

Federal Surveys Document High Rates of Mental Health Problems Among Prison and Jail Inmates

At midyear 2005 more than half of all prison and jail inmates had a mental health problem, including 56 percent of inmates in state prisons, 45 percent in federal prisons, and 64 percent in local jails, according to a report released last month by the Bureau of Justice Statistics (BJS), the statistical agency of the U.S. Department of Justice. Among state prisoners 34 percent of those with a mental health problem had received treatment for it since admission, including counseling or psychotropic medication; the rates were 24 percent in federal prisons and 17 percent in local jails.

The findings in the report are based on data from the *Survey of Inmates in State and Federal Correctional Facilities, 2004*, and the *Survey of Inmates in Local Jails, 2002*. Conducted every five to six years since 1972, the BJS surveys are the only national source of detailed information on jail and prison inmates. The survey design included stratified two-stage sampling of facilities and inmates. From 1,585 state prison facilities, a sample of 287 state prisons was selected, and 14,499 inmates were interviewed. Of the 148 federal prisons, 39 were selected to participate, and 3,686 inmates were interviewed. The local jail sample of 417 facilities was selected from 3,365 facilities, and interviews with 6,982 inmates were conducted.

Interviewers from the Census Bureau visited each facility and used computer-assisted personal interviewing to conduct a modified Structured Clinical Interview for DSM-IV. Mental health problems were defined by two measures: a past-year history of mental health problems, which included a clinical diagnosis or treatment by a mental health professional, and symptoms of a mental disorder based on DSM-IV criteria.

Female inmates had much higher rates of mental health problems than male inmates. In state prisons an estimated 73 percent of females had a

mental health problem, compared with 55 percent of males. In federal prisons, the rates were 61 percent of female inmates and 44 percent of male inmates, and in local jails, 75 percent of females and 63 percent of males. The prevalence of mental health problems varied by racial or ethnic group. Among state prisoners, 62 percent of white inmates had a mental health problem, compared with 55 percent of African-American inmates and 46 percent of Hispanic inmates. In federal prisons, the rates were 50 percent of white inmates, 46 percent of African-American inmates, and 37 percent of Hispanic inmates. Among jail inmates, the rates were 71 percent, 63 percent, and 51 percent, respectively.

Rates also varied by age. Inmates aged 24 years or younger had the highest rates of mental health problems, and those aged 55 or older had the lowest rates. Among state prisoners, an estimated 63 percent of the younger group had a mental health problem, compared with 40 percent of the older group. The respective rates for federal prisoners were 58 and 36 percent, and for local jail inmates they were 70 and 52 percent.

Rates of substance use disorders were high among all inmates, and higher among inmates with mental

health problems—74 percent of state prison inmates, 64 percent of federal prison inmates, and 76 percent of inmates in local jails. Among those with mental health problems, more than half of state prison inmates (53 percent) and of jail inmates (54 percent) reported that they were using alcohol or drugs at the time of their offense; the rate was 41 percent among federal prison inmates with mental health problems. Department of Justice statistics from prior years indicate that individuals sentenced for drug offenses constituted the largest group of federal prison inmates in 2003 (55 percent) and that in 2002 more than a fifth of all state prison inmates (21 percent) were serving time for drug law violations.

Rates of recidivism were high among inmates with mental health problems. Among state prisoners nearly half of those with mental health problems (47 percent) had served three or more previous sentences, compared with 39 percent of those without mental health problems. In federal prisons the corresponding rates were 35 and 30 percent, and in local jails the rates were 42 and 33 percent.

The 11-page statistical report, *Mental Health Problems of Prison and Jail Inmates*, is available on the BJS Web site at www.ojp.usdoj.gov/bjs.

Illicit Drug Use Declines Among Youths and Increases Among Adults

Past-month illicit drug use among youths aged 12 to 17 years continues to decline, from 11.6 percent in 2002 to 9.9 percent in 2005, according to a report released in September by the Substance Abuse and Mental Health Services Administration. Data from the *2005 National Survey on Drug Use and Health* also showed that among adults aged 50 to 59, the rate increased over the same period from 2.7 to 4.4 percent, reflecting the entry of the baby boom cohort into this age group.

Among youths aged 12 to 17 current marijuana use declined significantly from 8.2 percent in 2002 to 6.8 percent in 2005. Past-month drinking among teens also declined—16.5 percent of youths aged 12 to 17 reported current alcohol use, down from 17.6 percent in 2004, and 9.9 percent reported binge drinking, compared with 11.1 percent in 2004. Binge drinking is defined as having five or more drinks on the same occasion on at

least one day in the past month. The declines in alcohol use in this age group follow years of relatively unchanged rates.

For young adults, aged 18 to 25, the picture is mixed. Although there were no significant changes in overall past-month use of any illicit drugs in this age group between 2002 and 2005, cocaine use increased from 2.0 to 2.6 percent in 2005. Past-month nonmedical use of prescription drugs among young adults increased from 5.4 percent in 2002 to 6.3 percent in 2005, largely resulting from an increase in the nonmedical use of narcotic pain relievers. All survey respondents who used prescription drugs nonmedically were asked how they obtained the drugs they used most recently. In 2005 the most common source (60 percent of users) was "from a friend or relative for free." Another 16.8 percent reported getting the drug from a physician, 4.3 percent cited a drug dealer or other stranger, and .8 percent reported buying the drug on the Internet.

From 2002 to 2005 past-month use of a tobacco product among persons aged 12 and older declined from 30.4 to 29.4 percent, and cigarette use decreased from 26.0 to 24.9 percent. The rate of cigarette use among youths aged 12 to 17 fell from 13.0 percent in 2002 to 10.8 percent in 2005.

More than one-fifth (22.7 percent) of persons ages 12 and older—about 55 million people—participated in binge drinking in 2005. This rate is comparable to that in 2004. The binge drinking rate among young adults was 41.9 percent, and the heavy drinking rate was 15.3 percent. Heavy drinking is defined as binge drinking on at least five days in the past 30 days. In 2005 an estimated 22.2 million persons—9.1 percent of the population aged 12 and older—were classified as having *DSM-IV* substance dependence or abuse in the past year. The rate is basically unchanged since 2002.

Serious psychological distress, which was measured among adults aged 18 and older, was associated with past-year substance depend-

ence or abuse. Among the 5.2 million adults in 2005 who had both serious psychological distress and a substance use disorder, 47 percent received mental health treatment or substance abuse treatment at a specialty facility: 8.5 percent received treatment for both mental health and substance use disorders, 34.3 percent received treatment only for mental health problems, and 4.1 percent received only specialty substance use treatment.

The *National Survey on Drug Use and Health* is an annual survey of approximately 67,500 Americans aged 12 and older. The survey collects information from residents of households, residents of noninstitutionalized group quarters, and civilians living on military bases. The survey is available at <http://oas.samhsa.gov>.

NEWS BRIEFS

National consumer-survivor coalition: Mental health consumer-survivors have formed a national coalition to ensure that they play a major role in the development and implementation of state and national policies. The coalition currently consists of organizations run by consumers representing 28 states and the District of Columbia, including representatives from the three federally funded consumer-run national technical assistance centers: the Consumer Organization and Networking Technical Assistance Center, the National Empowerment Center, and the National Mental Health Consumers' Self-Help Clearinghouse. The coalition supports efforts to transform the mental health system to one that is recovery based and consumer and family driven. The coalition, based in Washington, D.C., received start-up funding from the Public Welfare Foundation. For additional information, visit www.ncmhcsso.org.

Resource center on psychiatric advance directives: The Department of Psychiatry of the Duke Uni-

versity Medical Center and the Bazelon Center for Mental Health Law have launched the National Resource Center on Psychiatric Advance Directives (www.nrc-pad.org). The center offers mental health consumers, family members, clinicians, and policy makers timely information about psychiatric advance directives, including forms to complete these legal documents, links to state statutes, educational Webcasts and discussion forums, and research findings. The center also aims to assist in implementing laws that support patient self-determination and high-quality mental health care.

Partnership to close science-practice-policy gap: The National Mental Health Association and the Academic Behavioral Health Consortium have formed an alliance to increase collaboration between the advocacy and research fields in order to bridge gaps between research, service delivery, and policy decision making. The first collaborative activity will bring together mental health advocates and researchers for a conference, "Translating Science to Practice and Policy: An Academic/Advocacy Partnership," in Baltimore on October 27 and 28. More information on the conference is available on the NMHA Web site at www.nmha.org.

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