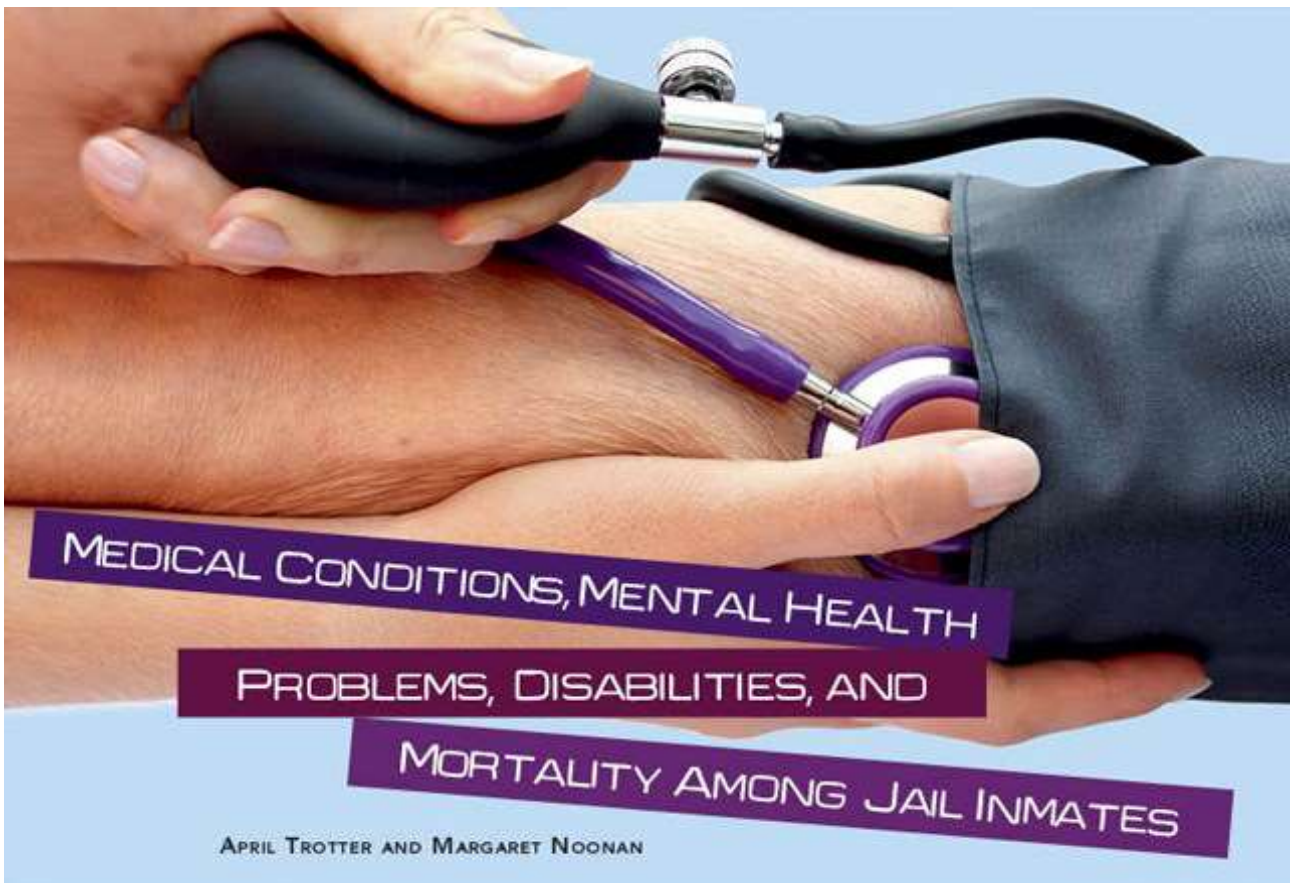




Medical Conditions, Mental Health Problems, Disabilities, and Mortality Among Jail Inmates

Posted in: [Articles](#), [Magazine](#) | May 03 at 8:48 am



Jails are primarily local, county, and community-based correctional institutions that confine individuals before trial and after adjudication. They hold inmates with different correctional statuses, including persons awaiting court action on their current charge, those convicted of a misdemeanor, inmates awaiting transfer to other authorities, probationers and parolees who returned on a violation, and inmates from prison who are transitioning back to the community. Convicted jail inmates usually have been sentenced to serve a year or less, although inmates held by jails for Federal, State, and other authorities may serve longer sentences. In 2014, the nearly 3,000 local jails located across the United States processed an estimated 11.4 million bookings and held an average of 744,600 inmates per day (Minton & Zeng, 2015). Figure 1 shows who is in local jails. This article discusses Bureau of Justice Statistics' (BJS) data about the medical conditions, mental health problems, disabilities, and mortality of jail inmates.

Of the millions of admissions to jail each year, an estimated 8 to 9 million are unique individuals, meaning a high number of repeat offenders are in local jail custody (Spaulding et. al, 2009). The jail population is predominantly white (47%), black (36%), or Hispanic (15%), and the typical jail inmate is male, age 35 or younger, and usually held for a nonviolent offense. Although males account for most of the jail population

(85%), the number of females in custody increased 54% between 2000 and 2014. The male population increased 16% during the same period (Minton & Zeng, 2015).

Medical Conditions

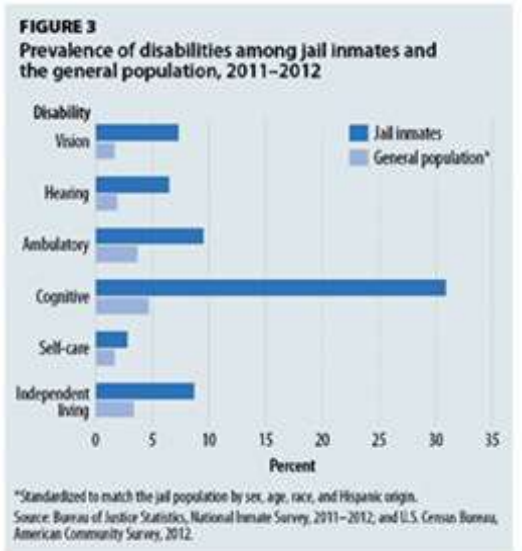
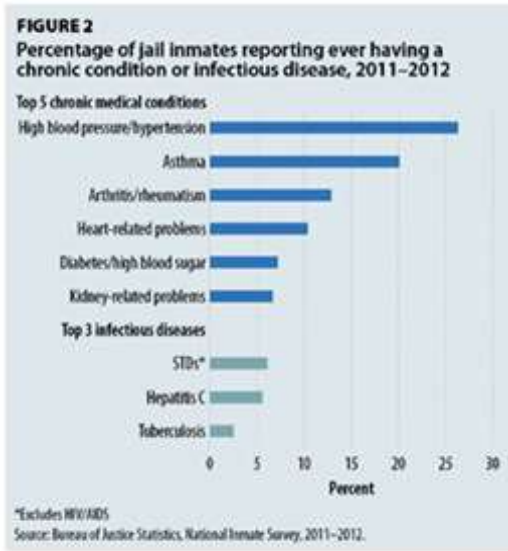
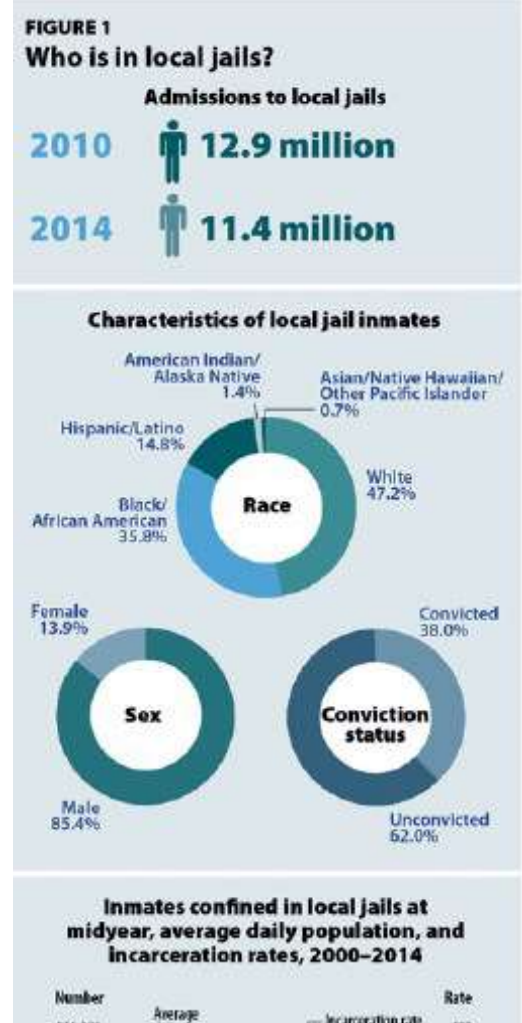
To address their healthcare issues, it is important to understand the medical, mental health, disability, and mortality profiles of jail inmates. This population tends to be sicker, more likely to have a medical history that includes a chronic medical condition or infectious disease. And, according to the various data collections from BJS, they have a different mortality rate than the general population (Deaths in Custody Reporting Program, 2013).

As BJS’s data show for 2011-2012, half of local jail inmates reported ever having a chronic medical condition and 14% reported having an infectious disease (Maruschak, Berzofsky, & Unangst, 2015). Table 1 breaks down the prevalence of chronic conditions and infectious diseases among jail inmates by demographic characteristics, and Figure 2 gives the percentage of jail inmates who reported a chronic condition or infectious disease. Reported inmate chronic conditions included:

- Arthritis (13%)
- Asthma (20%)
- Cancer (4%)
- Cirrhosis of the liver (2%)
- Diabetes (7%)
- Heart-related problems (10%)
- High blood pressure (26%)
- Kidney-related problems (7%)
- Stroke (2%).

Infectious diseases included tuberculosis, hepatitis B and C, and other sexually transmitted diseases (STDs), excluding HIV/AIDS. Among jail inmates, hepatitis C and other

STDs were the most commonly reported infectious diseases (6% each). Two percent of jail inmates reported tuberculosis. One percent of jail inmates who had been tested for HIV reported that the test was positive. Female jail inmates and older inmates (age 50 or older) were the most likely to report ever having a chronic medical condition. About two-thirds (67%) of females in jails reported ever having a chronic condition, compared to nearly half (48%) of males. In jails, 20% of females reported ever having an infectious disease, compared to 13% of males. Older jail inmates were twice as likely as inmates ages 18 to 24 to report ever



*Excludes HIV/AIDS
Source: Bureau of Justice Statistics, National Inmate Survey, 2011-2012.

*Standardized to match the jail population by sex, age, race, and Hispanic origin.
Source: Bureau of Justice Statistics, National Inmate Survey, 2011-2012, and U.S. Census Bureau, American Community Survey, 2012.

having a health condition, and they were three times more likely to report ever having an infectious disease. In comparison to the standardized general population, jail inmates in 2011-2012 were more likely to report ever having a chronic medical condition, especially high blood pressure, stroke, diabetes, heart-related problems, asthma, or cirrhosis (Maruschak et. al, 2015). Forty-five percent of jail inmates reported ever having a chronic medical condition, compared to 27% of the general population, and were nearly twice as likely as the general population to report ever having high blood pressure, diabetes, or asthma. Also, jail inmates were about three times as likely as the general population to report ever having an infectious disease.

TABLE 1
Prevalence of ever having a chronic condition or infectious disease among jail inmates, by demographic characteristics, 2011-2012

Demographic characteristic	Chronic condition ^a	Infectious disease ^b
All inmates	50.2%	14.3%
Sex		
Male	47.8%	13.4%
Female	66.6	20.1
Age		
18-24	37.7%	9.5%
25-34	45.6	13.1
35-49	57.7	15
50 or older	78.6	30.1
Race/Hispanic origin^c		
White	54.3%	14.9%
Black/African American	49.7	15.2
Hispanic/Latino	37.1	10.1
Other ^d	61.3	14.9

^aIncludes cancer, high blood pressure or hypertension, stroke-related problems, diabetes or high blood sugar, heart-related problems, kidney-related problems, arthritis or rheumatism, asthma, and cirrhosis of the liver.

^bIncludes tuberculosis, hepatitis B, hepatitis C, and STDs. Excludes HIV or AIDS due to unknown or missing data.

^cExcludes persons of Hispanic or Latino origin, unless specified.

^dIncludes persons identified as American Indian or Alaska Native; Asian, Native Hawaiian, or other Pacific Islander; and two or more races.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011-2012.

TABLE 2
Prevalence of serious psychological distress among adult jail inmates and the U.S. civilian noninstitutional population, 2011-2012

	U.S. noninstitutional adult population ^a	Jail inmates age 18 or older
Total	3.0%	26.3%
Sex		
Male	2.8%	25.5%
Female	3.7	32.2
Race/Hispanic origin		
White ^b	2.9%	30.8%
Black ^b	2.6	22.4
Hispanic	3.6	23.1
Age		
18-44	2.7%	26.1%
45-64	3.9	27.7
65 or older	1.9	19.3

Note: Serious psychological distress based on a score of 13 or more on the K-6 scale.

^aBased on household interviews of a national sample of the civilian noninstitutional population between January and September 2012.

^bExcludes persons of Hispanic or Latino origin.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011-2012.

Mental Health Problems

More than 40% of jail inmates reported that they had a mental disorder (such as manic depression, bipolar disorder, schizophrenia, and anxiety) (Beck, Berzofsky, Caspar, & Krebs, 2013). Inmates were asked how often in the past 30 days they felt nervous, hopeless, restless, fidgety, depressed, worthless, or if they had difficulty performing every day activities. Those inmates who indicated an underlying mental health issue were categorized as either suffering from a type of anxiety-mood disorder or from serious psychological distress (SPD).

An estimated 184,500 inmates (or more than a quarter of the total jail population in 2011-12) reported levels of psychological distress in the 30 days prior to the interview, which is consistent with SPD. An additional 155,800 jail inmates (22%) reported lower levels of psychological distress (Beck et. al, 2013). Table 2 shows the prevalence of SPD among adult jail inmates and the U.S. civilian noninstitutional population in 2011-2012.

Percentages of SPD among jail inmates were substantially higher than SPD observed among the general population through the 2012 National Health Interview Survey (Beck et. al, 2013). SPD prevalence was also examined by sex, age, and race, which uncovered equally substantial differences. Approximately 3% of the general population in every subgroup had SPD, compared to 26% of male jail inmates, 26% of inmates between ages 18 to 44, 22% of black adult inmates, and 31% of white adult inmates.

Substance Abuse

Among jail inmates with mental health problems, more than three-quarters met the criteria for substance dependency or abuse in 2002 (most recent data). More than half of jail inmates without mental health problems were dependent on or abused alcohol or drugs (James & Glaze, 2006). In comparison, 7% of the general population age 12 and older met the criteria for an alcohol-use disorder and 3% met the criteria for an illicit drug use disorder in 2014 (Hedden et. al, 2015).

Drug use was more prevalent than alcohol use, and all drug categories were used at higher rates among

inmates with mental health problems in 2002. More than 40% of inmates with mental health problems used marijuana in the month prior to their arrest, 24% used cocaine or crack, and 12% used methamphetamines. More than a third of jail inmates who had mental health problems had used drugs at the time of their offense, compared to a fifth of inmates without mental health problems. Jail inmates with mental health issues were also more likely to be using alcohol at the time of their offense than those without (James & Glaze, 2006).

Disabilities

In 2011-12, 40% of local jail inmates reported having at least one disability and 16% reported multiple disabilities. Disability types included:

- Ambulatory.
- Cognitive.
- Hearing.
- Independent living (the ability to navigate daily life schedules, activities, and events without assistance).
- Self-care.
- Vision.

A cognitive disability (31%) was most commonly reported by jail inmates (Bronson, Maruschak, & Berzosky, 2015). Figure 3 compares the prevalence of disabilities among jail inmates and the general population, 2011-2012.

Female and older jail inmates were more likely to report a disability. Forty-nine percent of female jail inmates reported a disability compared to 39% of males. Among females in jail, 14% (compared to 9% of males) reported an ambulatory disability, and 41% (compared to 29% of males) reported a cognitive disability. Sixty percent of older jail inmates (age 50 or older) reported a disability, compared to 34% of jail inmates ages 18 to 24. Older jail inmates reported higher rates of all types of disabilities except for cognitive disabilities. Compared to jail inmates ages 18 to 24, older inmates were six times more likely to report having a hearing disability, five times more likely to report a vision disability, and more than twice as likely to report an independent living disability.

Jail inmates (40%) were more likely than the standardized general population (9%) to report having a disability in 2011-12. They were also 6.5 times more likely to report a cognitive disability than the general population, four times more likely to report a vision disability, and three times more likely to report a hearing disability.

Death in Custody

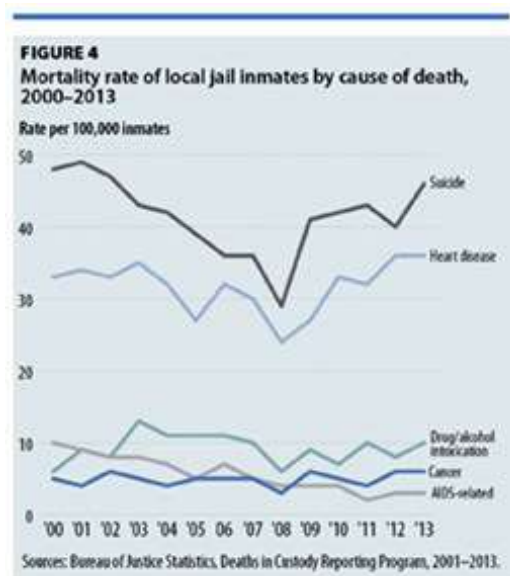
Deaths are uncommon in local jails. Since BJS began collecting DCRP data in 2000, most jails have reported no deaths in their custody. In 2013, 80% of jails reported no deaths, 12% reported one death, and 6% reported multiple deaths (Noonan, Rohloff, & Ginder, 2015).

A total of 967 jail inmates died while in the custody of local jails in 2013, an increase of 1% (958 deaths) from 2012 and a total increase of 7% since the start of the collection. The overall mortality rate in local jails decreased between 2000 (151 per 100,000 jail inmates) and 2013 (135 per 100,000). This decrease was due to an increase in the total jail population coupled with a relatively stable number of jail deaths during the same time period.

The typical jail inmate who died in 2013 was male (87%), white (54%), and age 35 or older (70%). From 2000 to 2013, the number of male jail inmate deaths (12,092) was nearly eight times the number of female inmate deaths (1,630). During that period, the average annual mortality rate for male inmates (137 per 100,000) and female inmates (133 per 100,000) were nearly equal.

Since 2000, the leading causes of death among jail inmates have been:

- Suicide



- Heart disease
- Drug or alcohol intoxication.

Suicides in local jails increased 13%, from 289 in 2000 to 327 in 2013. Between 2003 and 2009, suicides exhibited a small decline, accounting for less than 30% of jail deaths. However, beginning in 2010 and continuing through 2013, suicides accounted for a third of jail deaths annually. The jail suicide rate increased 23% from 2009 to 2013, but overall it has decreased 4% since 2000 (Noonan et. al, 2015; Noonan, 2010). Figure 4 shows the mortality rate of local jail inmates by cause of death, 2000-2013.

Jail suicide was typically committed within a week of admission to the jail and usually involved an adult white male under age 45 who was being held for a violent offense (Noonan, 2010). The male suicide rate (43 per 100,000) was 1.5 times the rate for females (28 per 100,000) from 2000 to 2013. More than three-quarters (78%) of all jail suicides during the period involved inmates who were between ages 18 and 44, and the majority (70%) were white.

Heart disease was the second leading cause of death in local jails, accounting for 23% of inmate deaths annually since 2000. In each year since 2010, more than a quarter (27%) of jail deaths have been due to heart disease. The heart disease mortality rate increased 10% between 2000 and 2013. Every year from 2010 to 2013, the heart disease mortality rate for male inmates was higher than the female inmate rate.

Drug- and alcohol-related deaths are not as prevalent as suicide or heart disease. Jail intoxication deaths increased from 37 deaths in 2000 to 70 deaths in 2013. The rate of intoxication deaths increased from 6 deaths per 100,000 jail inmates in 2000 to 10 deaths per 100,000 in 2013. The intoxication mortality rate for white jail inmates (16 deaths per 100,000 white inmates) was nearly three times higher than the rate for black (5 per 100,000) and Hispanic (3 per 100,000) inmates from 2000-13. During the same period, females died from intoxication events at twice the rate as male inmates.

Among other causes of death, the number of accidents increased from 18 to 31 deaths, and homicides rose from 22 to 28 between 2012 and 2013. Homicides or accidental deaths were less common than other causes of death, each accounting for 3% or less of jail deaths in 2013.

In the U.S. general population, the leading causes of death for males ages 15 to 44 are accidents, suicide, heart disease, homicide, and cancer (Centers for Disease Control and Prevention, 2015). Jail inmates rarely die of accidents or homicide. Among heart disease deaths, jail inmates die at a lower rate than the general population. The heart disease death rate for the general population age 15 or older was 268 deaths per 100,000 compared to 32 deaths per 100,000 jail inmates.

Between 2009 and 2013, the suicide rate in the jail population increased 12%. In the general population, the rate increased 7%, from 14.9 per 100,000 to 16 per 100,000. When adjusted for age, sex, and race differences, the suicide rate for the general population was higher than the jail population (Noonan, 2010). Intoxication deaths in local jails (10 per 100,000 inmates) were slightly lower than the general population (15.2 per 100,000 in 2013), although this rate has also increased in the last decade for both populations. For the general population, it was 5.7 per 100,000 in 2000 and nearly tripled by 2013.

Healthcare in Jails

More than half of jail inmates said they were either “very satisfied” or “somewhat satisfied” with the healthcare services they received since admission. About half of those in jail said their care was better than or about the same as the care they received in the year prior to admission (Maruschak et. al, 2015). Half of inmates also reported being assessed by jail staff to see if they were sick, injured, or intoxicated.

The window for treatment in jail facilities is short, as most inmates are in custody for a matter of days or weeks. Jail facilities might be able to provide treatment for the immediate medical needs of inmates while they are still behind bars. Many times that care needs to be multi-layered, as inmates have coexisting medical, mental health, and substance abuse issues. The medical conditions, mental health problems, disabilities, and mortality rates and causes of death of the jail population pose unique challenges to those managing local jails. ª

References

Beck, A. J., Berzofsky, M., Caspar R., & Krebs, C. (2013). *Sexual victimization in prisons and jails reported by inmates, 2011-12* (NCJ 241399). Washington, DC: U.S. Department of Justice and the Bureau of Justice Statistics.

Bronson, J., Maruschak, L. M., & Berzofsky, M. (2015). *Disabilities among prison and jail inmates, 2011-12* (NCJ 249151). Washington, DC: U.S. Department of Justice and the Bureau of Justice Statistics.

Centers for Disease Control and Prevention. National Center for Health Statistics (2015). *Underlying cause of death 1999-2014 on CDC WONDER Online Database* [Data file].

Deaths in Custody Reporting Program (2013). Bureau of Justice Statistics. Retrieved from www.bjs.gov/index.cfm?ty=tp&tid=19

Hedden, S. L., Kennet, J., Lipari, R., Medley, G., Tice, P., Copello, E. A. P., & Kroutil, L. A. (2015). *Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health* (SMA 15-4927). Washington, DC: U.S. Department of Health and Human Services.

James, D. J. & Glaze, L. E. (2006). *Mental Health Problems of Prison and Jail Inmates* (NCJ 213600). Washington, DC: U.S. Department of Justice and the Bureau of Justice Statistics.

Maruschak, L. M., Berzofsky, M., & Unangst J. (2015). *Medical problems of state and federal prisoners and jail inmates, 2011-12* (NCJ 248491). Washington, DC: U.S. Department of Justice and the Bureau of Justice Statistics.

Minton, T. D., & Zeng, Z. (2015). *Jail inmates at midyear 2014* (NCJ 248629). Washington, DC: U.S. Department of Justice and the Bureau of Justice Statistics.

Noonan, M. (2010). *Mortality in local jails, 2000-2007* (NCJ 222988). Washington, DC: U.S. Department of Justice and the Bureau of Justice Statistics.

Noonan, M., Rohloff, H., & Ginder, S. (2015). *Mortality in local jails and state prisons, 2000-2013-statistical tables* (NCJ 248756). Washington, DC: U.S. Department of Justice and the Bureau of Justice Statistics.

Spaulding, A. C., Seals, R. M., Page, M. J., Brzozowski, A. K., Rhodes, W., & Hammett, T. M. (2009). HIV/AIDS among inmates of and releases from US correctional facilities, 2006: Declining share of epidemic but persistent public health opportunity. *PLOS One*; 4(11), e7558.

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