

Responses of Minnesota Jails to Mental Illness

SURVEY OF MINNESOTA JAILS: INMATES WITH MENTAL ILLNESS 2006

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*For more information, visit
www.nami.org/namimn or
call 1-888-473-0237*

OVERVIEW

In the fall of 2005, NAMI-MN launched the Building Bridges Project through the Bazelon Center for Mental Health Law with funding from the JEHT foundation. This project will aid correctional facilities in recognizing and responding to mental illness and promote discharge planning for offenders with mental illness. Building Bridges was launched in response to these facts:

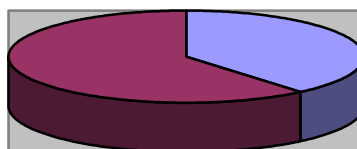
- Nationally, 16% of prison inmates have a mental illness. In Minnesota, 25% of prison inmates currently take medication for mental illness.
- Nationally, jail inmates who have mental illness are incarcerated for longer periods than general population inmates are.
- Inmates with mental illness often have a co-occurring substance abuse problem. Charges for possession or consumption of drugs often lengthen a jail or prison stay and further complicate their case.
- Upon release, individuals with mental illness often find that their criminal records make it difficult to access necessary resources.
- In Minnesota, individuals who are incarcerated for over 30 days lose their federal benefits, such as Medical Assistance and Social Security Income. For many, these benefits are necessary to obtain mental health treatment and to help prevent further criminal justice contact.

Little is known about the number of inmates with mental illness in Minnesota jails. If Minnesota jails mirror the prisons in having a high percentage of individuals with mental illness, how are jails responding to it?

Survey Response Rate

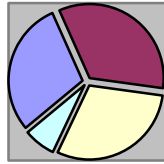
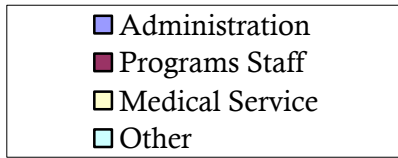
NAMI-MN sent surveys to the administration, programs staff, and medical staff of each jail or detention center. We received 71 responses from 230 mailed surveys, a solid 30% response rate. Of the 77 counties we identified as having a jail or detention center, 47 responded to our survey.

Minnesota Counties Responding to Survey



■ Did Not Respond
■ Responded

Professional Background of Respondents



The survey represents the opinions of individuals from a variety of professional backgrounds. This considerably adds to the strength of the survey results.

JAIL SURVEY RESULTS

High Levels of Inmates with Mental Illness

The majority of jail staff frequently recognize serious mental illness in the jail population. However, very few jails maintain records of the number of inmates with mental illness. Only 14% of respondents stated they kept records of the number of inmates with mental illnesses. Even fewer, 11%, maintained records of the number of inmates who received federal benefits. For the few facilities tracking the number of inmates with mental illness, inmates with mental illness composed 45% of the population (median).

How often do you see serious mental illnesses in the jail?

Correction staff opinions:

Frequently	60%
Occasionally	35%
Rarely	5%
Never	0%

Few Jails Conduct a Mental Health Screen

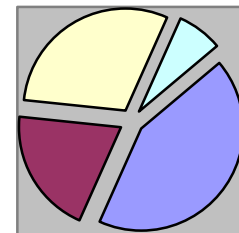
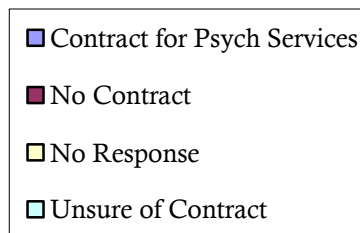
While 61% of respondents reported the jail “always” conducted mental health screen upon booking, the majority stated this screen was composed of two to three standard booking questions. In most cases, the booking questions asked about 1) medications, 2) past suicide attempts, and 3) prior hospitalizations. Some jail staff stated that individuals typically do not accurately respond to these questions during the hectic booking process. Many individuals are too disabled, ill, or fearful to identify themselves as having a mental illness. Even if every inmate disclosed this information, these criteria fail to identify many individuals with mental illness. Only 15% of respondents stated that they conducted a mental health screen and did not indicate the screen consisted of only booking questions.

Limited Access to Treatment

If jail staff are aware of an inmate’s formal diagnosis of a mental illness, it is a bit easier for the inmate to receive treatment. Fifty-six percent of jail respondents reported “always” providing medication for inmates with an established diagnosis. If staff recognize symptoms of mental illness in an inmate who has no previous diagnosis, access to diagnostic services and treatment is more limited. Only 37% “always” provide mental health treatment in this scenario. Ten percent reported that in this situation, they “never or rarely” provide access to diagnostic services and/or medication.

The survey also asked if jails had any formal agreements with service providers for psychological assessments and prescriptions. Less than half of respondents, affirmed that they have a contract for these services. Approximately 20% had no contract for psychological services. Thirty-one percent of respondents left this question blank, and 7% did not know whether they had a contract for these services or not.

Jails with Formal Agreement for Psychological Services



Discharge Planning Rarely Offered to Inmates with Mental Illness

When asked about discharge planning for individuals with mental illness, most staff indicated that it would be beneficial. However, only 1.4% of respondents reported that their facility consistently provided discharge planning for inmates with mental illness. The majority of respondents (58%) reported “never or rarely” doing discharge planning of any form.

Jail Staff Recognize Need for Improved Response to Mental Illness

Eighty-six percent of respondents believed the jail’s current ability to address the needs of inmates with mental illness was limited. Only one-third reported the jail was doing “good or better” in working with inmates with mental illness. More reported the jail was only doing “fair” and one fifth actually reported the jail was doing “poor or very poor.”

<p>99 % of jail staff believe untreated mental illness increases risk of re-offense</p>
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Successful Strategies Implemented by Jails

Some jails reported having success in responding to the needs of incarcerated individuals with mental illness. Here are a few of the strategies that they reported were useful:

- **Implement a standardized mental health screen**
 - *Use of a mental health screening tool and evaluation by a clinical psychologist has improved appropriateness of referral and access to services. We have a good process here.*
- **Formal contract with a service provider**
 - *We currently have a doctor coming into the jail once a week. We would like to see this increase. This has just been implemented in our facility in the past six months...a great improvement.*
- **Provide education about mental illness**
 - *Just being more knowledgeable, [Having an] awareness of mental health problems helps.*
- **Create a special unit for inmates with mental illness**
 - *I think we should develop different options to detain individuals with mental illness... perhaps create special units within a jail for seriously mentally ill.*
 - *We don't always have room to segregate individuals that need special care. We do the best we can... [sometimes], we ship out and house in other jails.*
- **Provide a continuum of care through discharge planning**
 - *We do very well when they are in jail—we need discharge planning and follow up in the community.*

Barriers Identified by Jails

The level of services available to inmates with mental illness varies greatly county by county. The majority of jails mentioned limited funding and staffing resources. Common barriers identified by jails included:

- **No contract with mental health professionals.** Less than half of the respondents reported having a contract with service providers for basic mental health assessments and provision of medications. Many stated that it was difficult to find professionals in their region. For others, it was difficult to locate professionals willing to work with correctional populations. In one case, a jail resorted to calling 9-1-1 for inmates in need of mental health treatment during a crisis. Another respondent stated, “Regular visits from medical personnel would help. We have nothing like that.”
- **Little collaboration between county social services and corrections.** Jails reported that county social services are often unwilling to provide services to inmates during incarceration and, in some counties, even upon discharge. It is especially difficult for an inmate to receive services if incarcerated in a county in which he was not a previous resident. In some cases, neither the county in which the offender is/was incarcerated nor the previous county of residence are willing to provide services.

- **Limited nursing hours.** Nursing staff play a large role in recognizing and responding to mental illness. Nursing staff also provide discharge planning in many facilities. Jail staff stated frequently that increasing nurse hours would help the jail respond better to inmates with mental illness.
- **No funding or staff allocated to do discharge planning.** Many respondents stated that they recognized the benefit of discharge planning, but were currently understaffed and did not receive any incentives or funding to provide it. Many jails suggested that having a social worker on staff to provide assessments, programming, and aid with connecting offenders to resources would be ideal.

CONCLUSIONS

Based on staff estimates and limited records, it is clear that mental illness is very common in Minnesota jails. Very few jails conduct a mental health screen to identify inmates with mental illness. Instead, to identify mental illness most jails rely on a set of cursory booking questions asked during the hectic and disorienting booking process. This method of identification doubtless leaves many inmates with mental illness unidentified and untreated. About half of the jails report “always” providing services when they know an inmate’s history of mental illness and diagnosis. For an inmate with no diagnosis on record, only one-third of the jails stated that they could always provide treatment. Less than half of affirmed that they had a contract with a service provider to do so. Most staff believe that there is room for improvement in the jail’s response to inmates with serious mental illness.

Jail staff report feeling under-funded and over-accessed to care for individuals with mental illness. Many staff believe that due to the inaccessibility of hospital care they routinely receive individuals who should not be in jail in the first place. Many jails struggle to find mental health practitioners willing work in the jails, and jails often have little funding for these services. Jails commonly report that county social services refuse to provide services to inmates while in jail or even upon discharge, leaving these individuals at a higher risk for recidivism. Jail staff overwhelmingly agree that untreated mental illness leads to recidivism. The majority of jail staff indicated that discharge planning for inmates with mental illness would be beneficial. However, fewer than 2% of respondents reported that their facility consistently provides this service. Most facilities reported “never or rarely” conducting discharge planning of any form.