



# Adults With Mental Illness Are Overrepresented in Probation Population

But many probation agencies lack specialized training or tools to supervise them effectively



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Celebrating its 75th anniversary, **The Pew Charitable Trusts** uses data to make a difference. Pew addresses the challenges of a changing world by illuminating issues, creating common ground, and advancing ambitious projects that lead to tangible progress.

## Overview

Adults on probation—supervision imposed by the court generally in lieu of incarceration—are more than twice as likely to have a serious or moderate mental illness as those in the general public, according to analysis of federal data from 2015 to 2019 by The Pew Charitable Trusts. This translates into over 830,000 adults with a mental illness who are on probation at any given time each year, or almost a quarter of all those on probation. Most of these individuals also have a co-occurring substance use disorder, with the rate of adults on probation with both a mental illness and substance abuse disorder over five times that of adults in the public.

A recent survey of probation agencies nationwide conducted by researchers at the University of North Carolina at Chapel Hill (UNC) in partnership with Pew and the American Probation and Parole Association indicated that although agencies were aware that 20% to 25% of people under their supervision had mental health issues, most agencies did not have specialized mental health approaches and provided their officers with limited training related to mental health. Some officers who were interviewed said that they lacked the tools needed to successfully supervise people with a mental illness on probation, and that many people with a mental illness are placed on probation because other alternatives that don't involve the justice system—such as diversion to treatment—aren't being used or aren't available.<sup>1</sup>

This lack of resources may be contributing to poorer criminal justice outcomes for people with a mental illness who are on probation, such as an increased likelihood of being arrested or going to prison.

### Some of the research's key findings:

- **People with a mental illness are more likely to be on probation than those without, and this disparity was even more pronounced for women and those with a co-occurring substance use disorder.** Analysis of data from 2015 to 2019 showed that:
  - Almost 3.5% of adults with a mental illness were on probation annually, compared with 1.7% of all adults. Among adults with co-occurring disorders, 8.5% were on probation annually.
  - Women with a mental illness on probation were overrepresented relative to men. While 21% of all people on probation had a mental illness, the share of women on probation with a mental illness (31%) was almost twice that of men (16%).
- **Many people on probation with a mental illness have more criminal justice contacts than those on probation without a mental illness.**
  - Adults with a mental illness who reported being on probation at some point during the year were more likely to be arrested during that year than those without a mental illness.
  - Individuals with a mental illness who were on probation were more likely to go to prison for a new offense or for violating probation terms than those without a mental illness.
  - Among people who were sent to prison from probation, those with a mental illness reported being arrested more often, going to prison more often, and being on probation more times than those without a mental illness.
- **Many probation agencies lack the tools to support officers in supervising people with a mental illness, such as specialized approaches, staff training, and flexibility in setting supervision conditions.**
  - Among all responding agencies, 41% indicated they had a specialized mental health approach; among rural agencies, this dropped to 26%.

- Approximately 42% of probation agencies do not require any mental health training for their probation officers with standard caseloads. For agencies with specialized mental health approaches, most require fewer than three days of mental health training, with 25% of agencies requiring no training at all.
- While having a mental illness can create challenges in meeting the conditions of supervision, fewer than 1 in 4 agencies had discretion in setting supervision conditions or determining sanctions for probation violations for people with a mental illness.
- Although agencies used various methods to identify whether a person on probation had a mental illness, fewer than 2 in 5 reported using a mental health-specific tool and only 29% of agencies tracked a person’s mental health status in their electronic case management system.

Probation agencies, legislatures, and courts can take steps to improve supervision and health-related outcomes for people on probation with a mental illness, including people who also have a substance use disorder. Recent Pew research shows that overrepresentation of people with co-occurring disorders begins at arrest: People with mental illness alone are twice as likely and people with co-occurring disorders are 12 times as likely as those with no substance use disorder or mental illness to be arrested. This overrepresentation indicates that reducing the number of people on probation with a mental illness will require a comprehensive approach that includes the entirety of the justice system as well as crisis response and behavioral health providers.<sup>2</sup>

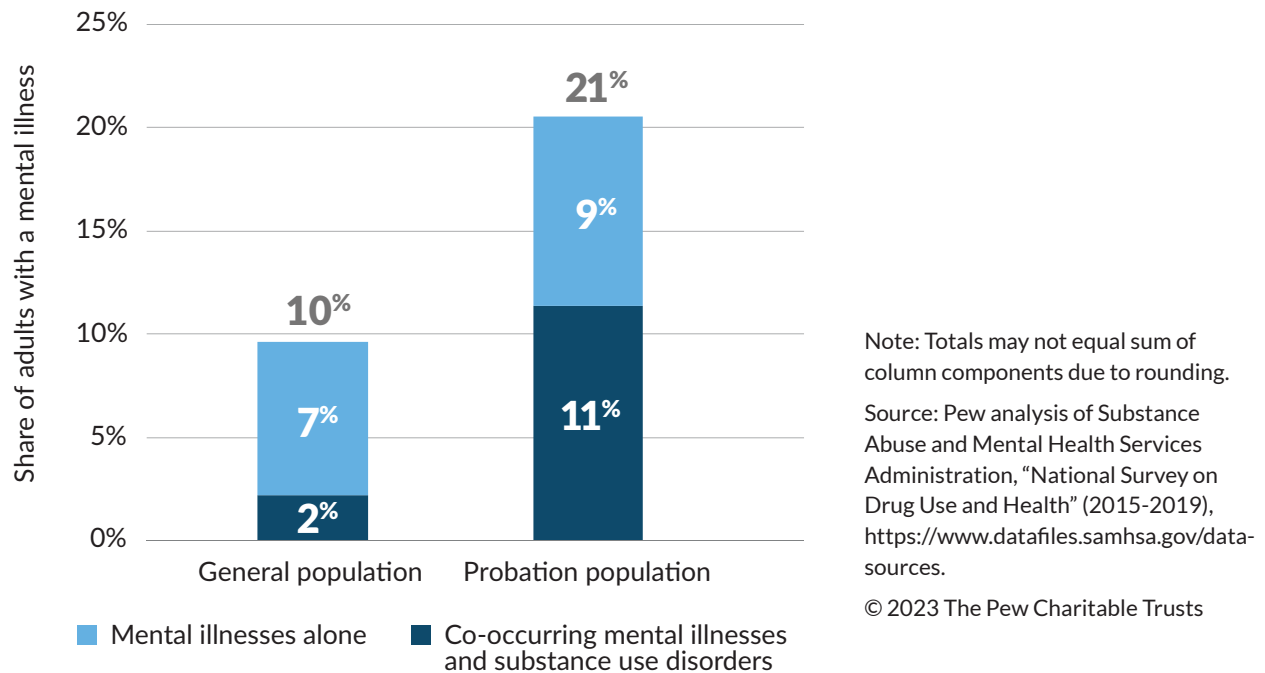
## **People with a mental illness are more likely to be on probation than those without**

Pew’s analysis of the National Survey on Drug Use and Health data from 2015 to 2019 shows that people with a serious or moderate mental illness (hereafter “mental illness”) made up about 21% of adults on probation, despite being only about 10% of the general population. (See Figure 1.) This difference was driven largely by those with both a mental illness and substance use disorder: The rate of co-occurring disorders for those on probation was over five times that for the general population. (See Figure 1.)

Figure 1

## The Share of the Probation Population With a Mental Illness Is Twice That of the General Population

Percent of adults on probation and general population with a mental illness, alone and co-occurring with substance use disorders



Almost 3.5% of adults with a mental illness were under probation supervision annually, according to a Pew analysis of survey data from the 2015-2019 National Survey on Drug Use and Health (NSDUH). This is about twice the probation rate for adults in the general public (1.7%).

Adults with co-occurring substance use disorders were over four times as likely to be on probation as those with only a mental illness. Approximately 8.5% adults with co-occurring substance use disorders in the U.S. were on probation, accounting for most (55%) of those with a mental illness on supervision. Comparatively, 2.0% adults with a mental illness alone were on probation, only a slightly higher rate than the general public (1.7%).

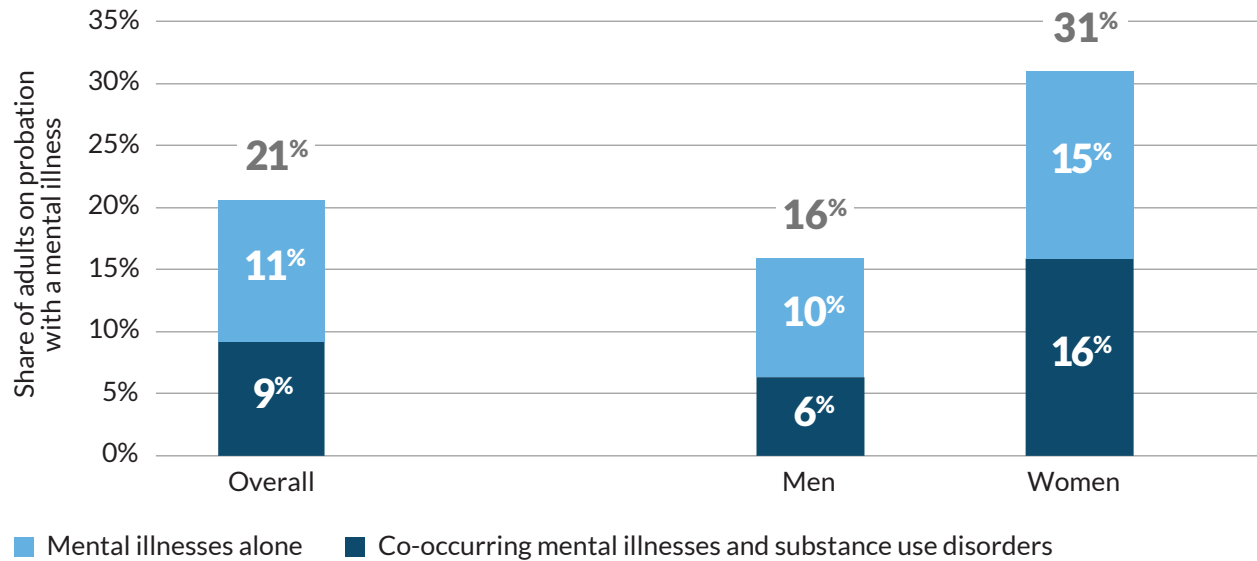
### A greater share of women than men on probation had a mental illness

Almost 1 in 3 women on probation had a mental illness (31%), which was nearly twice the prevalence for men (16%). (See Figure 2.) Women and girls have higher rates of experiencing traumatic events such as physical and sexual abuse or intimate partner violence than men have. Those who live in neighborhoods with high levels of community violence also experience the trauma of witnessing shootings, ongoing fear for the safety of themselves and loved ones, and loss of people close to them. Research has shown that exposure to trauma can lead to both higher rates of mental illness and substance use disorders and is associated with higher rates of arrest and other justice-system involvement.<sup>3</sup> After being exposed to traumatic events, women are more likely than men to develop post-traumatic stress disorder (PTSD) and a related mental illness such as depression or anxiety-related disorders.<sup>4</sup> A recent study indicates high overall rates of PTSD among individuals with serious mental illness on probation, with Black women having the highest rates of PTSD. In addition, White women were most likely to have experienced sexual assault.<sup>5</sup>

Figure 2

## Almost Twice as Many Women as Men on Probation Had a Mental Illness

Percent of adults on probation with a mental illness alone or co-occurring with substance use disorders, overall and by sex



Note: Totals may not equal sum of column components due to rounding.

Source: Pew analysis of Substance Abuse and Mental Health Services Administration, “National Survey on Drug Use and Health” (2015-2019), <https://www.datafiles.samhsa.gov/data-sources>.

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## Many people on probation with a mental illness have multiple justice system contacts

Justice outcomes for people on probation are frequently measured by completion of their term of supervision, the number of probation rule violations, and new arrests and criminal charges.

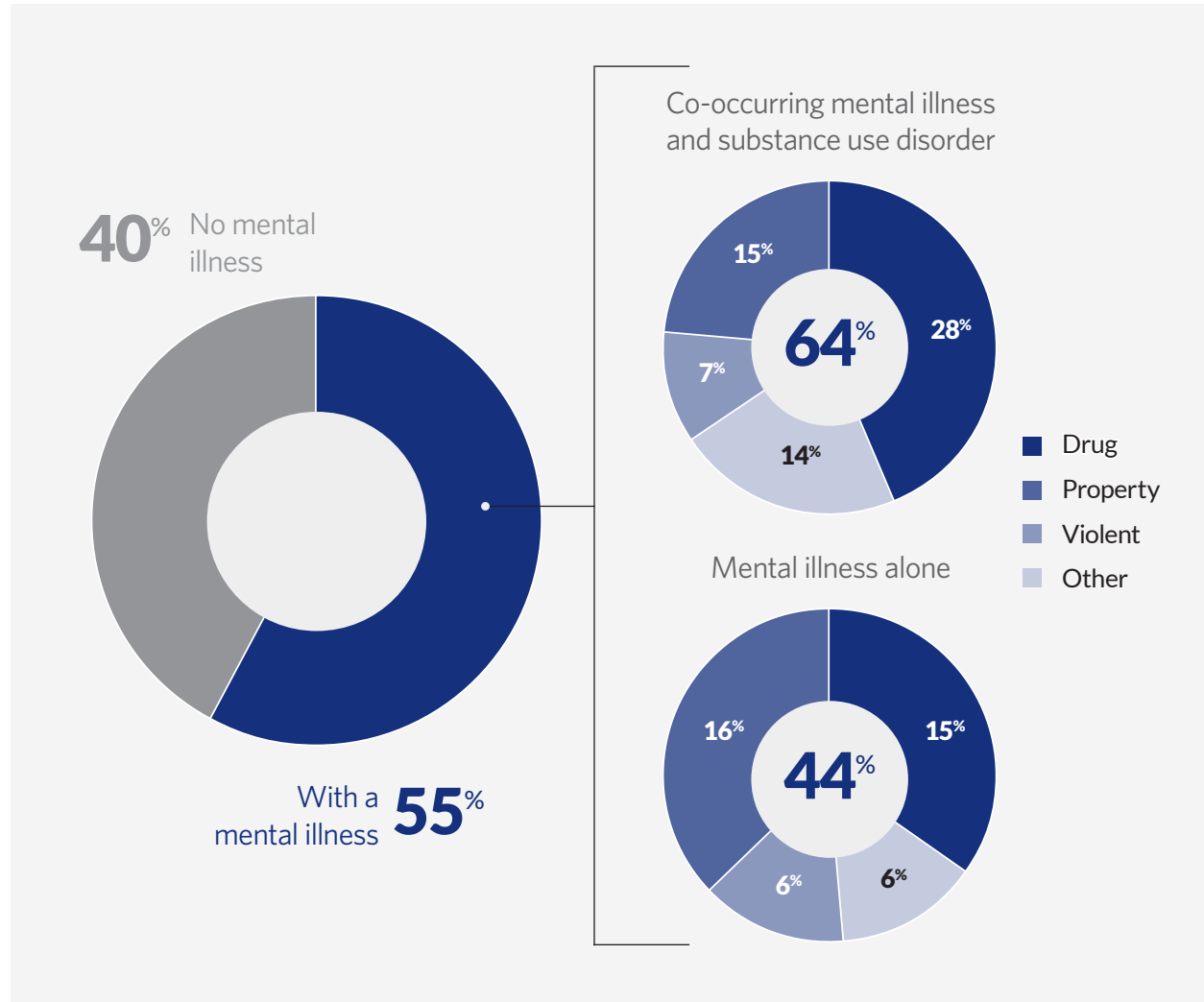
Pew analysis of data from NSDUH indicates that of adults on probation, those with a mental illness were more likely to be arrested than those without. (See Figure 3.) This was much higher for those with co-occurring substance use disorders on probation than those with a mental illness alone—64% compared with 44%—which suggests the co-occurrence of a substance use disorder may be a large contributor to arrest; almost half of those arrested on probation with co-occurring disorders were arrested for drug-related charges (e.g., DUI, public drunkenness, or illegal possession or sale of drugs). Among those on probation who had co-occurring substance use disorders, the most common type of substance use disorder involved alcohol (48%), followed by methamphetamine (36%) and opioids (32%). Comparatively, those with a mental illness alone were most frequently arrested for “other” offenses, which are often public order or other low-level offenses. For both those with a mental illness alone or with co-occurring substance use disorders, fewer than 1 in 14 arrests (7%) involved a violent charge.



Figure 3

## Adults on Probation With a Mental Illness Were More Likely to Be Arrested Than Those Without

Percent of adults on probation who were arrested, by mental illness alone or co-occurring with substance use disorders



Note: Percentages may total more than 100% because of rounding.

Source: Pew analysis of Substance Abuse and Mental Health Services Administration, "National Survey on Drug Use and Health" (2015-2019), <https://www.datafiles.samhsa.gov/data-sources>.

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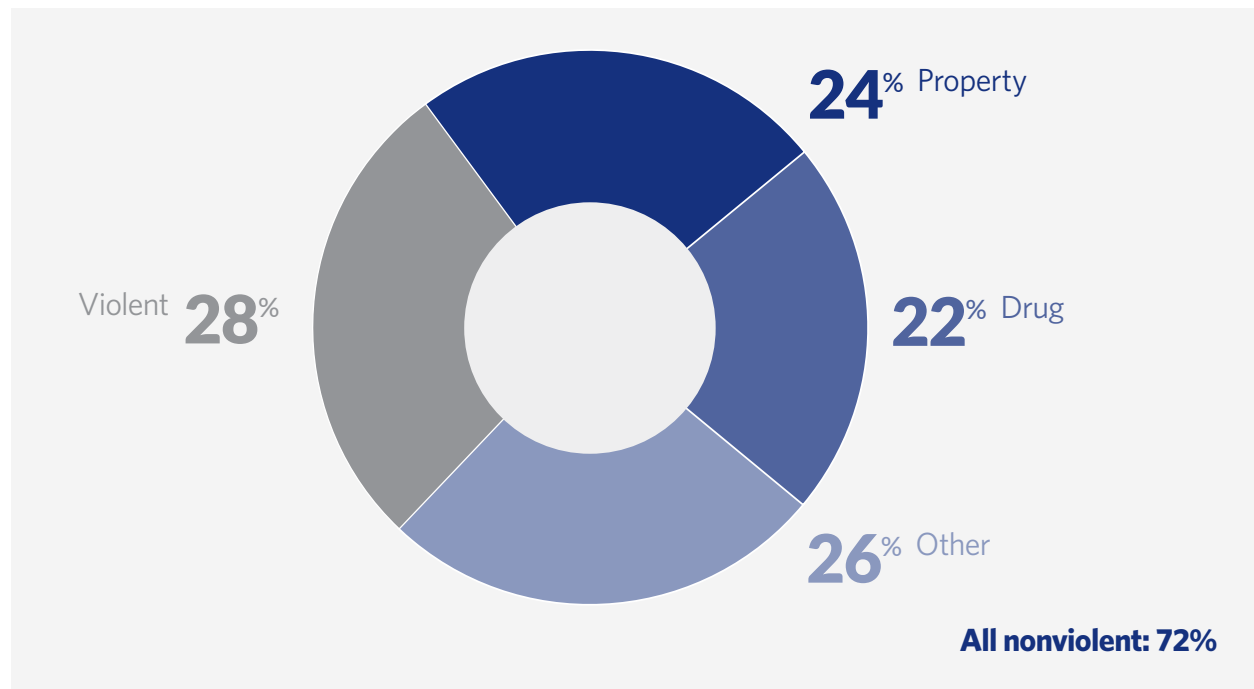
Analysis of data from the Bureau of Justice Statistics' 2016 national survey of prison inmates indicates that the poor outcomes for individuals on probation with a mental illness extend further into the justice system. Individuals who were admitted to prison while on probation were more likely to have a mental illness (49%) than those with a mental illness who were not on probation and sent to prison (44%). This is more than twice the share of people on probation who have a mental illness (21% from Pew's NSDUH analysis), indicating that having a mental illness may make a person on probation more likely to be sent to prison for a new arrest or probation violation.<sup>6</sup>

For individuals with a mental illness on probation who were sent to prison, about 3 in 4 (72%) were on supervision for a nonviolent offense. (See Figure 4.) Among those on probation sent to prison from probation, adults with a mental illness were less likely than their peers without a mental illness to have been on supervision for a violent crime (28% versus 31%).

Figure 4

## About 3 in 4 People Sent to Prison From Probation Who Had a Mental Illness Were on Supervision for a Nonviolent Offense

Percent of individuals on probation with a mental illness who were sent to prison, by original supervision offense



Source: Pew analysis of United States Bureau of Justice Statistics, “Survey of Prison Inmates, United States, 2016” (2021), <https://doi.org/10.3886/ICPSR37692.v4>.

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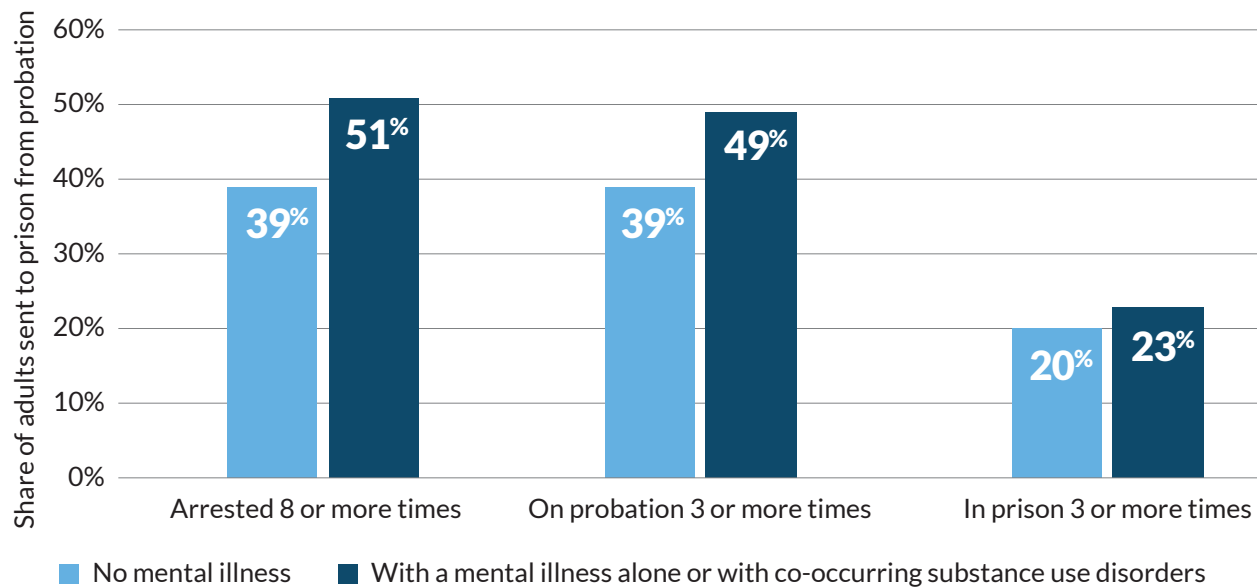
Overall, most people (56%) in state prison were incarcerated for a violent offense.<sup>7</sup> However, a much smaller share of people sent to prison from probation—less than 1 in 5 (18% to 19%)—had a new violent offense as their reason for being incarcerated; this was true regardless of whether they had a mental illness.

Those with a mental illness who were sent to prison from probation reported more justice system involvement than those without a mental illness. (See Figure 5.) At three points of contact with the justice system—arrest, probation, and prison—those with a mental illness were more likely to have a history of multiple interactions. About half of those sent to prison from probation who had a mental illness reported being arrested eight or more times and being on probation three or more times; this is compared with 39% for those who didn’t have a mental illness.

Figure 5

## Among People Sent to Prison From Probation, Those With a Mental Illness Reported More Past Criminal Justice System Involvement Than Those Without a Mental Illness

Percent of individuals sent to prison from probation, by type of criminal justice system involvement and mental illness



Source: Pew analysis of United States Bureau of Justice Statistics, “Survey of Prison Inmates, United States, 2016” (2021), <https://doi.org/10.3886/ICPSR37692.v4>.

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## Many challenges impede probation systems’ ability to meet the behavioral health needs of people on supervision

People with a mental illness can exhibit a wide variety of symptoms with varying degrees of severity; this complexity highlights the importance of identification through screening and assessment and tracking so that probation agencies can make appropriate accommodations and case plans, which can contribute to improved outcomes.<sup>8</sup> This aligns with current evidence-based approaches to probation that tailor supervision to each individual’s risk of reoffending and identified social and health needs.<sup>9</sup>

To learn more about practices for identifying mental illness and addressing the behavioral health needs of those on probation, Pew partnered with researchers at UNC to survey probation agencies across the U.S. In 2020, 315 agencies were sent questionnaires; of these, 179 complete responses from 43 states and the District of Columbia were received and included. Their responses indicated a wide variety of practices used across agencies and an overall limited ability for agencies to address the behavioral health needs of individuals on probation. (Note that although the respondents reflect a diversity of probation agencies, the results may not be nationally representative; see the methodology section for more information.)

## Few agencies used mental health-specific screening or assessment tools to identify mental illnesses and few tracked mental health status information

Behavioral health-specific assessments are recommended over general screening tools because the latter may not be sensitive enough to detect a mental illness and can lead to their under-identification.<sup>10</sup> Yet among responding agencies, fewer than 2 in 5 reported using a mental health-specific tool to identify people's behavioral health issues and needs; most agencies relied on more general tools to identify mental health issues, with the largest share of agencies (72%) reporting using risk-needs assessments. However, risk-needs assessments may not capture all behavioral health-related issues and may not accurately reflect individuals' current behavioral health symptoms, particularly as they change over time.<sup>11</sup>

Documenting the results of screenings and assessments is important for continuity in case management. The American Probation and Parole Association reports that probation officers themselves may face high rates of stress on the job, as well as secondary trauma; as a result, recent turnover rates in agencies have been reported at over 25%, with some having double-digit vacancy rates.<sup>12</sup> A probation officer taking over a new caseload is therefore heavily dependent on access to records left by their predecessors. However, only about 1 in 4 agencies (26%) reported having a flag for mental health in their electronic case management system. This can mean that an officer taking over a caseload may be starting from scratch when it comes to identifying clients with a mental illness and connecting them to services.

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### On the importance of screening people on probation for a mental illness:

"Sometimes, we don't know that they have a mental illness until they come in and tell us. ... [I]f there was a procedure put in place as far as in the court system, then we can handle it before they even get on supervision. Some people, they shouldn't even be on supervision if they have a mental health issue, and that's in the court, that's the struggle that we have when they get sentenced to probation and then they come to us, and then we find out that, oh, something's going on with this person."

Interview with probation agency representative, National Survey of Probation and Mental Health  
Technical Report

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## Most probation agencies did not have a specialized mental health approach

Some agencies have implemented specialized mental health probation, which has been highlighted as a promising practice by the National Institute of Justice.<sup>13</sup> Key features that differentiate this from traditional probation approaches often include smaller caseloads, specialized behavioral health training for probation officers, coordination with service providers, and increased flexibility around the conditions of supervision.<sup>14</sup>

In the UNC survey of probation agencies, 41% of agencies reported having specialized mental health approaches.<sup>15</sup> Availability varied for urban and rural agencies, with around 1 in 4 (26%) rural agencies having specialized mental health probation compared with over half (56%) of urban agencies. Earlier research found that probation officers in rural areas were more likely to identify supervision obstacles related to community-based resources, including a lack of employment and social support, than their urban counterparts.<sup>16</sup> Fewer treatment providers and limited or nonexistent public transit options in rural communities can make it difficult for people on probation to comply with supervision conditions.<sup>17</sup> These obstacles, when accompanied by the lack of specialized mental health probation, can make successfully completing supervision particularly difficult for people with behavioral health issues living in rural areas.

# Most agencies with a mental health probation approach did not evaluate it for either probation or health outcomes

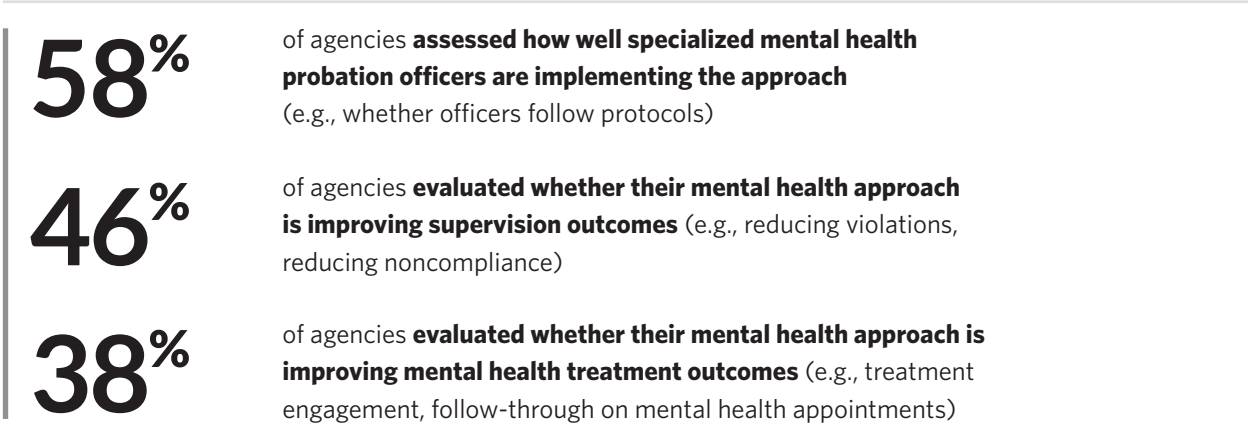
Less than half (46%) of agencies reported evaluating whether the mental health approach improved probation outcomes, such as reducing violations. (See Figure 6.) Even fewer agencies (38%) reported evaluating whether it improved treatment uptake and outcomes, such as follow-through in attending mental health appointments.

Evaluating effectiveness is vital to improving outcomes, because the label of “mental health probation” alone does not ensure that people with a mental illness are receiving services that improve their health and help them successfully complete their supervision term. Research suggests that the effectiveness of specialized mental health probation is a result of the benefits associated with smaller caseloads, more personalized attention, and additional training for probation officers.<sup>18</sup>

Figure 6

## Less Than Half of Surveyed Agencies With a Mental Health Probation Approach Evaluated Outcomes

Percent of agencies reporting evaluation of mental health approach implementation and outcomes



Source: National Survey of Probation and Mental Health Technical Report.

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About 2 in 5 agencies with mental health approaches indicated they didn’t assess how well probation officers follow the protocol for the specialized approach. Implementing a specialized program differently than how it was intended can reduce the likelihood of achieving successful outcomes and can make it difficult to compare the effectiveness of different programs.<sup>19</sup>

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### Why a mental health approach can improve outcomes:

“I think we don’t always understand what’s going on with them, because we don’t have the time to have those conversations. When you’ve got 120, 130 on your caseload, your goal is compliance ... you get them in, and you get them out. And as much as we’d like to say we do the mental [health] supervision, it is very hard to do that with that high caseload. So, I think if our caseloads were lower... we would have more opportunities to talk to these individuals, find out what’s going on with them, and realize what’s driving their problem behavior, what’s the criminogenic need that needs to be tackled?”

Interview with probation agency representative, National Survey of Probation and Mental Health  
Technical Report

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## Most agencies reported limited training on mental health issues

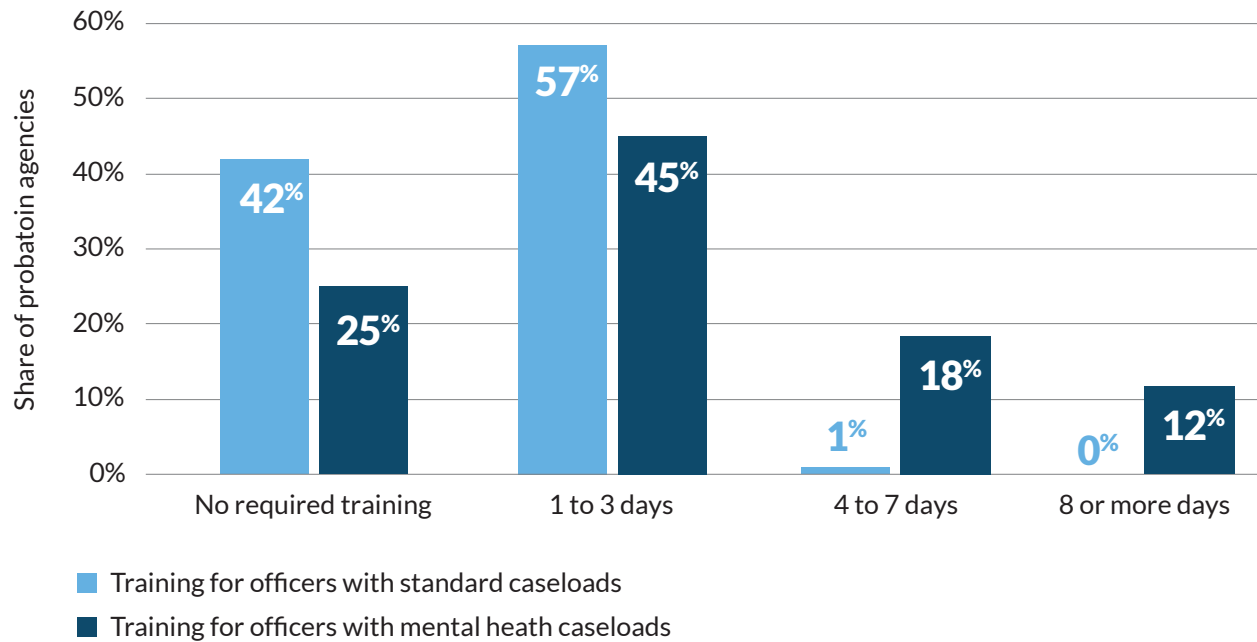
As noted above, most agencies did not have a specialized mental health approach. And even in agencies that did have such an approach, a key feature of specialized mental health probation approaches is smaller caseloads,<sup>20</sup> so some people with behavioral health issues may remain on standard supervision. Less than half of agencies said they required mental health training for their probation officers with standard supervision caseloads. (See Figure 7.) Most agencies do not include mental health as part of their basic training. When they do receive training, officers with standard supervision caseloads receive on average just one day (eight hours) of mental health training. Given that only 41% of surveyed agencies had specialized mental health approaches and Pew analysis of NSDUH data suggests that 21% of people on probation had a mental illness, this means that many individuals with behavioral health needs are not on specialized caseloads and are being supervised by officers who have had minimal training on mental health.

Over half (56%) of agencies with a mental health approach require fewer than three days of mental health training for officers on these caseloads, with 1 in 5 agencies requiring no training at all. Fewer than 1 in 10 agencies using a mental health approach required more than a week of mental health training.

Figure 7

## Most Probation Agencies Required 3 or Fewer Days of Mental Health Training

Percent of agencies, by supervision approach and number of required days of mental health training



Source: National Survey of Probation and Mental Health Technical Report.

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Interviews with probation officers echo earlier research showing that many don't feel adequately trained to supervise individuals with a mental illness. Without proper training, officers are less equipped to help people with behavioral health needs to find employment, community treatment, and sources of social support.<sup>21</sup>

### On the importance of training:

"I would say probably one of the big ones would be that the majority of officers, especially new officers, aren't trained in mental illness and mental health ... if it comes across your desk that they have a bipolar diagnosis, or what that means. What that looks like. It's hard to take that into consideration when supervising a client. ... I think that's the biggest challenge."

Interview with probation agency representative, National Survey of Probation and Mental Health Technical Report

## Probation agencies that apply general best practices can better support people with a mental illness on supervision

People with a mental illness on probation may have difficulty complying with the conditions of supervision.<sup>22</sup> Allowing probation officers to have flexibility in setting conditions and determining when to implement sanctions for noncompliance is important. Some conditions, such as mandatory in-person reporting, and some sanctions, such as short jail stays, can exacerbate a person's symptoms, negatively affecting their health and well-being.<sup>23</sup> Having the ability to alter conditions and sanctions allows probation officers to set supervision conditions that take into account a person on probation's mental health issues, helping them to successfully complete their supervision term.<sup>24</sup> Reducing the use of threats and sanctions as supervision compliance strategies can also improve the quality of relationships between officers and those they supervise with a mental illness, allowing for more productive meetings and increased ability to collaborate to solve problems facing the person on probation.<sup>25</sup>

Yet, allowing for such flexibility was not common among responding agencies with specialized mental health approaches. Fewer than 1 in 4 agencies (23%) reported having more flexibility in determining sanctions of probation violations, and fewer than 1 in 5 (18%) had more flexibility in setting conditions of supervision. In many jurisdictions, this may be in part because courts and statutes, rather than probation agencies, determine supervision conditions and how sanctions are applied, limiting individual agencies' ability to be more flexible. For example, if a person with a mental illness and co-occurring substance use disorder relapses in their drug treatment, their probation may be revoked, as abstinence is often a standard condition of supervision. In 22% of cases where people with a mental illness went to prison, they did so for drug-related charges.

Given the behavioral health needs of people with a mental illness on probation, coordination with behavioral health providers and agencies is also important. Interestingly, NSDUH data indicated that adults with co-occurring substance use disorders who were on probation were more likely to receive any treatment than those not on probation (68% compared with 57%). This suggests there is a potential for agencies to help connect people with behavioral health issues to appropriate health care, or that those required to get treatment are prioritized over individuals not on probation.

People with a mental illness on probation may have difficulty complying with their behavioral health treatment plan.<sup>26</sup> Regular interagency coordination can help people on supervision overcome barriers to following their treatment protocols. This can help them in their recovery, while also ensuring that probation officers and treatment providers are on the same page in terms of goals.<sup>27</sup>

In the UNC survey of probation agencies, 85% of agencies with specialized mental health approaches sought guidance and resources from service providers to better meet the needs of people with a mental illness on supervision, and 62% hosted a joint treatment team meeting. Urban agencies were more likely than rural agencies to be in contact with service providers.



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### On collaborating with mental behavioral health providers:

“We do work closely with our local agencies. We actually have monthly meetings with a number of them. We also get monthly written reports submitted to us on the participation level, the attendance level of the individuals, as well as what they’re working on. ... Are there any concerns that the provider wants us to be aware of? ... So those are things that we work on and we address. ... We’ve even met with the local hospitals to discuss some cases about discharge data. They’ll get the provider, they’ll get the probation department, and they’ll get everybody involved, a social worker at the hospital as well as some of the higher staff there, to discuss, post-release, what we would like to see as far as treatment goes for the plan with everything.”

Interview with probation agency representative, National Survey of Probation and Mental Health  
Technical Report

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## Recommendations

By taking steps to better identify, supervise, and treat mental illness, probation departments, policymakers, and courts can improve health and public safety outcomes for people on probation with behavioral health issues. Policy and practice recommendations include:

- **Identify and accommodate a person’s behavioral health needs.**
  - Use evidence-based mental health screening and assessment tools.
  - Include a behavioral health flag in electronic case management systems.
  - Develop individualized case plans and conditions of supervision accordingly.
  - Collaborate with behavioral health providers to align treatment needs and case plans.

Some of this requires relatively small investments. For example, validated brief screenings that can be administered by nonlicensed professionals are a good option that have few barriers to implement. Once people with behavioral health needs are identified, tracking is critical so that changes in probation personnel don’t mean the knowledge of a person’s behavioral health needs is lost. While protecting privacy, improved data sharing between systems can improve the continuity of care for people on probation.

- **Improve and expand training for all probation officers.**
  - Train probation officers on mental illness symptoms and challenges, including ways to effectively supervise people with a mental illness and co-occurring substance use disorders.
  - Incorporate trauma-informed approaches to supervision. Trauma-informed approaches can support the recovery and rehabilitation of people on probation while reducing a return to criminal behavior by acknowledging the role of trauma, avoiding re-traumatization, and linking people with appropriate services and treatment.

- **Establish specialized mental health approaches.**

- Reduce the size of caseloads for officers supervising people with a mental illness.
- Increase flexibility and discretion when using sanctions for technical violations—that is, noncriminal issues such as missing a probation meeting.
- Ensure regular communication with behavioral health providers to discuss supervision and treatment needs, compliance, and progress.
- Adopt a recovery-focused model that incorporates the use of peer support specialists, who understand the challenges people with mental illness face and provide positive support in accessing treatment and maintaining mental health.<sup>28</sup>

Research suggests that people in specialized mental health probation programs are less likely to violate the terms of probation and are less likely to be rearrested than those in traditional probation programs.<sup>29</sup> If implementing a specialized mental health program, evaluate its effectiveness from supervision and health perspectives and ensure the program is being implemented with fidelity. If an agency is too small to have a separate caseload for people with a mental illness, consider creating protocols that can be applied on an individual basis and used by probation officers.

- **Apply evidence-based changes to supervision that people with mental illness might particularly benefit from.**

- Refrain from making mental health treatment a condition of supervision, which could lead to people having their probation revoked and remaining under correctional control.
- Consider shortening probation terms. This could benefit people with mental illness by reducing the time under which they must comply with challenging conditions. Earlier Pew research has shown that longer probation sentences for those who had not been rearrested in the first year offered little to no additional public safety benefit.<sup>30</sup>
- Allow for flexible reporting. Many probation agencies provided allowances for people to report remotely, which could reduce violations of people whose mental illness make it difficult for them to consistently report in person.

Beyond probation, policymakers can take important steps to improve the identification and outcomes of individuals with a mental illness throughout the justice system. For example:

- Strengthen the behavioral health crisis response system and diversionary programs so people with a mental illness are connected with community-based services and are less likely to be arrested, go to jail, and end up on probation in the first instance.<sup>31</sup>
- Recognize that most people with a mental illness involved in the criminal justice system have a co-occurring substance use disorder and develop a more unified behavioral health system with “no wrong door,” whereby people can get integrated mental health and substance use treatment regardless of setting. Certified community behavioral health centers are one approach to this that is currently being piloted.
- Strengthen interagency data sharing policies to help support continuity of care for people with a mental illness and/or a substance use disorder who enter the criminal legal system.

Probation agencies are not behavioral health treatment providers and should not be expected to provide clinical care. Still, providing probation officers with training and other resources would help ensure those on supervision with a mental illness are getting connected with health care and social services necessary to be successful on probation and beyond.

# Appendix

## Methodology

This report used data from the National Survey on Drug Use and Health (NSDUH); the National Survey of Probation and Mental Health Technical Report, provided to Pew and conducted by researchers at the University of North Carolina at Chapel Hill (UNC) in collaboration with the American Probation and Parole Association; and the Survey of Prison Inmates, 2016.

### National Survey on Drug Use and Health

The NSDUH, sponsored by the Substance Abuse and Mental Health Services Administration (part of the U.S. Department of Health and Human Services), has collected national self-reported data on substance use (including tobacco, alcohol, and drug use), mental health, and other health-related issues among a sample of approximately 70,000 Americans age 12 and older since 1971. For this publication, Pew used data from 2015 to 2019 due to two notable events. First, in 2015 NSDUH changed the measurement of some variables, making analysis with those variables not comparable to earlier years. And in 2020, NSDUH changed the definitions for some mental health measures, also making them not comparable to earlier years. Pew used the 2015-2019 data for ages 18 and older to estimate the number of people with mental illness and co-occurring substance use disorders in the general population and on probation, as well as the prevalence of arrest and the type of crime arrested for (by mental illness).

In the survey, respondents were asked several questions about potential symptoms of mental health and substance use issues, and NSDUH classified those answers into variables for mental illness and substance use dependence and abuse based on the definitions in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). Mental illness was defined in the DSM-IV as “having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder.” Substance use disorder was defined as “dependence on or abuse of alcohol or illicit drugs, which included such symptoms as withdrawal, tolerance, use in dangerous situations, trouble with the law, and interference with major obligations at work, school, or home during the past year.” Illicit drugs included the following: “marijuana/hashish, cocaine (including crack), heroin, hallucinogens, methamphetamine and other inhalants, or prescription psychotherapeutics used nonmedically.” NSDUH also asked respondents if they had been arrested and booked in the past year and records the number of arrests/bookings, as well as what crime they were arrested/booked for.

For this analysis, researchers used the NSDUH variable for serious or moderate mental illness as the main mental illness measure in order to capture mental illness most likely to significantly interfere with everyday life. This measure represented all individuals with symptoms consistent with serious or moderate mental illness, which we’ve referred to throughout this report as simply mental illness. Pew researchers also used the NSDUH variable for substance use disorder in concert with the mental illness variable to measure people with co-occurring substance use disorders. People who had mental illness but not substance use disorder were coded as having only a mental illness. Finally, researchers used the NSDUH arrest variable to determine the percent of people arrested in the past year and the crime types for which they were arrested. Researchers coded the crime types according to the FBI’s Uniform Crime Reporting (UCR) Part 1 and Part 2 offenses and the FBI hierarchy rule (i.e., if an individual was arrested for more than one crime in the past year, only the most serious crime was coded).<sup>32</sup>

- Violent crimes included people arrested for Part 1 offenses of aggravated assault, forcible rape, murder, homicide, and manslaughter.
- Property crimes included those who were arrested for Part 2 offenses of burglary, larceny, motor vehicle theft, and arson (as long as they were not also arrested for a violent offense).
- Drug crimes included people arrested for DUI, public drunkenness, and possession or sale of drugs (as long as they were not also arrested for a violent or property offense).
- Other crimes included any other crime for which a person was arrested (as long as they were not also arrested for a violent, property, or drug offense), including crimes such as vandalism, traffic violations, trespassing, and obstructing police.

## UNC National Survey of Probation and Mental Health

Completed in 2022, this survey was conducted by researchers at UNC Chapel Hill in partnership with the American Probation and Parole Association and The Pew Charitable Trusts. A technical report on the results was provided to Pew, which was a primary funder of the research. Three hundred fifteen counties from throughout the U.S. were randomly selected to be surveyed: At least one county from each state, plus the District of Columbia, got selected. A total of 179 counties representing 43 states responded (57% response rate); of those, 105 respondents were from urban counties and 74 were from completely or mostly rural counties, as defined by the U.S. Census Bureau. Researchers attempted to survey the most appropriate respondent from each probation department to ensure familiarity with the mental health approaches used in the county. Respondents had eight years of experience in their current position, on average, and an average 19 years of experience in community supervision. Due to sample constraints, the data may not be nationally representative.

In the survey, respondents were asked several questions related to general information about adult probation, processes for identifying people on probation with a mental illness, and information about specialized mental health approaches and standard caseloads (i.e., nonspecialized caseloads). Seventy-four agencies had specialized mental health approaches, 98 agencies had standard caseloads, and seven agencies were missing this data. Mental illness was defined as (1) a mental illness, such as schizophrenia, bipolar disorder, depression, generalized anxiety disorder, and/or post-traumatic stress disorder, that had been diagnosed by a medical or mental health provider; (2) individual self-report of a diagnosis from a medical or mental health provider; or (3) a potentially undiagnosed mental illness that had been flagged using screening or assessment instruments that may be part of a probation department's documentation or intake process. People who had a substance use disorder that did not co-occur with a mental illness, using the definition above, were not counted as having a mental illness.

Researchers also interviewed a subset of people who completed the survey to learn more about specialized mental health probation approaches. A total of 85 people expressed interest in participating in a phone interview, and 22 completed interviews (26% response rate). Respondents were interviewed about the challenges of supervising people with mental illness on probation, implementation of specialized mental health approaches, and challenges related to COVID-19.

Certain questions were asked only of probation agencies with specialized mental health caseloads. For each set of analyses, Pew researchers excluded agencies with missing responses. The tables below show the number of agencies with missing responses that were excluded for each figure in this publication.

Questions asked of probation agencies with standard caseloads (Total = 98)

Figure	Number of agencies included in analyses	Number of agencies with missing responses that were excluded from analyses
7	98	0

Questions asked of probation agencies with specialized mental health caseloads (Total = 74)

Figure	Number of agencies included in analyses	Number of agencies with missing responses that were excluded from analyses
6	74	0
7	60	14

Probation agencies with specialized mental health caseloads were asked about the types of training available to officers. The table below shows the various types of mental health-related training received and the share of agencies that received each training.

Type of mental health training received	Share of probation agencies
Mental health crisis de-escalation training	48.65%
Mental health first aid	56.76%
General risk-need-responsivity principles	60.81%
Other agency-developed mental health training	51.35%

## Survey of Prison Inmates, 2016

The Survey of Prison Inmates (SPI), sponsored by the Bureau of Justice Statistics, has collected data on demographic and socioeconomic characteristics, family background, criminal history (including offense characteristics and sentencing), substance use and treatment, and mental and physical health and treatment from a sample of Americans age 18 and older in state and federal prisons. For this publication, Pew used data from the 2016 survey, the most recent year for which data is available. Approximately 25,000 people from 364 prisons (306 state and 58 federal) participated in the 2016 SPI. The survey questions were administered through computer-assisted face-to-face interviews. Responses were weighted to minimize bias due to nonresponse and to provide nationally representative estimates. For this Pew report researchers used data from people in prison who were admitted to prison from probation for either a violation or new offense.

In the survey, respondents were asked about history of mental illness. Having a mental illness was defined as having received a diagnosis of bipolar disorder, a depressive disorder, schizophrenia, post-traumatic stress disorder, an anxiety disorder, a personality disorder, or another mental or emotional condition by a medical doctor or a mental health professional. Respondents were also asked several questions about potential symptoms of substance use issues; SPI used those answers to categorize respondents as having (or not having) substance abuse or dependence based on the definitions in the DSM-IV. Substance use disorder was defined as dependence on or abuse of alcohol or illicit drugs, which included symptoms of withdrawal, tolerance, use in dangerous situations, trouble with the law, and/or interference with major obligations at work, school, or home during the past year. Illicit drugs included the following: “marijuana/hashish, cocaine (including crack), heroin, hallucinogens, methamphetamine, inhalants, or prescription drugs used nonmedically.” For this publication, Pew researchers defined people with a mental illness as those who met the criteria for mental illness alone or in combination with a substance use disorder.<sup>33</sup>

# Endnotes

- 1 The UNC survey was funded in part by Pew, which also provided input into the survey design. The technical report is unpublished but available upon request.
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