The Mentally Ill Within the Criminal Justice System

An analysis examining techniques developed within Criminal Justice to adapt to the growing mentally ill population

by

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A thesis presented to the Honors College of Middle Tennessee State University in partial fulfillment of the requirements for graduation from the University Honors College

Spring 2018

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ABSTRACT

The criminal justice system has had to adapt to the growing mentally ill population stemming from deinstitutionalization. Specifically, jails in Tennessee are experiencing significant challenges due to the increased presence of inmates with mental illness. A survey was sent to all jails across the states of Tennessee to assess the type and prevalence these challenges and the impact on the jails. Across the State, no matter the size of the agency, the same issues were noted again and again. Not only are these problems the same no matter the size of the detention facility but administrators are facing the same road blocks to fix them. These include lack of funding, proper training, adequate space, and enough personnel. It is the purpose of this study to shine a bright light on this dark problem, and identify the concerns of jails in best serving Tennessee mentally ill serving time in the jail system.

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CHAPTER I

Introduction

Tartaro (2015) states that as a result of the psychiatric deinstitutionalization movement, the criminal justice system has been increasingly relied upon to address the behaviors of mentally ill individuals that are perceived as problematic. Individuals with mental illness are three times more likely to be housed in jails or prisons than in hospitals, 4 out of 10 persons with mental illness state that they have spent time in jail or prison (Tartaro, 2015). It is a conundrum. The mentally ill, predominantly those who are unable to secure treatment due to financial hardship, end up in the justice system as a result of law enforcement having few options on how to handle behavior that is seen as disruptive and/or threatening to the average citizen. This circumstance has required an immediate response by the justice system with little time to truly consider the impact deinstitutionalization would have on the mentally ill population. Three primary issues have arisen as the criminal justice system has had to respond to the increase of mentally ill persons in their facilities: 1) the need for more secure space for mentally ill detainees who pose safety risks to other inmates and at the same time, are at greater risk of victimization within the secure facility, 2) the ability of staff to adequately control mentally ill inmates, thereby increasing the use of excessive force against this population, in general, and 3) the increased risk of suicide by those with mental illness in the secured facilities (Tartaro, 2015). All of these issues have also led to increased costs, for space, staff, and training. Therefore, with the growing number of mentally ill offenders being "dumped" by society into these types of holding facilities, the question of how the

criminal justice system must change to deliver proper care to these individuals must be asked. This is the foundation of the research being conducted; however, the research will primarily focus on the state of Tennessee. Even though there are many different facets and programs that have been developed throughout the United States to answer the question above, this project will simply focus on jails. All research will be collected through the surveys there will be no in person or phone interviews or additional questions asked.

This project seeks to identify the following items:

1) What is the mentally ill inmate population in Tennessee jails and has it increased, decreased, or stayed the same in the last 5-10 years?
2) If there has been an increase (which is anticipated), what are the challenges associated with the supervision of a heightened mentally ill inmate population?
3) What percentage of jails report heightened challenges?
4) What types of efforts have been made to educate jail staff on the needs of mentally ill inmates?

CHAPTER II

Literature Review

History

Historically, mental institutions or asylums did not exist until the 1800s, and instead those suffering were taken care of by family, or local communities (Felton & Shinn, 1981). However, even when asylums were implemented alongside the development of the first penitentiaries, the phenomenon, which would later be defined as the "revolving door" also surfaced. At one of these first asylums, "87 persons contributed 274 recoveries" with "recoveries" meaning complete rehabilitation, and a readiness to be reintegrated back into society (Felton & Shinn, 1981, p. 159). In addition, the poor treatment of these types of individuals also began with these first attempts at asylums, "conditions were purposely made less desirable for those of the lowest paid workers in the community to discourage malingering at public expense" (Felton & Shinn, 1981, p. 159). Those whom society looked down upon received poorer treatment to be used as both a tool of deterrence and budget cuts. As time went by, the three main methods of holding those deemed deviant by society were mental asylums, prisons, and almshouses all of which predominantly held the very poor, or foreign born to second generation Americans (Felton & Shinn, 1981). Critics even in these early days called for more community care instituted programs as an alternative to the current institutions; but, these early calls for change fell on deaf ears. In fact, "between 1880 and 1940 the mental hospital population increased 12.6 times while the general population increased only 2.6 times" (Felton & Shinn, 1981, p. 161). Even as America was developing the mental institution system overcrowding still remained a lasting side effect throughout its

existence. The public image of these institutions also led to their eventual demise. In the early 20th century the public regarded the mental hospitals as an "inappropriate setting to cope with the problems of mental illness and the mentally ill" (Kim, 2016 p. 5). Therefore, critics for the mental institutions existed throughout the history of their development and utilization; however, it would not be until later for these critiques to be acted upon.

Deinstitutionalization

The exact dates for deinstitutionalization seem to be slightly debated; however, it is generally accepted as beginning sometime in the 1950s and gaining steam through the 1960s; eventually drastically taking hold when the 1972 California Lanterman-Petris-Short (LPS) law was passed (Scheff, 2013). Early reports on deinstitutionalization showed the numbers declining, "from a peak of 559,000 in 1974 to 215,500 in 1995, or by 57 percent" (Felton & Shinn, 1981, p. 161). Thomas Scheff (2013) explains that the LPS law basically threw gasoline on the flames of deinstitutionalization. This law written by Jerome Waldie, "caused the closing and downsizing of state mental hospitals all over the world" (Scheff, 2013, p. 475). This law was intended to end the overcrowding, abuse, and tortuous environment many mental institutions and asylums had evolved into. Initiating the release of so many suffering individuals would produce a much larger homeless population, and to prepare for this change Waldie included a plan to utilize the money saved from housing the individuals in the institutions, to develop a better program to house the homeless. In fact this money would simply be transferred to fund these new county clinics with the first task to care for those recently released. However, then-governor of California Ronald Reagan, "line vetoed the county clinic funding" Scheff

even states, “At fault for the homeless people was not Waldie, but Reagan” (2013, p.475).

Deinstitutionalization is defined as “shorthand term for a range of procedural, statutory, and ideological changes that attempt to transfer the care of the chronically, mentally ill from institutional to community settings” (Steadman, et al. 1984 p.475). However, the rhetoric of community care implied conditions for those suffering from serious mental illness (SMI) would receive better care, and more freedom, and because of community care, “higher patient functioning” (Warner, 1989, p. 22). However, as Richard Warner explains, “practice, however, did not generally mirror the rhetoric” (1989, p. 22). One unintended and very real consequence of mental hospital closure was in the increase of nursing home population. In fact, “mental hospitals declined from 504,604 in 1963 to 339,929 in 1969” however, because nursing homes are considered to be an institution the, “total mentally ill in institutions totaled 796,712 in 1969” (Warner, 1989, p. 22). Therefore, an unintended side effect of deinstitutionalization was the over population of nursing homes which, occurred during the same time period. Even though some of this growth can be attributed to the fact that people were living longer. However, the nursing homes were not the only system greatly affected by deinstitutionalization.

One thing deinstitutionalization shone a bright light on was the interdependent relationship between criminal justice and the mental health systems. The numbers present the loudest argument for this fact, “[a]t the end of 1968, there were 399,000 patients in state mental hospitals and 168,000 inmates in state prisons” (Steadman, et al. 1984, p. 475). An important fact to note is policy changes, or closing of buildings, and firing of

staff does not make the illness so many Americans suffer from magically disappear. Numbers taken within the decade show this fact, "…hospital population fell 64%, to 147,000, while the prison population rose 65% to 277,000" (Steadman, et al. 1984, p. 475). As the medical community began to drop those suffering from illness, the criminal justice field followed and began attempting to clean up the mess. In some states and communities an attempt began to mix the suffering inmates, with some kind of system that had a medical element; thereby, creating small experiments all over the country.

New Developments

Kansas attempted to merge criminal justice personnel with the medical community by simply removing those suffering from an illness and transporting them to a separate facility. In 1992, Kansas planned to utilize the new Larned Correctional Mental Health Facility to deliver proper treatment and medical attention, while also simultaneously protecting these individuals from damaging the general society. However, the specialized prison's 300 bed capacity was always overpopulated. In result, a study was conducted to examine the current mentally ill population in Kansas and propose an alternative. The results were astounding and presented that around 20% of Kansas' state prison inmates had serious mental health issues. In addition, those with mental health issues were 67% more likely to be re-incarcerated within 6 months of release (Council of State Governments, 2007).

Consequently, the study's focus shifted to changing the current system and explored alternatives to spending less money on mentally ill inmates. In 2001, the Department of Corrections (DOC) and the Department of Social and Rehabilitation Services (SRS) began working together. This collaboration was centered on building a

new system that would focus on incorporating specialized programs and special parole boards for mentally ill inmates. The partnership also incorporated better relationships between the mental health professionals and the prison system to try and alleviate cost. Kansas was unique in its attempts of trying a new system to fix the problem, conducting a study to evaluate the new program, and then making changes when the results showed the inadequacies of the original fix (Council of State Governments, 2007).

However, Kansas is just one example of the route a mentally ill person might take throughout the system. In Cook County, Illinois, a different approach has been in motion for over 25 years. The Specialized Mental Health Probation Unit serves individuals who entered the system for nonviolent felonies and have serious mental illnesses. This special board incorporates the medical community in the process of, administering the proper punishment and treatment to the individual (Eppersen & Lurigio, 2016). A specialized officer states, "…we walk the line between social worker as well as court employee or law enforcement. We still walk that line, but that line is wider now, and it seems like I find myself more on the side of social worker than law enforcement" (Eppersen & Lurigio, 2016, p. 3). These types of specialized programs with specialized officers bridge the gap between social worker and police officer. Even though this technique is useful and beneficial for those suffering from severe mental illness, it does not take the place of a medical specialist. Even so, the specialized officer is trained to understand the needs and the steps to insure appropriate medical treatment, while also balancing the proper punishment and guidance on the path to rehabilitation. A specialized probationer who was interviewed in a study that evaluated the program states,

> I think—well for me with my probation officer I feel like he understands me, he knows… he knows my weaknesses, because I kind of explain it to him. And he knows my strongest points. And I just feel like as the overall, he deals with my mental health issue just as it should be treated. (Eppersen & Lurigio, 2016, p. 5)

These are powerful words in support of this type of program. However, some individuals require around-the-clock care with no chance of ever being able to function independently. Most likely, the majority of these mentally handicapped individuals would have been ushered to a mental institution by police prior to deinstitutionalization. In current modern society, an officer's only option, if programs like those explained above are unavailable, is to transfer the suffering patient directly to jail.

Police

This is why other programs were created to train officers to understand when a hospital is the correct placement for an individual rather than a correctional facility. In addition, it is important for the medical staff and community to be open and accepting towards the mentally ill, as well as adequately staffed to be able to handle the intake. The first program to incorporate these principles started at the Memphis police department. It was a, "police based pre booking approach" by the name of Crisis Intervention Teams, or CIT for short (Watson. et al, 2008. p. 361). The reason for the creation of this particular model was to deter officers from participating in, "mercy bookings." Which, consists of arrests to protect the safety and well-being of both the arrestee and those who may come in contact with the mentally unstable individual. One of the greatest, "key elements" involved in this program, besides the specialized training to officers, is the presence of a non-refusal centralized mental health drop off (Watson. et al, 2008, p. 360). This is a brilliant example of the police department and the medical community working hand-in-hand to decrease the percentage of the mentally ill's incarceration when the real need was

for proper medical attention. The CIT and similar programs are being incorporated in many different departments across the U.S. in result of the evidence collected so far displaying great success (Watson. et al, 2008, p. 360).

Juveniles

The Juvenile Court System is using different approaches to improve the cooperation between police mental treatment experts, and the differences when handling a juvenile. Such as school, family, and the still developing brain. The U.S. Public Health Service report that was conducted in 2000 revealed roughly, 20% of adolescents are diagnosed with a type of mental health disorder, and this number continues to grow. Therefore, programs like the Special Needs Diversity Program (SNDP) were developed to deliver specialized treatment to juveniles experiencing these types of ailments. When tested, this program proved to possess a lower recidivism rate in juvenile offenders when compared to a control group (Jeong, et al, 2014. p. 1058). Careful management of mentally ill minors involved with the juvenile justice system seems to be even more crucial in the rehabilitation process. If proper treatment is administered at an early age, there is a better chance of eliminating future offenses.

New Technology

However, even if a department or community is fortunate enough to have a modern program working to place individuals in the proper facilities, many prisons and jails still encounter large populations of mentally ill offenders. This, was true even before the large deinstitutionalization movement (Thurell, et al, 1965, p. 271). However, many state corrections have hired specialized staff to work within the prison to try and deliver proper treatment. This, is another different attempt to combine medical treatment with the

criminal justice system. By employing medical staff, the state can bring medical help directly to the source of the problem. It was estimated in 2011 that over 700,000 prisoners in state prisons were in need of mental health treatment (Blevins & Soderstrom, 2015 p. 142). Different attempts have been made to utilize technology to bring the medical professional to the inmate via video chat services to keep from having to transport the inmate. This program is called telemedicine and the medical professional talks to the sick individual via video chat to save time and money in transport and to attempt to speed up the treatment to those who desperately need it (Fitzgibbons & Gunter-Justice, 2000, p. 105-106). Even with these types of partnerships obstacles such as minimal funding, insufficient resources, not enough staff, and not having the proper bed space to accommodate these special individuals still plagues the system (Blevins, Soderstrom, 2015 p. 142).

Females

One of the problems faced by the state prison system is the disproportionate numbers of incarcerated females suffering from mental illnesses. Females need an even greater number of programs and personnel to deal with the epidemic of self-injuries committed by mentally ill inmates (Lord, 2008, p. 928). The mentally ill are seen as the, "untouchables" in prison and this is especially true in the female prison system. In 2005, the Department of Justice conducted a study that estimated almost 75% of female inmates in American prisons and jails had some kind of mental health problem (Lord, 2008, p. 931). In fact, in 2006 the Human Rights Watch released that, "There were three times as many men and women with mental illness in U.S. prisons as in our mental health

hospitals" (Lord, 2008, p. 930). However, female prisons suffer even more in the battle for funding (Lord, 2008, p. 941).

Constitutional Guarantees

Those serving time in the criminal justice system have certain constitutional rights. One such guarantee is proper health treatment, which the courts have ruled includes mental health. On May 23, 2011 the Supreme Court decision of *Brown v. Plata* proved that the California state prisons had operated at 200% capacity for many years. The Court ruled that the strain placed on the prisoners due to overcrowding and the denied physical and mental health treatment was classified as, "cruel and unusual punishment." Therefore, the Court ordered the California state prison system to release 33,000 prisoners (Sarteschi, 2013, p. 1). The courts ruled the treatment experienced by mentally ill prisoners was unnecessarily cruel, but was also affected the general prison population as well. However, when obstacles such as overcrowding are present, the discretion of the correctional officer is also removed. Even if the officer sees the abuse, without the resources for change they are simply a helpless gear in the machine delivering the abuse. A correctional officer in Pacific Northwest Penitentiary states,

> We spend more time with these inmates than any other staff. The mental health staff are in their offices seeing these guys, or they come down to the cell blocks for a few minutes to talk to them at their cells. But we spend 8 hours a day with them. We're with 'em all day. (Galanek, 2015, p. 116)

Re-entry

The mentally ill who do not receive proper treatment while serving their time in prison are released with even more obstacles, and a much harder road during re-entry. For any convict, re-entry can be difficult, and this becomes exponentially harder when the

ailment of a mental illness is present. In 2007, over 725,000 inmates were released to be reintegrated into general society. Mentally ill ex-convicts are more likely to be homeless and will have a much harder time finding employment (Baillargeon, et al, 2010, p. 361). Therefore, specialized re-entry programs for mentally ill convicts have been implemented. An example of this is in Monterey County, California, where a study was conducted testing the usefulness of these type of specialized programs. The results portrayed that when utilized correctly, these programs significantly helped these mentally ill offenders from violating probation. Specifically, there were significant decreases in probation violations and participation in violent crimes that result in recidivism. The secret to the success of these programs is the combination of proper medical treatment with specially trained probation officers. Almost half of the inmates who suffer from mental illnesses, and are currently serving time in the American prison system have three or more prior convictions (Ashford et al, 2008, p. 457). These "revolving door" offenders continue previous behavior and tendencies at a much higher rate when the proper support/treatment is not administered at any stage of the process (Woodside, 1982, p. 182). Consequently, appropriate probation and treatment from the medical community is a vital aspect of any program dealing with mentally ill ex-convicts. However, a study conducted examining community re-entry proved, "even within the mental health system, the burden of stigmatization attached to incarceration impedes the acceptance of formerly incarcerated patients into community outpatient programs" (Baillargeon, et al, 2010, p. 371).

Money

The current situation and systems seems to be in a constant of state of flux. There is a lack of standardized treatment of mentally ill inmates. Different states have different programs, and partnerships, some more successful than others, and the causalities on this battle field are those unaware they are even fighting. Those working within the system are not properly equipped to treat those suffering and some estimates show, "fewer than 50 percent of men and women with severe mental illness receive mental health treatment while incarcerated" (Sigurdson, 2000, p. 72). The stigmatism of mental illness plays a major role as changes are attempted within the system to increase this number. However, to make a real change money is needed, and the funding hardly ever, if ever, meets the demand for correct change, "[b]ecause of changing social attitudes, containment, rather than rehabilitation or treatment is the primary goal of imprisonment" (Sigurdson, 2000, p. 72). It seems as long as the general public does not encounter this problem on a daily basis, society would rather forget it is occurring then use the resources to end the injustices. Some even argue deinstitutionalization was not an initiative based on human rights, but was simply an action to be able to take money from those who would be unable to fight to against the robbery (Sigurdson, 2000, p. 72). However, providing even, "minimal treatment for jail inmates" is a very costly problem those in charge of correction facilities face every day (Maloney, et al, 2003, p. 100). Because, the nature of the problem is heartbreaking, associated with stigmatism, and costly, the fact that prison/jail care of these type of individuals is either the same cost, or much higher, then a proper facility specifically designed is often left out of the conversation (Sigurdson, 2000, p. 72). The battle for funding does have real causalities, in fact for a jail in North Carolina

when the mentally ill population began to rise a request for additional funding was made. This funding was intended to help specifically treat the mentally unstable individuals with suicidal inclinations and the request was denied. Therefore, it could take up to 72 hours for an individual exhibiting these tendencies to actually meet with a medical health professional and receive any kind of treatment (Fitzgibbons & Gunter-Justice, 2000, p. 105).

Jails

The sad reality is, "[b]ecause of their size or locale, many jails have little or no mental health assistance available, either internally or within the community" (Fitzgibbons & Gunter-Justice, 2000, p. 104). Jails experience all types of challenges, "[w]e are challenged on a daily basis to try and provide care that our training hasn't prepared us for. Our manpower is not sufficient to handle the mentally ill population" (AbuDagga, et al, 2016, p. 21). Those working within the system state it best, "[o]ur jobs are harder because we don't know what to do with these people" (AbuDagga, et al, 2016, p. 21). In another powerful statement made by one working within the system, "[j]ails have become the 'asylum of last resort' and more intensive engagement by staff is required as a result" (AbuDagga, et al, 2016, p. 19). The problem is continuing to increase with jails reporting larger percentages of mentally ill offenders when compared to 10 years ago (AbuDagga, et al, 2016, p. 18). In addition these type of suffering individuals need to be separated from the general population due to their illness. However, because of overcrowding this is hardly ever able to be completed effectively (AbuDagga, et al, 2016). Many workers within the jails have reported a major change of job description because of the mentally ill population. In fact, "where a normal inmate

can be predictable with a relative certainty, serious mentally ill inmates are not predictable, therefore, require more attention, can be more prone to lashing out, or becoming a victim as they are different and respond differently from the norm" (AbuDagga, et al, 2016, p. 14). Therefore, the challenges addressed in this study are not only relevant for the mentally ill, but also for all those working to ensure a brighter future for them.

CHAPTER III

Methodology

This project is a replication of a 2016 project conducted by the Public Citizen's Health Research Group (PCHRG) measuring county jail treatment of inmates with serious mental illnesses. The initial project by PCHRG assessed attitudes of jail staff across the United States, but only included two jails in the state of Tennessee. This project will focus exclusively on Tennessee and will solicit participation from all Tennessee county jails to better understand the issues of treating mentally ill inmates more regionally.

Subjects

The population included in this study will be all county jails in the state of Tennessee. The number of jails to be solicited for participation is approximately 95. Because we are including the entire population of county jails in this project there is no need to discuss sampling or sampling technique. A list of county jails has been secured from the Tennessee Government website (www.tn.gov/correction/article/tdoc-jail-summary-reports) including all facilities currently operational (as of February 2017). Additionally, contact has been made with the Tennessee Sheriffs' Association (TSA) and though no membership list was provided, the association did agree to email the online link which led to the survey to all Tennessee sheriffs. All jails were contacted to participate in the survey (to be discussed momentarily) and the seal of approval given by the TSA should increase participation.

Design

The survey instrument created by PCHRG was sent to each participant via email (with a link to an online version of the survey through Qualtrics) or through regular mail (see Appendix A for survey; see Appendix B for documentation of permission to use survey). A consent form will be included in the packet or as the first document they see on Qualtrics and will inform participants about the benefits and risks of the study. Additionally, participants were informed that they can quit the survey at any time. It is anticipated that no harm will come from participation in this survey as it is a request for information about organizational issues facing jail personnel when supervising mentally ill inmates. Because the researcher requested information on the geographical location of the jail this study is confidential in nature. Location of the jail is important to ensure that representation from across the state of Tennessee is achieved. Additionally, this will help to focus efforts at follow-up reminders and additional mailings of instruments, as needed.

For participants receiving a hard copy survey, a self-addressed stamped envelope will be included in the initial packet to encourage responses.

Instrument

The primary survey is comprised of 22 questions focusing on the following topic areas:

- Percent of inmate population from July 1, 2015-June 30, 2016 (in concert with the fiscal year)
- Percent of inmates with mental illness from July 1, 2015-June 30, 2016
- Issues related to the supervision of mentally ill inmates

- Comparison of rates of inmates with mental illness from 5 years and 10 years prior
- Organizational changes to accommodate inmates with mental illnesses
- Daily average time devoted to supervision of mentally ill (specific issues pertaining to inmate with mental illness)
- Mental health services available to and utilized by inmates with mental illness

The survey is self-administered and returned to the researcher electronically or through regular mail. It is anticipated that it will take approximately 25 -30 minutes to complete the survey. Instructions were given requesting that the person most knowledgeable about supervising inmates with mental illness be the organizational representative completing the instrument. As stated previously, the researcher asked for identifying information (only to be used to track participation across the state) and will only be accessible to the researcher herself. No identifying information will be included in the results/discussion portion of the thesis nor in any other publications.

Analysis

The researcher utilized the same analysis techniques conducted by the PCHRG team. Specifically, closed-ended categorical variables will be represented through percentages. Chi-square analysis on closed-ended questions was conducted to identify any significant differences across jails in the state of Tennessee. Content analysis was conducted on open-ended responses to find patterns across county jails.

CHAPTER IV

Results

Sample characteristics

Thirty-one unique respondents participated in the survey on supervising the mentally ill in Tennessee jails. There was good representation across the state with participants from the Eastern region, Central/Middle region and Western region of the state. This represents 26.6% of jails in the state of Tennessee. Figure 1 illustrates the counties that participated and the degree to which the state is represented overall.

Figure 1: Counties represented in the survey

The surveys showed an average daily inmate population ranging from as low as 6 all the way up to 2,439 mentally ill individuals. The percentages of inmates with mental illness within the total jail population ranged from 1-5% to 65% with three jails indicating numbers over 25% on a daily basis.

Impact on jail population and supervision procedures

The vast majority of respondents (88%) indicated that compared to 5-10 years ago, their jail saw more or far more inmates with serious mental health issues. 94% of respondents indicated that this increase has caused changes in the job of jail staff and sheriff's deputies. 75% of respondents indicated that they have had to change or accommodate their previous supervision routines in order to better supervise mentally ill inmates. Additionally, about 44% of respondents indicated that they believed the recidivism rate of mentally ill inmates was higher or much higher than the general population. This means that they are seeing these inmates more frequently as well.

Frequencies

Respondents were asked about the impact of increased populations of mentally ill inmates on the ability of jail staff to properly supervise all inmates in their facilities. The following results provide responses to those questions and help to generate an idea as to the needs of Tennessee jails overall.

Training

Perhaps in response to this increase, 87.5% of sheriff's offices responding reported that they did provide their jail staff with training on how to effectively handle mentally ill inmates. However, in the academy setting, it appears that the largest proportion of sheriff's offices only devote about 1-2% of the academy training to dealing with the mentally ill. About 22% (each) devote 3-4% and 5-6% of their academy training to supervising the mentally ill. Overall 93.5% of sheriff's offices provide 8% or less of academy time to supervision of the mentally ill. When asked how many hours are

devoted to annual trainings focused on supervising mentally ill inmates, it was found that 37.5% reported none to 1-2 hours of training, 43.8% reported 3-4 hours of training, and 12.5% reported greater than four hours of training.

Treatment for mentally ill inmates

About half of the respondents indicated that there was specific treatment provided for mentally ill inmates within the jail facility itself. However, a significant portion of time appeared to be devoted to transporting the mentally ill to medical facilities outside the jail for treatment. 25% of respondents indicated that 21%- greater than 25% of their staff time was devoted to transport of mentally ill inmates. About equal percentages of respondents indicated that between 1-5%, 6010%, 11-15% and 16-20% of their staff's time was devoted to transportation (approximately 16-18% for each category). When treatment was offered, it was most often in the form of primary services (78.1%), individual psychiatric care (21.9%),

Supervision issues

When asked specifically about what types of problems seriously mentally ill inmates cause or encounter while in jail, 97% of respondents indicated they disrupt normal jail activities. Specifically, respondents stated overwhelmingly that they required closer supervision for possible suicide (93.8%), require additional attention in general (93.8%), are more likely to be abused by other inmates (72%), are also more likely to abuse other inmates (63%), and increase the potential for outbreaks of violence in the jail setting (84%). Many respondents chose to write in additional comments regarding specific challenges dealing with an increased mentally ill inmate population. These

comments focused on the perception that jail/detention was not a good place for individuals with mental illnesses, that in some cases the facility itself did not have adequate space or type of facilities needed to assist mentally ill inmates. In one case, a respondent indicated that mentally ill inmates were in a hallway; because, they did not have a separate holding cell for them. Additionally, a good number of comments focused on the lack of staff needed to deal with the heightened supervision needs of this particular group of inmates, including their need for greater and more prolonged interactions. Finally, some respondents commented that they had to spend more time supervising and/or assisting mentally ill inmates with basic human functioning related to following rules and things like hygiene and recreation issues.

The vast majority of respondents have made it clear that there are real challenges being faced by jail staff with the increased presence of mentally ill inmates, overall. Because there were such high percentages of agreement on what challenges exist, it was believed that there would be very little that would be found to be statistically significant when comparing different agencies. However, one area that was explored was whether the size of the agency (defined by the population of inmates overall) impacted the type of challenges listed by the respondents. Agencies were grouped into small (1-166 inmates), medium (167-399 inmates) and large (400-2450 – 2450 was an outlier…removing that the range for large agencies was 400-850) sized departments. There were 12 small agencies, 8 medium agencies, and 12 large agencies. Chi-square analysis was conducted to see if specific challenges were found more often in a specific size of agency. No significant differences were found, ($X^2 = 2.95833$ @ p=.05, df=10).

These additional challenges have required the staffing and/or structure of the sheriff's office to change in order to accommodate the increase of seriously mentally ill inmates. Specifically, respondents reported the need to hire more jail staff (47%), hire deputies with heightened skills in dealing with the mentally ill (22%), relocate mentally ill inmates to hospitals dealing with mental illness (66%) and increase the number of beds reserved for mentally ill offenders (41%). Approximately 69% of respondents indicated that the seriously mentally ill were segregated from the general inmate population. Chi-square analysis was completed to assess whether differently sized agencies noted greater challenges to staffing and/or restructuring, but no statistically significant differences were found overall (X^2=4.9095, p=.05, df=8).

CHAPTER V

Discussion and Conclusion

Sample characteristics

This project sought to identify the existence and particulars of challenges facing Tennessee jails in relation to their supervision of mentally ill inmates. The results indicate that Tennessee jails are experiencing a great deal of disruption with the increase in numbers of mentally ill inmates. In concert with the literature, respondents reported experiencing a greater level of disruption with the increased population of mentally ill inmates, specifically in the areas of suicide watch, attention needed, and the actual occurrence and/or increased potential for violence toward and by this population of inmates from/to the general population of inmates overall. All of the jails reported maintaining a mentally ill population, with some reporting over half the population of the jail is defined as mentally ill.

Frequencies

The first research question inquired as to whether or not Tennessee jails saw an increase in the amount of inmates with mental illnesses. The vast majority of respondents indicated they are seeing more or far more mentally ill inmates than they had 5-10 years previous. This finding aligns with the literature on the mentally ill and criminal justice overall and is logical given the continued effort of deinstitutionalization and the lack of appropriate services for those with mental illness.

Impact on jail population and supervision procedures

Stemming initially from deinstitutionalization, the population of mentally ill individuals in the jails has increased dramatically as indicated by the numbers. This has presented major changes in the supervision practices.

The third research question inquired as to the percentage of jails reporting the need to adjust to this growing population and this study found that all of them have said they had to adjust. It appears that despite the size of the agency, be they small, medium, or large, they are all experiencing similar challenges with regard to the supervision of their inmate populations. The results indicate that jails in Tennessee have had to adjust to supervise all inmates because of the presence of mentally ill inmates and that there is a significant increase in the supervision responsibilities of jail staff. Respondents indicate having to spend more time with mentally ill inmates for both safety watches (suicide), to monitor/deter/address violence perpetration and victimization between general population inmates and inmates with mental illness, and in the transport of mentally ill inmates to necessary services – thereby taking staff off the floor. Jails have had to increase their amount of staff to be able to adequately supervise and transport inmates overall (second research question). Actual levels of and the perceived potential of increased violence have required jail staff to be more vigilant and increase their level of engagement with individual inmates, which appears to be diverting their attention from traditional jail schedules.

Training

However, academy training remains a small proportion of their training overall and while annual is offered on how to appropriately supervise the mentally ill in the jail environment, it is typically no more than 1-4 hours on an annual basis (fourth question). Given the depth of disruption, one policy implication emanating from this study could be to increase the amount of time spent on supervision of the mentally ill within the prison environment while in the academy. Perhaps collectively a greater amount of training and/or education can be provided to jail staff, starting with the academy and continuing into annual in-service training. However, it appears that actual staffing levels will need to rise in order for both staff, and inmates to feel comfortable in the jail environment.

Connection to previous literature overall

Historically, jails/prisons have always battled with an overpopulation problem and this time in history especially for the mentally ill is no different. As the numbers and comments collected from the survey indicate the problem of overcrowding is still constant, and some may even argue worse when it comes to the mentally ill than any other period in history. Of course the real basis for this argument would be deinstitutionalization and the interdependent relationship between the criminal justice system and the medical community. As the results of the survey portrayed the majority of the jail administrators indicated an increase in mentally ill inmates compared to ten years ago. Therefore, it would seem that deinstitutionalization was the spark, but over time gasoline has been added to this flame. There have been new developments implemented across the country to try and extinguish this fire; however, for many administrators the

lack of funding stops the implementation for these new developments. Even though the CIT teams were developed in Memphis Tennessee they are primarily a police tool and this study specifically targeted the jails in Tennessee. This study did not included juvenile detention centers; therefore, no data was included in the study pertaining to juveniles with mental illness. New technology has been used throughout the country to adapt to the increased mentally ill population existing in the criminal justice system. However, none of these technologies were indicated to be in use by those who participated in the survey. Even though that was not the main emphasis of the research. Also no specific questions were asked about females serving time in any Tennessee jails. The conditions being maintained by jails in Tennessee indicate very high levels of mentally ill. It would be difficult to analyze if these conditions could be defined as cruel and unusual punishment as the case of *Brown v. Plata* in California ruled on. However, it is safe to deduce that the increased mentally ill in the jails adds an increased strain to the system and the jails overall. As the numbers and comments of the research have indicated. Re-entry is not the primary responsibility of the jail administrators and since they were the target audience of the survey there was not a large amount of data collected in this area. As already discussed money is a major factor because it is needed for everything. Specialized programs, increased space, personnel, training everything hinges on this resource.

Conclusion

Jails in Tennessee are experiencing significant challenges due to the increased presence of inmates with mental illness. Across the State, no matter the size of the agency, the same issues were noted again and again. On the one hand, this provides a

good basis upon which to start the discussion about the needs of jails across Tennessee and the support that they can get and give to each other as they tackle these challenges. On the other hand, with budgets being tight across the State, the needs of these jails and thus the inmates, both mentally ill and otherwise, may not be dealt with any time soon.

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APPENDICES

Appendix A survey:

Sheriff Survey on Seriously Mentally Ill Inmates in County Jails

If your office does NOT operate a jail, please complete the identifying information for your office and question 1 only.

If your office does operate a jail, please complete the identifying information for your office and questions 1 to 22. Questions 2 to 22 ask about inmates in your jail who are considered to have a serious mental illness.

Serious mental illnesses include schizophrenia, manic-depressive illnesses (bipolar disorder), and related conditions. Some people with these illnesses:

- Hear voices
- Have confused or illogical thinking so that they don't "make sense"
- Have delusions — for example, they may believe that they are being pursued (paranoia) or that they are the president of the United States (delusions of grandeur)
- Behave bizarrely or inappropriately — for example, they may talk loudly to voices that only they can hear or dress bizarrely
- Have repeated periods of severe depression or act as if they are "high" (manic) when they have not, in fact, taken drugs; such mood swings are usually accompanied by confused or illogical thinking

They may also abuse alcohol or drugs, but when the alcohol or drugs wear off, the other symptoms remain.

For the purposes of this survey, the following **as stand-alone conditions are not considered serious mental illnesses** :(1) suicidal thoughts or behavior without other symptoms; and (2) alcohol and drug abuse

Please answer the questions to the best of your ability. The survey consists of 22 questions. Some questions require checking one or more choices. Others ask you to give your best estimate of a number or percentage or to say that you don't know. All responses will be kept confidential and reports related to this study will present only aggregate information across groups of jails. No individual jail or person responding to the survey will be identified in the reports.

The survey can be completed in multiple sessions on the same computer with your internet browser set to store cookies. However, please press "next" before exiting to save your responses and to ensure you resume at the last question answered. Once you have completed the entire survey, press "done" on the final page to submit your responses.

*** Please provide the following information:**

Title of person completing this survey: _____

Name of jail or office: _____

State: [ ]

County: [ ]

*** 1. Does your office operate a jail facility?**

◯ Yes

◯ No

Sheriff Survey on Seriously Mentally Ill Inmates in County Jails

2. How many years have you worked at this jail:

Years:

3. What was the approximate average daily inmate population of your jail from September 1, 2010, to August 31, 2011?

Approximate value:

4. On average, from September 1, 2010, to August 31, 2011, approximately what percentage of the inmates in your jail appeared to have a serious mental illness as defined in the introduction?

- ◯ None
- ◯ 1 – 5%
- ◯ 6 – 10%
- ◯ 11 – 15%
- ◯ 16 – 20%
- ◯ 21 – 25%
- ◯ More than 25%: Please provide an estimate in the box below.

Estimate percentage:

Answer to question #4 is based on:

- ◯ Jail records
- ◯ My estimate

5. Are the seriously mentally ill inmates segregated from the general inmate population into their own wards or units?

- ◯ Yes
- ◯ No

Sheriff Survey on Seriously Mentally Ill Inmates in County Jails

6. What kinds of special problems do seriously mentally ill inmates cause or encounter in jail? Check all that apply. They –

- [ ] Must be watched more closely for possible suicide
- [ ] Require other additional attention from the jail staff (Please explain in comment box)
- [ ] Disrupt normal jail activities
- [ ] Are more likely to be abused by other inmates
- [ ] Are more likely to abuse other inmates
- [ ] Increase the potential for outbreaks of violence
- [ ] Other, please specify in comment box
- [ ] No special problems
- [ ] Explain further in comment box (optional)

Comments:

7. How does the recidivism rate of seriously mentally ill inmates compare to that of the general inmate population?

- ◯ Not certain
- ◯ Lower than the general inmate population
- ◯ About the same as the general inmate population
- ◯ Higher than the general inmate population
- ◯ Much higher than the general inmate population

8. Compared to five to 10 years ago, is your jail seeing fewer or more inmates with serious mental illnesses?

- ◯ Not certain
- ◯ Fewer
- ◯ Same
- ◯ More
- ◯ Far more

Sheriff Survey on Seriously Mentally Ill Inmates in County Jails

Answer to question #8 is based on:

- ◯ Jail records
- ◯ My estimate

9. Has the increased number of mentally ill offenders in the criminal justice system caused any changes in your job or those of your jail staff and sheriff's deputies?

- ◯ Yes
- ◯ No

If "yes," please describe:

10. Has the staffing or structure of the sheriff's office or jail facility had to change to accommodate seriously mentally ill inmates?

- ◯ Yes
- ◯ No

If "yes," in which of the following ways? Check all that apply.

- ☐ Hiring deputies with experience in dealing with seriously mentally ill people.
- ☐ Hiring other full- or part-time non-law enforcement staff members, including nurses, social workers and psychiatrists.
- ☐ Changes to inmate housing facility, such as increasing the number of beds reserved for people with mental illnesses.
- ☐ Sending more mentally ill offenders to facilities other than the jail, such as hospitals for criminally insane persons.
- ☐ Other, please specify in comment box.

Comments:

11. Does the sheriff's office provide jail staff and sheriff's deputies formal training on effective ways to handle mentally ill offenders?

- ◯ Yes
- ◯ No

Sheriff Survey on Seriously Mentally Ill Inmates in County Jails

If "yes," please describe (e.g., how often does training occur, who administers the training and what skills are taught):

12. When staff and sheriff's deputies are hired for your jail, approximately what percentage of their initial basic training time specifically relates to issues dealing with seriously mentally ill inmates?

- ◯ None
- ◯ 1 – 2%
- ◯ 3 – 4%
- ◯ 5 – 6%
- ◯ 7 – 8%
- ◯ More than 8%: Please provide an estimate in the box below.

Estimate percentage:

13. On average, approximately how many hours of annual training per jail staff member / sheriff's deputy is allotted to issues specifically dealing with seriously mentally ill inmates?

- ◯ None
- ◯ Less than 1 hour
- ◯ 1 – 2 hours
- ◯ 3 – 4 hours
- ◯ More than 4 hours: Please provide an estimate in the box below.

Estimate time:

Sheriff Survey on Seriously Mentally Ill Inmates in County Jails

14. Please describe any other training or experience that has prepared you to work with seriously mentally ill individuals (e.g., job-related experience, educational background and other relevant experiences)?

15. Approximately what percentage of jail staff and sheriff's deputy total jail work time, if any, involves handling issues concerning seriously mentally ill inmates?

- ◯ None
- ◯ 1 – 10%
- ◯ 11 – 20%
- ◯ 21 – 30%
- ◯ 31 – 40%
- ◯ 41 – 50%
- ◯ More than 50%: Please provide an estimate in the box below.

Estimate percentage:

16. Is treatment for seriously mentally ill inmates provided inside your jail facility?

- ◯ Yes
- ◯ No
- ◯ Not certain

Sheriff Survey on Seriously Mentally Ill Inmates in County Jails

17. What kind of mental health treatment is offered to your inmates inside your jail facility? Check all that apply.

- [ ] Pharmacy services
- [ ] Group psychotherapy
- [ ] Individual psychiatric care
- [ ] Other, please specify in comment box

Comments:

18. Approximately what percentage of sheriff's deputy total work time (including time working inside and outside the jail), if any, involves transporting mentally ill persons to emergency rooms or hospitals for mental health treatment and pre-scheduled medical or psychiatric appointments?

- ◯ None
- ◯ 1 – 5%
- ◯ 6 – 10%
- ◯ 11 – 15%
- ◯ 16 – 20%
- ◯ 21 – 25%
- ◯ More than 25%: Please provide an estimate in the box below.

Estimate percentage:

19. What agencies, if any, provide behavioral or mental health services to your seriously mentally ill inmates? Please briefly describe the services provided by each agency listed:

Sheriff Survey on Seriously Mentally Ill Inmates in County Jails

20. Who has the primary responsibility for coordinating mental health treatment in your jail?

- ○ Sheriff's deputy
- ○ Designated mental health deputy
- ○ Other jail staff member
- ○ Social worker
- ○ Psychiatrist
- ○ Nurse
- ○ Other, please specify in comment box:

Comments:

21. During a normal workday, what professional staff or other resources do you have available to handle a psychiatric emergency? Please describe:

22. Does your sheriff's office offer a support system for mentally ill persons following their release?

- ○ Yes
- ○ No

If "yes," please describe the support system (e.g., does it include group counseling, assistance with arranging meetings with nurses and doctors, help with acquiring medications, and help with making housing arrangements?) and indicate approximately what percentage of released mentally ill offenders participate in the support system offered by the sheriffs' office:

Appendix B letter of permission:

From: Azza AbuDagga <aabudagga@citizen.org>
Sent: Thursday, March 30, 2017 1:45 PM
To: Elizabeth L. Quinn
Subject: RE: survey on mentally ill and jails

Dear Dr. Quinn:

This email serves to notify you/your student of the permission of our group (Health Research Group at Public Citizen) to use our jail survey.

We are glad that our work will be informative to your student in drafting her thesis.

You may contact me directly with any questions in the future.

Best wishes,

Azza

Azza AbuDagga, M.H.A, Ph.D.
Health Services Researcher,
Health Research Group, Public Citizen
1600 20th Street, NW
Washington, DC 20009
Phone: 202-588-7732
Fax: 202-588-7796
aabudagga@citizen.org
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Appendix C frequencies raw

Frequencies

Notes

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	Cases Used	Statistics are based on all cases with valid data.
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Statistics

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surveytime

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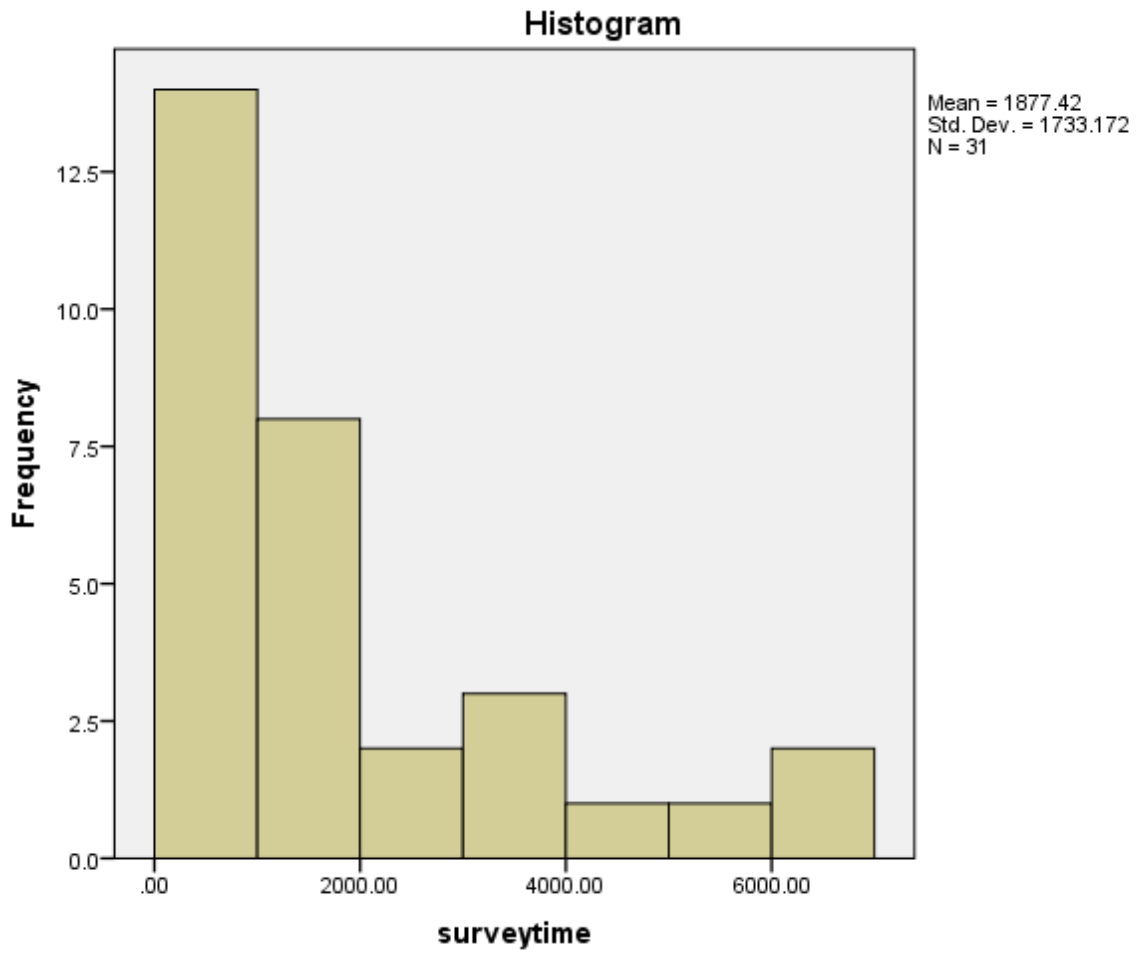
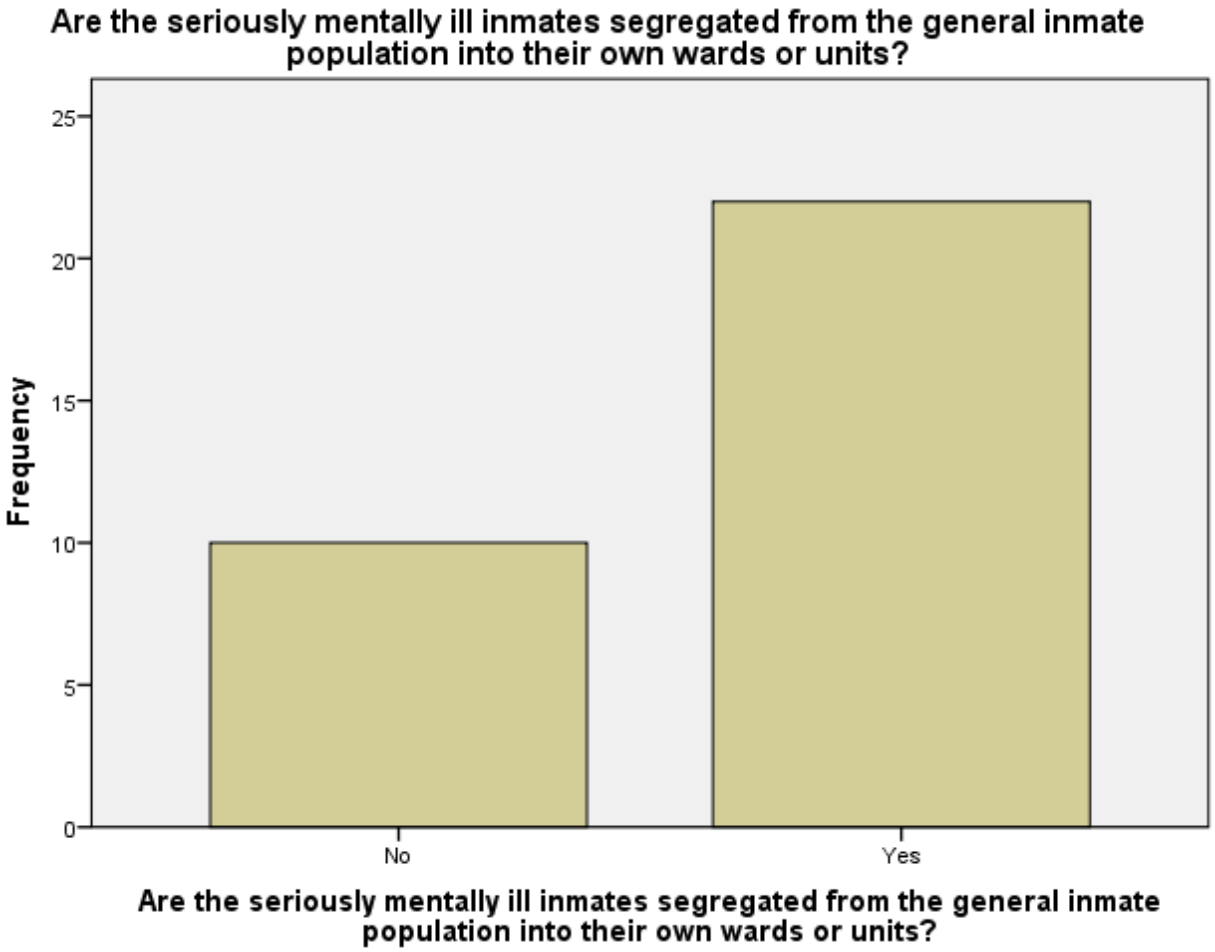
Valid	180.00	1	3.2	3.2	3.2
	360.00	1	3.2	3.2	6.5
	540.00	1	3.2	3.2	9.7
	600.00	1	3.2	3.2	12.9
	660.00	2	6.5	6.5	19.4
	720.00	3	9.7	9.7	29.0
	780.00	2	6.5	6.5	35.5
	900.00	1	3.2	3.2	38.7
	960.00	2	6.5	6.5	45.2
	1080.00	2	6.5	6.5	51.6
	1200.00	1	3.2	3.2	54.8
	1380.00	1	3.2	3.2	58.1
	1500.00	2	6.5	6.5	64.5
	1620.00	1	3.2	3.2	67.7
	1860.00	1	3.2	3.2	71.0
	2100.00	1	3.2	3.2	74.2
	2220.00	1	3.2	3.2	77.4
	3420.00	1	3.2	3.2	80.6
	3480.00	1	3.2	3.2	83.9
	3600.00	1	3.2	3.2	87.1
	4740.00	1	3.2	3.2	90.3
	5280.00	1	3.2	3.2	93.5
	6000.00	1	3.2	3.2	96.8
	6600.00	1	3.2	3.2	100.0
	Total	31	100.0	100.0	



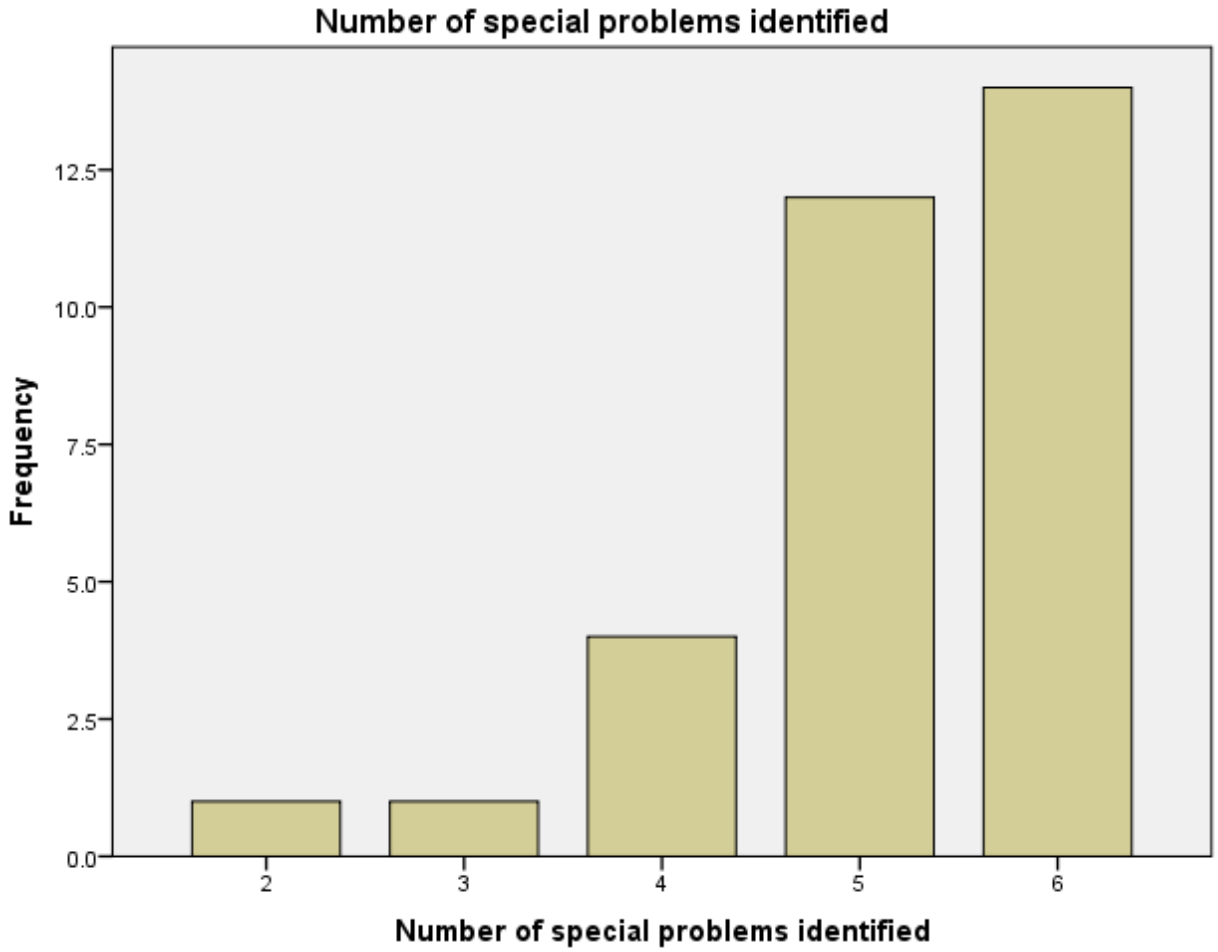
Are the seriously mentally ill inmates segregated from the general inmate population into their own wards or units?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	10	31.3	31.3	31.3
	Yes	22	68.8	68.8	100.0
	Total	32	100.0	100.0	



Number of special problems identified

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2	1	3.1	3.1	3.1
	3	1	3.1	3.1	6.3
	4	4	12.5	12.5	18.8
	5	12	37.5	37.5	56.3
	6	14	43.8	43.8	100.0
	Total	32	100.0	100.0	


Number of special problems identified
Frequency
12.5
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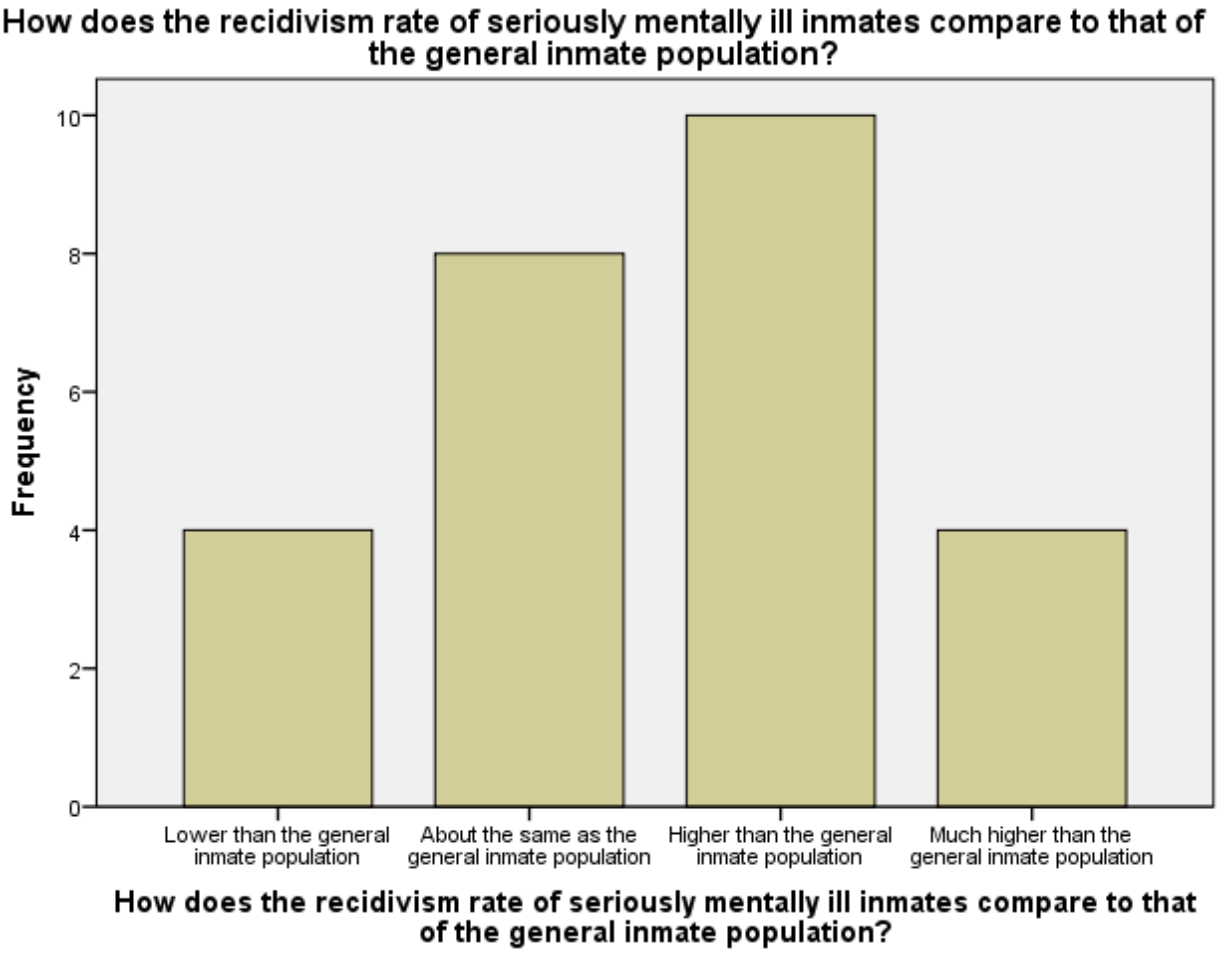
7.5
5.0
2.5
0.0
2
3
4
5
6
Number of special problems identified

How does the recidivism rate of seriously mentally ill inmates compare to that of the general inmate population?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Lower than the general inmate population	4	12.5	15.4	15.4
	About the same as the general inmate population	8	25.0	30.8	46.2
	Higher than the general inmate population	10	31.3	38.5	84.6
	Much higher than the general inmate population	4	12.5	15.4	100.0
	Total	26	81.3	100.0	
Missing	Not certain	6	18.8		
Total		32	100.0		

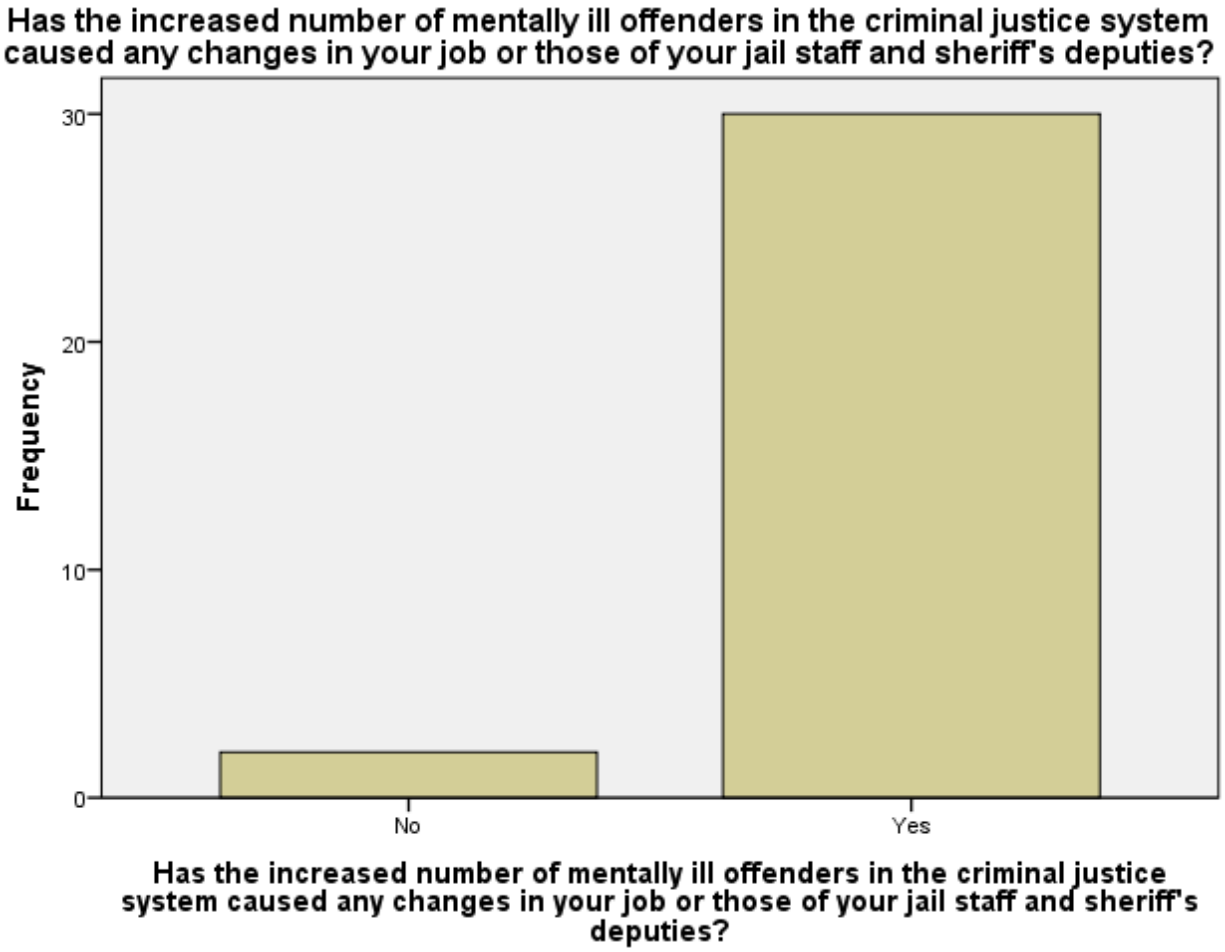


Compared to five to 10 years ago, is your jail seeing fewer or more inmates with serious mental illnesses?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	same	1	3.1	3.4	3.4
	more	14	43.8	48.3	51.7
	far more	14	43.8	48.3	100.0
	Total	29	90.6	100.0	
Missing	uncertain	3	9.4		
Total		32	100.0		

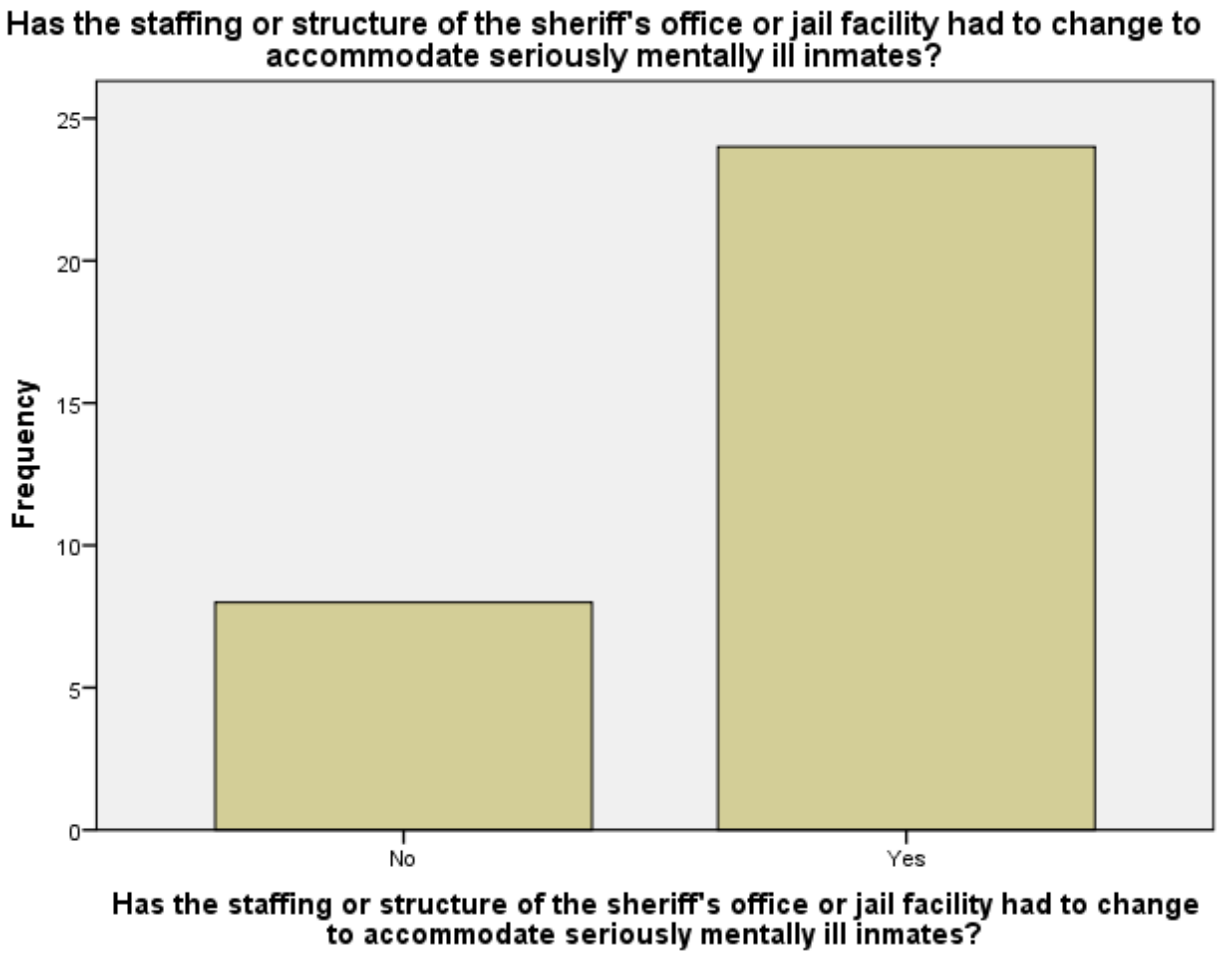
Has the increased number of mentally ill offenders in the criminal justice system caused any changes in your job or those of your jail staff and sheriff's deputies?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2	6.3	6.3	6.3
	Yes	30	93.8	93.8	100.0
	Total	32	100.0	100.0	



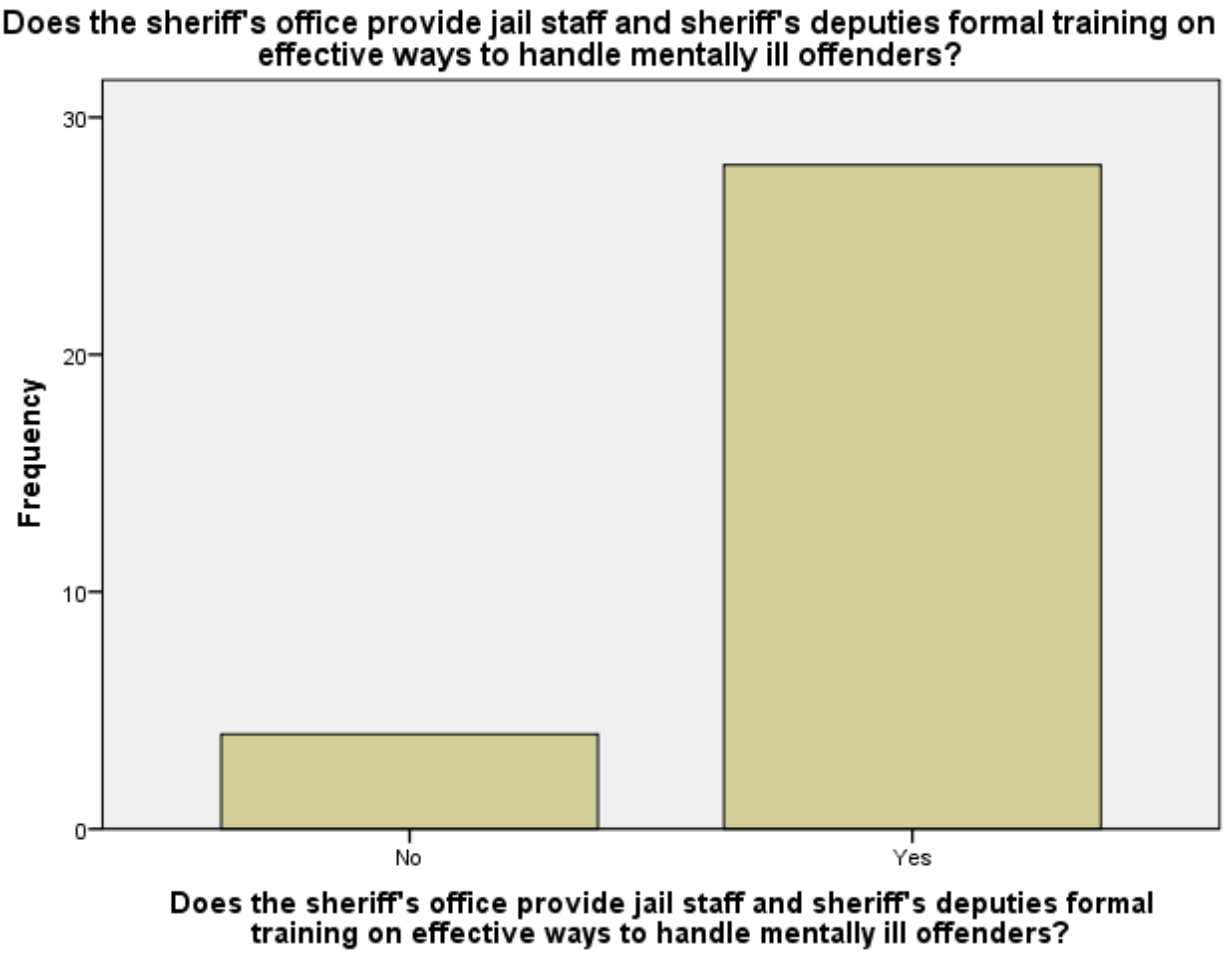
Has the staffing or structure of the sheriff's office or jail facility had to change to accommodate seriously mentally ill inmates?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	8	25.0	25.0	25.0
	Yes	24	75.0	75.0	100.0
	Total	32	100.0	100.0	



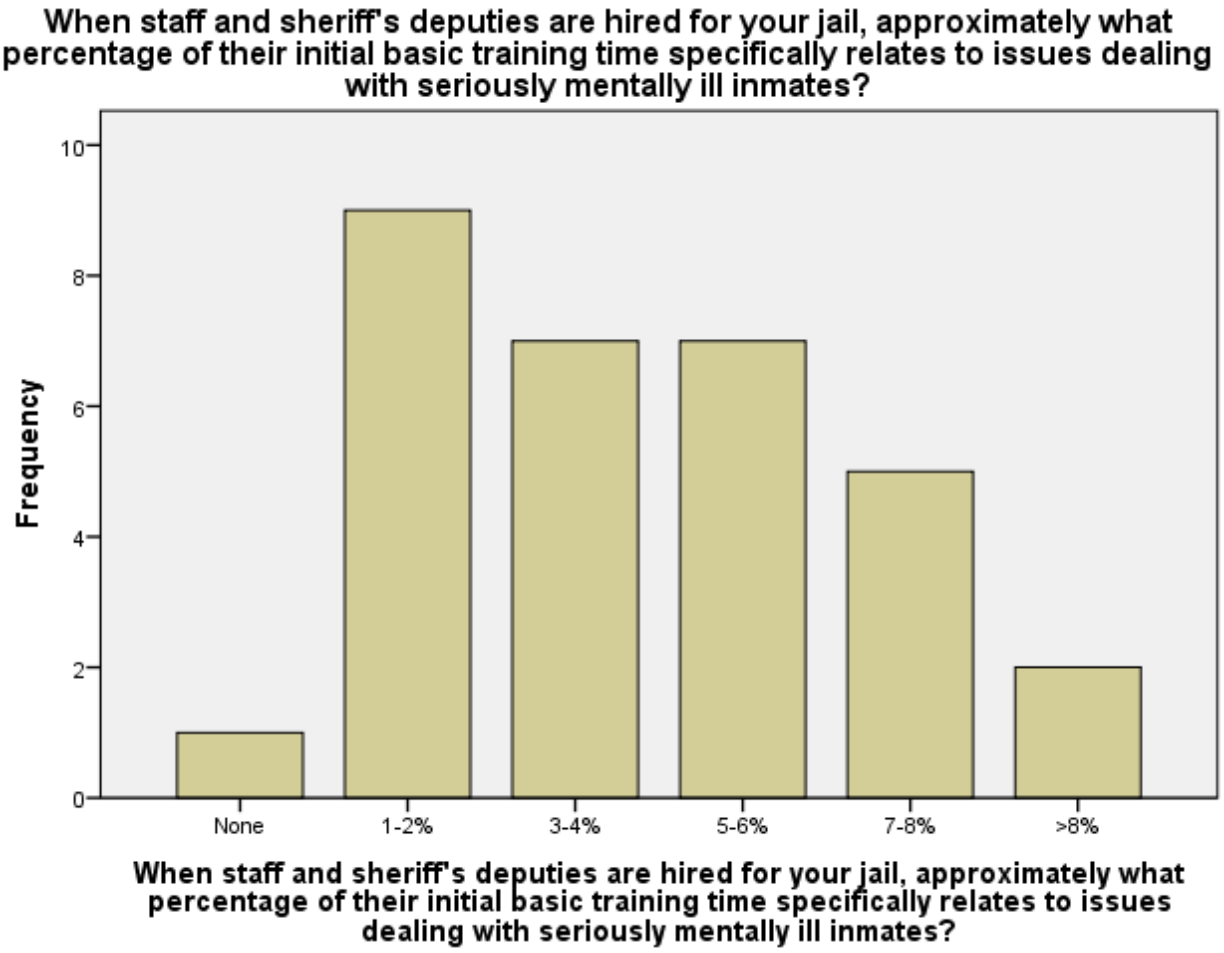
Does the sheriff's office provide jail staff and sheriff's deputies formal training on effective ways to handle mentally ill offenders?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	4	12.5	12.5	12.5
	Yes	28	87.5	87.5	100.0
	Total	32	100.0	100.0	



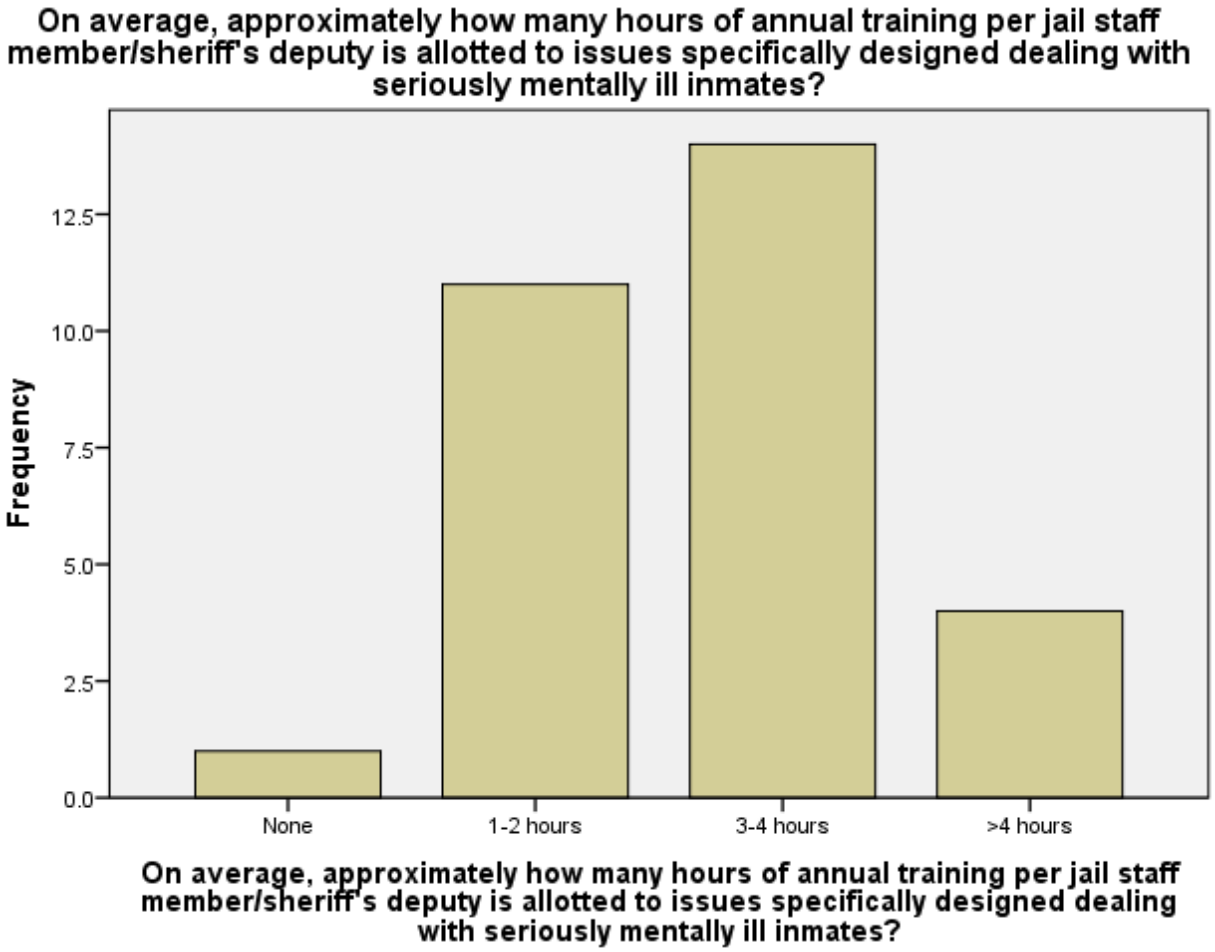
When staff and sheriff's deputies are hired for your jail, approximately what percentage of their initial basic training time specifically relates to issues dealing with seriously mentally ill inmates?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	1	3.1	3.2	3.2
	1-2%	9	28.1	29.0	32.3
	3-4%	7	21.9	22.6	54.8
	5-6%	7	21.9	22.6	77.4
	7-8%	5	15.6	16.1	93.5
	>8%	2	6.3	6.5	100.0
	Total	31	96.9	100.0	
Missing	missing	1	3.1		
Total		32	100.0		



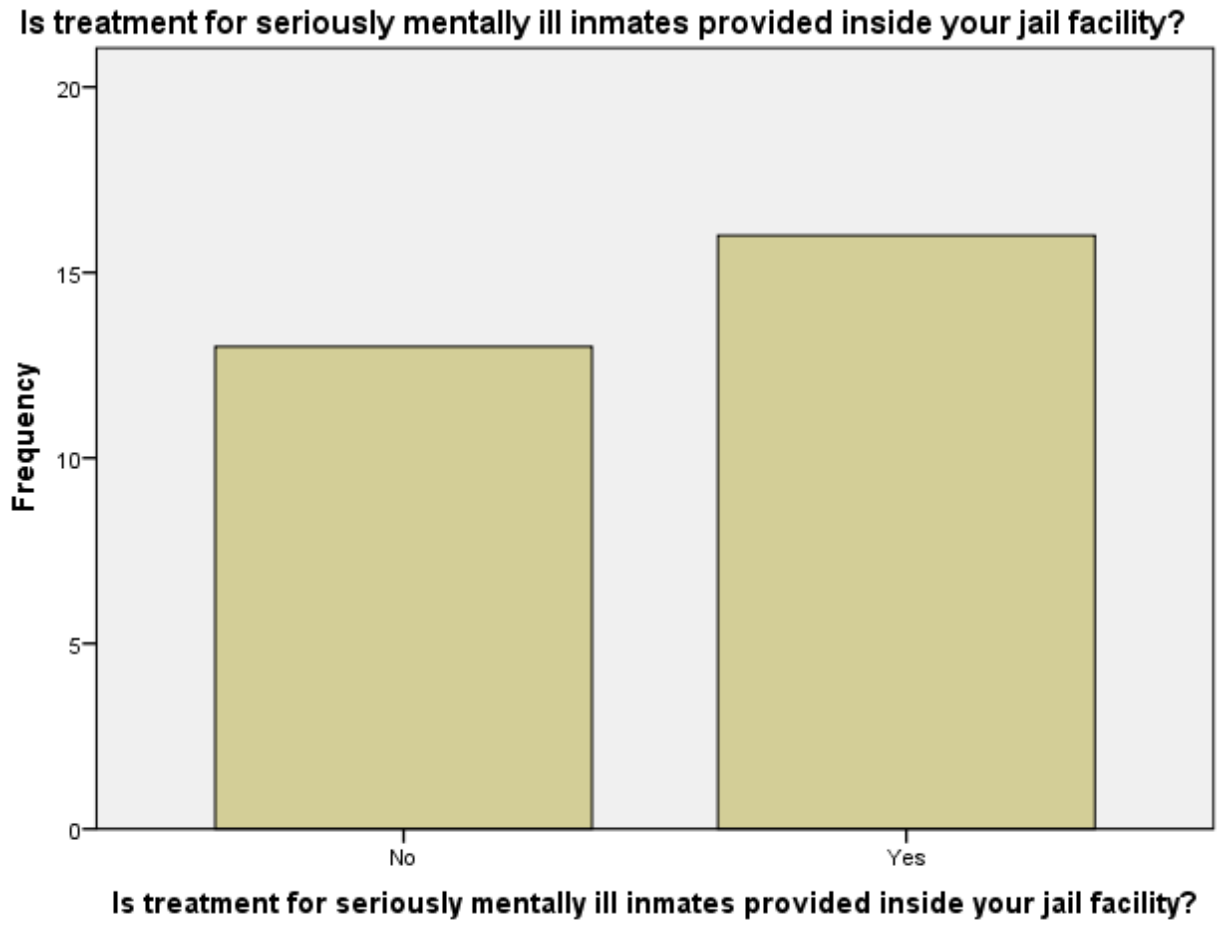
On average, approximately how many hours of annual training per jail staff member/sheriff's deputy is allotted to issues specifically designed dealing with seriously mentally ill inmates?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	1	3.1	3.3	3.3
	1-2 hours	11	34.4	36.7	40.0
	3-4 hours	14	43.8	46.7	86.7
	>4 hours	4	12.5	13.3	100.0
	Total	30	93.8	100.0	
Missing	Missing	2	6.3		
Total		32	100.0		



Is treatment for seriously mentally ill inmates provided inside your jail facility?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	13	40.6	44.8	44.8
	Yes	16	50.0	55.2	100.0
	Total	29	90.6	100.0	
Missing	missing	3	9.4		
Total		32	100.0		



Approximately what percentage of sheriff's deputy total work time (including time working inside and outside the jail), if any involves transporting mentally ill persons to emergency rooms or hospitals for mental health treatment and pre-scheduled medical

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-5%	5	15.6	17.2	17.2
	6-10%	6	18.8	20.7	37.9
	11-15%	5	15.6	17.2	55.2
	16-20%	5	15.6	17.2	72.4
	21-25%	7	21.9	24.1	96.6
	>25%	1	3.1	3.4	100.0
	Total	29	90.6	100.0	
Missing	missing	3	9.4		
Total		32	100.0		

Frequencies

Statistics

		How long have you worked at the jail?	What was the approximate average daily inmate population of your jail from September 1, 2016, to August 31, 2017?
N	Valid	32	30
	Missing	0	2
Mean		15.11	348.60
Std. Error of Mean		1.932	81.012
Std. Deviation		10.926	443.722

Frequency Table

How long have you worked at the jail?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	3	9.4	9.4	9.4
	2	1	3.1	3.1	12.5
	4	1	3.1	3.1	15.6
	5	1	3.1	3.1	18.8
	6	1	3.1	3.1	21.9
	7	5	15.6	15.6	37.5
	8	1	3.1	3.1	40.6
	8	1	3.1	3.1	43.8
	9	1	3.1	3.1	46.9
	10	1	3.1	3.1	50.0
	12	1	3.1	3.1	53.1
	15	1	3.1	3.1	56.3
	18	1	3.1	3.1	59.4

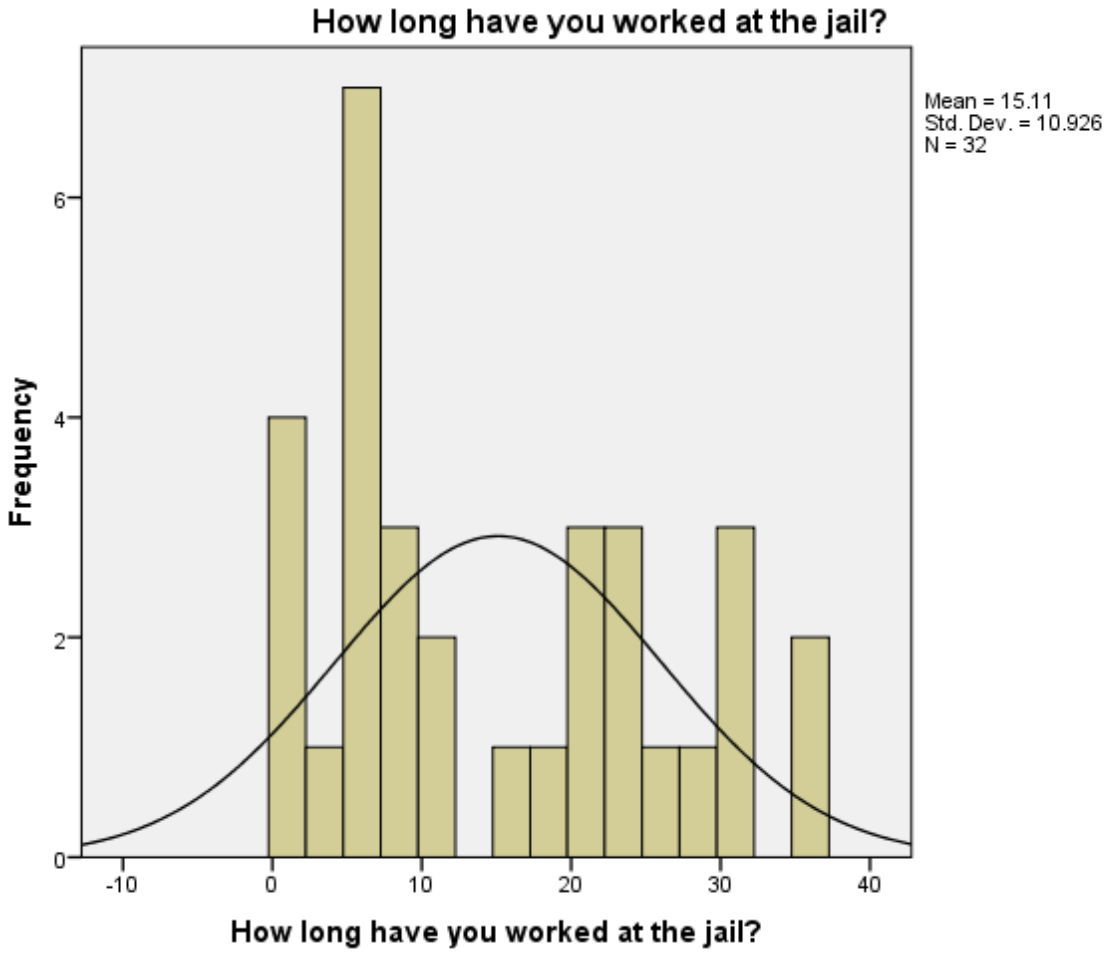
	21	2	6.3	6.3	65.6
	22	1	3.1	3.1	68.8
	23	2	6.3	6.3	75.0
	24	1	3.1	3.1	78.1
	25	1	3.1	3.1	81.3
	28	1	3.1	3.1	84.4
	30	2	6.3	6.3	90.6
	32	1	3.1	3.1	93.8
	35	2	6.3	6.3	100.0
	Total	32	100.0	100.0	

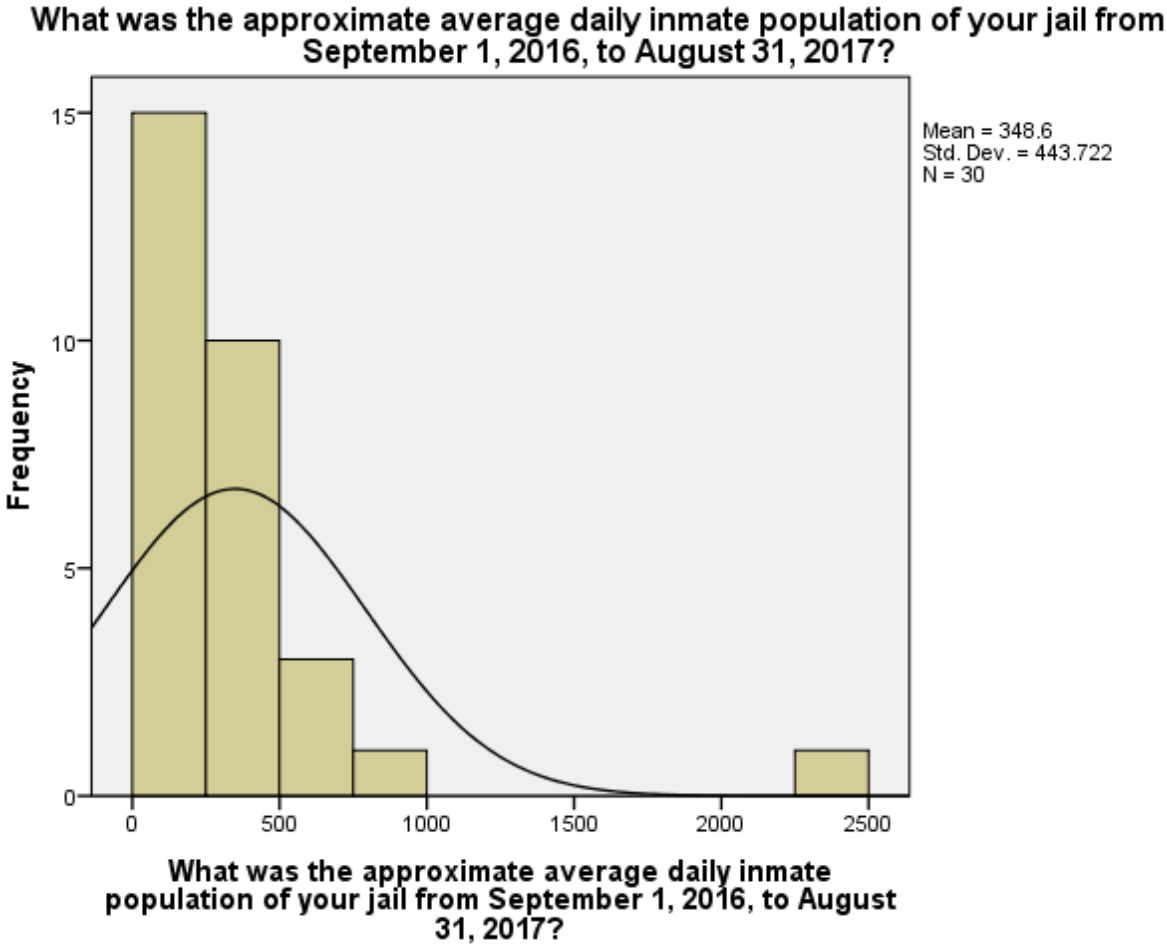
What was the approximate average daily inmate population of your jail from September 1, 2016, to August 31, 2017?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	6	1	3.1	3.3	3.3
	17	1	3.1	3.3	6.7
	53	1	3.1	3.3	10.0
	54	1	3.1	3.3	13.3
	60	1	3.1	3.3	16.7
	80	1	3.1	3.3	20.0
	125	1	3.1	3.3	23.3
	141	1	3.1	3.3	26.7
	145	1	3.1	3.3	30.0
	165	3	9.4	10.0	40.0
	180	1	3.1	3.3	43.3
	182	1	3.1	3.3	46.7
	200	1	3.1	3.3	50.0
	267	1	3.1	3.3	53.3

	287	1	3.1	3.3	56.7
	309	1	3.1	3.3	60.0
	350	1	3.1	3.3	63.3
	360	1	3.1	3.3	66.7
	400	1	3.1	3.3	70.0
	407	1	3.1	3.3	73.3
	409	1	3.1	3.3	76.7
	430	1	3.1	3.3	80.0
	470	1	3.1	3.3	83.3
	520	1	3.1	3.3	86.7
	550	1	3.1	3.3	90.0
	672	1	3.1	3.3	93.3
	850	1	3.1	3.3	96.7
	2439	1	3.1	3.3	100.0
	Total	30	93.8	100.0	
Missing	9999	2	6.3		
Total		32	100.0		

Histogram


How long have you worked at the jail?
Mean = 15.11
Std. Dev. = 10.926
N = 32
Frequency
0
2
4
6
-10
0
10
20
30
40
How long have you worked at the jail?


What was the approximate average daily inmate population of your jail from September 1, 2016, to August 31, 2017?
Mean = 348.6
Std. Dev. = 443.722
N = 30
Frequency
15
10
5
0
0
500
1000
1500
2000
2500
What was the approximate average daily inmate population of your jail from September 1, 2016, to August 31, 2017?

Frequencies

Notes

Output Created		27-JAN-2018 20:17:16
Comments		
Input	Data	E:\Beth data1.sav
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Missing Value Handling	Definition of Missing	User-defined missing values are treated as missing.
	Cases Used	Statistics are based on all cases with valid data.
Syntax		FREQUENCIES VARIABLES=Q6a Q6b Q6c Q6d Q6e Q6f Q10a Q10b Q10c Q10d Q10e Q10f Q17a Q17b Q17c Q17d /ORDER=ANALYSIS.
Resources	Processor Time	00:00:00.02
	Elapsed Time	00:00:00.04

		Q6: What kinds of special problems do seriously mentally ill inmates cause or encounter in jail? Check all that apply. They-	Q6b	Q6c	Q6d	Q6e	Q6f	If "yes" in which of t ways? Check all t
N	Valid	32	32	32	32	32	32	
	Missing	0	0	0	0	0	0	

Frequency Table

Q6: What kinds of special problems do seriously mentally ill inmates cause or encounter in jail? Check all that apply. They-

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Must be watched more closely for possible suicide	30	93.8	93.8	93.8
	Require other additional attention from the jail staff	2	6.3	6.3	100.0
	Total	32	100.0	100.0	

Q6b

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Are more likely to be abused by other inmates	1	3.1	3.1	3.1
	Disrupt normal jail activities	3	9.4	9.4	12.5
	Require other additional attention from the jail staff	28	87.5	87.5	100.0
	Total	32	100.0	100.0	

Q6c

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		1	3.1	3.1	3.1
	Are more likely to be abused by other inmates	3	9.4	9.4	12.5
	Disrupt normal jail activities	28	87.5	87.5	100.0
	Total	32	100.0	100.0	

Q6d

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		2	6.3	6.3	6.3
	Are more likely to abuse other inmates	5	15.6	15.6	21.9
	Are more likely to be abused by other inmates	21	65.6	65.6	87.5
	Disrupt normal jail activities	1	3.1	3.1	90.6
	Increase the potential for outbreaks of violence	3	9.4	9.4	100.0
	Total	32	100.0	100.0	

Q6e

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		6	18.8	18.8	18.8
	Are more likely to abuse other inmates	14	43.8	43.8	62.5
	Are more likely to be abused by other inmates	1	3.1	3.1	65.6
	Increase the potential for outbreaks of violence	11	34.4	34.4	100.0
	Total	32	100.0	100.0	

Q6f

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	56.3	56.3	56.3
	Are more likely to abuse other inmates	1	3.1	3.1	59.4
	Increase the potential for outbreaks of violence	12	37.5	37.5	96.9
	Other	1	3.1	3.1	100.0

	Total	32	100.0	100.0	

If "yes" in which of the following ways? Check all that apply.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		7	21.9	21.9	21.9
	Changes to inmate housing facility, such as increasing the number of beds reserved for people with mental illnesses	5	15.6	15.6	37.5
	Hiring deputies with experience in dealing with seriously mentally ill people	4	12.5	12.5	50.0
	Hiring deputies with experience in dealing with seriously mentally ill people,	2	6.3	6.3	56.3
	Hiring other full- or part-time non-law enforcement staff members, including nurses, social workers and psychiatrists	9	28.1	28.1	84.4
	Sending more mentally ill offenders to facilities other than the jail, such as hospitals for criminally insane persons	5	15.6	15.6	100.0
	Total	32	100.0	100.0	

Q10b

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		13	40.6	40.6	40.6
	Changes to inmate housing facility, such as increasing the number of beds reserved for people with mental illnesses	3	9.4	9.4	50.0
	Hiring deputies with experience in dealing with seriously mentally ill people	1	3.1	3.1	53.1
	Hiring other full- or part-time non-law enforcement staff members, including nurses, social workers and psychiatrists	5	15.6	15.6	68.8
	Other, please comment below	1	3.1	3.1	71.9
	Sending more mentally ill offenders to facilities other than the jail, such as hospitals for criminally insane persons	9	28.1	28.1	100.0
	Total	32	100.0	100.0	

Q10c

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		21	65.6	65.6	65.6
	Changes to inmate housing facility, such as increasing the number of beds reserved for people with mental illnesses	3	9.4	9.4	75.0
	Hiring other full- or part-time non-law enforcement staff members, including nurses, social workers and psychiatrists	1	3.1	3.1	78.1
	Other, please comment below	2	6.3	6.3	84.4

	Sending more mentally ill offenders to facilities other than the jail, such as hospitals for criminally insane persons	5	15.6	15.6	100.0
	Total	32	100.0	100.0	

Q10d

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		29	90.6	90.6	90.6
	Changes to inmate housing facility, such as increasing the number of beds reserved for people with mental illnesses,Sending more mentally ill offenders to facilities other than the jail, such as hospitals for criminally insane persons	1	3.1	3.1	93.8
	Sending more mentally ill offenders to facilities other than the jail, such as hospitals for criminally insane persons	2	6.3	6.3	100.0
	Total	32	100.0	100.0	

Q10e

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		31	96.9	96.9	96.9
	Changes to inmate housing facility, such as increasing the number of beds reserved for people with mental illnesses	1	3.1	3.1	100.0
	Total	32	100.0	100.0	

Q10f

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		31	96.9	96.9	96.9

	Sending more mentally ill offenders to facilities other than the jail, such as hospitals for criminally insane persons	1	3.1	3.1	100.0
	Total	32	100.0	100.0	

What kind of mental health treatment is offered to your inmates inside your jail facility? Check all that apply.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		5	15.6	15.6	15.6
	Group psychotherapy	1	3.1	3.1	18.8
	Other, please describe below	1	3.1	3.1	21.9
	Primary services	25	78.1	78.1	100.0
	Total	32	100.0	100.0	

Q17b

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		22	68.8	68.8	68.8
	Group psychotherapy	2	6.3	6.3	75.0
	Individual psychiatric care	7	21.9	21.9	96.9
	Other, please describe below	1	3.1	3.1	100.0
	Total	32	100.0	100.0	

Q17c

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		29	90.6	90.6	90.6
	Individual psychiatric care	2	6.3	6.3	96.9
	Other, please describe below	1	3.1	3.1	100.0
	Total	32	100.0	100.0	

Q17d

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		31	96.9	96.9	96.9

	Other, please describe below	1	3.1	3.1	100.0
	Total	32	100.0	100.0	

These are simple frequencies for each level, consolidated across all related variables.

Q6: What kinds of special problems do seriously mentally ill inmates cause or encounter in jail? Check all that apply.
They-

Must be watched more closely for possible suicide	30
Require other additional attention from the jail staff	30
Are more likely to be abused by other inmates	26
Are more likely to abuse other inmates	20
Disrupt normal jail activities	32
Increase the potential for outbreaks of violence	26
Other	1

Q10: In which of the following ways?

Changes to inmate housing facility, such as increasing the number of beds reserved for people with mental illnesses	13
Hiring deputies with experience in dealing with seriously mentally ill people	7
Hiring other full- or part-time non-law enforcement staff members, including nurses, social workers and psychiatrists	15
Sending more mentally ill offenders to facilities other than the jail, such as hospitals for criminally insane persons	22

Q17: What kind of mental health treatment is offered to your inmates inside your jail facility?

Group psychotherapy	3
Individual psychiatric care	9
Primary services	25
Other, please describe below	3

IRB
INSTITUTIONAL REVIEW BOARD
Office of Research Compliance,
010A Sam Ingram Building,
2269 Middle Tennessee Blvd
Murfreesboro, TN 37129

MIDDLE TENNESSEE STATE UNIVERSITY

IRBN007 – EXEMPTION DETERMINATION NOTICE

Friday, October 20, 2017

Investigator(s): Sarah Elizabeth Wester; Elizabeth Quinn
Investigator(s') Email(s): sew6e@mtmail.mtsu.edu; Elizabeth.Quinn@mtsu.edu
Department: Criminal Justice Administration

Study Title: The Mentally Ill within the Criminal Justice System: An analysis examining techniques to deal with the growing mentally ill population in Tennessee jails
Protocol ID: **18-1039**

Dear Investigator(s),

The above identified research proposal has been reviewed by the MTSU Institutional Review Board (IRB) through the **EXEMPT** review mechanism under 45 CFR 46.101(b)(2) within the research category *(2) Educational Tests* A summary of the IRB action and other particulars in regard to this protocol application is tabulated as shown below:

IRB Action	EXEMPT from furhter IRB review***	
Date of expiration	**NOT APPLICABLE**	
Participant Size	96 [Ninety Six]	
Participant Pool	**Adults 18+**	
Mandatory Restrictions	1. Collection of Informed Consent 2. Participants must be adults age 18 or over 3. Indentifiable data may not be collected/stored with participant responses	
Additional Restrictions	**1. Participants are restricted to sheriffs or designated jail employees.** **2. Data may not be collected from legally involved individuals such as current or former prisoners.**	
Comments	None at this time	
Amendments	**Date**	**Post-Approval Amendments** None at this time

***This exemption determination only allows above defined protocol from further IRB review such as continuing review. However, the following post-approval requirements still apply:

- Addition/removal of subject population should not be implemented without IRB approval
- Change in investigators must be notified and approved
- Modifications to procedures must be clearly articulated in an addendum request and the proposed changes must not be incorporated without an approval

- Be advised that the proposed change must comply within the requirements for exemption
- Changes to the research location must be approved – appropriate permission letter(s) from external institutions must accompany the addendum request form
- Changes to funding source must be notified via email (irb_submissions@mtsu.edu)
- The exemption does not expire as long as the protocol is in good standing
- Project completion must be reported via email (irb_submissions@mtsu.edu)
- Research-related injuries to the participants and other events must be reported within 48 hours of such events to compliance@mtsu.edu

The current MTSU IRB policies allow the investigators to make the following types of changes to this protocol without the need to report to the Office of Compliance, as long as the proposed changes do not result in the cancellation of the protocols eligibility for exemption:

- Editorial and minor administrative revisions to the consent form or other study documents
- Increasing/decreasing the participant size

The investigator(s) indicated in this notification should read and abide by all applicable post-approval conditions imposed with this approval. Refer to the post-approval guidelines posted in the MTSU IRB's website. Any unanticipated harms to participants or adverse events must be reported to the Office of Compliance at (615) 494-8918 within 48 hours of the incident.

All of the research-related records, which include signed consent forms, current & past investigator information, training certificates, survey instruments and other documents related to the study, must be retained by the PI or the faculty advisor (if the PI is a student) at the sacure location mentioned in the protocol application. The data storage must be maintained for at least three (3) years after study completion. Subsequently, the researcher may destroy the data in a manner that maintains confidentiality and anonymity. IRB reserves the right to modify, change or cancel the terms of this letter without prior notice. Be advised that IRB also reserves the right to inspect or audit your records if needed.

Sincerely,

Institutional Review Board
Middle Tennessee State University

Quick Links:

Click here for a detailed list of the post-approval responsibilities.
More information on exmpt procedures can be found here.