Mental health and recidivism

Health & Medicine, Mental Health

Mental Health and Recidivism I. Introduction II. Deinstituionalization a. Refers to the discharge of over 85% of patients from state operated psychiatric hospitals b. State mental hospitals began releasing thousands of patients with chronic and severe psychiatric disorders into communities that lacked resources to provide an alternative. 1. Persons with mental illness were left unable to access appropriate treatment and social support services which led them to become homeless, impoverished and highly symptomatic. 2. Puts them at risk for becoming involved in the criminal justice system III. Incarceration among the Mentally Ill a. Bureau of Justice Statistics i. Approximately 24% of U. S. inmates are mentally ill (James & Glaze, 2006) b. Only six out of ten inmates receive psychological treatment i. Quality of treatment-poor c. Incarceration exacerbates their symptoms IV. Challenges to the Criminal Justice Systen a. Screening Challenges i. Purpose- determine which offenders need psychological treatment and special accommodations ii. Detection of mental illness 1. Strongest contributing factor- having a charted history of mental illness. 91. 7% of offenders with charted history were accurately detected as mentally ill. 32. 5% were detected when treatment histories were unknown(Teplin, 1990) 2. The most common definition of serious mental illness incorporates Axis I disorders, more specifically-psychotic and mood disorders. The limited scope of this view causes problems with those inmates that may have Axis II disorders and if they go untreated many may act out in aggressive, self-harming and even suicidal behaviors. (Lurigio & Swartz, 2000). b. Limited Resources and Treatment Programs 1. Budgetary constraints within the correctional system allow for minimal funding for mental health treatment and rehabilitative

measures (Rice & Harris, 1997). a. Constricted resources for mental health care results in limited staff and restricted program variability (Dvoskin & Spiers, 2004). b. Due to the large number of mentally ill inmates prison psychologists and psychiatrists are burdened with a heavy caseload which restricts the effectiveness of treatment per individual c. Limited staffing- restricts the availability of treatment groups and the number of participants. d. Not all prisoners that need treatment get placed into mental health groups. e. Limited beds in mental health units of some prisons. i. Not every mentally ill offender can be placed in specialized accomodations ii. Placed into general prison population where they get less individual treatment and support(Human Rights Watch, 2003). V. Adjustment To Prison Life i. Medication 1. Mentally ill offender's psychological health, behavior and coping abilities are greatly affected by their medication. 2. Medication compliance a. The use of psychotropic medication relieves many mental illnesses that precipitate behavior infractions. b. Disruptive behavior is most likely to occur when mentally ill inmates are not taking their medicine. i. Some reasons for this are: mentally ill inmates want to avoid unpleasant side effects of their medication or they may benefit from selling or bargaining their medication for amenities. ii. Prison staff cannot forcibly administer medications without a court order (Jacoby & Kozie-Peak, 1997). ii. Behavioral disturbances can sometimes agitate other inmates and result in aggression towards the individual causing the disturbance. 1. Mentally ill inmates were twice as likely to sustain a fighting injury than nonmentally ill inmates (James & Glaze, 2006). iii. Limited behavioral control makes mentally ill offenders appear weak and vulnerable which increases their chances of becoming

victims of abuse and manipulation by the other inmates. iv. Compared to nonmentally ill inmates, mentally ill inmates are more likely to be harmful to themselves, other inmates and correctional staff. Also more likely to be victims of abuse by other inmates 1. VI. Challenges to Reentry a. Discharge planning i. One of the least frequently provided services (Osher, Steadman, & Barr, 2003) ii. Released with little or no mental health aftercare planning (Lamb, Weinberger, & Gross, 1999). iii. Could establish and maintain links to social services(employment, housing assistance) and treatment resources. b. Employment i. All offenders have reduced chances of being hired for a job as a result of having a criminal record (Petersilia, 2003). ii. Approximately 38% of mentally ill inmates in state and federal prisons were unemployed in the month before they were arrested (Ditton, 1999). iii. Eight to 10 months after release, only 28% of men and 18% of women with mental illness reported income from legal employment compared with 53% of men and 35% of women with no mental illness iv. Lack of employment or social assistance is a major determinant of homelessness 1. Approximately 20% of mentally ill inmates were homeless at some point during the year before they were arrested (Ditton, 1999). c. Medications and Medical Services i. Wakefield v. Thompson (1999) ordered that the state must provide newly released mentally ill offenders with enough medication to last until they are able to consult with a doctor and obtain a new supply. 1. Problems still exist due to the inability to pay high costs of prescription medications (Weisman, Lamberti, & Price, 2004). ii. Many mentally ill offenders use alcohol or drugs as a way to self-medicate symptoms of mental illness because they are less expensive and easier to obtain. iii. Side effects of medication and mental

illness symptoms can cause cognitive impairments that hinder abilities to adhere to parole requirements and attend appointments (Lurigio, 2001). Often leads to violations that can eventually result in rearrests. VII. Recidivism a. Bureau of Justice Report (Ditton, 1999) — Half of incarcerated mentally ill offenders in 1998 reported at least three prior sentences. 52% of mentally ill state prison inmates, 54% of mentally ill jail inmates, and 49% of mentally ill federal inmates admitted to having served three prior sentences or probation. b. Without proper care, medication and support, the mentally ill offender decompensates, becomes violent and returns to jail again (Barr, 1999; Bernstein, 1999). VIII. Conclusion a. Current and released inmates with a mental illness are underserved. The majority of mentally ill offenders do not receive adequate mental health services during incarceration, are not provided with needed transitional services, and are often not welcome in community outpatient settings. Subsequently, these offenders face problems with adverse clinical outcomes, disability, social isolation, and criminal recidivism. Works Cited Osher, F., Steadman, H. J., & Barr, H. (2003). A best practice approach to community reentry from jails for inmates with co-occurring disorders: the apic model. Crime & Delinquency, 49 (1), Lurigio, A. J., & Swartz, J. A. (2000). Changing the contours of the criminal justice system to meet the needs of persons with serious mental illness. Policies, Process And Decisions Of The Criminal Justice System, 3 45-100. LAMB, H. R., WIENBERGER, L. E., & GROSS, B. H. (1999). Community treatment of severely mentally ill offenders under the jurisdiction of the criminal justice system: a review. Psychiatric Services, 50 American Psychiatric, A. (2000). 4th Lurigio, A. (2001). Effective services for parolees with mental illness.

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