

# Mental Illness Prevails in Urban Jails

A trio of serious mental disorders — schizophrenia, severe depression and mania — are two to three times more common among men in urban jails than among men in the population at large, a study of Chicago inmates indicates.

Although no one has demonstrated an increase in the imprisonment of people with mental disorders, jails are ill equipped to deal with such a large number of severely disturbed individuals, asserts psychologist Linda A. Teplin of Northwestern University Medical School in Chicago.

“Teplin’s study clearly shows the extreme prevalence of mental disorders in urban jails,” says psychologist John Monahan of the University of Virginia in Charlottesville. “In many cities today, jails function as mental hospitals.”

More than 6 percent of all men arrested for misdemeanors or felonies — about one in 16 — suffer from a severe mental disorder upon arriving at jail, Teplin observes in the June *AMERICAN JOURNAL OF PUBLIC HEALTH*. Many jails do not screen incoming inmates for mental disturbances or make referrals to nearby mental hospitals, she maintains. In her view, mentally disordered individuals who have committed minor crimes, such as trespassing or disorderly conduct, should be sent to such facilities.

Increased funding is urgently needed for the development of innovative treatment programs in jails, she adds.

Teplin randomly recruited a group of 627 men sent to the Cook County (Ill.) Department of Corrections jail between November 1983 and November 1984. Misdemeanors and felonies were about evenly split in the sample. Clinical psychologists interviewed the men in a soundproof booth placed within the intake area. Volunteers responded to a standardized psychiatric interview developed at the National Institute of Mental Health (NIMH) in Bethesda, Md.

Teplin then compared the study group’s current and lifetime rates of schizophrenia, severe depression and mania with those of the U.S. adult male population, as detailed in a previous NIMH study (SN: 10/6/84, p.212). Less than 2 percent of the general population currently suffers from any of the three disorders, whereas the urban jail rate surpasses 6 percent. Almost 4.5 percent of the U.S. population has a history of schizophrenia, severe depression or mania; the inmates showed a lifetime rate of 9.5 percent.

Young black men make up much of the jail population, but the study statistically controls for race and age, Teplin says.

Because prior estimates of mental illness among inmates are unreliable, she

contends, the new results cannot show that people with severe mental disorders are increasingly shunted into jails. Of 18 studies of mentally disordered offenders in jails conducted between 1976 and 1986, only four used random samples, and none accounted statistically for the low rates of schizophrenia, depression and mania in the general population, she says.

But the Chicago study provides evidence that mental illness is being “criminalized” in large cities, Teplin holds. Current jail rates of mental disorders were more than three times greater than current population rates — a much higher ratio than that for lifetime prevalence rates. Thus, she asserts, many arrests occurred “during a period of active illness.”

Over the past 15 years, many mental health professionals have maintained — without the benefit of solid empirical evidence — that the nation’s jails have incorporated ever-larger numbers of people with mental disorders. One estimate put the total number of mentally ill and retarded jail inmates at 600,000 (SN: 6/30/84, p.405).

Teplin’s findings fuel the argument that

“the need for mental health services by inmates is great, and probably growing,” write Douglas Shenson of the Montefiore Medical Center in New York City and two colleagues in an editorial accompanying the new report. They cite several reasons for this trend. The large-scale release of patients from state mental hospitals in the early 1970s, strict new commitment laws and the scarcity of low-income housing have put many disturbed people on the streets, they note. The lack of community mental health care clinics keeps them on the streets, increasing the likelihood of arrests for trespassing, vagrancy or disturbing the peace.

Moreover, greater numbers of substance abusers are being sent to jails and prisons, the editorial’s authors point out. Teplin contends that mentally ill substance abusers may be among the most vulnerable to arrest because they have access to few treatment alternatives.

While noting that the relationship of drug abuse to mental disorders and crime remains unclear, Monahan says, “Teplin’s data provide a good picture of urban jails in the early 1990s.” — *B. Bower*

## Expectant moms take longer than expected

For many women, the news of pregnancy instantly sparks the question: “When is the baby due?” Typically, the obstetrician consults a standard algorithm to formulate an answer. And most likely, the baby will arrive about a week behind schedule.

That’s the conclusion — at least for middle-class whites — of Boston researchers who measured normal pregnancy durations and compared them with traditional gestation estimates.

Led by obstetrician Robert L. Mitterdorf of the Harvard School of Public Health, the team examined records from a private practice, retrospectively evaluating all 339 pregnancies of white, middle-class patients who gave birth between April 1, 1983, and March 31, 1984. They excluded patients lacking precise records of normal menstrual cycles, as well as pregnancies complicated by illness, induced labor or cesarean section. Using menstrual histories to determine ovulation dates, they measured the gestations of the 114 remaining women.

In the June *OBSTETRICS & GYNECOLOGY*, the team reports a median gestation of 274 days for the 31 first-time mothers and 269 days for the 83 women who had previously given birth. That’s eight and three days longer, respectively, than the standard estimate of gestation.

Since ancient Rome, physicians have

assumed human gestation lasted 266 days, based on 9½ menstrual cycles. Now known as Naegele’s rule, this remains the standard by which most U.S. obstetricians predict due dates, Mitterdorf says.

“What we’re saying is maybe the real due date for whites is a week later, and this will almost certainly have implications for the post-term infant,” he asserts. “For example, if a patient is two weeks beyond Naegele’s rule for a due date, [the obstetrician] might induce labor for post-maturity” without realizing the infant is actually only a week overdue.

Peter S. Heyl of Boston’s Beth Israel Hospital expresses some skepticism of the limited sample size but regards the Harvard findings as potentially very significant. “In my line of work, gestational age means a lot. It does make a difference when physicians will induce [labor in] somebody based entirely on the fact that she’s reached 42 weeks.” Induced labor has a higher incidence of infection, says Heyl, who adds: “I think it’s pretty safe to say that an induced labor is more likely to end in a cesarean section than a spontaneous labor.”

Mitterdorf is now evaluating data on more than 10,000 women in hopes of further redefining gestation to account for race, age, sex of baby, and the mother’s history of cigarette, alcohol and drug use.

— *W. Stolzenburg*