

## Erratum

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To: Recipients of MG-1165-TCE, *Understanding the Public Health Implications of Prisoner Reentry in California: State-of-the-State Report*

From: RAND Corporation Publications and Creative Services

Date: November 21, 2011

Re: Corrected page (p. 18)

The authors identified an error in the originally published document. On page 18, the percentage of California inmates with drug abuse or dependence who reported receiving treatment since admission to prison for substance abuse problems was incorrectly stated as 39 percent.

This has been corrected to read, “Yet among California inmates with drug abuse or dependence, only 22 percent reported receiving treatment since admission to prison for substance abuse problems (not shown in Table 2.2), which is lower than that reported by state prisoners nationally.”

The posted document has been corrected. This error did not affect the conclusions or findings presented in the report.

nia inmates with drug abuse or dependence, only 22 percent reported receiving treatment since admission to prison for substance abuse problems (not shown in Table 2.2), which is lower than that reported by state prisoners nationally.

Overall, about 1 out of 5 California prisoners reported having been diagnosed with a mental health disorder during their lifetime. In terms of lifetime prevalence of mental illness, 19 percent reported being diagnosed with depression, between 8 and 9 percent reported being diagnosed with anxiety or mania, and 6 percent reported being diagnosed with schizophrenia or posttraumatic stress disorder (Table 2.2). In addition, more than half of California inmates reported being diagnosed with a recent mental health problem and of these inmates, about half reported receiving treatment for the disorder while in prison (not shown in Table 2.2). While this is the same rate as in the U.S. prison population, it still suggests that mental health care may not be reaching all those in need. Given the high prevalence of mental illness and drug abuse and dependence problems in the prison population, ex-prisoners' need for services upon returning to communities is particularly high and underscores the importance of ensuring continuity of care for these conditions.

The above summary provides us with a rich picture of the physical health care, mental health care, and substance abuse treatment needs of California inmates and serves as a useful proxy for understanding the reentry population's needs. However, it is important to remember that these numbers are based on self-reported data, so they have to be taken as rough estimates. From previous research, we know that there likely will be some underreporting in some areas, such as mental health, substance abuse, and infectious diseases, and that it will vary by race or ethnicity. That said, these findings suggest that ex-offenders returning to California communities will bring with them a host of physical and mental health care and substance abuse treatment needs. However, as discussed in Chapter Four, the literature indicates that ex-prisoners face a number of barriers with respect to accessing health care services given high uninsured rates among this population and other identified barriers.