

Mental health issues experienced by jail inmates in Texas: An overview of diagnostic problems

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Introduction

This brief article analyzes the nature and extent of the relationship between mental health and incarcerated people. A number of commentators, both mental health professionals and academics who study prisons and jails, have noted with alarm the tendency to rely increasingly on correctional facilities to provide mental health services for needy individuals in the United States of America. As explained later, this issue is of particular concern to jail rather than prison administrators. Furthermore, this situation has been exacerbated by the closing of many mental hospitals in the US in the 1960s and 1970s.

We will examine the numbers of inmates in the different types of correctional facilities and then focus on jail inmates — specifically the nature and extent of their mental health needs. We will then focus on tra-

ining needs and classification systems for jail administrators and workers in the State of Texas.

Types of correctional facilities in the United States

The US has a decentralized system of correctional facilities that are demarcated along two dimensions: relatively short-term versus long-term facilities and federal versus state facilities.¹ Facilities in the first dimension are categorized as *jails* and *prisons*. Jails can house several kinds of inmates but mostly house pre-sentenced inmates and post-conviction inmates who have been adjudicated guilty of having committed relatively minor offenses, *misdemeanors*, which carry sentences of up to one year. Jails are under local control. In Texas they are generally operated at the county level by the Sheriff's Office, or in some larger jurisdictions by the municipal police department.² Whereas daily operation of county jails is under the control of local authorities, there is a state-wide agency that monitors compliance of jails with state laws and regulations, the Texas Commission on Jail Standards (2016). The Commission in turn derives its authority to regulate jails from the Texas Administrative Code, Title 37 Public Safety and Corrections, Part 9 Texas Commission on Jail Standards (State of Texas, 2016b).³

State prisons house convicted felons: offenders who have been adjudged guilty of having committed an act that is classified as a *felony* (relatively serious offenses that carry a sentence of more than one year) in state law. They are by definition under state control, in particular, the Texas Department of Criminal Justice's Correctional Institutions Division. It derives its authority from the Texas Administrative Code, Title 37 Public Safety and Corrections, Part 6, Chapter 152 Correctional Institutions Division (State of Texas, 2016a).

In addition to jails and prisons at the local and state levels, there are also federal facilities. These institutions hold pre-sentenced detainees

¹ This section of the paper relies on an article by Gerber and Angulski (2016).

² Municipal jails hold detainees for only up to 48 hours. They see a judge during these 48 hours and are then transferred to the county jail if they are not released prior to the court trial. Also, municipal jails are not under the supervision of any statewide agency.

³ See Gerber and Angulski (2016) for a more detailed discussion of these issues.

and sentenced inmates who have been found guilty of committing a federal crime, mostly felonies. In general, federal facilities include prisons administered by the Federal Bureau of Prisons and inmates in such prisons have more rights than those housed in federal detention facilities. The latter facilities are under the control of Immigration and Customs Enforcement (which, in turn, is part of the Department of Homeland Security). They hold suspected illegal immigrants who face deportation. While some may be suspects in crimes, many of the illegal immigrants facing deportation are only accused of being in violation of immigration laws.

Another prison-related issue that is controversial is the use of privately run, for-profit facilities. The companies that run them have received contracts both from the State of Texas and from the federal government. The use of such contractors has been popular with conservative politicians because private facilities have negated the need to build more governmental prisons. Furthermore, private contractors have argued that, being privately run and being for-profit, they are more cost-effective than public prisons (Corrections Corporation of America, 2016). Counterarguments have included the claim that staff are less trained, private prisons are unsafe, and there is more violence in private facilities than in public institutions. Furthermore, some critics have argued on philosophical grounds that incarcerating people should be under the purview of governments, not private corporations (Texas Criminal Justice Coalition, 2011).

Numbers of inmates

The US incarcerates more people than almost any other country. While some countries have not been willing to provide reliable figures in the past (e.g., the Soviet Union) or perhaps in the present (e.g., China), the numbers for the US are currently near record levels in comparison with other countries, although in most recent years the incarceration rate has decreased in the US. As of 2016, there were about 1,500,000 inmates in federal and state prison. In addition, there were about 741,000 in local jails, which led to a nationwide incarceration rate of 860 prison or jail inmates for every 100,000 adults aged 18 and older (Gramlich, 2018). For prisons, the rate was about 655 prisoners for every 100,000 adults, while for jail inmates the figure was about

half of that of prisoners (323 jail inmates for every 100,000 adults). By comparison, the incarceration rate for prisoners in Poland is about 191 prisoners for every adult aged 18 and older which ranks it tied at 76th place in the world rankings (Walmsley, 2018a). The rate for pre-trial inmates in detention facilities and remand centers in Poland was about 18 per 100,000 adults place in 2014 (Walmsley, 2018b) — a comparable figure for the US was 153 per 100,000 adults (counting only pre-trial inmates and excluding inmates convicted of misdemeanors serving their time in county jails).

While international comparisons are almost always fraught with difficulties and inconsistencies, the numbers above show unmistakably much higher incarceration rates for the US than Poland, however measured or defined. This is problematic in itself. However, the fact that a disproportionate number of these individuals suffer from various mental issues makes it that much more problematic. Furthermore, the closing of mental hospitals in the past has exacerbated these problems.

Closing of mental health hospitals in the US

Throughout much of the 19th century and the beginning of the 20th century, the US followed Western European nations in institutionalizing the mentally ill in a variety of institutions that were labeled as *insane asylums*, *mental health hospitals*, and *state hospitals*, to identify only a few labels. Starting in the 1930s, but accelerating after World War II and then especially in the period of 1950 to 1980, there were several waves of *deinstitutionalization* of mentally ill patients from these institutions. Reasons for emptying and closing mental hospitals included, among others, changing public attitudes toward mental illnesses; while mental illness was seen as shameful in earlier times, it came to be increasingly seen as an illness rather than a moral embarrassment. At the same time, there was an emerging consensus among scholars that these institutions were not particularly effective in treating mental illnesses. Furthermore, the development of antipsychotic drugs made it more feasible to release patients from institutions. Finally, governments saw an opportunity to lower governmental expenses by closing mental hospitals (Earley, 2007;

Gilligan, 2001; Harcourt, 2011; Raphael and Stoll, 2013; Reiter and Koenig, 2015). The confluence of the above factors led to a massive reduction in the capacity of mental health institutions to provide services for mentally ill patients. According to one estimate, “In 1955 for every 100,000 US citizens there were 340 psychiatric hospital beds. In 2005 that number had diminished to 17 per 100,000” (Wikipedia, 2018).

This massive cutting of treatment capacity had adverse consequences for society. On one hand, the homeless population increased, and in particular the segment of the homeless with mental health issues increased (Belcher, 1988; Fitzpatrick and Myrston, 2011; McQuiston et al., 2003). On the other hand, correctional institutions in general, and jails in particular, absorbed some of this population. As we show below, people with mental health issues are more likely to come in conflict with the law and are therefore more likely than the general population to be incarcerated in jails. Unfortunately, jails and their staff are not particularly well prepared to deal with such inmates.

Mental health issues and needs of jail inmates

With skyrocketing prison and jail populations in the US, mental health problems and needs have been concerns for scholars and practitioners. According to a recent national study, mental health problems are very prevalent in jails indicating that almost one-fifth of jail inmates suffer from serious mental illnesses, whereas 15% of prisoners incarcerated in state prisons have mental health problems (Torrey et al., 2014). This estimated number of inmates with mental illness housed in prisons and jails is ten times greater than the number of mentally ill individuals in state psychiatric hospitals (Torrey et al., 2010). Further, not only is the mentally ill correctional population problematic, the rise in the severity of inmates’ mental illnesses also raises serious concerns about the limited services and treatments, and their associated costs. For example, Murray (2008) reported that the annual cost of confining and treating mentally ill inmates housed at the Harris County Jail in Texas was \$87 million.

Despite the fact that the costs of mental health care in jails have risen every year (Murray, 2008), prior work highlights that limited treatment

program options are available to jail inmates. A nationally representative study showed that only 7% of jail inmates received mental health treatment while incarcerated, while around 22% of state prisoners received treatment while incarcerated (James and Glaze, 2006). Such limited resource availability is in part due to the nature and functions of jails as housing inmates for relatively short periods of time (e.g., serving short terms or waiting for trial, sentencing, or transfer to other institutions) (Perkins, Stephan, and Beck, 1995; Trestman et al., 2007). Overcrowded jails create additional challenges and barriers to inmate management and security, as jail inmates with mental health concerns are not adequately treated, but also frequently unnoticed, which in turn causes behavioral problems (e.g., institutional misbehavior, victimization, attempted suicide).

The lack of programming and appropriate treatment in jails may exacerbate the problems associated with mental illnesses. In a jail setting, in particular, where inmates who have mental health problems are often confined to a cell with inmates who do not have such problems, there might be a greater concern with respect to potential risk of misconduct. Indeed, prior research has documented evidence of negative associations between mental illness and institutional misconduct (Lovell et al., 2000; Houser, Belenko, and Brennan, 2012). Inmates with mental health problems are more likely to engage in institutional misconduct than those without mental health problems (Toch and Adams, 1986; Toch and Kupers, 2007). In addition, the types of misconduct in which these inmates are involved tend to be more violent and disturbing (Lovell et al., 2000). These patterns suggest that mentally ill inmates are more likely to experience difficulty coping with stressful confinement conditions.

Mentally ill inmates are also a vulnerable population with respect to institutional victimization and self-harming behavior. While underreported inside prisons and jails (McCorkle, 1993), it has been documented that inmates with mental illness are at higher risk for victimization inside prisons (Human Rights Watch, 2004). Specifically, a study showed that inmates with mental disorders were disproportionately represented among victims of sexual and physical violence (both inmate-on-inmate and staff-on-inmate) in jails (Beck et al., 2013). Furthermore, mentally ill inmates often suffer from other problems, such as other medical problems, substance abuse, and a history of victimization prior to incarceration.

Considering these various risk factors, it is not surprising that studies found a strong correlation between suicide ideation, suicide, and mental health problems. Although the reported prevalence differs depending on study methodologies and populations, prior research consistently showed that more than half of all inmate suicides that occurred in correctional facilities were committed by inmates who had serious mental health problems (Goss et al., 2002; Johnson, 2002). This pattern is particularly alarming given that suicide is the leading cause of death in jails (Hayes, 1997; Noonan, 2016) and many suicides are often the result of untreated mental health problems (Baillaergeon et al., 2009).

Conditions of confinement may exacerbate jail inmates' misbehavior as well as their risk of institutional victimization and self-harming behaviors. Jail inmates may face more serious stressors as they spend the majority of time in a cell or block with limited resources. Furthermore, studies showed that the average length of stay for mentally ill inmates in jails is longer than for inmates without mental illnesses. One of the major reasons why mentally ill inmates stay in jail longer is because of the fact that they are more likely to fail to comply with institutional rules. Also, mentally ill inmates are often held in correctional facilities for long periods of time waiting for beds in psychiatric hospitals (Turner, 2007).

Classification of jail inmates

Understanding complex problems associated with mental illnesses in jails, proper inmate placement appears to be the key for effective and safe jail operations. County jails in Texas are designed to operate as minimum, medium, or maximum-security facilities, and may include individual or multiple occupancy cells, or dormitory design housing (Ricci, 1996). Inmates who are confined for lesser offenses, have a short criminal history, and display a low propensity for violence, are assigned to a minimum custody level unit, where program or work participation may be permitted. On the other hand, felony offenders who possess some criminal histories, but have not demonstrated a violent tendency in an institutional setting are qualified for medium security level of units, where they may participate in certain work and program activities under moderate supervision. Finally,

inmates who are serious or violent offenders with extensive criminal histories, and who may or may not have displayed a violent propensity, can be classified for close supervision and maximum security.

The Texas Commission on Jail Standards (TCJS) has implemented a new, objective jail classification system in 1997. The purpose of the classification system was to standardize the assessment process to identify potential problems of inmates (i.e., violence against themselves or others) and evaluate their need for treatment and programming. At intake screening, all newly admitted inmates are assessed in an effort to identify any medical, mental, or other special needs that require special housing units for inmates. The classification level is determined largely based on inmate background characteristics (e.g., current and prior offense or conviction, offense history, escape history, institutional disciplinary history, alcohol or drug abuse).

However, staff members can consider other circumstances or risk factors and recommend departure from the initial custody level assignment. According to the TCJS's standards, reasons to override initial assignments include being "mentally unstable," developmentally disabled, assaultive threats toward staff, and serious institutional behavior history. With respect to the definitional issue, the guideline leaves room for a range of discretion for staff to assess and determine the unstable mental status of inmates. This is particularly a problem considering that jail staff tend to have a negative attitude toward and a low tolerance level for inmates with mental health issues because mentally ill inmates are often major management problems in jails. The following script from a large survey study of jails across states (Torrey et al., 2010) portrays typical attitudes toward mentally ill inmates:

A mentally ill inmate who had been sent to jail for stealing a bicycle was described as follows: "He was the type of individual who was very difficult to work with. [He's] been very aggressive towards staff, including, I believe, by spitting on staff members and throwing body waste. And so there wasn't a lot of empathy for him [...]. The tendency would be for somebody like that to just [say], 'Let's lock him away [...]. Let's just not have anything to do with him.'" (p. 10)

Indeed, the implication of this practice is that mentally "unstable" inmates who may not necessarily be violent or dangerous can be confined at a high security level in a cell or dorm with violent and dangerous of-

fenders based on their background characteristics. As a result, mentally unstable inmates confined in a high security unit may face greater risk of institutional misconduct and victimization, which in turn may exacerbate their mental health problems. Studies suggest that inmates confined in a higher security unit have a higher risk of self-harming behaviors (Kaba et al., 2014). Furthermore, it appears that problematic behaviors of inmates with mental illnesses are often handled with punitive disciplinary action, including disciplinary segregation.

A growing body of literature discusses potential problems associated with the use of segregation units for mentally ill inmates. Considering the extreme level of deprivation and control in segregation units, several controversial issues were discussed. Mentally ill inmates are more likely to experience difficulties in adjusting to prison, and, therefore, they are more likely to have records of disruptive and violent misconduct in prison, which in turn leads them to be placed in segregation units (Arrigo and Bullock, 2008). On the other hand, some argue that the use of segregation for inmates can directly contribute to mental health problems of inmates (Briggs, Sundt, and Castellano, 2003). According to a recent Bureau of Justice Statistics (BJS) report, 29% of prison inmates and 22% of jail inmates with serious psychological distress reported that they had spent some time in restrictive housing units (Beck, 2015). Despite scholarly efforts to better understand how confinement conditions can have negative impacts on mental health problems of inmates, a systematic and practical effort is needed as Fellner (2006) noted:

Most systems do not provide correctional officers with more than minimal mental health training. Officers typically do not understand the nature of mental illness and its behavioral impact. They cannot distinguish — and may not even know a distinction exists — between a frustrated or disgruntled inmate who “acts out” and one whose “acting out” reflects mental illness. (p. 396)

Indeed, researchers have highlighted the need for training for correctional officers and staff in an effort to better identify and understand complex behavioral and emotional symptoms associated with mental illness of inmates (Houser and Belenko, 2015). Failure to address the unique needs of this vulnerable population has important implications for not only the correctional institutions, but also public safety, as evidenced by the recidivism rate of mentally ill inmates, which is disproportionately

higher than that of inmates without mental health problems (Gagliardi et al., 2004; Hartwell, 2003). However, there is a gap between research and practice with respect to how front-line correctional officers perceive mental illness, its causes and consequences, and what needs to be done with inmates with mental illness.

Mental health training of jail staff in Texas

In an effort to address complex mental health issues for jail staff members and prepare them to utilize practical techniques, the Correctional Management Institute of Texas (CMIT) of Sam Houston State University has recently begun to provide mental health awareness training for jail staff. The course is designed for jail staff without any previous training in mental health issues. The course is a one-week course that consists of 40 hours of instruction. Specifically, the purpose of the training is to educate jail staff in the basic elements of specific mental illnesses and practical protocols to respond effectively, safely, and professionally to inmates with mental illnesses. Ultimately, this training is designed to increase institutional safety and security and to reduce complaints, financial liability, and lawsuits, as well as enhance public trust in the criminal justice system among incarcerated individuals, their families, and the community at large. Topics covered include “Mood Disorders,” “Thought Disorders,” “Substance Abuse and Co-Occurring Disorders,” “Cognitive Disorders,” “Personality Disorders,” “Intellectual and Developmental Disorders,” “Post-Traumatic Disorder,” “De-Escalation and Communication,” “Suicide,” “Psychopharmacology,” and “Care Consideration for Officers” (Correctional Management Institute of Texas, 2018).

This pilot project is conducted with the support of 25 sheriffs who each have agreed to send at least one of their staff members to the initial training session. In turn, these individuals are expected to serve as trainers for their colleagues and in sheriff’s offices not represented in the original training session. The plan, and hope, is to provide training in all 254 counties in Texas in the foreseeable future and therefore provide at least a basic level of training for jail employees about the effects of mental health issues of jail inmates. This collaborative project between CMIT and the National

Institute of Corrections (NIC) has expanded their curriculum that mandates for all new local detention officers in Texas as well as an optional mental health officer certification, including a crisis intervention trainer.

Implementation of this training appears to be particularly desirable and beneficial for small jail facilities located in rural areas in Texas. Indeed, a survey of Texas county jail administrators revealed that small jail facilities often face problems of a lack of programs and physical and mental health treatment (Kellar, 2001). Providing appropriate mental health treatment in small jails is more challenging because it is more difficult to recruit nurses and professionals in small communities which mandates transporting inmates for treatment to larger facilities (Camp and Camp, 2000). Moreover, severe mental illness is less likely to be detected in small jail facilities due to limited resources (McLearen and Ryba, 2003).

Among 139 Texas county jails studied by Kellar (2001), only 15 (10.8%) jails had at least one mental health professional such as psychiatrist, psychologist, counselor, social worker, and nurse in the facility. Of those 15 jails with mental health professionals, only 7 (5%) facilities reported to have several staff members, including psychiatrists or psychologists, and the others had only limited staff, including case workers and nurses. Further, the mental health professionals in the majority of these facilities did not help screen incoming inmates nor provide training for classification officers. Considering the limited resources in many county jails, increasing the professionalism in local jails by educating frontline jail staff with training or certification programs and implementing standardized protocols related to mental health issues appears to be critical.

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Summary

The main purpose of the article is to show selected aspects of prisoners' mental health in the United States using the example of the state of Texas. The article indicates the nature and scope of needs in the area of inmates' mental health in various correctional units and shows some aspects of the diagnosis problems. The authors analyze the reasons for the transfer of responsibility for mental health of prisoners sentenced to the administration of correctional facilities, especially jails. The article also shows the needs of the Prison Administration regarding convicts' mental health training and classification systems for prisoners in Texas.

Keywords: inmates' mental health problems, diagnostic problems, correctional facilities in Texas.