What percentage of the U.S. jail and prison population is mentally ill?

Of the nearly 2 million inmates being held in prisons and jails across the country, experts believe nearly 500,000 are mentally ill. According to the National Alliance for the Mentally Ill (NAMI), 16 percent of the prison population can be classified as severely mentally ill, meaning that they fit the psychiatric classification for illnesses such as schizophrenia, major depression, and bipolar disorder. According to staff at city and community jails, 25 percent of the jail population is severely mentally ill. However, when other mental illnesses, such as anti-social personality disorder, borderline personality disorder and depression, are included, the numbers are much higher, and NAMI puts the number of inmates suffering from both mental illness and substance abuse the percentage at well over 50 percent.

Why are so many mentally ill people ending up behind bars? Who is to blame?

Most experts agree that the increasing number of imprisoned mentally ill people is due to two major policy shifts over the past decades. One was deinstitutionalization, or the process of closing down mental hospitals throughout the country that began in the 1950s. The idea was that the mentally ill would do better living back in the community with a community-based mental health care system in place to handle their needs. But adequate funding,
coordination and commitment didn't follow this change and the lack of resources and commitment to a community-based system of care continues to be a problem in the vast majority of American communities.

This excerpt on the deinstitutionalization of the mentally ill from Dr. E. Fuller Torrey's book Out of the Shadows: Confronting America's Mental Illness Crisis includes a chart showing the deinstitutionalization rate for each state between 1955 and 1994.

The other policy shift behind the rise in mentally ill behind bars was the tougher sentencing laws implemented in the 1980s and '90s that have resulted in a large increase in the prison population.

"Unfortunately, I do believe that some of the mental health treatment that we provide in prisons is better than what one might get in the community," says Dr. Reginald Wilkinson, the head of the Ohio prison system. "I've actually had a judge mention to me before that, 'We hate to do this, but we know the person will get treated if we send this person to prison.' When you know the courts are more apt to send a person to prison because they are going to get treated, there's something disconcerting about that."

"I just think that there's a population that's not at times desirable, and it's expensive to provide services [for them] in the community," says Debbie Nixon-Hughes, chief of the Ohio Department of Rehabilitation and Corrections' Bureau of Mental Health Services. "... There's no secret: This is the age where no one wants new taxes, and it's going to cost money to provide the level of services to decrease the prison and jail population."

What percentage of the female prison population is mentally ill?

In its most recent national study (1999), the Justice Department's Bureau of Justice Statistics reports that mental illness affected 24 percent of the female state inmate population, as compared to 16 percent of the male state inmate population; 13 percent of female federal prison population (vs. 7 percent of males); and 23 percent of female jail inmates (vs. 16 percent of males).

However Human Rights Watch, in its report Ill-Equipped: U.S. Prisons and Offenders with Mental Illness, suggests that the numbers may be higher. Furthermore, it warns, "Most prison systems still have not developed adequate facilities for women at different security levels and do not offer women prisoners the range of programming and services that are available to men. Prison medical care for women is particularly deficient, including mental health care."
What is the racial breakdown of the mentally ill in prison?

The Bureau of Justice statistics published the following chart, indicating the racial breakdown of the mentally ill in prison:

<table>
<thead>
<tr>
<th>Race/Hispanic origin</th>
<th>State inmates</th>
<th>Federal inmates</th>
<th>Jail inmates</th>
<th>Probationers</th>
</tr>
</thead>
<tbody>
<tr>
<td>White/non-Hispanic</td>
<td>22.6%</td>
<td>11.8%</td>
<td>21.7%</td>
<td>19.6%</td>
</tr>
<tr>
<td>Black/non-Hispanic</td>
<td>13.5%</td>
<td>5.6%</td>
<td>13.7%</td>
<td>10.4%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>11%</td>
<td>4.1%</td>
<td>11.1%</td>
<td>9%</td>
</tr>
</tbody>
</table>

Do the mentally ill serve longer or shorter sentences than the general population?

According to the U.S. Justice Department's Bureau of Justice Statistics, mentally ill inmates in state prisons serve on average 15 months longer than other inmates. Mentally ill inmates in local jails serve on average two months fewer than other inmates.

Often the reason mentally ill prisoners end up spending more time in prison -- sometimes longer than their original sentences -- is that because of their illnesses they have difficulty following the strict rules of prison life. They are more likely than other inmates to be involved in prison fights, and they tend to rack up conduct violations, known as "tickets," for violating the rules. Depending on the number of tickets they're received, prisoners' privileges may be revoked or they may be moved to a higher security classification. "It's an evolving process every day, trying to figure out the role that the mental illness plays against the rule infraction and how you're going to deal with that," explains Nixon-Hughes.

The mentally ill also have a more difficult time being paroled than the general population, usually because of their disciplinary records in prison. Also, the parole board may be reluctant to release the mentally ill back into the community because of inadequate community services to help them obtain treatment.

Do the mentally ill have higher recidivism rates than the general inmate population?

According to the most recent survey by the Bureau of Justice Statistics, 81 percent of mentally ill inmates currently in state prison, 76 percent of mentally ill inmates in federal prison, and 79 percent of mentally ill inmates in local jails have prior convictions. (Seventy-nine percent of other inmates in state prison, 61 percent of other inmates in federal prison and 71 percent of other inmates in local jails have prior convictions.)

The BJS also published the following chart showing the prior criminal history by mental health status:
"We really shouldn't be surprised when the mentally ill show up again at intake, because it was bound to happen," says Alphonse Gerhardstein, an Ohio civil rights attorney and president of the Prison Reform Center. "We knew that was their course of conduct before, because they were in prison earlier. We didn't do anything when they were released to divert them to a better course of conduct, and now they commit a crime, and the same thing is happening."

What's being done to address recidivism?

The Consensus Project, a coordinated effort by the Council of State Governments to improve services for mentally ill offenders, recently released a report calling for a complete overhaul of the way mentally ill offenders are treated. Rather than simply turning offenders loose after they have served their sentences, the report recommends planning for post-release services almost from the day they arrive in the justice system. A successful system for reentry would coordinate efforts among specialists in a range of services, integrate treatment for mental illness and substance abuse, combine primary healthcare with mental healthcare, create and improve housing resources for the mentally ill, involve families and the community with the offender's treatment, and ensure that people with mental illness are accessing the full range of government entitlements for which they are eligible, such as Social Security Disability Insurance.

Read more about some innovative programs that communities have developed to address this problem.

How difficult is it to provide mental health treatment inside a prison?

According to the Human Rights Watch report Ill-Equipped:

Our research suggests that few prisons accommodate [mentally ill prisoners'] mental health needs. Security staff typically view mentally ill prisoners as difficult and disruptive, and place them in barren high-security solitary confinement units. The lack of human interaction and the limited mental stimulus of twenty-four-hour-a-day life in small, sometimes windowless segregation cells, coupled with the absence of adequate mental health services, dramatically aggravates the suffering of the mentally ill. Some deteriorate so severely that the must be removed to hospitals for acute psychiatric care. But after being stabilized, they are then returned to the same segregation conditions where the cycle of decompensation begins again. The penal network is thus not only serving as a warehouse for the mentally ill, but, by relying on extremely restrictive housing for mentally ill prisoners, it is acting as an incubator for worse illness and psychiatric breakdowns.

According to Dr. Gary Beven, the regional medical director of the Ohio prison system,
"Providing effective psychiatric care in a maximum-security prison is extraordinarily difficult. Many patients decompensate and become extremely depressed, hopeless, suicidal. Many turn to severe self-mutilation or acts of self-injury. And many inmates that also suffer from severe mental illness become delusional and hallucinate."

Another issue in treating mentally ill prisoners is malingerers, or those who exaggerate or fake problems in order to receive treatment. Beven says that one of the risks in treating potential malingerers is that the staff becomes desensitized to the truly sick. "... [T]he worst thing you could do is to assume everyone is a malinger," he says. "That's the worst thing you can do because eventually you're going to ignore somebody who's very, very sick."

But Beven says that there are also success stories. "... [W]e work with patients on such an intensive, long-term basis that over time, perhaps several years, they begin to trust you and they can show you that they have earned some trust that they've never had before," he explains. "And in that setting, you can have some genuine success. There's been some miracle cures for patients that other people have believed in the past -- even their own families, school systems, private psychiatric agencies have thought, 'This person's completely hopeless.' And then when they come here, they turn around entirely and it's almost a miracle."

What is segregation and how does it affect the mentally ill?

Segregation is when prisoners are sent to solitary confinement, usually because of discipline problems. According to Human Rights Watch, the mentally ill are disproportionately represented in segregation units and in most prison systems, the mental health services in segregation is lacking.

"If you're mentally ill when you go into segregation, you're going to become worse invariably," says Fred Cohen. "If you're not mentally ill, the risk of becoming mentally ill is very high from isolation. Some people dispute that, but in my experience, the people who are just so unsocialized and so psychologically fragile to begin with are deprived of any kind of social support, any kind of psychological stimulus. And they just fall apart."

Judges in California, Wisconsin, and Texas have ruled that holding the mentally ill in segregation is unconstitutional and violates the Eighth Amendment's prohibition against cruel and unusual punishment.

What are communities doing to tackle this problem of the mentally ill ending up in America's jails and prisons?

Incidents involving the mentally ill represent between 7 and 15 percent of calls received by community police departments nationwide, according to Lt. Michael Woody (Ret.) the former director of training for the Akron Ohio Police Department. Some communities are working to divert the mentally ill from the criminal justice system by forming crisis intervention teams (CIT) made up of law enforcement officers who have received special training in how to recognize mental illness and have learned practical techniques for de-escalating volatile situations involving the mentally ill.

The first CIT was set up in 1988 in Memphis, Tenn. after police shot and killed a 27-year-old mentally ill man in an incident that sparked widespread community protests.
Since then, according to the Memphis Police Department’s Web site, the city has seen a decrease in injuries to "consumers," and a seven-fold decline in officer injuries, as well as declining arrest rates for the mentally ill, an increased rate of diverting mentally ill from jail to treatment facilities and a lower incidence of mentally ill in the jails. According to Lt. Woody, calls for SWAT teams and hostage negotiators have decreased by 60 percent in communities where CIT programs are in place.

CIT programs have been set up in 50 to 80 communities across the United States, including Houston, Chicago, Atlanta, Los Angeles, Detroit, Albuquerque, and Ft. Wayne, Ind. The Council of State Governments is exploring facilitating a national organization to expand the use of CIT nation-wide and the U.S. Substance Abuse and Mental Health Services Administration's Center for Mental Health Services (CMHS) has announced the availability of grants for community programs to divert the mentally ill from the justice system into treatment programs.

There is also a growing movement to send mentally ill offenders arrested for nonviolent crimes to special mental health diversion courts that are similar to drug courts set up to send nonviolent drug offenders into treatment. Over the past eight years, more than 100 mental health courts have been set up in communities across the country, and advocates argue that they contribute to a reduction in recidivism and save money.

Read more about mental health courts.

Why is Ohio's prison system at the forefront of improving conditions for mentally ill prisoners? Are any other states following Ohio's lead?

Two incidents spurred the Ohio Department of Rehabilitation and Correction to improve mental health care within its prison system. In April 1993, nine inmates and one prison guard were killed during an 11-day riot at the Southern Ohio Correctional Facility in Lucasville. The following November, a class-action lawsuit, Dunn v. Voinovich, claiming that prisoners with serious mental illness were provided with a constitutionally inadequate level of psychiatric care was filed in federal court. The Dunn suit, which named nine inmates and was filed on behalf of 12,000 "psychiatrically-impaired inmates," also alleged that mentally ill inmates were sometimes chained to their beds and beaten, and that one inmate, Juan Dunn, drove a pencil through his ear to stop the voices in his head.

In June 1995, the state and the defendants entered into a consent decree, and Fred Cohen led a court-appointed expert team to monitor the progress. The prison system agreed to:

- provide mental health screenings to all inmates entering the prison system;
- provide each inmate with information about access to mental health care;
- take sole responsibility for the treatment and care of mentally ill prisoners (previously handled jointly by the Department of Corrections and the state Department of Mental Health);
- hire additional mental health staff and full-time psychiatrists;
- train guards in how to handle mentally ill inmates;
- provide residential space for inmates in mental health crisis and residential treatment units;
- adopt written policies and procedures for forced medication and use of physical restraints;
- avoid putting mentally ill inmates in isolation "unless there is no other setting immediately available and then only for the shortest period of time consistent with the need to protect the inmate from himself or herself, to protect others, or to prevent the destruction of property"; and
- develop confidentiality policies that would permit the sharing of mental health information among health care services within the prison.
The five-year consent decree was terminated in 2000. In his final report, Cohen wrote that in his opinion the mental health system set up by the Ohio Department of Rehabilitation and Correction "is unsurpassed by any other prison system in the country."

Pennsylvania, New York, Minnesota and Vermont are considered to have fairly good prison mental health systems and Massachusetts is working with Ohio to improve its system.

At the national level are there any efforts underway to help the mentally ill who are in our prisons and jails?

The Mentally Ill Offender Treatment Crime Reduction Act was signed into law by President Bush on Oct. 30, 2004. Sponsored by Sen. Mike DeWine (R-Ohio) and Rep. Ted Strickland (D-Ohio), it calls for federal grants to train criminal justice and mental health personnel in handling mentally ill offenders, funding mental health courts and alternative sentencing programs, and improving mental health and substance abuse care to those who are incarcerated and those who are re-entering the community. To finance these grants, the bill authorizes $50 million to be appropriated for fiscal year 2005 to the Department of Justice and "such sums as may be necessary" until 2009. The bill expands on America's Law Enforcement and Mental Health Project, a bill providing grants for establishing mental health courts that was also sponsored by Sen. DeWine and signed by President Clinton in September 2000.


What can I do, as a citizen, to pressure for improving the care and treatment of the mentally ill, especially those in prisons and jails?

On the national level, you can write your congressional representatives and senators. On the local level, you can contact your state and local governments, or your state’s Department of Corrections. Also, a list of organizations that deal with the mentally ill and prisoners with mental illness, as well as those in the judicial and legal professions who work with them, can be found on the Resources page of this site.