

## **Delivering Community Mental Health Services to a County Jail Population: A Research Note**

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In its final *Report to the President*, the President's Commission on Mental Health noted that "a high percentage of jail and prison inmates are mentally disabled. To make it possible for prisoners to receive the mental health services they need, or to continue in therapy initiated before incarceration, statutory changes should be made so that access to appropriate mental health services exists..." (1978, p. 45). Recent research would seem to support the Commission's finding on the prevalence of psychological disorder among offender populations. In a large psychiatric epidemiological survey of jail inmates and wards in juvenile institutions in five California counties, Bolton (1976) reported that 6.7% of the adults and 2.9% of the juveniles were found to be psychotic, 9.3% of the adults and 20.6% of the juveniles to have a non-psychotic mental disorder (see also Guze, 1976). Bolton (1976, p. 8) noted that jail inmates with mental disorders "are often less able to cope with the rigors of incarceration and more vulnerable to psychic damage, unintended by the courts." As well, this population "can be 'infectious,' creating additional problems for healthy prisoners." (See also Monahan, 1976.)

This study reports the experience of one county mental health department in delivering services to a high-risk jail population. Data on 632 individual adult inmates referred to the Courts and Corrections unit of the San Mateo County (California) Mental Health Services for the two year period ending March 31, 1978 are analyzed. Our purposes in doing so are (1) to provide baseline information on the social and psychological characteristics of inmates referred to a jail-based mental health team; (2) to provide complimentary information on the nature of mental health services deemed appropriate for this population, and (3) to explore the effects of two demographic variables, sex and race, upon the nature of the psychiatric problems presented and services offered in a jail setting.

### *The Courts and Corrections Unit*

The Courts and Corrections Unit (McDonough & Anderson, 1969, McDonough & Monahan, 1975) was founded in 1961 to provide mental health services to the criminal justice system in San Mateo County,

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California. The Unit serves the Sheriff's Office, Municipal Court, and both prosecuting and defense attorneys. During the period of this study, the Unit was staffed by a chief psychologist, three staff psychologists and one staff psychiatrist, all full time.

## Findings

### *Workload*

The 632 jail inmates served during this two-year period were seen in 897 separate sessions. Most cases (60.6%) were seen for one session, but some (17.4%) were seen for two, three (8.5%), or four (3.8%) sessions. This is an average of 1.42 sessions per case. For the large majority of sessions (77.4%), at least one outside agency or individual was contacted.

### *Demographic Description of Cases*

Over four-fifths (81.8%) of the individuals served by the Unit were males. Approximately two-thirds (67.7%) of individuals seen were white, 20.6% were black, 7.3% Mexican-American, and the remainder, a variety of ethnic groups. Somewhat more of the cases (55.5%) were involved with misdemeanors than with felony charges. A substantial majority of the individuals (70.1%) had not been sentenced and were awaiting trial. 2.8% of the cases were domestic relations.

### *Referral Sources*

Table 1 shows the sources of the initial referral of each case to the Courts and Corrections Unit. Most cases came from three sources: the jail medical staff (29.6%), the probation and parole staffs (25.0%), and the jail custody staff (21.4%). The Municipal and Superior Courts together referred 18.7% of the cases.

TABLE 1  
SOURCE OF INITIAL REFERRAL

Source	Number of Cases	Percent of Cases
Self	31	4.9
Family	5	0.8
Jail Medical Staff	187	29.6
Probation/Parole Staff	158	25.0
Custody Staff	135	21.4
Municipal Court	61	9.7
Superior Court	57	9.0
Defense Attorney	9	1.4
Other Mental Health Agency	14	2.2
Other Source	11	1.7
TOTAL	668	105.7*

\*Several cases had more than one referral source

### *Prior Contact with the Mental Health and Criminal Justice Systems*

Half the cases (50.0%) seen by the Courts and Corrections Unit had records of previous incarceration as adults. 33% were incarcerated as juveniles but not as adults. 14.6% were incarcerated both as juveniles and as adults. Only 13.4% had no history of prior incarceration.

Likewise, only 18.7% of the cases seen by the Unit staff had no history

of prior mental health care. Almost two-thirds of cases (64.4%) had a history of mental hospitalization, and 38.4% had been in out-patient treatment before being referred for the first time. The vast majority of the cases, however, (94.0%) did not have prior contact with the Courts and Corrections Unit.

### Case Diagnoses

Table 2 presents the initial diagnostic impression given by the Courts and Corrections staff for each case. Two categories, schizophrenia (31.6%) and character/personality disorder (22.0%) made up over half the diagnoses. Of the remaining categories, only non-psychotic adjustment reaction (10.4%) and a primary diagnosis of alcohol dependence (6.5%) were received by more than 5% of the cases. Only 5.2% of the cases had no psychiatric diagnosis.

TABLE 2  
INITIAL DIAGNOSTIC IMPRESSION

Diagnosis	Number of Cases	Percent of Cases
Schizophrenia	200	31.6
Manic-Depressive	18	2.8
Character/Personality Disorder	139	22.0
Psychotic Adjustment Reaction	8	1.3
Non-Psychotic Adjustment Reaction	66	10.4
Psychotic Depressive Reaction	4	0.6
Neurotic Depressive Reaction	26	4.1
Other Neurotic	8	1.3
Drug Dependence - Primary	25	4.0
Alcohol Dependence - Primary	41	6.5
Acute Brain Syndrome - Alcohol	5	0.8
Acute Brain Syndrome - Non-Alcohol	5	0.8
Chronic Organic Brain Syndrome	6	0.9
Mental Retardation	6	0.9
No Diagnosis	33	5.2
Diagnosis Unknown	42	6.6
<b>TOTAL</b>	<b>632</b>	<b>100.0</b>

TABLE 3  
TOTAL SERVICES RENDERED

Service	Number of Cases	Percent of Cases
Medication	166	26.3
Psychiatric Hospitalization	72	11.4
Counseling	423	66.9
Court Evaluation - Incompetency Proceedings	9	1.4
Court Evaluation - Placement of Insanity Cases	14	2.2
Court Evaluation - Placement of Incompetency Cases	18	2.8
Court Evaluation - Placement of Sex Offenders	14	2.2
Informal Court Evaluation - Criminal	152	24.0
Informal Court Evaluation - Custody	14	2.8
Conservatorship	1	0.0
Referral	7	1.1
Case Management Consultation	327	51.7
Other	10	1.6
<b>TOTAL</b>	<b>1227*</b>	<b>194.4</b>

\*Many cases received more than 1 form of service.

### *Mental Health Services Rendered*

Table 3 relates the services provided to each of the 632 cases by the Courts and Corrections staff. Many cases received several forms of service. The majority of the cases (66.9%) received professional counseling and/or case management consultation (51.7%). Over one-quarter (26.3%) of the cases were medicated. 11.4% were committed to mental hospitals.

A total of over one hundred cases per year (222 cases) included either formal or informal evaluations for judicial proceedings.

### *Group Differences*

All data were analyzed separately by race and sex to ascertain if differences in mental health problems or services existed. Blacks were the only minority group analyzed, due to an insufficient number of non-black minority subjects for statistical analysis. Two racial differences and five sex differences were statistically significant.

Blacks referred themselves to the Courts and Corrections Unit somewhat more often than did whites (7.7% versus 3.5%) and were referred more often by the jail custody staff (22.3% versus 16.6%). The only substantial racial difference in referral source was the tendency for the probation and parole staff to refer whites proportionately more often than blacks (26.6% versus 15.4%). [ $\chi^2(df=9) = 16.91, p < .05$ ].

The other significant racial difference occurred in the psychiatric diagnoses [ $\chi^2(df=15) = 39.82, p < .005$ ]. Blacks were considerably more likely than whites to be diagnosed schizophrenic (44.6% compared with 27.1%) and considerably less likely than whites to be diagnosed as a character or personality disorder (14.6% compared with 25.9%). Other than a slight tendency for whites more than blacks to be diagnosed as alcoholic (7.9% compared with 3.1%), no racial differences were greater than 4% in either direction.

Significant sex differences occurred for sentence status, referral source, prior incarceration, prior mental health care, and diagnosis.

Females were much more likely to be sentenced (45.7%) when seen by Courts and Corrections staff than were males (23.4%) [ $\chi^2(df=1) = 20.79, p < .0001$ ].

There was a tendency for females to refer themselves to the Unit more than did males (8.7 versus 3.1%). Females were referred proportionately *more* than males by the jail custody staff (25.2% versus 17.0%) and proportionately *less* than males by the jail medical staff (23.5% versus 30.4%). No other sex difference in referral source was greater than 5%. [ $\chi^2(df=9) = 20.47, p < .01$ ].

Males were also more likely than females to have been incarcerated as adults (52.9% versus 40.9%), as juveniles (3.7% versus 1.7%), and as both (15.1% versus 12.2%) [ $\chi^2(df=5) = 23.39, p < .003$ ]. Males were also more likely than females to have received prior mental health care in a state hospital (13.9% compared with 8.0%), or a federal hospital (6.8% compared with 0%), while females were more likely to have been

outpatients in public (16.8% compared with 11.0%) or private facilities (15.0% compared with 5.2%) [ $\chi^2(df=8) = 27.63, p < .0005$ ].

Finally, males were more susceptible than females to a diagnosis of schizophrenia (34.2% versus 20.0%), and females somewhat more susceptible than males to a diagnosis of drug dependence (8.7% versus 2.9%). No other sex differences in diagnosis were greater than 5% in either direction [ $\chi^2(df=15) = 29.53, p < .01$ ].

## Conclusions

The model case served by the staff of the Courts and Corrections Unit was a white male referred by the jail custody or medical staff. He had previously been incarcerated as well as psychiatrically hospitalized. He was diagnosed as either a schizophrenic or a character disorder, and received one or two sessions of professional counseling. Consultation took place with the custody staff concerning his care. He may have been medicated, and a formal or informal report may have been written to the court in conjunction with his case.

Blacks were referred more often than whites by the jail custody staff and were more likely to be diagnosed as schizophrenic. Whites were referred more often than blacks by probation and parole officers, and more likely to be diagnosed as character or personality disorders.

Females were more likely than males to be awaiting trial, and to have a history of outpatient mental health care. Males were more likely than females to have a history of prior incarceration and inpatient mental health care, and more likely to receive a diagnosis of schizophrenia.

## References

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