

## Psychiatric Disorders and Repeat Offending

TO THE EDITOR: We read with great interest the article by Jacques Baillargeon, Ph.D., et al. (1), published in the January 2009 issue of the *Journal*. Dr. Baillargeon et al. showed that persons with major psychiatric disorders have a substantially higher risk for multiple incarcerations compared with those without psychiatric disorders. This is a novel finding that emphasizes the need for alternatives to incarceration in the case of mentally ill offenders.

To confirm the increased risk of repeat incarceration among individuals with psychiatric illness, we examined 21,857 pre-trial forensic psychiatric reports made in the Netherlands between 2000 and 2006. According to Dutch law, defendants who are suspected of committing a crime while possibly suffering from a mental disorder must undergo a pre-trial psychiatric evaluation. We examined the number of individuals who were reported for different crimes, and multiple pre-trial reports for different crimes were filed for 2,089 individuals (10.8% [Table 1]). Consistent with the results reported by Dr. Baillargeon et al., we found that persons who had mul-

multiple pre-trial reports for different crimes were more likely to suffer from a psychiatric disorder, particularly a psychotic disorder but not an affective disorder. More than one-half of the offenders who had multiple psychiatric reports were not receiving treatment from mental health services. We wholeheartedly agree with Dr. Baillargeon et al. that programs promoting continuity of care are warranted for inmates who suffer from psychiatric disorders.

### Reference

1. Baillargeon J, Binswanger IA, Penn PV, Williams BA, Murray OJ: Psychiatric disorders and repeat incarcerations: the revolving prison door. *Am J Psychiatry* 2009; 166:103–109

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**TABLE 1. Psychiatric Disorders and Pre-Trial Reports for Different Crimes in the Netherlands Between 2000 and 2006**

Characteristic	Group*							
	One Pre-Trial Report (N=17,338)		Two Pre-Trial Reports (N=1,788)		Three Pre-Trial Reports (N=264)		At Least Four Pre-Trial Reports (N=37)	
	N	%	N	%	N	%	N	%
Any psychiatric disorder	11,272	65.0	1,327	74.2	203	76.9	32	86.5
Psychotic disorder	1,834	10.6	342	19.1	67	28.4	15	40.5
Affective disorder	1,482	8.5	116	6.5	17	6.4	4	10.8
Use of hard drugs	2,444	14.1	385	21.5	81	30.7	15	40.5
Non-Dutch ethnicity	4,714	27.2	578	32.2	89	33.7	16	43.2
Past psychiatric treatment	4,435	24.6	709	39.7	124	37.0	18	48.6

\*p<0.001.

## Psychiatric Disorders and Repeat Incarcerations: Is There an Epidemic?

TO THE EDITOR: In their article on mentally ill prisoners and repeat incarceration, Dr. Baillargeon et al. (1) stated that “the epidemic of psychiatric disorders in the U.S. prison system represents a national public health crisis” (1, p.103). One of the explanations the authors presented was that of an influx of psychiatric patients into the prison system following the mass closures of state hospitals that began in the 1960s. However, the data they provided for Texas inmates do not appear to support this argument.

Dr. Baillargeon et al. did not calculate prevalence rates. However, they reported schizophrenia in 849 out of 79,211 inmates and nonschizophrenia psychotic disorder in 1,375 inmates, which results in rates of 1.1% and 1.7%, respectively. This is similar to the U.S. adult civilian population, in which rates for schizophrenia are reported in the 1% to 2% range (2). The vast majority of long-term patients in state hospitals (76% in one study) have schizophrenia and other nonaffective psychotic disorders (3). Consequently, if there was a significant transfer of patients from state hospitals to prisons, rates for these disorders should be higher.

Bipolar and major depressive disorders were found in 3% and 4.1%, respectively, of Texas inmates in the Baillargeon et

al. study, which is also comparable with studies of civilian populations, especially when corrected for inmate sociodemographic factors. Inmates are largely individuals from lower socioeconomic groups, and a socioeconomic downward drift can result in rates of psychiatric disorders in the lowest socioeconomic classes that are several times higher than in the highest socioeconomic classes (4).

Serious mental disorders (major depressive disorder, bipolar disorder, schizophrenia, and nonschizophrenia psychotic disorder) were found in 9.9% of Texas inmates. As the authors pointed out, other studies have reported serious mental disorders in 15% to 24% of U.S. inmates (1, p.103). If the data reported by Dr. Baillargeon et al. are valid, then the Texas correctional system does not appear to have the “epidemic” of mentally ill prisoners found elsewhere. Another possibility is that errors in data collection and interpretation led to lower than actual rates for schizophrenia and other disorders.

### References

1. Baillargeon J, Binswanger IA, Penn JV, Williams BA, Murray OJ: Psychiatric disorders and repeat incarcerations: the revolving prison door. *Am J Psychiatry* 2009; 166:103–109
2. Robins LN, Helzer JE, Weissman MM, Orvaschel H, Gruenberg E, Burke JD, Regier DA: Lifetime prevalence of specific psychiatric disorders in three sites. *Arch Gen Psychiatry* 1984; 41:949–958