



# Bureau of Justice Statistics Special Report

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# Mental Health Treatment in State Prisons, 2000

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On June 30, 2000, 1,394 of the Nation's 1,558 State public and private adult correctional facilities reported that they provide mental health services to their inmates.\* Nearly 70% of facilities housing State prison inmates reported that, as a matter of policy, they screen inmates at intake; 65% conduct psychiatric assessments; 51% provide 24-hour mental health care; 71% provide therapy/counseling by trained mental health professionals; 73% distribute psychotropic medications to their inmates; and 66% help released inmates obtain community mental health services.

One in every 8 State prisoners was receiving some mental health therapy or counseling services at midyear 2000. Nearly 10% were receiving psychotropic medications (including antidepressants, stimulants, sedatives, tranquilizers, or other anti-psychotic drugs). Fewer than 2% of State inmates were housed in a 24-hour mental health unit.

This report is based on the *2000 Census of State and Federal Adult Correctional Facilities*, an enumeration of all 84 Federal facilities, 1,320 State facilities, and 264 private facilities in operation on June 30, 2000. For the first time, the 2000 census included items related to facility policies on mental health screening and treatment.

\*Excluded from this report are locally operated jails and Federal confinement facilities.

## Highlights

### Nearly all State adult confinement facilities screen inmates for mental health problems or provide treatment

Mental health policy	Percent of facilities	
	Confine-ment	Community-based
Any	95%	82%
Screen at intake	78	47
Conduct psychiatric assessments	79	30
Provide 24-hour care	63	20
Provide therapy/counseling	84	35
Distribute psychotropic medications	83	49
Assist releasees	72	51

- Mental health screening and treatment services were more frequently reported by State confinement facilities (95%) than by community-based facilities (82%).

- Community-based facilities, in which at least 50% of the inmates regularly depart unaccompanied, were less likely to report mental health screening (47%), assessment (30%), and therapy/counseling (35%).

### 1 in 10 State inmates receiving psychotropic medications; 1 in 8 in mental health therapy or counseling

Facility characteristic	Percent of inmates receiving —	
	Therapy/counseling	Psychotropic medications
All	13%	10%
Public	13	10
Private	10	7
Confinement	13	10
Community-based	9	5
Males only	12	9
Females only	27	22
Both	14	13

- On June 30, 2000, an estimated 150,900 State inmates were in mental health therapy/counseling programs; 114,400 inmates were receiving psychotropic medications; and 18,900 were in 24-hour care.

- In 5 States — Maine, Montana, Nebraska, Hawaii, and Oregon — approximately 20% of the State inmates were receiving psychotropic medications.

### 155 State facilities specialized in psychiatric confinement, but general confinement facilities provided a majority of treatment

	Mental health confinement	Other functions
Number of facilities	155	1,403
Number of inmates	217,420	961,387
Percent receiving —		
24-hour care	7%	0%
Therapy/counseling	19	9
Psychotropic medications	17	7

- 12 facilities reported mental health/psychiatric confinement as their primary function; 143 reported it as a specialty among other functions.

- About two-thirds of all inmates receiving therapy/counseling or medications were in facilities that didn't specialize in providing mental health services in confinement.

## Inmates screened at admission and placed in general confinement or specialized facilities

State prison systems typically screen inmates for mental disorders at a reception/diagnostic center prior to placement in a State facility. As of June 30, 2000, 161 facilities reported serving this function, including at least 1 in every State. Nearly all of these facilities (153) reported that they either screened inmates or conducted psychiatric evaluations to determine inmate mental health or emotional status.

In addition, 155 facilities (in 47 States) reported mental health/psychiatric confinement as a special function. Only three States — North Dakota, Rhode Island, and Wyoming — lacked a special psychiatric confinement facility. In these States inmates needing special confinement separate from other inmates are placed in State hospitals, prison infirmaries, or in special needs units within general confinement facilities.

## Mental health services most commonly provided in maximum/high-security confinement facilities

Facility policies relating to mental health screening, assessment, and treatment vary by type of facility and security level. Community-based facilities, in which 50% or more of their inmates are regularly permitted to depart unaccompanied, are less likely (82%) than State confinement facilities (95%) to have policies related to mental health screening and care (table 1).

On each mental health policy considered, about half or fewer of the community-based facilities reported having such a policy. The most common policy for community-based facilities was providing assistance to released inmates to obtain mental health services in the community (51%). The least common was providing 24-hour mental health care to inmates (20%).

**Table 1. Mental health screening and treatment in State correctional facilities, by type of facility, June 30, 2000**

Mental health policy	All facilities		Confinement facilities		Community-based facilities	
	Number	Percent	Number	Percent	Number	Percent
Total	1,558	100.0%	1,109	100.0%	449	100.0%
<b>Any screening/treatment</b>	1,394	91.8%	1,047	95.4%	347	82.2%
Screen inmates at intake	1,055	69.5	855	77.9	200	47.4
Conduct psychiatric assessments	990	65.2	864	78.8	126	29.9
Provide 24-hour mental health care	776	51.1	693	63.2	83	19.7
Provide therapy/counseling	1,073	70.6	926	84.4	147	34.8
Distribute psychotropic medications	1,115	73.4	910	83.0	205	48.6
Help released inmates obtain services	1,006	66.2	790	72.0	216	51.2
<b>No screening/treatment</b>	125	8.2%	50	4.6%	75	17.8%
Not reported	39		12		27	

Note: Excludes 84 Federal facilities and 26 privately operated facilities in which at least half of the inmates were under Federal authority. Includes facilities in which 50 percent or more of their inmates are regularly permitted to depart unaccompanied and those facilities whose primary function is community corrections, work release, or prerelease.

**Table 2. Mental health screening and treatment in State confinement facilities, by facility security level, June 30, 2000**

Mental health policy	Facility security level					
	Maximum/high		Medium		Minimum/low	
	Number	Percent	Number	Percent	Number	Percent
Total	299	100.0%	489	100.0%	316	100.0%
<b>Any screening/treatment</b>	296	99.0%	482	99.0%	265	86.6%
Screen inmates at intake	261	87.3	402	82.5	190	62.1
Conduct psychiatric assessments	264	88.3	409	84.0	190	62.1
Provide 24-hour mental health care	189	63.2	358	73.5	144	47.1
Provide therapy/counseling	283	94.6	444	91.2	196	64.1
Distribute psychotropic medications	285	95.3	432	88.7	190	62.1
Help released inmates obtain services	253	84.6	363	74.5	172	56.2
<b>No screening/treatment</b>	3	1.0%	5	1.0%	41	13.2%
Not reported	0		2		10	

Note: Excludes five confinement facilities without a designated security level.

Among confinement facilities, the most common forms of treatment were therapy/counseling (84%) and distribution of psychotropic medications (83%). At least three-quarters of the facilities reported screening inmates at intake and conducting psychiatric assessments. Nearly two-thirds of confinement facilities reported that 24-hour mental health care was available to inmates either on or off facility grounds.

Mental health screening and treatment policies were more frequently reported by maximum/high-security facilities than by minimum/low-security facilities (table 2). Almost all maximum-security confinement facilities (99%) reported conducting screening and providing

some form of treatment. The most common (95%) was the distribution of psychotropic medications and providing mental health therapy/counseling.

Overall, 125 facilities reported that they did not provide any mental health services to inmates. Of these facilities, 75 were community-based and 41 were minimum/low-security confinement facilities. The absence of mental health policies within these facilities may reflect the confinement and treatment of mentally ill inmates elsewhere within the State systems. On June 30, 2000, fewer than 1.8% of all State inmates were held in facilities in which mental health services were not available.











