

# Research & Policy Brief

September 2009

## Mental Health Services in Rural Jails

### Overview

The prevalence of mental illness among prison and jail inmates has attracted increasing attention in both mental health and criminal justice circles. Jails are the most local elements of the criminal justice system, with a wide range of offenders and a rapid turnover of inmates. With this diverse and fluid population comes the need for a variety of mental health services, for which many local jails may be unequipped. Rural jails are of particular concern, as they may become the default holding facilities for those with mental health concerns due to a lack of available community mental health services in rural areas.

To explore these issues, we interviewed state and local corrections and mental health informants in four rural states (Minnesota, Montana, Texas, and Vermont) to learn more about the challenges that rural jails face and promising practices being used to meet the needs of inmates with mental health concerns.

### Key Findings

#### Rural jails become default facilities for community members with mental health concerns

According to informant estimates, the percentage of inmates with mental health concerns ranges from 20-35 % (Montana) to 45-55% (Minnesota). Many interviewees believed that with better community services in rural areas, fewer individuals with mental health concerns would end up in jails.

*We are absolutely the first line of defense. If there's any way for the community to charge the person with a misdemeanor and put [the person] into a facility, they will do that because it's easier than getting them into a state hospital or mental health programming.*

– rural jail administrator

#### There are limited mental health services available for rural jail inmates

Generally speaking, county jail staff members are not trained to handle the mental health needs of many inmates. Some standard services are available, such as screening assessments, medication management, and crisis services; however, rural jails do not have the capacity to offer counseling or talk therapy. Despite this fact, one Vermont jail administrator explained that inmates still receive better care in their state correctional facility than they

Jails may be the primary source of medication management for some individuals with mental illness in rural areas that do not have adequate community mental health services.

would out in the community, where few services exist.

#### Jails face several barriers when trying to provide mental health services for inmates

Many of the barriers identified by key informants at the state and facility levels were related to a lack of resources in the communities surrounding the facilities. Those few mental health agencies that exist tend to avoid working with people who have served time in jail or prison, especially if their crime involved an act of violence.

**Transportation:** Finding transportation to and from appointments is a major barrier after release from jail since released inmates often have probation terms that prohibit them from driving. The most frequently mentioned problem in Montana was the great distance from many rural jails to the state hospital, which can take 12 hours round trip, tying up their staff members for a full day. In rural states with significant frontier areas, transporting inmates may place an enormous burden on staff.

**Lack of staff training:** Informants asserted that jail staff are not adequately trained to handle the mentally ill, and that training is needed for dealing with disorders and identifying problems.

**Separation/Segregation:** Informants expressed concern about the harm that is done to some inmates with mental health concerns who pass through their facilities. It is generally a challenge for rural facilities to separate and protect inmates with mental illness without removing their privileges. Sometimes other inmates will take advantage of the fact that an individual is mentally unstable.

#### Authors:

Melanie Race, AB  
Anush Yousefian, MS  
David Lambert, PhD  
David Hartley, PhD

For more information about this study, contact Melanie Race at 207-228-8247 or [mrace@usm.maine.edu](mailto:mrace@usm.maine.edu).



*I don't know if communities know how detrimental it is for the mentally ill to be in this environment because it is chaotic and disorganized and they get taken advantage of...it does more harm than good and exacerbates the problem.*

– facility superintendent

## Promising Practices for Rural Jails

**24-hour hold policies:** One of most frequently mentioned problems in rural facilities is the individual who has not committed a crime, but needs some form of intervention, either to prevent harm, or simply because his or her behavior is so disruptive as to cause citizen complaints. Some facilities have addressed this concern by adopting short-term hold policies. Billings, Montana has a 23-hour facility that can admit and hold an individual who is in crisis. In Vermont, facilities are able to hold someone who is picked up and under the influence for 24 hours until they are sober and can be released. These short-term hold policies provide a safe haven for those troubled individuals who need a place to go but have not committed a crime.

**Consolidated corrections systems:** Because Vermont is a consolidated system, all jail functions are part of the state correctional system. A formal contract between the state and a central agency for mental health services allows jail inmates to receive coordinated and consistent screening, crisis management, and other needed care.

**Separation of inmates with mental health concerns:** One of the newer Minnesota jails we studied was designed to accommodate the needs of inmates with mental health concerns while preserving their access to canteen, recreation, and other privileges. This helps ensure that inmates with mental illness are housed in a safe environment while maintaining the same privileges as other inmates.

**Regular communication among stakeholders:** Some facilities reported holding regular stakeholder meetings with sheriffs, jail staff, mental health staff, medical staff, social service directors, and others. These meetings provide an important venue for sharing needs and concerns, and developing standardized policies and responses to better meet the mental health needs of inmates.

**Community connections—Solving problems locally:** In spite of lack of funding, lack of services, lack of mental health practitioners, and individual inmates who are often problematic, small rural sheriffs' departments have developed relationships with their local health and mental health services as well as practical short-term solutions to specific problems.

**Mental health trainings for jail employees:** Staff trainings on topics such as behavioral assessments, crisis management, suicide prevention and trauma can offer jail employees important information to supplement their prior training and experience. For example, a Montana program trains peace officers to recognize mental health problems when they arrive at the scene.

**Jail diversion programs:** One best practice that was implicit in some of our interviews was the identification and diversion of individuals with mental illness before incarceration. In order to accomplish this, mental health services in the community must be adequate to ensure that people who do not belong in jail do not end up there.

## Policy Implications and Recommendations

It is clear that rural areas cannot afford to offer the level of services, including mental health services, found in more populous areas. Increased funding for local jails or for services to inmates is not usually a high priority for most policymakers. Our recommendations are focused on realistic policies with reasonable price tags that should improve the lives of the affected individuals, and should also make it easier for social services, health services, corrections, and law enforcement to do their jobs.

### Recommendations:

- Behavioral health services are needed in rural communities to divert individuals from jails/corrections and to enhance access to follow-up care for former inmates.
- Local relationships should be fostered between jail administrators and community mental health providers, including regular, formal meetings among sheriffs, jail staff members, mental health staff members, medical staff members, social service directors, juvenile services providers, and others to better coordinate and streamline care for inmates.
- Because of the concern that some inmates may take advantage of those with mental health concerns, facilities should make strong efforts to protect and separate those with mental health concerns while maintaining their privileges.
- Judicial processes for pre-commitment hearings and assessments can be facilitated through tele-video hearings, potentially eliminating days of driving for officers in remote areas
- Where feasible, short-term holding facilities should be developed as an alternative placement for individuals who need brief interventions to protect themselves and society, but who may not need prolonged inpatient treatment or civil commitment.