

Serious Mental Health Issues among the Community Corrections Populations

JRSA/BJS 2010 National Conference

Portland, Maine

October 28, 2010



Presented by:
Lauren Glaze, Statistician
Corrections Unit
Bureau of Justice Statistics

Overview

- Mentally Ill Offender Treatment and Crime Reduction Reauthorization and Improvement Act of 2008
 - Requires the Attorney General to examine and report on mental illness in the CJS by 2011
- Description of the National Survey of Drug Use and Health (NSDUH)
- Preliminary findings from BJS analysis of 2008 NSDUH to generate ideas for future BJS report on mental illness among community corrections populations
- Other issues to explore

National Survey of Drug Use and Health (NSDUH)

- Primary purpose: Measure prevalence and correlates of drug use in the US
- NSDUH is a household survey of persons age 12 and older
 - Excludes institutionalized persons
 - Excludes persons not residing in households (e.g., homeless persons)
 - Excludes residents living abroad (e.g., military personnel)
- Contains questions on criminal activity and probation and parole
 - During the past year, were you on probation?
 - During the past year, were you on parole?
- 2008 NSDUH: New measures for SMI

2008 NSDUH and SMI

- Two K6 six-item scales: (1) past 30 days; (2) past 12 months
- Past 30 days: During the past 30 days, how often did you:
 - Feel nervous
 - Hopeless
 - Restless or fidgety
 - So sad or depressed that nothing could cheer you up
 - Feel that everything was an effort
 - Feel down on yourself, no good, or worthless
- Response categories
 - 1) all of the time; 2) most of the time; 3) some of the time; 4) a little of the time; 5) none of the time
 - Summative scale

2008 NSDUH and SMI

- Past 12 months: Was there a month in the past 12 months when you felt more depressed, anxious, or emotionally stressed than you felt during the past 30 days?
- If yes, during that month, how often did you
 - Feel nervous
 - Hopeless
 - Restless or fidgety
 - So sad or depressed that nothing could cheer you up
 - Feel that everything was an effort
 - Feel down on yourself, no good, or worthless
- Response categories
 - 1) all of the time; 2) most of the time; 3) some of the time; 4) a little of the time; 5) none of the time
 - Summative scale

2008 NSDUH and SMI

- SMI indicator created as a combination of past year psychological distress and a measure of the extent to which emotions, nerves, or mental health interfered with daily activities.
- Interference with daily activities: World Health Organization's Disability Assessment Schedule (WHODAS) and the Sheehan Disability Scale (SDS)
- Adults experiencing K6 symptoms were randomly assigned to respond to one of the two impairment scales

2008 NSDUH and SMI

- **WHODAS:**

- Think of the one month in the past 12 months when your emotions, nerves, or mental health interfered most with your daily activities; how much difficulty did you have:
 - Remembering to do the things that you needed to do?
 - Concentrating on doing something important when other things were going on around you?
 - Going out of the house and getting around on your own?
 - Dealing with people you did not know well?
 - Participating in social activities, like visiting friends or going to parties?
 - Taking care of household responsibilities?
 - Taking care of your daily responsibilities at work or school?
 - Getting your daily work done as quickly as needed?

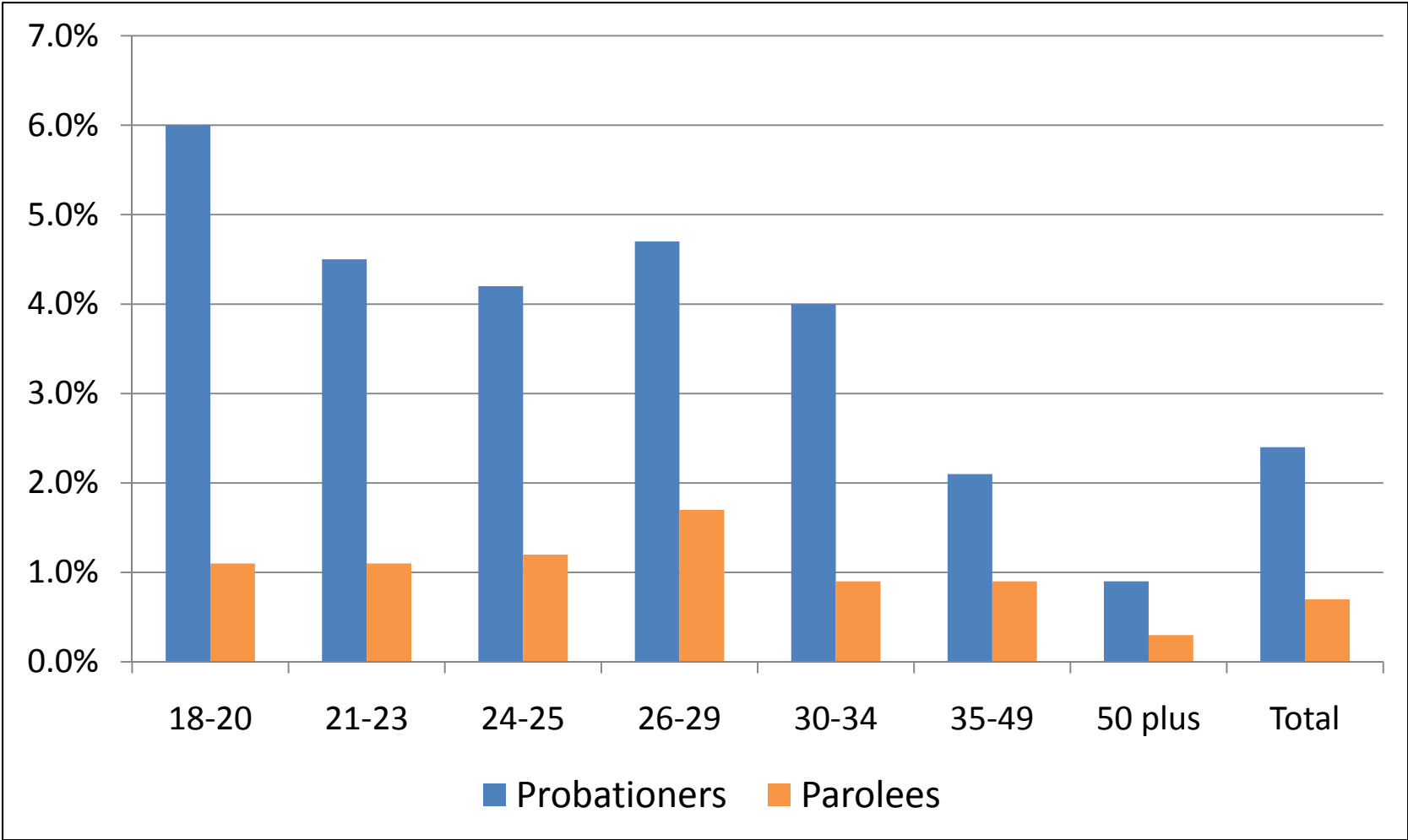
2008 NSDUH and SMI

- **SDS:**
 - Think of the one month in the past 12 months when your emotions, nerves, or mental health interfered most with your daily activities; select the number from 0 to 10 (10 means very severe interference) that describes how much your emotions, nerves, or mental health interfered with your ability to do each of the following activities:
 - Ability to do home management tasks?
 - Ability to do work?
 - Ability to form and maintain close relationships with other people?
 - Ability to have a social life

2008 NSDUH and SMI

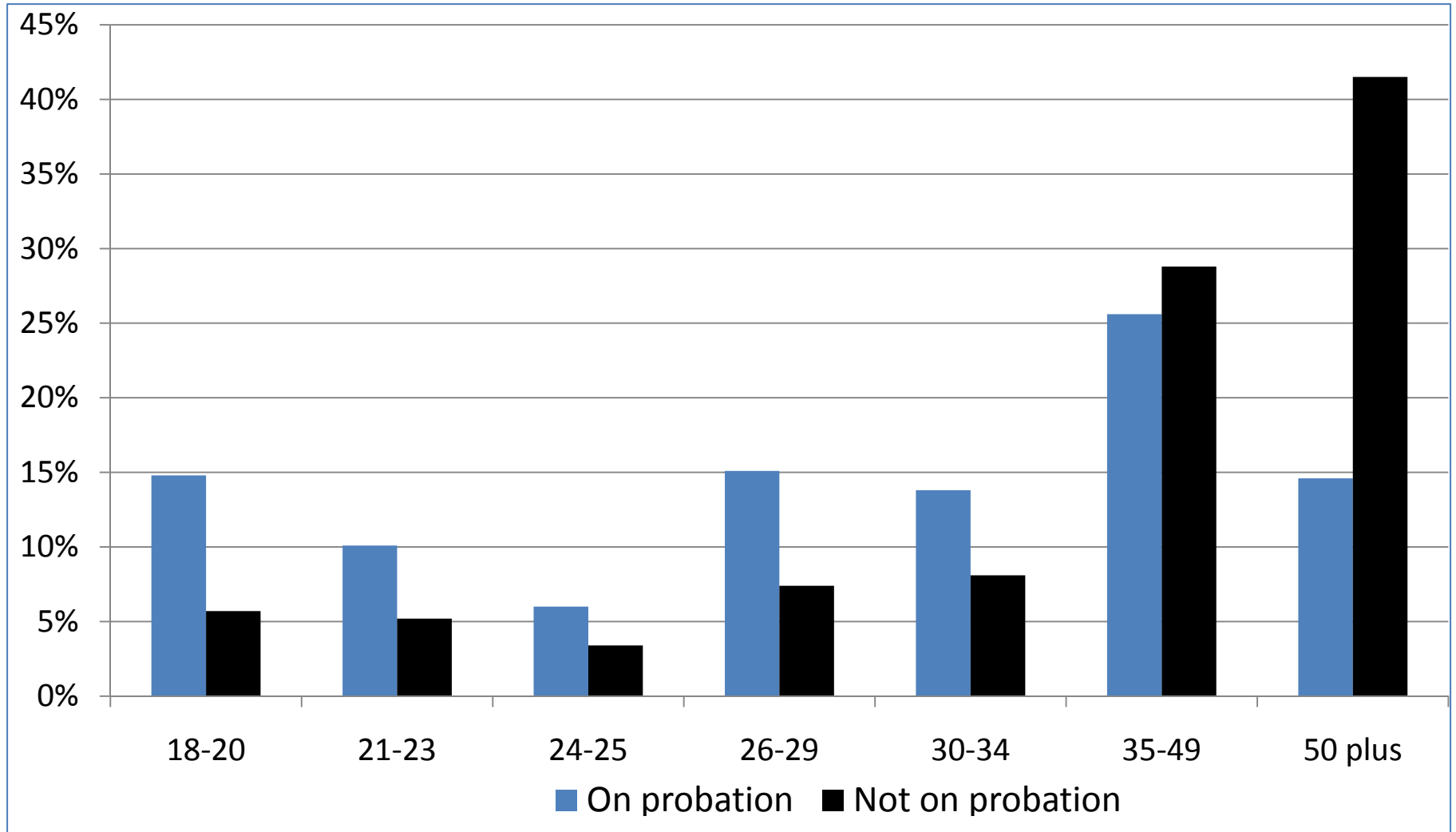
- To create the SMI indicator:
 - Responses from the distress and impairment scales were transformed and summed to create total variables for each scale
 - After a bunch of statistical analysis and modeling...
 - SMI status is determined based on a respondent's responses to questions on distress (K6 scale) and impairment (WHODAS for half of the sample and SDS for the other half).
 - Optimal cutoff points for SMI based on models.

Percent of adults on probation or parole at any time during 2008, by age group (NSDUH)

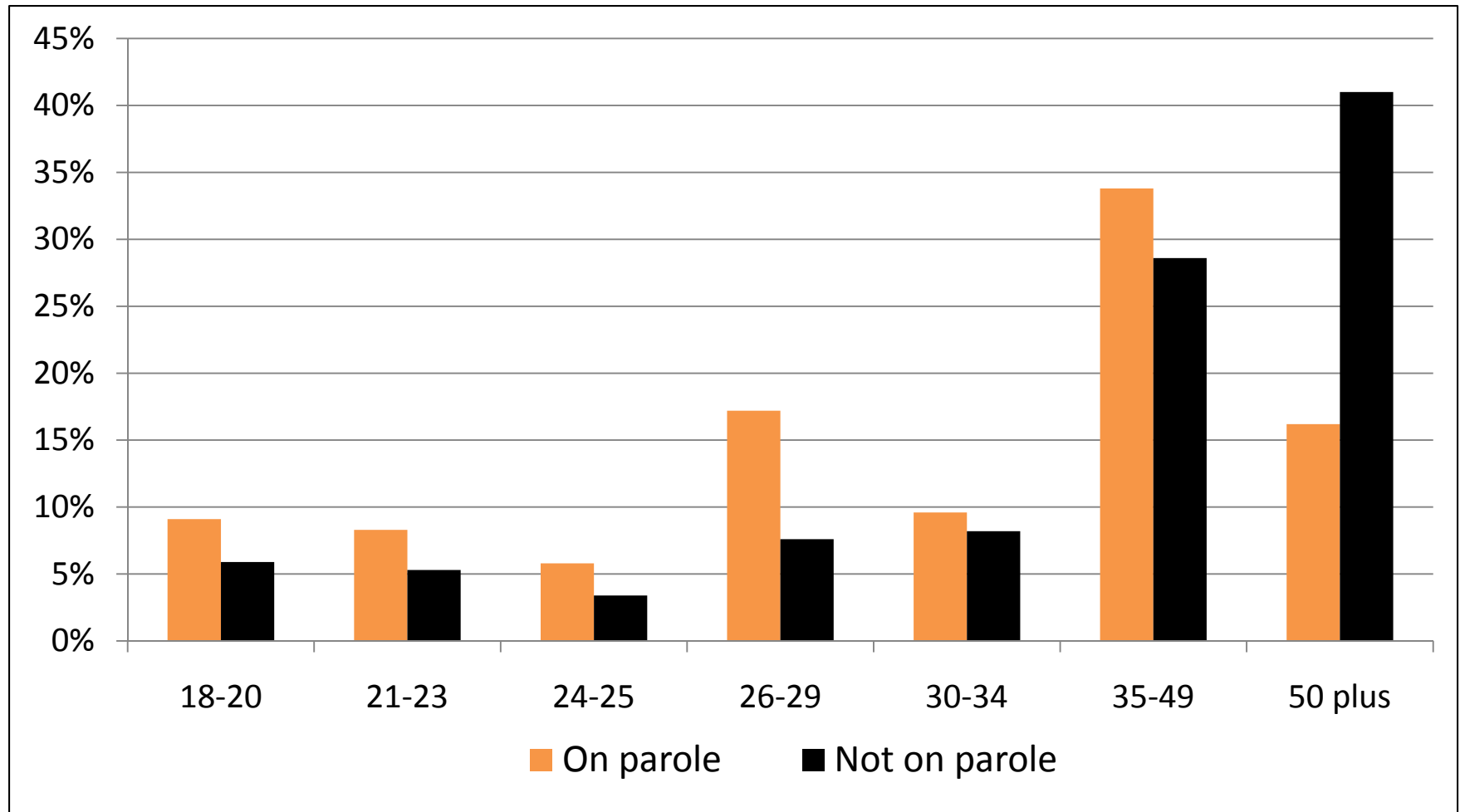


BJS analysis of 2008 NSDUH data.

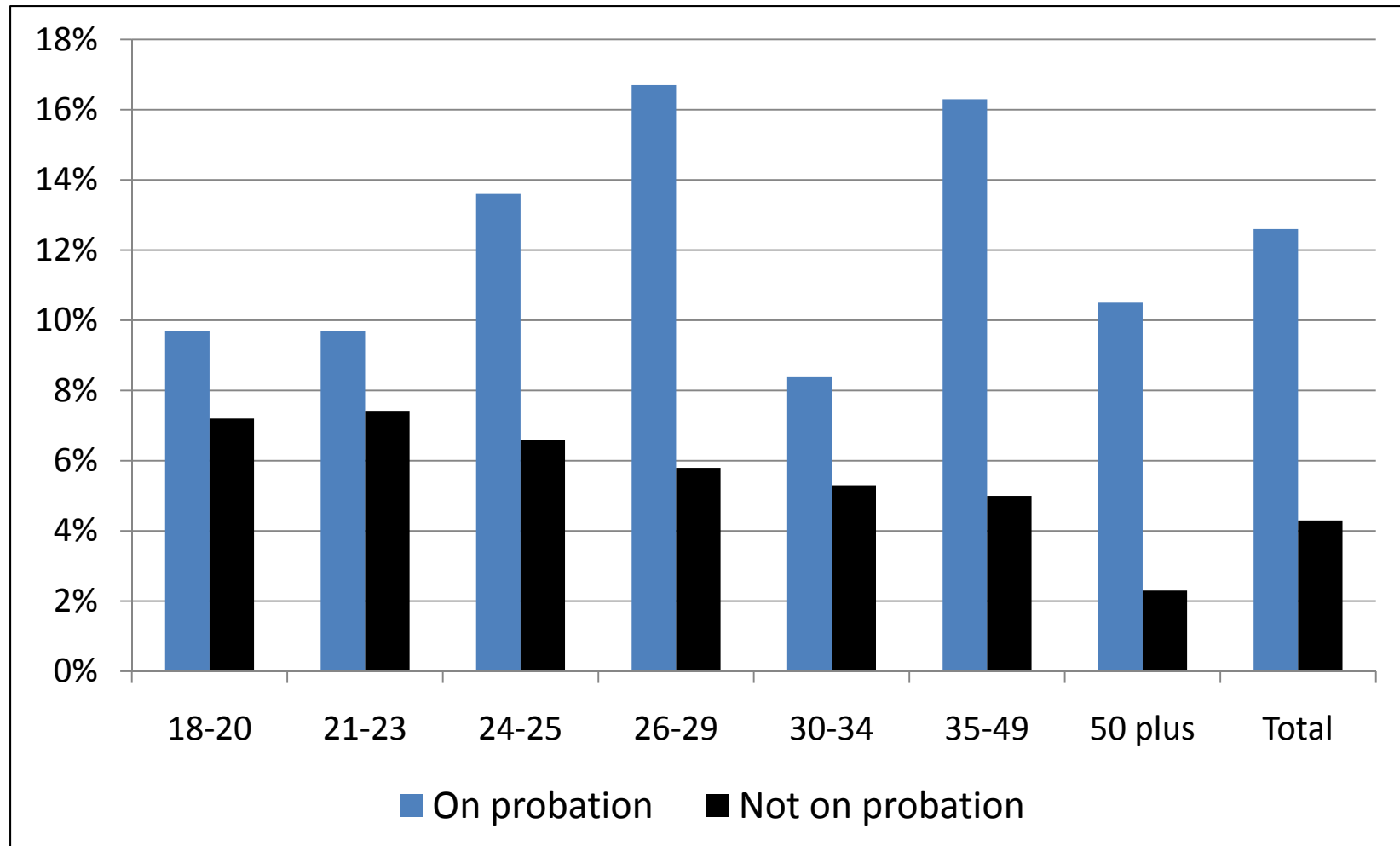
Distribution of adult population, by probation status and age group, 2008 (NSDUH)



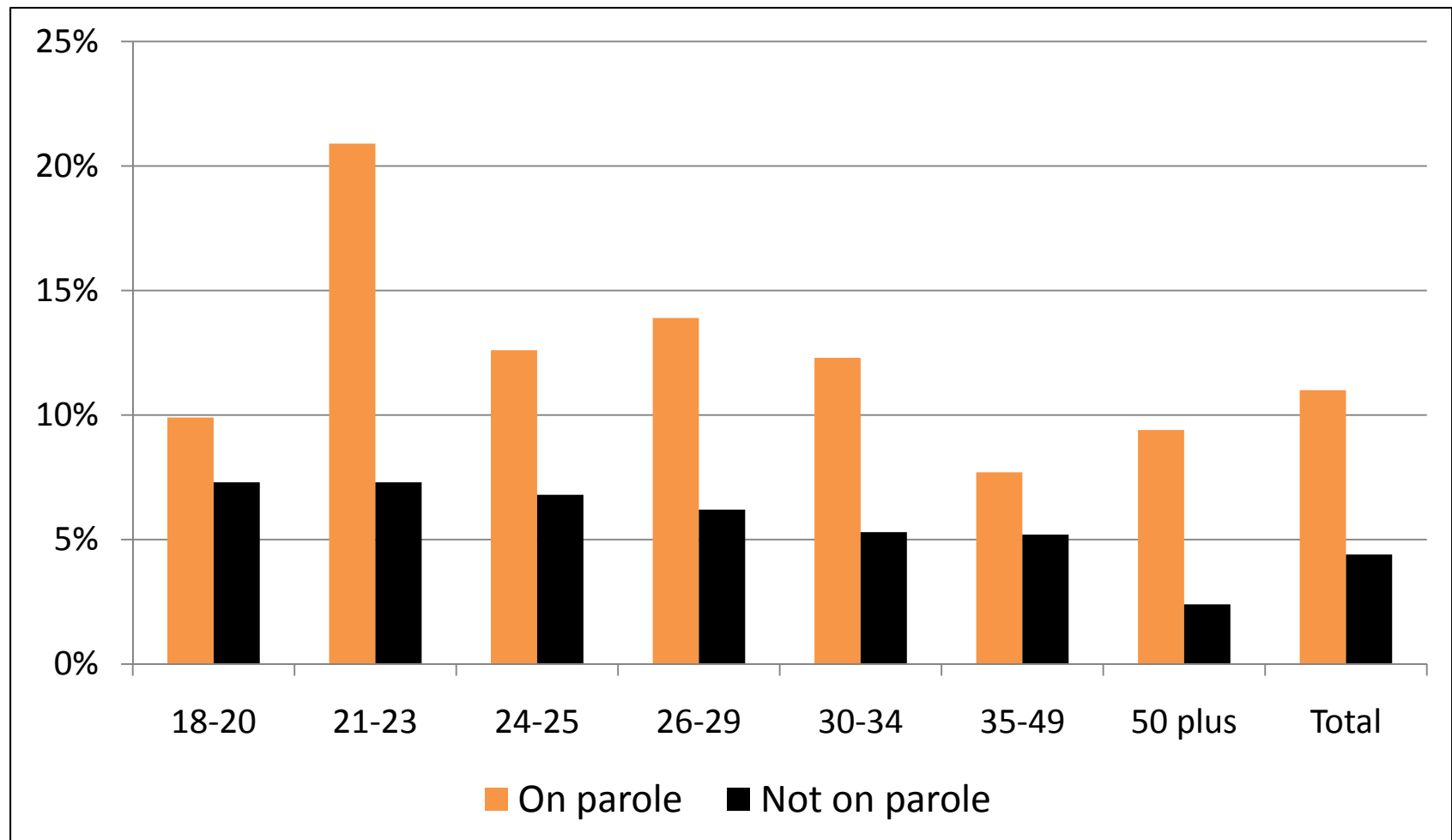
Distribution of adult population, by parole status and age group, 2008 (NSDUH)



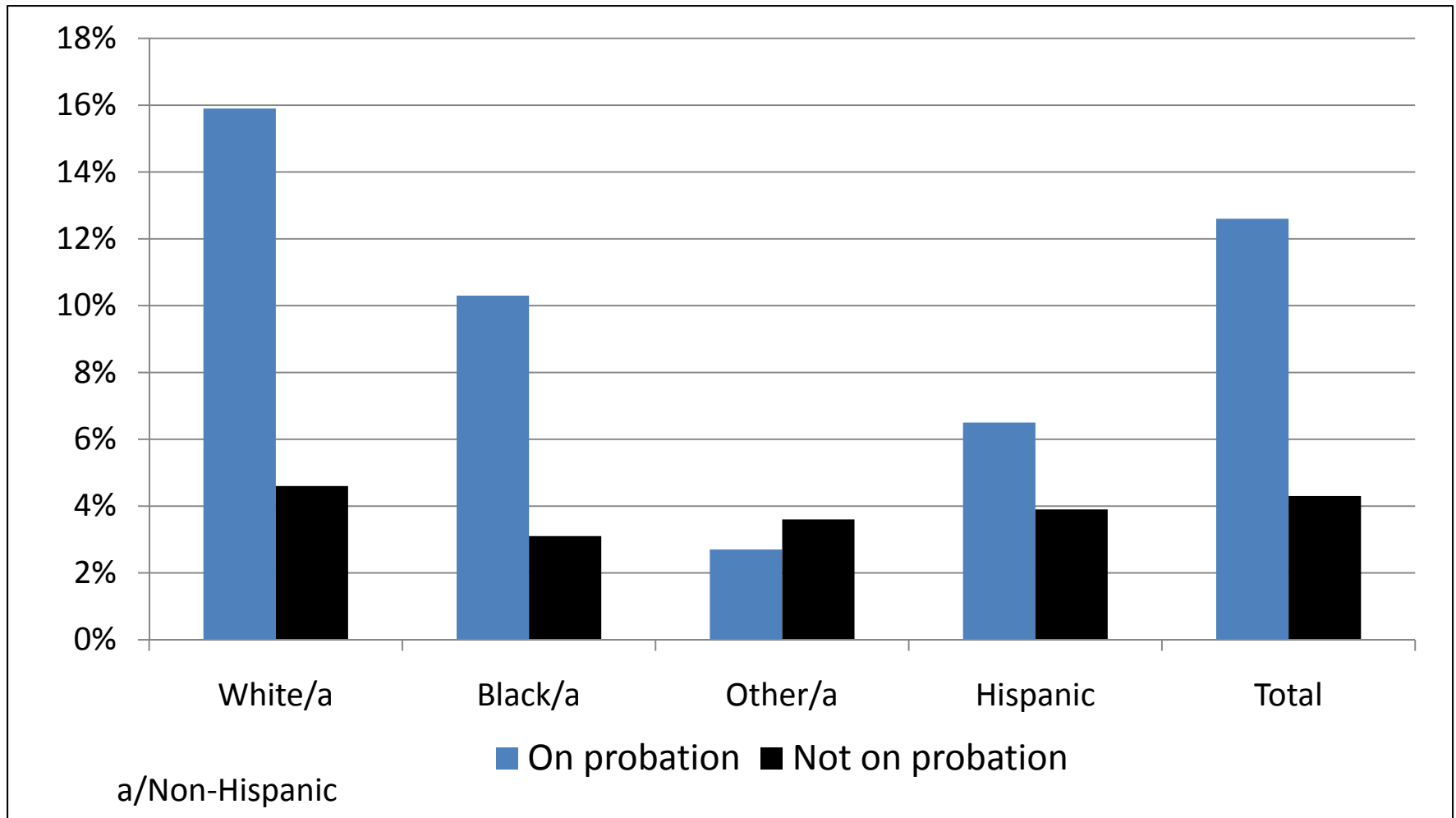
Percent of adults with SMI, by probation status and age group, 2008 (NSDUH)



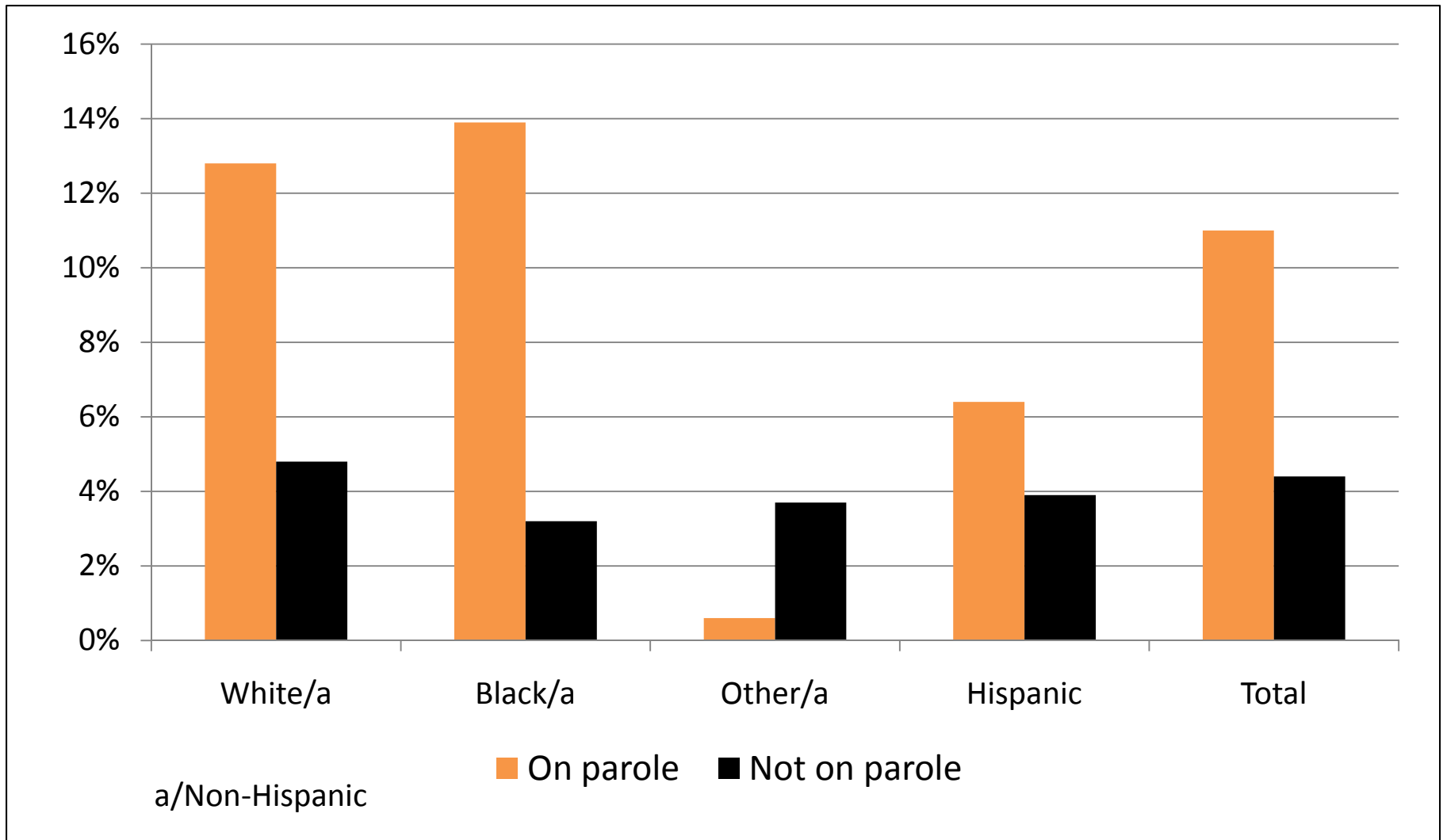
Percent of adults with SMI, by parole status and age group, 2008 (NSDUH)



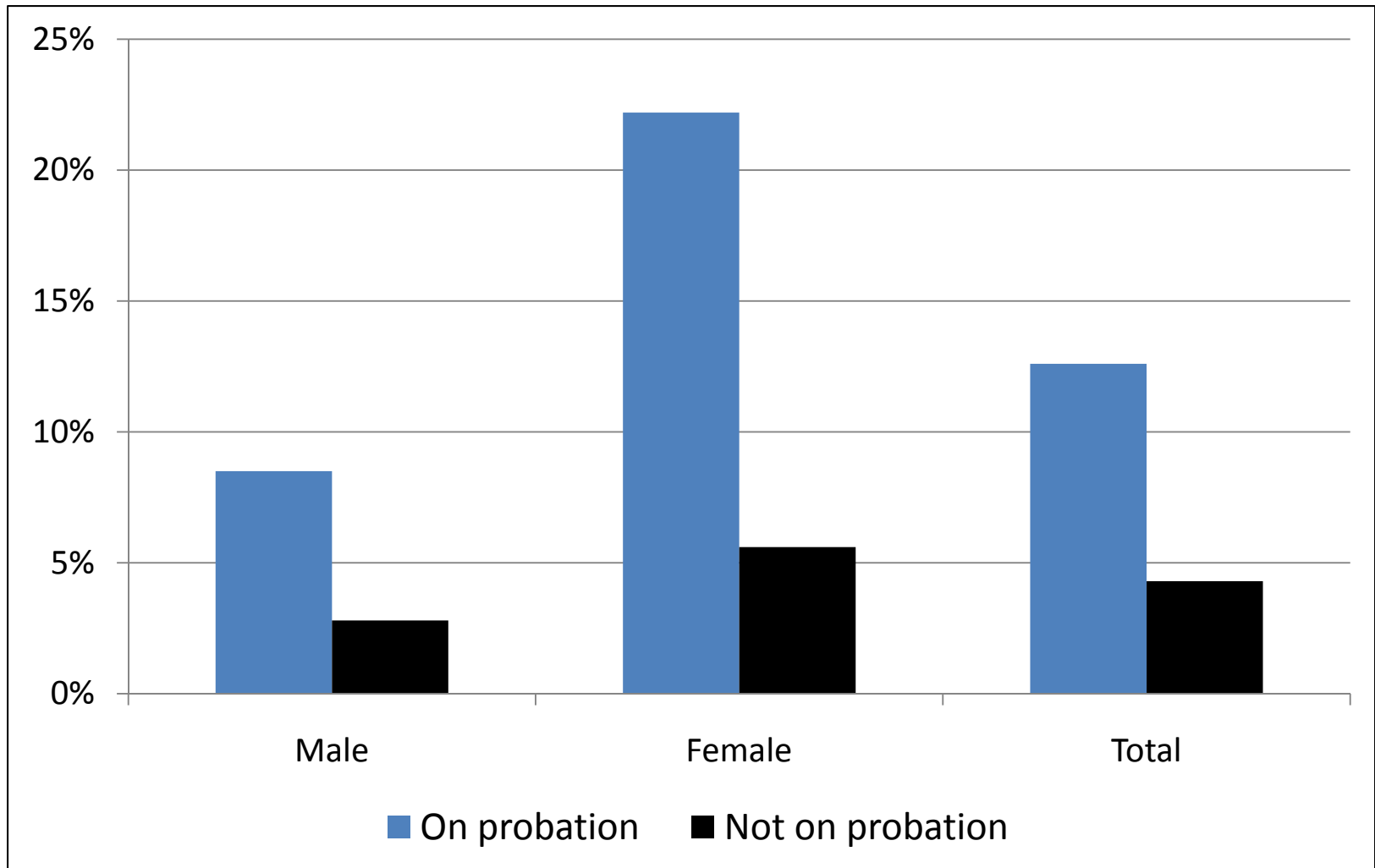
Percent of adults with SMI, by probation status and race, 2008 (NSDUH)



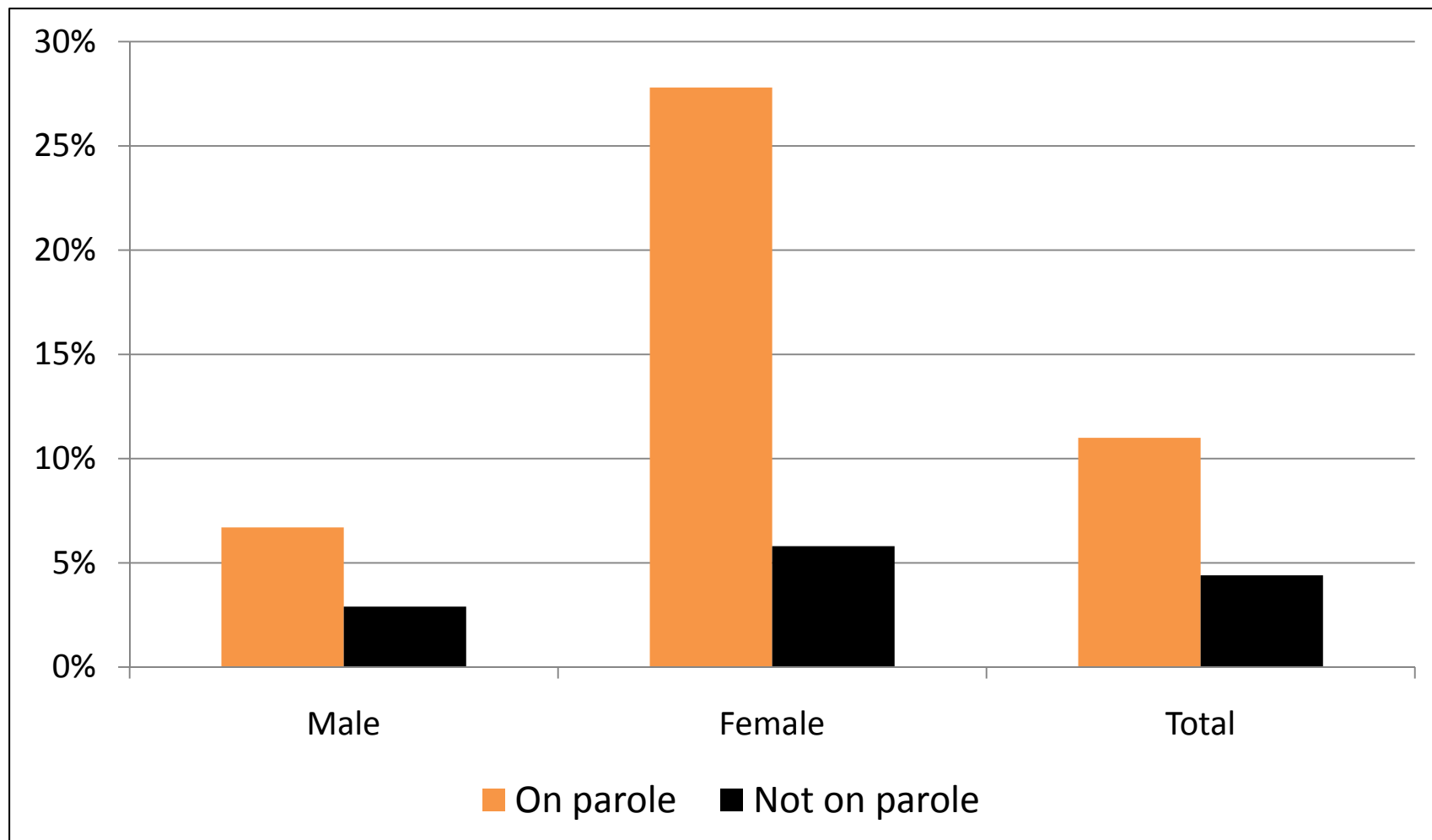
Percent of adults with SMI, by parole status and race, 2008 (NSDUH)



Percent of adults with SMI, by probation status and gender, 2008 (NSDUH)



Percent of adults with SMI, by parole status and gender, 2008 (NSDUH)



Probationers and parolees also likely to have drug/alcohol abuse or dependence issues

	US total	Probation status		Parole status	
		On probation	Not on probation	On parole	Not on parole
SMI	4.5 %	12.6 %	4.3 %	11.0 %	4.4 %
SMI but NO alcohol/drug abuse/dependence	3.4	6.7	3.3	7.7	3.4
SMI AND alcohol/drug abuse/dependence	1.1	6.0	1.0	3.4	1.1
SMI or alcohol/drug abuse/dependence	12.5	41.7	11.8	35.0	12.3

About two-thirds of probationers and parolees received some type of treatment for MH problems

Type of MH treatment during last year	US total	Probation status		Parole status	
		On probation	Not on probation	On parole	Not on parole
Have SMI and received any MH treatment	59 %	64 %	58 %	62 %	59 %
Received inpatient treatment	8	18	7	26	8
Received prescription medicine	53	56	53	47	53
Received outpatient treatment	41	50	40	53	40
Did not receive any treatment	41	36	42	38	42
Perceived needed treatment	30	48	28	53	29

Note: Timing of Tx relative to probation or parole status not known; Tx may have occurred prior to, while on, or after probation/parole.

Public assistance, primary source of payment for almost half of probationers and a third of parolees

Source of payment for outpatient treatment during last year	US total	Probation status		Parole status	
		On probation	Not on probation	On parole	Not on parole
Medicare	17 %	28 %	16 %	11 %	17 %
Medicaid	14	12	14	13	14
Other public source	3	7	3	8	3
Rehab program	1	1	1	--	1
Employer	8	13	8	--	9
Private health insurance	37	20	39	--	38
Other private source	2	1	2	--	2
Free, nobody paid	5	7	5	32	5

--Less than 0.5%.

Note: Timing of Tx relative to probation or parole status not known; Tx may have occurred prior to, while on, or after probation/parole.

BJS analysis of 2008 NSDUH data.

Inability to pay was primary reason for probationers and parolees not receiving MH treatment

Reasons for not receiving any MH treatment during the last year	US total	Probation status		Parole status	
		On probation	Not on probation	On parole	Not on parole
Did not think was needed	7 %	15 %	6 %	--	7 %
Could not afford cost	56	71	54	83	55
Did not know where to go	23	7	25	7	23
Insurance would not pay enough	7	7	7	--	8
Fear of negative effect on job	7	12	7	15	7
Fear of neighbor's negative opinions	7	1	7	--	7
Confidentiality concerns	10	3	11	--	11

--Less than 0.5%.

Other issues to explore

- Expand on characteristics:
 - Employment, income, public assistance/benefits, health care coverage
- Indication of violence; suicidal ideation
- Enhance/expand on MH Treatment
- Substance abuse/dependence
- Co-occurring disorder