Mental Illness In Jails Supplement

FY 2015

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Summary

Virginia's Compensation Board provided data on jail inmates with mental illness. A previous report has been written that describes that data. This analysis expands on that report, providing additional detail on diverse components of the dataset such as inmate aggression and mental health screening.

Contents

I. Data Sources

Most of the data in this report are taken from a survey of mental health in jails undertaken by the Virginia Compensation Board and more fully described in their report on that survey entitled Mental Illness in Jails Report 2015. Data on financing of the community service boards (CSBs) was obtained through Virginia's Department of Behavioral Health and Developmental Services (DBHDS). Their information on the number of consumers is stored in the Community Consumer Submission 3 (CCS3), a database that contains information on the service usage in the CSBs. CSB budget information is available in the DBHDS report 2015 Overview of Community Services in Virginia.

II. Mental Illness and Substance Abuse Across Virginia's Regions

DBHDS coordinates mental health services across 5 health planning regions (HPR), which are further divided into 40 CSBs. In 2015, the number of inmates with mental illness (MI) and substance use disorders (SUD) per jail did not differ by HPR. The percentage of inmate days served by inmates with MI did not differ between Regions 2, 4 and 5, but they did differ between regions 1 and 3 (Chi-squared=6.0, p=0.0144). Medians were determined using SAS software.

Table 1: Distributions of numbers of inmates with MI and/or SUD per jail.

Disability	Median inmates per jail	Interquartile Range (IQR)
Co-occurring MI/SUD	36	13-69
MI with or without SUD	84.5	37-160
SUD without MI	22	8-90
SUD with or without MI	56.5	24-164

Table 2: Median percentage of inmate days served by inmates with MI by Region.

HPR	Number of Jails	MI % of Inmate days
1 (Northwest VA)	13	10.6
2 (DC area)	5	22.9
3 (Southwest VA)	15	31.9
4 (Richmond area)	9	18.4
5 (Southeast VA)	16	16.9

III. Acts of Inmate Aggression

The compensation board survey included information on acts of aggression committed by inmates against staff and other inmates. Determinations of victim and perpetrator status are

made by jail staff, which could impact the reliability of results. Out of all acts of aggression by an inmate, the perpetrator was diagnosed as mentally ill in 34% of cases. Out of all acts of aggression in which one inmate assaulted or threatened another, the victim was diagnosed as mentally ill in 19% of cases. Aggression between inmates was not associated with DBHDS region.

Table 3: The percent of acts of aggression where the perpetrator or victim were diagnosed with mental illness, per jail.

Percentage	Median	IQR
Acts of aggression by inmates where Perpetrator MI	11%	0-50%
Acts of aggression between inmates where Victim MI	0%	0-11%

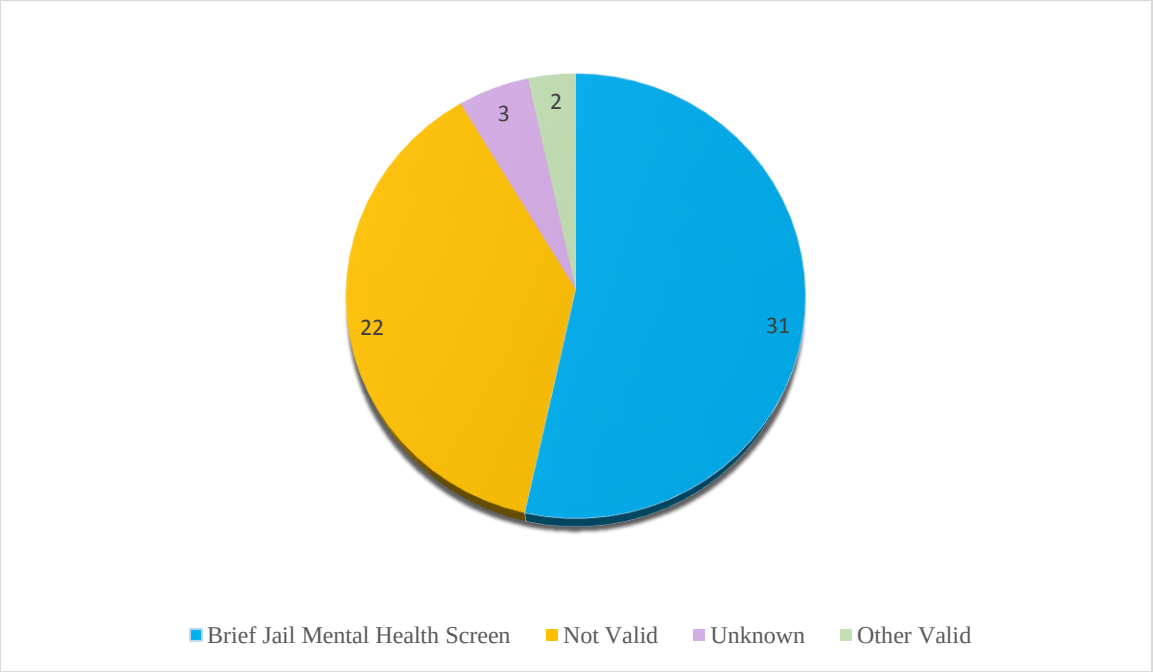
IV. Screening

Different types of screening are used in jails to determine if an inmate may need a psychological assessment. Some of them are valid for this purpose, and some are not (Table 3). There were also some jails that did not indicate if the instrument was valid, saying "mental health screening" or identifying the person who approved the instrument rather than the instrument name (Figure 2). Eastern Shore Regional Jail does not attempt any mental health screening.

Table 4: Forms of screening used in jails.

Valid Measures	Non-valid measures
• Brief Jail Mental Health Screen • JASAT (Jail Admission Screening Assessment Test) • GAIN (Global Appraisal of Individual Needs)	• Instruments designed by jail MH staff • CorEMR Mental Health Screening • ERMA-CCS • Mental Health Initial Evaluation • Integrated Intake Screening • Medical Screening form • Classification Screening form • No Screening

Figure 1: Frequency of types of screening used across 58 jails.



Screenings were reclassified so that the Brief Screen and other valid measures form one category, "Valid," and unknown or non-valid measures are classified as "Not Valid." Using this two-level variable, screening type was not associated with the proportion of total inmate days served by inmates with any given diagnosis, or with the number of inmates with any given diagnosis.

V. Types of Mental Illness

Seven categories of mental illness were identified in the survey: anxiety disorder, major mood disorders, mild depression, schizophrenia, post-traumatic stress disorder (PTSD), other MI diagnosis and believed ill with no diagnosis. Major mood disorders include bipolar disorder and major depression. The greatest number of inmate days were attributed to inmates with major mood disorders (Table 5). Inmates were also more frequently diagnosed with major mood disorders than other diagnoses (Table 6). Diagnosis category was associated with type of crime committed (Chi-square=310.9, df=36, $p < 0.0001$). Table 7 identifies which groups are statistically more likely or less likely to commit certain crimes. It should be noted that, in this analysis, the different diagnostic groups are being compared with inmates with other MI diagnoses, not with the prison population as a whole.

Table 5: Distribution of inmate days by diagnosis category.

Diagnosis	Median Bed Days per Jail	IQR
Major Mood Disorder	530	108-1198
Mild Depression	206.5	30-547
Anxiety	205	30-484
Schizophrenia	146.5	30-509
Other Diagnosis	82.5	0-381
PTSD	30	0-244
No Diagnosis	26.5	0-116
Total Inmates MI	1750	415-3903

Table 6: Distribution of inmates by diagnosis category.

Diagnosis	Median Inmates per Jail	IQR
Major Mood Disorder	20.5	9-46
Mild Depression	12	3-25
Anxiety	12	2-19
Schizophrenia	9	3-21
Other Diagnosis	4	0-16
PTSD	2	0-8
No Diagnosis	1	0-9

Table 7: Increased and decreased frequency of certain crimes in diagnostic groups.

Type of Offense	Diagnostic Groups More Likely to be Charged	Diagnostic Groups Less Likely to be Charged
Ordinance Violation	anxiety, other	suspected MI
Drug-related Misdemeanor	anxiety, PTSD	other
Non-violent Misdemeanor	suspected MI	major mood disorders
Violent Misdemeanor	PTSD	other
Drug-related Felony	anxiety, other	schizophrenia, suspected MI
Non-violent Felony	major mood disorders	schizophrenia
Violent Felony	schizophrenia	anxiety disorders, PTSD

VI. Treatment

Data was obtained on four categories of treatment: individual therapy, group therapy, group SUD treatment and other treatment. Hours of treatment provided by the local CSB varied by HPR (Table 8, F=9.8, df=4, p=<0.0001). The statistical significance is driven by the number of hours in region 2, which is much greater than the other four regions. This could be related to the fact that the CSBs in region 2 tend to have more funding per person that the other regions. Treatment from other types of providers did not differ by region at a statistically significant level. Total treatment hours differed by region as well (F=10.53, df=4, p=<0.0001).

As seen in Table 9, hours of treatment varied by provider (Chi-square=23.5, df=4, p=0.0001), with psychiatrists providing the highest median number of hours per jail. They also varied by type of treatment (Chi-square=34.3, df=3, p=<0.0001), with the highest median number of hours provided as individual therapy. Hours of individual counseling per recipient were not associated with HPR. Statewide, the median number of hours of individual counseling per recipient was 1 hour (IQR 0.33-1.14).

Table 8: Distribution of treatment hours from CSB staff and overall, by HPR.

DBHDS Region	Median CSB Treatment Hours per Jail	IQR	Median Overall Treatment Hours per Jail	IQR
1	4	0-32	52	12-80
2	380	180-722	722	380-1200
3	1	0-12	20	2-129
4	3	1-32	142	44-258
5	2	0-122	55	4-376

Table 9: Distribution of treatment hours, per jail, by treatment type, and by treatment provider.

Treatment	Median Hours Treatment	IQR
Types of treatment		
Individual	20.5	2.5-99.5
Group SUD	5	0-38
Other	0	0-15
Group Therapy	0	0-3.5
Treatment Providers		
Psychiatrist	11	0-37
M.D.	0	0-4
Jail Staff	2.5	0-68
CSB Staff	0	0-8
Private Contractor	1	0-30

All jails provide medication for inmates. There are a wide variety of pharmacies used (Table 10), although 13% of inmates with MI refused medication.

The medications provided in jails were categorized as antipsychotics, mood stabilizers, antidepressants, and anti-anxiety medications. In June 2015, the most frequently dispensed category of medication was antidepressants (Table 12). The most frequently dispensed type of antipsychotic is Seroquel and the most frequently prescribed type of anticonvulsant is Depakote. Both of these medications are available in the community through Medicaid; however at least 64% of antipsychotic medications prescribed were not Medicaid-compatible. At least 24% of anticonvulsants and mood stabilizers were not available through Medicaid either.

Table 10: Pharmacies used by jails in Virginia.

Pharamacies that provide jails with medications
• CCS/Conmed • Charlotte Drug • Commonwealth Pharmacy • Contract Pharmacy Services (CPS) • Corizon • Correct Care • Correct Rx • CSB • CVS • Diamond • Family Pharmacy • Farmville Pharmacy • H&H • Individual Pharmacist • Kroger • Mediko • Moore Medical • NaphCare • PNS • Rappahannock Creative • Southern Health • Spring Drug • Stony Creek Pharmacy • Walgreens • Westwood • White Stone Pharmacy

Table 11: Medications provided in jails.

Medication	Number of prescriptions dispensed in 6/2015	Jails that provide	Median per jail	IQR
Anti-psychotics				
Seroquel*	674	49	4	1-16
Zyprexa	630	55	2.5	0-9
Risperdal	613	56	4	1-11
Haldol	290	56	2	0-4
Triliafon	104	53	--**	--
Geodon*	95	48	--**	--
Abilify*	93	46	--**	--
Prolixin	64	53	--**	--
Thorazine	56	50	--**	--
Clorazil	7	46	--**	--
Other anti-psychotics	133	53	--**	--
Mood Stabilizer/Anticonvulsants				
Depakote*	703	57	5	1-10
Lithobid	405	56	3	0-6
Tegretol*	187	56	0.5	0-3
Topamax*	196	55	--	--
Trileptal*	42	54	--	--
Other mood disorder meds.	217	57	--	--
Other				
Antidepressants	4837	58	40.5	16-106
Anti-anxiety meds.	1706	48	3	0-36

*Also available through Virginia Medicaid.

**Distributions not described for medications that were distributed by fewer than half of jails during June 2015.

VII. Case Management

Forty jails identified types of follow up case management that they provided to former inmates after release. Of the remaining 18, four stated that they provided follow up without specifying the type of service, 15 admitted to providing no follow up. The provision of follow up case management was not associated with the provision of mental health services in jails. The most common type of follow up is referral to the CSB (Table 12). The second most frequent option, discharge planning, may also include CSB involvement.

Table 12: Types of case management provide to inmates with MI after they are released.

Type of service/support	Number of jails that provide service	Percent of all jails
Referral to CSB	23	40
Discharge planning	8	14
Referral to other services (e.g. housing, primary care)	8	14
Medication management	5	9
Mental health services	4	7
Referral to offender advocacy organizations	3	5
Crisis services	2	3.5
Housing	2	3.5
SA services	2	3.5
Handouts	1	2
ID services	1	2

VIII. Housing Patients with MI in Jail

Only 20 jails contain an MH treatment unit. Among those 20, the median number of beds is 22 (IQR 7-39.5). Isolation is the other alternative to housing within the general jail population. Fourty-five jails placed at least one inmate with MI in isolation in June 2015. Overall, the median number of MI isolation days per jail was 36 (IQR 4-256). The median amount of time those inmates spent in isolation was 10 days (IQR 1-19) per person.