



Study Brief (March 2021)

Severe Mental Illness among Louisiana's Incarcerated

Mental illness is pervasive among those incarcerated in Louisiana. The prevalence of mental illness is due in part to the closure of several state mental health facilities prior to, and during 2013, and a reduction in funding for community-based mental health programs. As a result of these decisions, many municipalities saw a shift. Individuals who would have previously received behavioral health services in the community were now housed in local and state correctional facilities, mirroring the national trend of transinstitutionalization, specifically moving those with mental health conditions from institutions like mental hospitals to jails and prisons.^{1,2}

In this study brief, you will find that Louisiana spends substantial amounts of taxpayer money to incarcerate a population of mentally ill people that were once more appropriately treated in local communities and the behavioral healthcare system. You will also find that those with serious mental illness are not more likely to commit violent crimes in our state and that community-based programs are more likely to treat this population's mental health needs. In fact, it is probable that incarceration is exacerbating mental health conditions rather than offering rehabilitation or effective treatment.

INTRODUCTION

As of the end of 2019, over **one-third** (11,135 / 35%) of Louisiana's total incarcerated adult individuals (31,609)³ were identified as receiving some level of mental health care at varying quality available in these correctional institutions.⁴ Furthermore, half of Louisiana's adult institutions reported that **80% or more** of their population had a **diagnosed substance use disorder**.⁵ Although exact costs are unknown, given this prevalence, it can be assumed that a **significant amount of the \$640+ million that Louisiana spent on adult correctional services**

in the 2018-2019 fiscal year was spent on mental health care for incarcerated persons.⁶ This funding may fall under the \$25.7 million that is described as non-primary medical care for state and local offenders in the state budget.⁷ In fact, if Louisiana is similar to other studies of prescriptions of psychotropic medications in prisons, it can be **projected that 20% of men and almost half (44%) of women in prison may be prescribed at least one psychotropic medication**, a rate estimated to be 5.5 to 5.9 times higher than in community-based

¹ Pew Charitable Trusts. 2017. Louisiana's 2017 Criminal Justice Reforms. Retrieved from <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2018/03/louisianas-2017-criminal-justice-reforms>

² Raphael, S., & Stoll, M. A. (2013). Assessing the contribution of the deinstitutionalization of the mentally ill to growth in the US incarceration rate. *The Journal of Legal Studies*, 42(1), 187-222.

³ Total custody population data from <https://s32082.pcdn.co/wp-content/uploads/2020/08/0a-Population-Trends.pdf>

⁴ Louisiana DPS&C. 2020. Medical and Mental Health Quarterly Report. Retrieved from <https://s32082.pcdn.co/wp-content/uploads/2020/03/0G-Medical-Quarter-2-2.5.20.pdf>

⁵ See reference 4 above

⁶ Louisiana DPS&C. 2019. Budget and Cost Data Summary. Retrieved from <https://s32082.pcdn.co/wp-content/uploads/2020/03/0D-Budget-HR-and-PE.pdf>

⁷ See reference 6 above

services.⁸ In a U.S. longitudinal analysis of prescribing trends in a state prison system, the annual expenditure on psychotropic drugs increased dramatically from \$291 per 100 inmates in 1990 to \$8,138 in 2000, a 28-fold difference.⁹ There is no available evidence suggesting Louisiana might differ from these trends.

As set forth in Louisiana House Concurrent Resolution No. 110 of the 2017 legislative session, the Louisiana State University Health Sciences Center's Institute for Public Health & Justice collaborated with the Louisiana Department of Public Safety and Corrections (DPS&C) to analyze the impact of behavioral health issues in the adult incarcerated population. The study sought to describe the outcomes of individuals with serious mental illnesses (SMI). In Louisiana, SMI includes diagnoses of Major Depressive Disorder, Bipolar Disorder, and Schizophrenia /Schizophrenic Spectrum Disorders.

METHODS

Statistical analyses were conducted using de-identified data provided by DPS&C. These individual level data included types of convictions, dates of admission, mental health assessment information, lengths of stay, and reported involvement in incidents of violence in the facilities.¹⁰ In total, these datasets included information on over 5,000 individuals incarcerated from the 1980s through April 2019. For this analysis, a random sample of 500 of those incarcerated individuals was examined.

RESULTS

Of the sample of five-hundred incarcerated individuals, **88%** were identified as **male** and **62%** were reported to be **Black/African American**. The average age of the sample was **41 years old** (range 24 to 86). The **average length of incarceration was 8.2 years** (range 3.92 to 39.08). This group, on average, had been re-arrested and/or reconvicted just under two times

(1.62; range 0 to 11). Just over a quarter (**29%**) had a **non-violent drug offense**, and just over half (**53.4%**) had a **violent offense** reported. Four in ten of these individuals (**40%**) were **identified as having experienced a mental illness**, and almost one in five (**18%**) were **reported as having a serious mental illness**. (Noting- over two-fifths (41%) of individuals with serious mental illness were diagnosed with Schizophrenia.) How these individuals impacted, and were impacted by, the system were the focus of these analyses.

4 in 10 incarcerated Louisianans have experienced mental illness



2 in 10 incarcerated Louisianans have experienced **severe** mental illness



FINDING: SMI individuals are no more likely to recidivate or commit a violent offense than non-SMI individuals. The high prevalence of SMI among Louisiana's incarcerated may be obscuring observations of significant difference in the outcomes between incarcerated people with and without SMI. In other words, there are so many incarcerated individuals suffering from mental health conditions, that they are now the norm, as jails and prisons have become one of Louisiana's largest psychiatric care systems.

Regardless, our findings suggest that **SMI individuals do not pose any more of a threat to public safety than non-SMI individuals overall**. In fact, we found a **significant association (p=.001) between having an SMI diagnosis and a non-violent drug offense conviction**. Yet, it is widely cited that **incarceration is particularly harmful for people with SMI when compared to incarcerated individuals without SMI**. Specifically, incarceration is associated with

⁸ Hassan L, Frisher M, Senior J, et al. A cross-sectional prevalence survey of psychotropic medication prescribing patterns in prisons in England. Southampton (UK): NIHR Journals Library; 2014 Sep. (Health Services and Delivery Research, No. 2.33.) Chapter 1, Background.

⁹ Lund BC, Flaum M, Adam LA, Perry PJ. Psychiatric prescribing trends and practices in Iowa's prisons. *Psychiatr Serv* 2002;53:102 3-4.

¹⁰ Note- most jails data were reported as unavailable citing legal reasons by the facilities regardless of the legislative backed request.

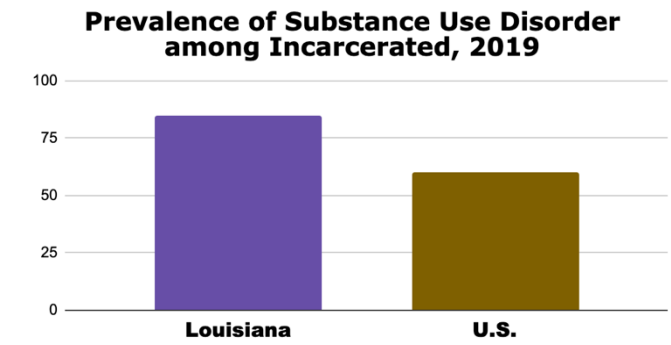
more barriers in recovery post-incarceration¹¹; this includes decreased access disability services.¹² Incarceration is also associated with an increased sense of perceived and realized victimization and withdrawal that exacerbates mental health symptoms, such as those linked to increased use of solitary confinement as a means of managing issues in this population.^{13,14}

Compared to individuals with SMI who are directed towards community-based alternatives, incarcerated individuals with SMI are more likely to attempt suicide¹⁵; experience more simultaneous mental and health conditions (i.e., comorbidities) and multiple medical problems¹⁶; and, are less likely to receive adequate treatment for their mental illness.¹⁷ Conversely, participation in diversion programs that include screening, follow-up assessment, court advocacy, pre-release planning, and post-release case management is associated with improved clinical outcomes, including use of psychiatric services, access to benefits, and overall functioning.¹⁸

Recommendation: Promote community-based alternatives for people with severe mental illness when possible. Alternatives include collaboration with mental health experts and law enforcement to form pre-trial diversion programs that do not deny access on the basis of inability to pay fees or fines; stabilization centers that preserve the due process rights of those admitted; and, robust, easily accessible mental health resources in communities.

FINDING: Although approximately 65% of incarcerated individuals have a substance use disorder nationally¹⁹, our sample suggests that over 80% of the individuals incarcerated

in Louisiana experience a substance use disorder. This indicates a possibility that as many as 15% of the incarcerated population in Louisiana may be eligible for community-based alternatives to address their substance use disorder. This assumes that other states are doing exactly that while Louisiana is incarcerating a similar population.



If a significant portion of these incarcerated individuals received charges related to drug use, harm reduction models for addressing substance use disorders should be considered. Community-based harm reduction programs, such as syringe exchange programs, opioid substitution treatments, and testing and treatment for bloodborne viral illnesses are recommended by the World Health Organization to address the overrepresentation of people who use drugs in prison.²⁰ An analysis of over 650 articles found that harm reduction programs that target illicit drug use reduced criminal activity, decreased risk behaviors, decreased blood-borne viral transmissions in communities, and were cost-saving.²¹ **Recommendation: Provide harm reduction programs in communities for**

¹¹ DeMartini, L., Mizock, L., Drob, S., Nelson, A., & Fisher, W. (2020). The barriers and facilitators to serious mental illness: Recovery postincarceration. *Psychological Services*.

¹² McCauley, E., & Samples, L. (2017). Navigating the disability determination process from the perspective of incarcerated adults with serious mental illnesses. *Community Mental Health Journal*, 53(8), 905-915.

¹³ Yang, S., Kadouri, A., Révah-Lévy, A., Mulvey, E. P., & Falissard, B. (2009). Doing time: a qualitative study of long-term incarceration and the impact of mental illness. *International journal of law and psychiatry*, 32(5), 294-303.

¹⁴ Haney, C., Weill, J., Bakhshay, S., & Lockett, T. (2016). Examining jail isolation: What we don't know can be profoundly harmful. *The Prison Journal*, 96(1), 126-152.

¹⁵ Dumais, A., Côté, G., Larue, C., Goulet, M. H., & Pelletier, J. F. (2014). Clinical characteristics and service use of incarcerated males with severe mental disorders: a comparative case-control study with patients found not criminally responsible. *Issues in mental health nursing*, 35(8), 597-603.

¹⁶ Cuddeback, G. S., Scheyett, A., Pettus-Davis, C., & Morrissey, J. P. (2010). General medical problems of incarcerated persons with severe and persistent mental illness: A population-based study. *Psychiatric Services*, 61(1), 45-49.

¹⁷ Baillargeon, J., Hoge, S. K., & Penn, J. V. (2010). Addressing the challenge of community reentry among released inmates with serious mental illness. *American journal of community psychology*, 46(3-4), 361-375.

¹⁸ DeMatteo, D., LaDuke, C., Locklair, B. R., & Heilbrun, K. (2013). Community-based alternatives for justice-involved individuals with severe mental illness: Diversion, problem-solving courts, and reentry. *Journal of Criminal Justice*, 41(2), 64-71.

¹⁹ National Institutes of Health. 2020. Criminal Justice Drug Facts. <https://www.drugabuse.gov/publications/drugfacts/criminal-justice>

²⁰ Clark, N., Dolan, K., & Farabee, D. (2017). Public health alternatives to incarceration for drug offenders. *Eastern Mediterranean Health Journal*, 23(3).

²¹ Ritter, A., & Cameron, J. (2006). A review of the efficacy and effectiveness of harm reduction strategies for alcohol, tobacco and illicit drugs. *Drug and alcohol review*, 25(6), 611-624.

people who use drugs as a means to lower reliance on incarceration.

FINDING: Nearly one-third of the sample (32%) had a co-occurring mental illness. In other words, more than one mental health condition and/or mental health condition(s) and substance use disorder. Justice systems often lack adequate resources to identify (via screening, assessment, and diagnostic tools) and treat co-occurring mental illness. Furthermore, less than 10% of incarcerated individuals experiencing an opioid dependence disorder receive treatment during incarceration²². Use of the correct screening tool or assessment coupled with adequate training for staff results in early detection of co-occurring conditions, helping place individuals in facilities best suited to address their needs²³. Per guidance from the U.S. Substance Abuse and Mental Health Services Administration, “Screening, assessment, and diagnostic information are vitally important in matching offenders to appropriate types of services, and to levels of intensity, scope, and duration of services.”²⁴ **Recommendation: Resources should be allocated to equip facilities with the necessary diagnostic and assessment tools and associated training that will lead to the early detection of not only co-occurring conditions but any mental illnesses.**

CONCLUSION

These analyses, found that there was **no significant difference (p=0.7) between the average lengths of stay in SMI vs. non-SMI individuals**. Furthermore, **there were not significant differences in the number of re-convictions or the commission of a violent offense**. In fact, there was **no statistically significant difference between the odds of an SMI individual committing a violent offense compared to a non-SMI individual (OR = 1.1)**. In other words, Louisiana is incarcerating a large number of individuals with severe mental illness who pose no greater threat to public safety in a system that is not designed to adequately address their mental health needs. Eventually, they will be released back into communities without the benefit of treatments that could better meet their needs.

Our recommendations to more effectively engage and serve this population are as follows. **1) Promote community-based alternatives for people with severe mental illness when possible; 2) provide harm reduction programs in communities for people who use drugs as a means to lower reliance on incarceration; and, 3) allocate resources to facilities so they can properly screen, assess, diagnose and treat those with co-occurring disorders.**

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This brief is from the LSU Health Sciences Center’s Institute for Public Health & Justice. The Institute is a policy, research, training, and technical assistance enterprise positioned at the intersection of health policy/practice and the justice system. The Institute seeks to bridge the divide between what we know about prevention and treatment of behavioral health conditions and the negative impacts on communities, the perpetrators themselves, their victims, and the overall justice system.

²² National Academies of Sciences, Engineering, and Medicine. 2019. *Medications for Opioid Use Disorder Save Lives*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25310>

²³ Hiller, M. L., Belenko, S., Welsh, W., Zajac, G., & Peters, R. H. (2011). Screening and assessment: An evidence-based process for the management and care of adult drug-involved offenders. In C. Leukefeld, T. P. Gullotta, & J. Gregrich (Eds.) *Handbook of evidence-based substance*

abuse treatment in criminal justice settings (pp. 45–62). New York: Springer.

²⁴ Substance Abuse and Mental Health Services Administration. 2019. Screening and Assessment of Co-occurring Disorders in the Justice System. <https://store.samhsa.gov/sites/default/files/d7/priv/pep19-screen-codjs.pdf>