Prevalence Estimates of Psychiatric Disorders in Correctional Settings

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Overview

The true prevalence and incidence of psychiatric disorders in criminal justice populations have been difficult to estimate. There have been several significant barriers to gathering data for these estimations. First and foremost, well-designed and rigorous epidemiological studies are costly and labor intensive. Correctional facilities are currently overwhelmed by the numbers of inmates being processed through the system. This pressure makes it difficult, if not impossible, for researchers to gain entry and administrative support for large studies of incarcerated populations. Each point of the criminal justice system presents different difficulties in determining rates of disorder. Jail psychiatry, for example, is concerned with identifying and treating acute episodes. Because jails have constant, high-volume turnover, prevalence studies of a single-point-in-time census are impossible. Further, the projected utilization of jail services must be estimated on the need of a large percentage of individuals who may remain for less than 48 hours. Basing prevalence and utilization estimates on a longer term group does not necessarily reflect the actual need for care for this population. Epidemiological studies of jail populations, therefore, should be made on admissions (i.e., bookings). Only one such study has been conducted to date.[1] All other estimates of mental illnesses in jails have been based on persons using or requiring mental health services who were already identified by jail personnel.

The study by Teplin, Abram, and McClelland[2] was conducted in the Cook County (Chicago), Illinois jail and represents the best estimates to date (see table 1). Analyses were conducted on males and females separately, but have been weighted to represent the racial/ethnic composition of the jail.[3] As table 1 shows, the rates of disorders differ substantially among men and women. These data reveal that acute symptoms of serious mental illnesses requiring treatment are present in about 6 percent of males[4] and 15 percent of females[5] at booking.

Table 1. Estimated 6-Month and Lifetime Diagnosis (Cook County)				
	Current Illness		**Lifetime Illness**	
Diagnosis	**Female**	**Male**	**Female**	**Male**
Schizophrenia	1.8	3.0	2.5	3.8
Major depression	13.7	3.4	16.9	5.1
Bipolar manic	2.2	1.2	2.6	2.2
Dysthymia	6.5	—	9.6	8.5
Post-traumatic stress	22.3	—	33.5	—
Anxiety/other	3.5	11.6	4.0	21.0

Source: Teplin, L.A., "Psychiatric and Substance Abuse Disorders Among Male Urban Jail Detainees," *American Journal of Public Health* 84(2)(1994): 290–293; Teplin, L.A., K.M. Abram, and G.M. McClelland, "Prevalence of Psychiatric Disorders Among Incarcerated Women: 1. Pretrial Jail Detainees," *Archives of General Psychiatry* 53(8)(1996): 505–512.

Prison facilities present fewer problems in gathering data and estimating the need for services. First, prisons have relatively stable populations. Therefore, it is possible to conduct a census-based study. Most prisons do not have the onsite capacity to provide psychiatric inpatient hospitalization. Ninety-two percent of State prisons do not provide inpatient care within the facility, and 2.3 percent of the inmate population is in inpatient or residential care at any given time.[6] The challenge for research, therefore, is to account for the individuals who are currently offsite due to an inpatient stay.

Like estimates of mental illness in jails, most estimates of mental illnesses in prisons are based on those utilizing services. These studies typically estimate that between 6 and 15 percent of the prison population has a serious and persistent mental illness. Recent epidemiological studies of specific disorders indicate, however, that 22.5 percent of a male prison population exhibited symptoms of major depression.[7] Among opiate-dependent males, anxiety disorders were found in 32 percent of the population and affective disorders were found among 25 percent of the population.[8] Jordan and colleagues conducted a study of female prisoners and found statistics similar to the Teplin, Abram, and McClelland 1996 study.[9]

The Epidemiological Catchment Area study[10] conducted during the early 1980s estimated the prevalence of mental disorders in the American public. In addition to the large community sample, the study also contained samples from institutionalized populations, including prison inmates. This study revealed that the 1-year prevalence rate of serious mental illnesses was as follows: 5 percent exhibited symptoms of schizophrenia, 6 percent suffered from bipolar disorder, and 9 percent from unipolar depression.[11]

To date, no estimates have been made regarding the prevalence of mental illness in community corrections populations. One study of State probation and parole authorities estimated that the percentage of probationers with mental illnesses

varied from 3 to 23 percent (with a mean of 6 percent) across States that maintained records, and that the percentage of parolees with mental illnesses varied from 1 to 11 percent (with a mean of 5 percent) across these same States.[12] This study is not comparable to the others noted above and does not estimate the true prevalence of mental disorders in these community corrections populations. No scientifically rigorous prevalence study has been conducted to date on this population. This is primarily because community corrections departments have no obligation to provide mental health services or access to those services. Therefore, these departments need not know the psychiatric status of persons under their supervision.

National Comorbidity Survey

To remain consistent with the methodology employed by the other monographs in this report, a national community-based epidemiological study was used to estimate psychiatric disorders in correctional settings.

Taking advantage of the wealth of secondary data available for social science research, this study used the U.S. National Comorbidity Survey (NCS)[13] to generate estimated prevalence rates for various diagnoses among the incarcerated population. The NCS was mandated by Congress to provide information about the prevalence and risk factors of substance abuse and psychiatric disorders among the general population. This landmark survey is the first nationally representative psychiatric epidemiologic survey based on a community sample.

Using a comprehensive diagnostic interview, trained interviewers who were not clinicians collected histories of psychiatric symptoms and use of substances from noninstitutionalized individuals, many of whom had not been previously diagnosed. The detailed questions combined multiple items based on the American Psychiatric Association's Diagnostic and Statistical Manual (DSM–III–R) with questions that allow for comparisons with the International Classification of Diseases (ICD–10). The resulting national sample of 8,098 persons aged 15 to

54 was selected from the 48 coterminous States. General findings suggest that lifetime and recent psychiatric morbidity are more prevalent than previously thought. The survey revealed that 48 percent of the sample had at least 1 psychiatric disorder at some time in their life and 29 percent had evidence of a disorder within the past year.[14]

Methodology

Seven diagnoses were examined: psychotic disorder, major depression, bipolar mania, dysthymia, post-traumatic stress disorder, anxiety,[15] and antisocial personality disorder. The prevalence of each of the seven diagnoses was weighted by age, race, and gender in a manner similar to that used by Hornung, Greifinger, and Gadre.[16] Using the community-based sample, three rates (the community sample, the poverty sample, and the poverty and substance abuse sample) were estimated for lifetime prevalence and 6-month prevalence for each diagnosis. Thus, six tables were created for each diagnosis and stratified by race and ethnicity, sex, and age group. (Appendix A displays these tables.) First, prevalence rates for the entire sample created a baseline model ($n = 7,828$).[17] Because the lowest socioeconomic strata of society represent a disproportionate amount of the incarcerated population and because poverty and mental disorder appear to be correlated, a subsample of respondents with a reported income below the poverty line was used to create a second set of prevalence rates ($n = 977$).[18] This second model is expected to produce superior estimates of psychiatric diagnosis among inmate populations, for it provides a closer approximation of the sociodemographic profile of inmates. A notable exception is the greater percentage of white-collar offenders, who are typically from a higher socioeconomic stratum incarcerated in Federal institutions. This second set is identified as "Distressed Rate I."

Finally, a third set of rates were computed based on the fact that a majority of arrestees test positive in urine screens for illicit substance use.[19] Approximately 65 percent have evidence of at least 1 substance at the time of arrest. This statistic does not include those who abused alcohol, were under the influence of alcohol at the time of arrest, or were drug addicted but not recent users. Since the vast majority of jail and prison inmates abuse substances, a subsample ($n = 247$) of those in poverty with a comorbid substance use disorder were used to estimate rates of mental illnesses among an extremely distressed population (Distressed Rate II).

Appendix B displays the cell frequencies for the three samples. Because small sample sizes can create unstable estimates, all cells with fewer than 10 cases (shaded areas) are calculated from the prior table weighted by the marginal rates for race and sex. Empty cells in the community sample are assigned a value of 0.1.

From the 39 tables in appendix A, rates were weighted by the 1995 age, gender, and race distributions in Federal and State prisons, local jails, and community corrections populations consistent with those used by previous researchers.[20] Instead of creating point estimates, the expected prevalence of cases should be taken as the range of values between two models. Because jails must focus on acute psychiatric conditions, jail estimates are based on the 6-month prevalence rates of each disorder (except antisocial personality disorder) and range from the rates for the poverty sample (Distressed Rate I) to the rates for the poverty and substance abuse sample (Distressed Rate II). State prison rates utilize the same samples (Distressed Rates I and II), but are based on lifetime occurrence. Because Federal prisoners tend to be more economically advantaged, lifetime prevalence rates use the Community and Distressed Rate I samples. These same parameters are used for community corrections populations.

Demographic Characteristics of Offender Populations

The demographic characteristics of offender populations vary only moderately across the five categories of correctional settings listed here (see table 2).[21] Males are disproportionately represented in all correctional populations, varying from a high of 94 percent in State prisons

to a low of 79 percent under probation supervision.

The racial and ethnic distributions in correctional populations reflect an overrepresentation of persons of color. This degree of overrepresentation differs depending on the setting. More than one-half of probationers are white, but the proportion of white inmates incarcerated in correctional facilities is notably lower. The ethnic and racial distribution is fairly consistent across facility type, with at least 60 percent of inmates in each facility classified as nonwhite. Jails and State prisons have similar racial and ethnic distributions. Federal prisons, however, have a substantially greater proportion of Hispanic inmates than the other types of correctional settings.

The age distribution of the inmate populations varies somewhat across types of correctional facilities. In general, jails and State prisons have similar age distributions, except for the larger percentage of jail detainees under the age of 19.

Federal prisoners are typically older than those held in other types of facilities. Federal prisons had the largest proportion of middle-aged and older inmates. Thirty-eight percent of Federal inmates are more than 40 years old compared with 17 percent for jails and 18 percent for State prisons.

Prevalence Estimates of Psychiatric Morbidity in the General Population

Table 3 shows the prevalence of psychiatric morbidity in the general U.S. population. Lifetime occurrence of disorders vary from low-rate disorders, such as schizophrenia (0.8 percent) and bipolar disorder (1.5 percent) to disorders that occur at a relatively high rate, such as anxiety disorders (25 percent), major depression (18 percent), and antisocial personality or conduct disorder (15 percent). Recent episodes of psychiatric disorders have similar patterns across diagnostic categories, but at about half the rate of lifetime prevalence.

Table 2. Characteristics of Inmate Populations, 1995					
	State/Local Probation	Local Jails	State Prisons	Federal Prisons	Parole
Number	2,620,560	507,044	1,026,882	100,250	648,921
Gender					
% Male	79.1	89.8	93.7	92.8	90.0
% Female	20.9	10.2	6.3	7.2	10.0
Ethnicity					
% White	58.3	40.1	33.3	29.9	48.6*
% Black	27.9	43.5	46.5	37.8	42.8
% Hispanic	11.3	14.7	17.0	27.3	—
% Other	2.4	1.7	3.2	5.0	8.6
Age	n/a				n/a
% ≤ 19		10.6	3.7	0.3	
% 20–29		39.6	42.7	25.2	
% 30–39		34.1	35.5	37.0	
% 40–49		13.2	12.9	24.7	
% 50+		3.5	5.3	12.8	

* Racial distributions in the parole population do not break out persons of Hispanic heritage. These individuals are represented within the racial categories of white, black and other. Therefore, direct comparisons with other correctional populations are not possible.

Source: Maguire, K., and A.L. Pastore, eds., *Sourcebook of Criminal Justice Statistics, 1996.* Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, 1997, NCJ 165361.

Table 3. Six-Month and Lifetime Prevalence of Diagnoses		
Disorder	6-Month Estimates	Lifetime Estimates
Schizophrenia/psychosis	0.4	0.8
Major depression	8.4	18.1
Bipolar (manic)	1.0	1.5
Dysthymia	2.0	7.1
Post-traumatic stress	3.4	7.2
Anxiety	14.6	24.6
Antisocial personality	—	14.8

Gender

As the rates of psychiatric disorder vary across diagnostic categories, they also vary by sex, race, and age. Statistically significant differences between men and women are evident in both 6-month and lifetime prevalence rates of several psychiatric disorders (see table 4). Women have higher rates of major depression, dysthymia, post-traumatic stress disorder, and anxiety disorders. Men are diagnosed with antisocial personality disorder (or conduct disorder during childhood) at nearly three times the rate of women.

Age

Six-month and lifetime prevalence rates of diagnostic categories vary across the lifespan (see table 5). In these data, 6-month rates of major depression and anxiety disorders are significantly higher among the youngest age category (age 19 and younger) and decrease with age. Six-month rates of post-traumatic stress disorder are highest in the 20- to 29-year-old range and decrease thereafter with age. Significant age differences also exist in the lifetime occurrence of psychiatric disorders. The prevalence of major depression and dysthymia increase with age, but the lifetime rates of anxiety disorders and antisocial personality or conduct disorders decrease with age.

Race and ethnicity

Table 6 presents 6-month and lifetime prevalence rates of psychiatric disorders by racial and ethnic category. The NCS data include race and ethnicity data separately. These data also include a four-category race and ethnicity variable coded into "white—non-Hispanic," "black—non-Hispanic," "Hispanic," and "other." Because the correctional weights break out only white, black, and Hispanic, the category of "other" was dropped from these analyses.

Overall, a smaller percentage of black respondents than white or Hispanic respondents met the criteria for any mental disorder, except schizophrenia. Two diagnostic categories revealed significant racial and ethnic differences in 6-month rates. Blacks and Hispanics had higher rates of schizophrenia than whites, and Hispanics

Table 4. Six-Month and Lifetime Prevalence Rates of Diagnoses by Gender						
	6-Month Rate			Lifetime Rate		
Disorder	Male	Female	sig	Male	Female	sig
Schizophrenia/psychosis	0.3	0.4	ns	0.8	0.8	ns
Major depression	5.9	10.6	.000	13.5	22.0	.000
Bipolar (manic)	1.1	0.9	ns	1.6	1.5	ns
Dysthymia	1.6	2.4	.010	5.8	8.2	.001
Post-traumatic stress	2.2	4.6	.000	4.8	9.6	.000
Anxiety	10.6	18.2	.000	20.0	28.7	.000
Antisocial personality	—	—	—	22.5	7.7	.000

Table 5. Six-Month and Lifetime Prevalence Rates of Diagnoses by Age											
	6-Month Rate						Lifetime Rate					
Disorder	≤19	20–29	30–39	40–49	50+	sig	≤19	20–29	30–39	40–49	50+	sig
Schizophrenia	0.4	0.5	0.1	0.6	0.4	ns	0.6	1.1	0.6	1.1	0.6	ns
Major depression	10.5	8.4	8.6	7.9	5.9	.022	14.0	17.0	19.1	19.7	17.1	.000
Bipolar (manic)	1.2	1.1	1.0	1.1	0.6	ns	1.2	1.6	1.7	1.7	0.9	ns
Dysthymia	1.7	1.4	2.2	2.4	2.3	ns	3.8	4.7	7.5	9.5	10.7	.025
Post-traumatic stress	3.0	4.4	3.5	2.7	2.9	.032	5.4	7.7	7.6	7.9	5.6	ns
Anxiety	20.4	15.5	14.1	12.4	12.3	.000	27.2	24.9	25.6	23.0	20.9	.001
Antisocial personality	—	—	—	—	—	—	19.5	17.5	15.2	11.1	8.1	.000

Table 6. Six-Month and Lifetime Prevalence Rates of Diagnoses by Race/Ethnicity*								
	6-Month Rate				Lifetime Rate			
Disorder	White	Black	Hispanic	sig	White	Black	Hispanic	sig
Schizophrenia	0.3	0.7	0.7	.032	0.7	1.2	1.0	ns
Major depression	8.2	7.8	11.1	.025	19.0	12.8	17.7	.000
Bipolar (manic)	1.1	0.6	1.0	ns	1.7	0.8	1.6	ns
Dysthymia	2.0	2.2	2.3	ns	7.5	5.1	6.7	.025
Post-traumatic stress	3.5	3.6	2.7	ns	7.3	6.6	7.5	ns
Anxiety	14.7	12.8	16.0	ns	25.3	19.8	25.6	.001
Antisocial personality	—	—	—	—	14.4	13.5	20.1	.000

* Persons of other racial/ethnic groups are not reported here.

had higher rates of major depression than whites and blacks. Whites had the highest lifetime rates of major depression and dysthymia, and Hispanics had the highest rates of antisocial personality disorder (including childhood conduct disorder). Rates of anxiety disorders were similar for whites and Hispanics and significantly lower for blacks.

Level of distress

Not surprisingly, rates of psychiatric disorders vary directly by level of distress. In comparison to the general community sample, holding constant the demographic distribution of the sample, persons living in poverty have higher rates of all disorders (see table 7). Persons living in poverty who meet the criteria for substance abuse or dependence have higher 6-month and lifetime rates of all disorders than either the general community or the poverty sample.

In summary, the rates of psychiatric disorders vary from rare to relatively common. Schizophrenia and bipolar disorder are relatively rare, but other diagnoses, such as anxiety and major depression, affect approximately two of every five Americans over the course of their lives. Diagnoses also vary across age, gender, and racial and ethnic categories and across levels of distress. Because correctional populations also differ by these factors and the average length of confinement of offenders, correctional rates must be weighted. The following section presents the synthetic estimates of psychiatric disorders for each of the correctional settings.

Estimated Rates of Psychiatric Diagnoses in Correctional Populations

As noted earlier, rates were estimated by selecting either the 6-month (i.e., jail) or the lifetime (i.e., State and Federal prisons and community corrections) rates and the lower and higher brackets

for the range of estimates based on the theoretically appropriate population samples. Community Sample-Distressed Rate I estimates were applied to Federal prisons and community corrections and Distressed Rate I-Distressed Rate II estimates were applied to jails and State prisons. Finally, these estimates were weighted by the 1995 age, gender, and race distributions in each setting. The projected number of individuals estimated to have a diagnosable psychiatric disorder cannot simply be added up to derive a total of persons in need of care. Comorbidity of disorders cannot be disentangled in the current analyses.

Jail

In correctional facilities, serious and persistent psychiatric disorders that are often treated by medication are distinguished from those considered less serious. Schizophrenia, bipolar disorders, and major (unipolar) depression fall into the first category. Other conditions may cause significant distress to inmates and may or may not be identified or treated. Antisocial personality disorder is especially troubling to administrators, but, because of its intractibility, is usually not the focus of treatment.

Table 8 shows estimates of the number and prevalence of psychiatric disorders among jail inmates. On any given day, approximately 1 percent of offenders booked into U.S. jails are estimated to have schizophrenia or other psychotic disorder; 2–3 percent are estimated to have bipolar disorder (manic episode); and 8–15 percent are estimated to exhibit symptoms of major depression. Further, 3–4 percent are predicted to have dysthymia. Fourteen to 20 percent are estimated to have some type of anxiety disorder, excluding post-traumatic stress disorder, which is estimated independently at 4–8 percent. Finally, 26–46 percent of jail inmates are estimated to have antisocial personality disorder.

Table 7. Six-Month and Lifetime Prevalence Rates of Diagnoses by Level of Distress						
	6-Month Rate			Lifetime Rate		
Disorder	Comm	Distrs I	Distrs II	Comm	Distrs I	Distrs II
Schizophrenia	0.4	0.9	0.8	0.8	1.6	1.6
Major depression	8.4	11.6	20.6	18.1	20.1	33.6
Bipolar (manic)	1.0	1.5	3.6	1.7	2.0	5.3
Dysthymia	2.0	3.5	7.3	7.1	8.5	15.8
Post-traumatic stress	3.4	6.7	10.5	7.2	11.0	18.2
Anxiety	14.6	18.5	28.3	24.6	28.9	41.3
Antisocial personality	—	—	—	14.8	20.7	45.3

Table 8. Jail Estimates (n = 500,483)				
	Distressed Rate I (6-month)		Distressed Rate II (6-month)	
Disorder	Number	Percent	Number	Percent
Schizophrenia/psychotic	4,955	1.0	5,589	1.1
Major depression	39,690	7.9	76,229	15.2
Bipolar (manic)	7,755	1.5	12,920	2.6
Dysthymia	13,644	2.7	21,040	4.2
Post-traumatic stress	19,770	4.0	41,509	8.3
Anxiety	70,613	14.1	100,098	20.0
Antisocial personality	131,501	26.3	231,115	46.2

State prisons

Prisons, like the general community, must have the capacity to provide both acute and long-term care to persons with psychiatric disorders. Therefore, as table 9 shows, State prison estimates are based on lifetime prevalence rates and are substantially higher than jail rates. On any given day, 2–4 percent of State prison inmates are estimated to have schizophrenia or other psychotic disorder, 2–4 percent to have bipolar disorder (manic episode), and 13–18 percent to have major depression.

A substantial percent of inmates exhibit symptoms of other disorders as well, including 8–13 percent with dysthymia, 6–12 percent with an anxiety disorder, and 22–30 percent with post-traumatic stress disorder. As in jails, 26–45 percent of inmates are predicted to have antisocial personality disorder.

Federal prisons

Federal inmates are estimated to have lower rates of psychiatric disorders than State inmates across all diagnostic categories. Table 10 shows estimates of the number and prevalence of psychiatric disorders among Federal prison inmates. One to 3 percent are estimated to have schizophrenia or another psychotic disorder, 2–3 percent to have bipolar disorder (manic episode), and 14–16 percent to exhibit symptoms of major depression. Seven to 12 percent are predicted to have dysthymia, 18–23 percent are estimated to have an anxiety disorder, and 5–7 percent to have post-traumatic stress disorder. Antisocial personality disorder is predicted to be fairly low at a rate of 21–28 percent.

Community corrections

Community corrections have been weighted by sex and race marginals. Because age distributions are unknown, rates of disorders are assumed to be evenly distributed across sex and race categories. Table 11 shows the estimates of the number and prevalence of psychiatric disorders among offenders in community corrections.

One to 2 percent of offenders in community corrections are estimated to have schizophrenia or another psychotic disorder, 1–2 percent to have bipolar disorder (manic episode), and 15–19 percent to have major depression. In addition, 7–12 percent are predicted to have dysthymia, 22–27 percent are estimated to have an anxiety disorder, and 6–9 percent to have post-traumatic stress disorder. As with Federal inmates, antisocial personality disorder is predicted to be fairly low at a rate of 17–26 percent.

Summary

The predicted rates of psychiatric disorders across correctional settings are synthetic estimates based on a complex theoretical and empirical weighting scheme. The estimates are similar to those found in single-site correctional facility epidemiological studies and have the added advantage of being based on a nationally representative sample.

Table 9. State Prison Estimates (*n* = 1,010,228)				
	Distressed Rate I (lifetime)		Distressed Rate II (lifetime)	
Disorder	Number	Percent	Number	Percent
Schizophrenia/psychotic	22,994	2.3	39,262	3.9
Major depression	132,619	13.1	188,259	18.6
Bipolar (manic)	21,468	2.1	43,708	4.3
Dysthymia	85,018	8.4	135,121	13.4
Post-traumatic stress	62,388	6.2	118,071	11.7
Anxiety	222,147	22.0	303,936	30.1
Antisocial personality	262,349	26.0	449,107	44.5

Table 10. Federal Prison Estimates (*n* = 91,506)				
	Community Rate (lifetime)		Distressed Rate I (lifetime)	
Disorder	Number	Percent	Number	Percent
Schizophrenia/psychotic	763	0.8	2,326	2.5
Major depression	12,378	13.5	14,363	15.7
Bipolar (manic)	1,393	1.5	2,475	2.7
Dysthymia	6,253	6.8	10,652	11.6
Post-traumatic stress	4,466	4.9	6,257	6.8
Anxiety	16,638	18.2	21,079	23.0
Antisocial personality	19,493	21.3	25,781	28.2

Table 11. Community Corrections Estimates (*n* = 3,269,481)				
	Community Rate (lifetime)		Distressed Rate I (lifetime)	
Disorder	Number	Percent	Number	Percent
Schizophrenia/psychotic	26,194	0.8	70,156	2.1
Major depression	497,424	15.2	631,443	19.3
Bipolar (manic)	44,304	1.4	79,360	2.4
Dysthymia	218,614	6.7	381,350	11.7
Post-traumatic stress	192,128	5.9	303,884	9.3
Anxiety	731,708	22.4	885,761	27.1
Antisocial personality	542,672	16.6	834,855	25.5

These findings suggest that a minimum of 8 percent of short-term jail detainees have psychiatric conditions requiring medical intervention, with a substantial additional percentage who will experience significant distress due to psychiatric conditions. State and Federal prisons have a minimum of 13 percent who will require psychiatric care for an acute episode of a serious mental illness at some time during their incarceration. Although community corrections incur no duty to provide psychiatric care, it is important for administrators to know that a significant percentage of persons under community supervision have serious mental illnesses and may require ongoing or acute care during their community sentence. Psychiatric illnesses are not as rare as was once thought. Acknowledging the prevalence of these disorders in corrections is only the first step toward providing appropriate comprehensive care.

Notes

1. Teplin, L.A., "Psychiatric and Substance Abuse Disorders Among Male Urban Jail Detainees," *American Journal of Public Health* 84(2)(1994): 290–293.

2. Teplin, L.A., K.M. Abram, and G.M. McClelland, "Prevalence of Psychiatric Disorders Among Incarcerated Women: 1. Pretrial Jail Detainees," *Archives of General Psychiatry* 53(8)(1996): 505–512.

3. Teplin, L.A., "Psychiatric and Substance Abuse Disorders Among Male Urban Jail Detainees" (see note 1); Teplin, L.A., K.M. Abram, and G.M. McClelland, "Prevalence of Psychiatric Disorders Among Incarcerated Women: 1. Pretrial Jail Detainees" (see note 2).

4. Teplin, L.A., "Psychiatric and Substance Abuse Disorders Among Male Urban Jail Detainees" (see note 1).

5. Teplin, L.A., K.M. Abram, and G.M. McClelland, "Prevalence of Psychiatric Disorders Among Incarcerated Women: 1. Pretrial Jail Detainees" (see note 2).

6. Manderscheid, R.W., and M.A. Sonnenschein, eds., *Mental Health, United States, 1992,* Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 1992, DHHS (SMA) 92–1942.

7. Eyestone, L.L., and R.J. Howell, "An Epidemiological Study of Attention-Deficit Hyperactivity Disorder and Major Depression in a Male Prison Population," *Bulletin of the American Academy of Psychiatry and the Law* 22(1994): 181–193.

8. Kokkevi, A., and C. Stefanis, "Drug Abuse and Psychiatric Comorbidity," *Comprehensive Psychiatry* 36(5)(1995): 329–337.

9. Jordan, B.K., W.E. Schlenger, J.A. Fairbank, and J.M. Caddell, "Prevalence of Psychiatric Disorders Among Incarcerated Women: II. Convicted Felons Entering Prison," *Archives of General Psychiatry* 53(6)(1996): 513–519; Teplin, L.A., "Psychiatric and Substance Abuse Disorders Among Male Urban Jail Detainees" (see note 1).

10. Robins, L.N., and D.A. Regier, eds., *Psychiatric Disorders in America: The Epidemiological Catchment Area Study,* New York: Free Press, 1991.

11. Ibid.

12. Boone, H.N., "Mental Illness in Probation and Parole Populations: Results from a National Survey," *Perspectives* (Fall 1995): 32–39.

13. Kessler, R.C., "The National Comorbidity Survey," *International Review of Psychiatry* 6(1994): 365–376.

14. Ibid.

15. Five anxiety variables from the original study were combined to form a comprehensive anxiety category. Respondents were coded with a value of 1 if they had a diagnosis for one of the following disorders: agoraphobia, generalized anxiety, simple phobia, social phobia, or panic disorder. The variable was not additive. This process was repeated for both the 6-month and lifetime estimates.

16. Hornung, C., R. Greifinger, and S. Gadre, "A Projection Model of the Prevalence of Selected Chronic Diseases in the Inmate Population," paper prepared the National Commission on Correctional Health Care, Chicago, Illinois, n.d. (Copy in this volume.)

17. This total differs from the total sample size reported above because there were missing cases for some of the variables; 3.3 percent of the cases were missing ($n = 270$).

18. Because of missing values, this subsample lost 49 or 4.8 percent of the cases.

19. National Institute of Justice, *Drug Use Forecasting: 1994 Annual Report on Adult and Juvenile Arrestees,* Washington, DC: U.S. Department of Justice, National Institute of Justice, 1995, NCJ 157644.

20. Hornung, C., R. Greifinger, and S. Gadre, "A Projection Model of the Prevalence of Selected Chronic Diseases in the Inmate Population" (see note 16).

21. Maguire, K., and A.L. Pastore, eds., *Sourcebook of Criminal Justice Statistics, 1996,* Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, 1997, NCJ 165361.

Appendix A

Table A–1. Lifetime Prevalence of Psychotic Disorder in the General Population (*n* = 7,828)

Age	Psychotic Disorder (lifetime)=0.8					
	White=0.7		Black=1.2		Hispanic=1.0	
	Male=0.8	Female=0.7	Male=0.7	Female=1.5	Male=0.8	Female=1.1
≤19	0.4	0.4	0.1	1.8	0.1	3.4
20–29	1.4	0.6	1.0	1.7	0.9	0.9
30–39	0.4	0.6	0.8	0.1	1.9	0.8
40–49	0.9	1.0	1.0	3.1	0.1	0.1
50+	0.4	0.6	0.1	2.2	0.1	0.1

Table A–2. Lifetime Prevalence of Psychotic Disorder Among Those in Poverty (*n* = 977)

Age	Psychotic Disorder (lifetime)=1.6					
	White=1.3		Black=2.7		Hispanic=1.1	
	Male=2.9	Female=0.3	Male=1.6	Female=3.4	Male=.8	Female=1.1
≤19	0.4	0.4	0.1	4.2	0.1	3.4
20–29	4.6	0.6	1.0	3.9	4.3	0.9
30–39	0.4	1.2	0.8	0.1	6.7	0.8
40–49	6.9	1.0	2.3	9.5	0.1	0.1
50+	0.4	0.6	0.2	5.0	0.1	0.1

Table A–3. Lifetime Prevalence of Psychotic Disorder Among Persons with Poverty and Substance Abuse (*n* = 247)

Age	Psychotic Disorder (lifetime)=1.6					
	White=1.6		Black=2.7		Hispanic=2.9	
	Male=3.6	Female=0.4	Male=1.6	Female=3.4	Male=2.3	Female=3.2
≤19	0.4	0.4	0.1	4.2	0.3	9.9
20–29	6.7	0.6	1.0	3.9	12.5	2.6
30–39	0.4	1.2	0.8	0.1	19.4	2.3
40–49	6.9	1.2	2.3	9.5	0.3	0.3
50+	0.5	0.7	0.2	5.7	0.3	0.3

Table A–4. Six-Month Prevalence of Psychotic Disorder in the General Population (n = 7,828)

| Age | White=0.3 | | Black=0.7 | | Hispanic=0.7 | |
---	Male=0.3	Female=0.2	Male=0.2	Female=1.0	Male=0.3	Female=1.1
≤19	0.4	0.1	0.1	0.1	0.1	3.4
20–29	0.5	0.2	1.0	1.1	0.1	0.9
30–39	0.1	0.1	0.1	0.1	1.0	0.8
40–49	0.4	0.4	0.1	2.3	0.1	0.1
50+	0.4	0.3	0.1	2.2	0.1	0.1

Psychotic Disorder (6-month)=0.4

Table A–5. Six-Month Prevalence of Psychotic Disorder in Those in Poverty (n = 977)

| Age | White=0.7 | | Black=2.0 | | Hispanic=0.7 | |
---	Male=0.7	Female=0.5	Male=0.6	Female=2.9	Male=0.3	Female=1.1
≤19	0.4	0.1	0.1	0.1	0.1	3.4
20–29	3.4	0.2	1.0	2.6	0.1	0.9
30–39	0.1	0.1	0.1	0.1	1.0	0.8
40–49	3.4	0.4	0.3	9.5	0.1	0.1
50+	0.4	0.3	0.3	6.3	0.1	0.1

Psychotic Disorder (6-month)=0.9

Table A–6. Six-Month Prevalence of Psychotic Disorder by Age for Those with Poverty and Substance Abuse (n = 247)

| Age | White=1.1 | | Black=2.0 | | Hispanic=0.7 | |
---	Male=1.1	Female=0.8	Male=0.6	Female=2.9	Male=0.3	Female=1.1
≤19	0.4	0.1	0.1	0.1	0.1	3.4
20–29	4.4	0.2	1.0	2.6	0.1	0.9
30–39	0.1	0.1	0.1	0.1	1.0	0.8
40–49	3.4	0.6	0.3	9.5	0.1	0.1
50+	0.6	0.5	0.3	6.3	0.1	0.1

Psychotic Disorder (6-month)=0.8

Table A–7. Lifetime Prevalence of Major Depression by Age in the General Population (*n* = 7,828)

| Age | Major Depression (lifetime)=18.1 | | | | | |
| | White=19.0 | | Black=12.8 | | Hispanic=17.7 | |
	Male=14.2	Female=23.4	Male=8.7	Female=15.8	Male=13.3	Female=22.1
≤19	9.4	21.9	3.1	3.6	9.7	22.4
20–29	14.0	22.7	5.9	15.1	6.6	19.0
30–39	15.5	23.3	13.5	20.5	20.2	19.5
40–49	16.5	25.0	10.2	14.0	17.7	28.8
50+	8.7	23.0	3.2	20.0	11.1	41.2

Table A–8. Lifetime Prevalence of Major Depression in Those in Poverty (*n* = 977)

| Age | Major Depression (lifetime)=20.1 | | | | | |
| | White=25.0 | | Black=9.8 | | Hispanic=20.0 | |
	Male=21.0	Female=27.4	Male=6.4	Female=11.2	Male=9.6	Female=27.1
≤19	22.7	17.9	4.5	8.3	7.4	26.1
20–29	16.1	33.1	4.2	9.1	4.3	17.9
30–39	18.8	26.5	11.1	14.9	20.0	27.6
40–49	41.4	26.5	7.5	9.5	12.7	50.0
50+	7.7	20.8	2.4	14.2	8.0	50.7

Table A–9. Lifetime Prevalence of Major Depression in Those with Poverty and Substance Abuse (*n* = 247)

| Age | Major Depression (lifetime)=33.6 | | | | | |
| | White=34.6 | | Black=13.3 | | Hispanic=45.7 | |
	Male=28.1	Female=41.9	Male=6.7	Female=20.0	Male=31.3	Female=57.9
≤19	53.3	27.3	4.7	14.9	24.1	55.9
20–29	17.8	42.9	4.4	16.3	14.0	38.3
30–39	25.0	47.1	11.7	26.7	65.2	59.1
40–49	50.0	40.5	7.9	17.0	41.4	99.0
50+	10.3	31.8	2.5	25.4	26.1	99.0

Table A–10. Six-Month Prevalence of Major Depression in the General Population (*n* = 7,828)

Age	Major Depression (6-month)=8.4					
	White=8.2		Black=7.8		Hispanic=11.1	
	Male=5.9	Female=10.4	Male=4.7	Female=10.1	Male=7.7	Female=14.3
≤19	6.8	16.2	3.1	1.8	9.7	17.2
20–29	6.4	10.8	4.0	10.1	3.8	12.1
30–39	6.0	9.6	7.5	14.8	10.6	15.6
40–49	6.0	9.8	4.1	7.8	8.1	13.5
50+	2.6	8.2	0.1	8.9	5.6	11.8

Table A–11. Six-Month Prevalence of Major Depression in Those in Poverty (*n* = 977)

Age	Major Depression (6-month)=11.6					
	White=13.1		Black=6.6		Hispanic=13.9	
	Male=14.0	Female=13.1	Male=3.8	Female=7.9	Male=5.5	Female=19.6
≤19	18.2	10.7	4.5	4.2	7.4	26.1
20–29	8.0	15.8	4.2	5.2	3.8	10.3
30–39	12.5	15.7	5.6	10.6	6.7	24.1
40–49	17.2	14.7	3.3	9.5	5.8	28.6
50+	2.6	4.2	0.1	6.9	4.0	16.2

Table A–12. Six-Month Prevalence of Major Depression in Those with Poverty and Substance Abuse (*n* = 247)

Age	Major Depression (6-month)=20.6					
	White=18.7		Black=13.3		Hispanic=37.1	
	Male=19.8	Female=17.4	Male=6.7	Female=20.0	Male=18.8	Female=52.6
≤19	53.3	10.7	7.9	10.6	25.3	69.9
20–29	11.1	16.3	7.4	13.2	13.0	10.3
30–39	18.8	29.4	9.9	26.8	22.9	64.6
40–49	21.4	19.6	5.8	24.0	19.8	76.6
50+	3.7	5.6	0.2	17.5	13.7	43.4

Table A–13. Lifetime Prevalence of Bipolar Disorder in the General Population (*n* = 7,828)

Age	Bipolar Disorder (lifetime)=1.5					
	White=1.7		Black=0.8		Hispanic=1.6	
	Male=1.8	Female=1.6	Male=0.9	Female=0.7	Male=1.7	Female=1.6
≤19	0.1	1.9	0.1	0.1	2.8	5.2
20–29	1.9	1.8	1.0	1.7	0.1	0.9
30–39	2.0	1.6	0.8	0.1	2.9	1.6
40–49	2.1	1.5	2.0	0.8	1.6	0.1
50+	1.7	0.6	0.1	0.1	0.1	0.1

Table A–14. Lifetime Prevalence of Bipolar Disorder in Those in Poverty (*n* = 977)

Age	Bipolar Disorder (lifetime)=2.0					
	White=2.2		Black=0.8		Hispanic=3.3	
	Male=2.4	Female=2.1	Male=0.9	Female=0.7	Male=2.7	Female=3.7
≤19	0.1	1.8	0.1	0.1	3.7	8.7
20–29	3.4	2.2	1.0	2.6	0.1	0.9
30–39	3.1	2.4	0.8	0.1	6.7	6.9
40–49	2.1	2.9	2.0	0.8	2.5	0.1
50+	7.7	0.6	0.1	0.1	0.2	0.2

Table A–15. Lifetime Prevalence of Bipolar Disorder in Those with Poverty and Substance Abuse (*n* = 247)

Age	Bipolar Disorder (lifetime)=5.3					
	White=3.8		Black=0.8		Hispanic=17.1	
	Male=2.1	Female=5.8	Male=0.9	Female=0.7	Male=12.5	Female=21.1
≤19	0.1	1.8	0.1	0.1	17.1	49.6
20–29	3.4	4.1	1.0	2.6	0.5	5.1
30–39	6.3	11.8	0.8	0.1	31.0	39.3
40–49	2.1	8.0	2.0	0.8	11.6	0.6
50+	6.8	1.7	0.1	0.1	0.9	1.1

Table A–16. Six-Month Prevalence of Bipolar Disorder in the General Population (*n* = 7,828)

Age	Bipolar Disorder (6-month)=1.0					
	White=1.1		Black=0.6		Hispanic=1.0	
	Male=1.3	Female=1.0	Male=0.9	Female=0.3	Male=0.6	Female=1.3
≤19	0.1	1.9	0.1	0.1	2.8	5.2
20–29	1.4	1.1	1.0	1.1	0.1	0.9
30–39	1.5	0.9	0.8	0.1	0.1	0.8
40–49	1.5	0.8	2.0	0.1	0.1	0.1
50+	0.9	0.6	0.1	0.1	0.1	0.1

Table A–17. Six-Month Prevalence of Bipolar Disorder in Those in Poverty (*n* = 977)

Age	Bipolar Disorder (6-month)=1.5					
	White=1.8		Black=0.4		Hispanic=2.2	
	Male=2.4	Female=1.5	Male=0.6	Female=0.2	Male=1.4	Female=2.8
≤19	0.1	1.8	0.1	0.1	3.7	8.7
20–29	3.4	1.4	1.0	1.3	0.1	0.9
30–39	3.1	1.2	0.8	0.1	0.1	3.4
40–49	1.5	2.9	1.3	0.1	0.2	0.1
50+	7.7	0.6	0.1	0.1	0.2	0.2

Table A–18. Six-Month Prevalence of Bipolar Disorder in Those with Poverty and Substance Abuse (*n* = 247)

Age	Bipolar Disorder (6-month)=3.6					
	White=2.7		Black=0.4		Hispanic=11.4	
	Male=2.1	Female=3.5	Male=0.6	Female=0.2	Male=6.3	Female=15.8
≤19	0.1	1.8	0.1	0.1	16.7	49.1
20–29	3.4	2.0	1.0	1.3	0.5	5.1
30–39	6.3	5.9	0.8	0.1	0.5	19.2
40–49	1.5	6.8	2.0	0.1	0.9	0.6
50+	6.8	1.4	0.1	0.1	0.9	1.1

Table A–19. Lifetime Prevalence of Dysthymia in the General Population (*n* = 7,828)

Age	Dysthymia (lifetime)=7.1					
	White=7.5		Black=5.1		Hispanic=6.7	
	Male=5.9	Female=8.9	Male=4.0	Female=6.0	Male=7.5	Female=5.9
≤19	2.9	6.2	3.1	0.1	2.8	5.2
20–29	4.2	5.8	3.0	3.9	3.8	4.3
30–39	5.9	9.1	5.3	8.0	10.6	4.7
40–49	8.1	11.7	5.1	6.2	11.3	9.6
50+	8.7	12.5	0.1	13.3	16.7	17.6

Table A–20. Lifetime Prevalence of Dysthymia in Those in Poverty (*n* = 977)

Age	Dysthymia (lifetime)=8.5					
	White=11.6		Black=2.3		Hispanic=7.8	
	Male=11.7	Female=11.6	Male=1.3	Female=2.8	Male=8.2	Female=7.5
≤19	4.5	7.1	4.5	0.1	3.7	8.7
20–29	6.9	7.9	3.0	2.6	4.3	2.6
30–39	15.6	15.7	5.3	2.1	13.3	6.9
40–49	31.0	23.5	1.7	4.8	12.3	14.3
50+	15.4	12.5	0.1	6.3	18.2	22.4

Table A–21. Lifetime Prevalence of Dysthymia in Those with Poverty and Substance Abuse (*n* = 247)

Age	Dysthymia (lifetime)=15.8					
	White=17.6		Black=3.3		Hispanic=17.1	
	Male=15.6	Female=19.8	Male=1.9	Female=4.0	Male=25.0	Female=10.5
≤19	13.3	18.2	6.4	0.1	11.3	12.2
20–29	8.9	12.2	4.3	3.7	13.1	3.6
30–39	18.8	23.5	7.6	3.0	40.6	9.7
40–49	35.7	40.2	2.4	6.9	37.5	20.0
50+	20.5	21.4	0.1	9.0	55.5	31.4

Table A–22. Six-Month Prevalence of Dysthymia in the General Population (*n* = 7,828)

Age	Dysthymia (6-month)=2.0					
	White=2.0		Black=2.2		Hispanic=2.3	
	Male=1.5	Female=2.4	Male=1.6	Female=2.6	Male=2.8	Female=1.9
≤19	1.4	1.9	1.6	0.1	2.8	3.4
20–29	0.8	1.9	0.1	2.2	0.9	2.6
30–39	1.6	2.6	3.0	4.0	3.8	0.8
40–49	2.2	2.7	2.0	0.8	3.2	1.9
50+	0.9	2.9	0.1	6.7	5.6	0.1

Table A–23. Six-Month Prevalence of Dysthymia in Those in Poverty (*n* = 977)

Age	Dysthymia (6-month)=3.5					
	White=4.8		Black=1.2		Hispanic=2.8	
	Male=3.9	Female=5.4	Male=0.9	Female=1.4	Male=2.7	Female=2.8
≤19	2.3	1.8	1.6	0.1	3.7	8.7
20–29	2.3	4.3	0.1	1.3	0.9	2.6
30–39	1.6	7.2	3.0	2.1	3.8	0.8
40–49	13.8	11.8	1.1	0.8	3.1	7.1
50+	7.7	4.2	0.1	3.6	5.4	1.5

Table A–24. Six-Month Prevalence of Dysthymia in Those with Poverty and Substance Abuse (*n* = 247)

Age	Dysthymia (6-month)=7.3					
	White=8.2		Black=1.2		Hispanic=8.6	
	Male=6.3	Female=10.5	Male=0.9	Female=1.4	Male=6.3	Female=10.5
≤19	6.7	1.8	1.6	0.1	8.6	32.6
20–29	4.4	6.1	0.1	1.3	2.1	9.8
30–39	1.6	17.6	3.0	2.1	8.9	3.0
40–49	14.3	22.9	1.1	0.8	7.2	26.6
50+	12.5	8.1	0.1	3.6	12.6	5.6

Table A–25. Lifetime Prevalence of Post-Traumatic Stress Disorder in the General Population (*n* = 7,828)

Age	Post-Traumatic Stress Disorder (lifetime)=7.2					
	White=7.3		Black=6.6		Hispanic=7.5	
	Male=4.9	Female=9.6	Male=3.7	Female=8.7	Male=3.9	Female=11.1
≤19	1.8	10.4	1.6	3.6	2.8	6.9
20–29	4.6	10.0	1.0	12.3	4.7	10.3
30–39	5.6	9.2	5.3	10.2	1.9	14.1
40–49	5.6	10.7	7.1	5.4	6.5	9.6
50+	4.4	6.7	0.1	4.4	5.6	11.8

Table A–26. Lifetime Prevalence of Post-Traumatic Stress Disorder in Those in Poverty (*n* = 977)

Age	Post-Traumatic Stress Disorder (lifetime)=11.0					
	White=13.7		Black=6.3		Hispanic=9.4	
	Male=8.3	Female=17.0	Male=2.6	Female=7.9	Male=2.7	Female=14.0
≤19	4.5	14.3	1.6	4.2	2.8	8.7
20–29	8.0	19.4	1.0	9.1	4.3	10.3
30–39	12.5	16.9	5.6	10.6	1.9	20.7
40–49	13.8	14.7	5.0	4.8	4.5	14.3
50+	4.4	12.5	0.1	4.0	3.9	14.9

Table A–27. Lifetime Prevalence of Post-Traumatic Stress Disorder in Those with Poverty and Substance Abuse (*n* = 247)

Age	Post-Traumatic Stress Disorder (lifetime)=18.2					
	White=19.2		Black=13.3		Hispanic=17.1	
	Male=10.4	Female=29.1	Male=6.7	Female=20.0	Male=12.5	Female=21.1
≤19	6.7	9.1	4.1	10.6	12.9	13.1
20–29	8.9	28.6	2.6	23.0	19.9	15.5
30–39	12.5	35.3	14.4	26.8	8.8	31.1
40–49	21.4	25.1	12.9	12.1	20.8	21.5
50+	5.5	21.4	0.3	10.1	18.0	22.4

Table A–28. Six-Month Prevalence of Post-Traumatic Stress Disorder in the General Population (*n* = 7,828)

| | Post-Traumatic Stress Disorder (6-month)=3.4 | | | | | |
| Age | White=3.5 | | Black=3.6 | | Hispanic=2.7 | |
	Male=2.1	Female=4.7	Male=2.3	Female=4.5	Male=1.4	Female=4.0
≤19	0.7	6.2	1.6	0.1	2.8	3.4
20–29	2.6	5.9	0.1	8.4	2.8	2.6
30–39	2.0	4.8	3.0	4.5	0.1	7.0
40–49	2.5	3.0	5.1	2.3	0.1	1.9
50+	1.7	4.4	0.1	0.1	0.1	0.1

Table A–29. Six-Month Prevalence of Post-Traumatic Stress Disorder in Those in Poverty (*n* = 977)

| | Post-Traumatic Stress Disorder (6-month)=6.7 | | | | | |
| Age | White=8.9 | | Black=3.9 | | Hispanic=3.9 | |
	Male=3.9	Female=11.9	Male=2.6	Female=4.5	Male=1.4	Female=5.6
≤19	2.3	10.7	1.6	0.1	2.8	8.7
20–29	2.3	15.8	0.1	5.2	4.3	2.6
30–39	6.3	9.6	5.6	6.4	0.1	13.8
40–49	10.3	5.9	5.8	4.8	0.1	1.9
50+	1.7	8.3	0.1	0.1	0.1	0.1

Table A–30. Six-Month Prevalence of Post-Traumatic Stress Disorder in Those with Poverty and Substance Abuse (*n* = 247)

| | Post-Traumatic Stress Disorder (6-month)=10.5 | | | | | |
| Age | White=11.0 | | Black=10.0 | | Hispanic=8.6 | |
	Male=5.2	Female=17.4	Male=6.7	Female=13.3	Male=6.3	Female=10.5
≤19	6.7	10.7	4.1	0.3	12.6	16.4
20–29	2.2	24.5	0.3	15.6	19.4	4.9
30–39	6.3	11.8	14.4	19.2	0.5	25.9
40–49	14.3	8.4	14.9	14.4	0.5	3.8
50+	2.3	11.9	0.3	0.3	0.5	0.2

Table A–31. Lifetime Prevalence of Anxiety Disorder in the General Population (*n* = 7,828)

Age	Anxiety Disorder (lifetime)=24.6					
	White= 25.3		Black=19.8		Hispanic=25.6	
	Male=21.3	Female=29.1	Male=12.9	Female=24.8	Male=18.8	Female=32.3
≤19	23.7	33.1	12.5	25.5	22.2	36.2
20–29	20.3	29.1	13.9	26.3	22.6	28.4
30–39	22.6	30.2	16.5	27.3	18.3	28.9
40–49	21.1	28.1	8.2	20.9	9.7	42.3
50+	15.7	24.8	9.7	20.0	16.7	41.2

Table A–32. Lifetime Prevalence of Anxiety Disorder in Those in Poverty (*n* = 977)

Age	Anxiety Disorder (lifetime)=28.9					
	White=32.2		Black=19.5		Hispanic=32.2	
	Male=26.8	Female=35.4	Male=15.4	Female=21.3	Male=23.3	Female=38.3
≤19	29.5	42.9	18.2	20.8	29.6	56.5
20–29	21.8	36.0	12.5	22.1	21.7	30.8
30–39	37.5	31.3	22.2	17.0	26.7	31.0
40–49	31.0	32.4	9.8	23.8	12.0	42.9
50+	15.4	33.3	11.5	17.2	20.7	49.0

Table A–33. Lifetime Prevalence of Anxiety Disorder with Poverty and Substance Abuse (*n* = 247)

Age	Anxiety Disorder (lifetime)=41.3					
	White=40.1		Black=30.0		Hispanic=57.1	
	Male=35.4	Female=45.3	Male=20.0	Female=40.0	Male=43.8	Female=68.4
≤19	60.0	63.6	23.7	39.1	55.6	99.0
20–29	26.7	32.7	16.3	41.5	40.8	55.1
30–39	43.8	70.6	28.9	32.0	50.2	55.5
40–49	28.6	41.5	12.7	44.7	22.6	76.8
50+	20.3	42.6	11.5	32.3	38.9	87.7

Table A–34. Six-Month Prevalence of Anxiety Disorder in the General Population (*n* = 7,828)

Age	Anxiety Disorder (6-month)=14.6					
	White=14.7		Black=12.8		Hispanic=16.0	
	Male=11.1	Female=18.0	Male=5.6	Female=18.0	Male=11.6	Female=20.2
≤19	14.7	26.5	4.7	23.6	19.4	31.0
20–29	11.7	18.1	6.9	21.2	15.1	17.2
30–39	11.2	17.8	8.3	17.0	7.7	17.2
40–49	9.4	16.5	3.1	14.7	4.8	21.2
50+	9.6	15.5	0.1	11.1	5.6	23.5

Table A–35. Six-Month Prevalence of Anxiety Disorder in Those in Poverty (*n* = 977)

Age	Anxiety Disorder (6-month)=18.5					
	White=21.1		Black=12.9		Hispanic=18.9	
	Male=15.6	Female=24.4	Male=9.0	Female=14.6	Male=15.1	Female=21.5
≤19	13.6	30.4	4.5	16.7	22.2	47.8
20–29	16.1	26.6	8.3	16.9	13.0	10.3
30–39	15.6	18.1	22.2	12.8	13.3	13.8
40–49	17.2	23.5	5.0	9.5	6.2	28.6
50+	15.4	20.8	0.3	9.0	7.3	24.9

Table A–36. Six-Month Prevalence of Anxiety Disorder in Those with Poverty and Substance Abuse (*n* = 247)

Age	Anxiety Disorder (6-month)=28.3					
	White=28.6		Black=16.7		Hispanic=31.3	
	Male=21.9	Female=36.0	Male=6.7	Female=26.7	Male=42.1	Female=37.1
≤19	26.7	54.4	3.3	30.6	61.9	82.7
20–29	22.2	28.6	6.1	30.9	36.3	17.8
30–39	18.8	47.1	16.4	23.4	37.1	23.9
40–49	14.3	34.8	3.7	17.4	17.3	49.5
50+	21.6	30.8	0.1	16.5	20.4	43.1

Table A–37. Lifetime Prevalence of Antisocial Personality Disorder in the General Population (*n* = 7,828)

Antisocial Personality Disorder (lifetime)=14.8					
Age	White=14.4		Black=13.5		Hispanic=20.1	
	Male=22.2	Female=7.1	Male=19.7	Female=8.9	Male=29.3	Female=11.1
≤19	25.9	10.8	29.7	7.3	31.9	12.1
20–29	25.1	9.6	23.8	15.1	32.1	11.2
30–39	22.8	7.8	18.0	8.5	29.8	9.4
40–49	19.3	4.1	12.2	2.3	21.0	13.5
50+	14.4	2.3	16.1	6.7	27.8	11.8

Table A–38. Lifetime Prevalence of Antisocial Personality Disorder in Those in Poverty (*n* = 977)

Antisocial Personality Disorder (lifetime)=20.7					
Age	White=22.6		Black=14.8		Hispanic=23.3	
	Male=34.1	Female=15.5	Male=21.8	Female=11.8	Male=31.5	Female=17.8
≤19	36.4	17.9	36.4	8.3	25.9	21.7
20–29	31.0	18.0	16.7	15.6	30.4	17.9
30–39	31.3	14.5	22.2	10.6	40.0	17.2
40–49	41.4	8.8	13.5	4.8	22.7	7.1
50+	38.5	8.3	17.9	8.9	30.0	18.9

Table A–39. Lifetime Prevalence of Antisocial Personality Disorder in Those with Poverty and Substance Abuse (*n* = 247)

Antisocial Personality Disorder (lifetime)=45.3					
Age	White=46.7		Black=33.3		Hispanic=48.6	
	Male=60.4	Female=31.4	Male=33.3	Female=33.3	Male=56.3	Female=42.1
≤19	86.7	45.5	55.7	23.4	46.4	51.4
20–29	46.7	28.6	25.6	44.1	54.4	42.4
30–39	62.5	35.3	34.0	29.8	71.6	40.8
40–49	71.4	17.9	20.7	13.5	40.6	16.8
50+	68.1	16.8	27.4	25.0	53.7	44.8

Appendix B

Table B–1. Cell Sizes for the Community Sample From the National Comorbidity Survey (*n* = 7,828)

	Cell Size					
	White		Black		Hispanic	
Age	Male	Female	Male	Female	Male	Female
≤19	278	260	64	55	72	58
20–29	738	832	101	179	106	116
30–39	1,007	1,007	133	176	104	128
40–49	679	711	98	129	62	52
50+	229	343	31	45	18	17

Table B–2. Cell Sizes for the Poverty Sample From the National Comorbidity Survey (*n* = 977)

	Cell Size					
	White		Black		Hispanic	
Age	Male	Female	Male	Female	Male	Female
≤19	44	56	22	24	27	23
20–29	87	139	24	77	23	39
30–39	32	83	18	47	15	29
40–49	29	34	8	21	5	14
50+	13	24	6	9	3	2

Table B–3. Cell Sizes for the Poverty and Substance Use Sample From the National Comorbidity Survey (*n* = 247)

	Cell Size					
	White		Black		Hispanic	
Age	Male	Female	Male	Female	Male	Female
≤19	15	11	1	1	2	6
20–29	45	49	5	6	7	6
30–39	16	17	4	5	3	5
40–49	14	7	2	3	3	2
50+	6	2	3	0	1	0