive (4). Further, in at least one state's mental hospitals the proportion of males with prior arrest records has dramatically increased over the past thirty years (5). Thus, just as the jails see themselves as inundated with mental illness problems, state hospital staffs are perceiving a significant increase in persons coming for treatment with problems associated with violence that could or should have been handled by the police.

The data reported here attempt to clarify one portion of this cloudy picture. Both mental health and criminal justice data are abstracted for all offenders released during 1968 and 1975 to the community from both state prisons and local jails in one New York county. These data permit a determination of the extent to which mental hospitalization histories may have changed over this time period and what relationships may exist between prior hospitalizations and subsequent criminal activity. Thus, we have a partial test of the accuracy of the correctional staffs' perceptions of the changing mental health needs of their inmates.



### Design

The data reported here are drawn from a larger study of all persons released to Albany County, New York from state prisons and all persons released from Albany County Jail in 1968 and 1975 (6). For the 167 released offenders in 1968 and for the 252 in 1975, mental hospitalization histories in state mental hospitals and "rap sheets" with complete criminal histories were obtained. The rap sheets also provided data on an offenders subsequent criminal behavior for the first 18 months after their release. Since only state hospitalizations were available, there is, no doubt, some underestimation of prior hospitalization in both the prison and jail samples. However, this will not distort any differences across groups or across time periods.

The vast majority of offenders (93% in 1968 and 90% in 1975) were males with a mean age respectively of 32 and 28. Also 42% in 1968 and 49% in 1975 were black. Our major interests centered on changes in the proportion of offenders with prior mental hospitalizations as one measure of perceptions that jail and prison inmates have more psychopathology as a result of more restrictive civil commitment statutes. While this factor surely offers but a limited test of these perceptions, it is useful as one indication of the extent to which inmates are changing on dimensions related to mental health service needs.

### Findings

The first question we examined was simply whether the proportion of inmates with prior hospitalizations released from state and local facilities had increased from 1968 to 1975. As is evident in Table 1, there were no consistent or statistically significant trends.

TABLE 1 about here

Of those inmates released from state prisons in 1968, 19% had a record of prior mental hospitalization whereas only 13% did in 1975. On the local level, 9% of the offenders released in 1968 had mental hospitalization histories whereas, 12% had such histories in 1975. It would appear that while there has been a modest increase in the percentage of inmates with mental hospitalization histories, the rise from 9% to 12% would not itself warrant the much more dramatic rise in perceptions. It is noteworthy that these rates are quite similar to the 14% of inmates admitted to the Denver County Jail in 1974 with prior inpatient hospitalization (7). However, for jail inmates with a mental hospitalization history, the average number of prior admissions to a mental hospital increased from 1.9 in 1968 to 4.1 in 1975, and for the state offenders 1.5 prior hospitalization in 1968 to 2.9 in 1975. Thus, on the local level there is modest empirical support for the altered perceptions, but a magnitude that in no way reflects that vast increase in perception of the problems. It may be that there are not that many more persons revolving between jails and mental hospitals, but that the same people are more often coming through both systems. No support is found on the state prison population where there was an actual decrease in the proportion of released inmates with prior mental hospitalizations.

Our second set of questions dealt with the issues surrounding the relationship between prior hospitalization histories and subsequent crime. This analysis focused on how these data could provide a limited test of the impact of mental hospitalization on future criminality. In other words, with other things being equal, if those offenders who had prior hospitalizations had lower recidivism rates than those without hospitalization, some sort of positive impact might be inferred.

In fact there was no relationship in these study groups between prior hospitalization and subsequent criminal activity. Looking at the 1968 study groups,

3.5% of those offenders without prior mental hospitalization were arrested for violent crimes and 4.2% of those with prior hospitalization were arrested for violent crimes. In 1975 the proportion arrested for violent crimes increased considerably, but the offenders with prior hospitalization again were slightly more often arrested, 16.1% compared to 12.7%. Clearly, however, neither of these differences is of any consequence. There are simply no substantial differences among the offenders rearrested for violent crimes based on their previous mental hospitalization. The same lack of relationship holds for total subsequent arrests. There is no relationship between whether an offender had a previous history of state mental hospitalizations and whether they were subsequently arrested within 18 months after release.

#### Discussion

At a time when the provision of mental health services in criminal justice settings, especially the local jail, is properly receiving new attention through such efforts as the American Medical Association Standards for Psychiatric Services in Jails and Prisons and occasional journal articles (8), it is important to make assessments of the accuracy of some widely held views within the correctional field. Fueled by reports from both clinicians and administrators, a strong current of opinion has evolved that inmates in U.S. jails and prisons are more mentally ill since the advent of more restrictive mental health commitment codes. With the frequency with which these views are aired and the caliber of the professionals who often make them, the potential relevance of such changes for the delivery of mental health services is serious. Yet, when one attempts to muster empirical evidence on how mental health problems of inmate populations at the local or state level may have changed, there is little that can be offered. It is most difficult to determine whether the recent awareness of correctional administrators really

represents changes in the characteristics of inmates or whether alternately a new set of expectations has evolved about psychiatric contributions. In a very limited way the data presented here suggest that it may be more a change in the perceptions and expectations than in the characteristics of the inmates. More empirical evidence is required before one can accept at face value the claims of correctional administrators and some clinicians about the radical changes in the mental health needs of U.S. jail inmates. It is more likely that there have been few actual changes, and the real needs that have always been there are now more adequately perceived.

This latter point warrants elaboration. It would appear that any mental health program initiatives into jails or prisons, but especially the jails, should begin with clear statements to correctional administrators about what such services can and cannot be expected to do. Furthermore, as pointed out by Nielsen (8), it is important to clearly articulate how these services are related to other community mental health services. Certainly the booking and jailing are high stress situations that may exacerbate already strained social ties and precipitate real economic and social disruption to both the inmate and family. When such dislocations result in diminution or termination of income, for example, major stressors operate on the inmate that certainly can benefit from social service intervention. All too often, the introduction of the psychiatrist into the jail is seen by the correctional staff as the sole solution to such problems. What the limits of direct psychiatric intervention are for disturbed inmates must be transmitted to correctional staff lest inappropriate expectation doom psychiatric services to failure in their eyes and contribute to the truncated development of the full range of social support services that are in fact needed. Although treatment goals may vary widely, contrary to the public and often correctional expectations, generally they do not include recidivism. Nevertheless, it appears that many times failure is attributed

to mental health treatment in the correctional context because a former inmate is rearrested. In fact, this occurrence is most often incidental to the crisis intervention services that most often characterizes the jail or prison treatment. Thus, it is important for mental health programs in jails and prisons to be very explicit in their goals and promises. That the actual volume of their needs may not have changed to the extent that they have been perceived to, in no way diminishes what current needs may be. It simply means that the problems that were there before still remain.

TABLE 1  
STATE MENTAL HOSPITALIZATION HISTORIES FOR OFFENDERS  
RELEASED TO ALBANY COUNTY FROM STATE PRISONS AND  
COUNTY JAIL IN 1968 & 1975

<u>1968</u>	<u>County Jail</u>	<u>State Prison</u>
No prior hospitalization	90.8% (N=69)	81.3% (N=74)
1 or more prior hospitalizations	9.2% (N=7)	18.7% (N=17)
<u>1975</u>		
No Prior hospitalization	88.1% (N=155)	86.8% (N=66)
1 or more prior hospitalizations	11.9% (N=21)	13.2% (N=10)

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