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Prison Mental Health Programs: A Growing Need Within the American Correctional System

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Introduction

Mental illness is a health issue that permeates American society. Roughly 19% of the American population experiences mental illness; nearly one in five Americans have mental health challenges.1 This health crisis stretches across the United States and has become a substantial issue within American correctional facilities. Gaines and Miller state, “…[approximately] 60 percent of all jail inmates and 56 percent of state prisoners suffer from some form of mental illness.”2

As opposed to their mentally stable counterparts, mentally ill inmates pose a unique problem for correctional facilities. Before a correctional facility can house an inmate, they must screen the inmate to determine his mental stability. If an inmate is deemed to have any mental disorder, the correctional staff will be faced with several predicaments. It has been determined that roughly 44.8% of mentally ill prison and jail inmates were charged with a form of violent crime. This violence continues once behind bars as 11.6% of these inmates have assaulted a fellow inmate or correctional officer, and 60% have been charged with violating prison rules and regulations.3 Once in prison, these inmates are more likely to be placed in solitary confinement; such treatment can lead to suicidal thoughts and actions, allowing their mental state to deteriorate further.4 Upon completion of their sentences, released mentally ill inmates are more prone to recidivate. A report from the Department of Justice (DOJ) stated that 47% of violent, mentally ill individuals were recidivists.5 While this is not indicative of all mentally ill inmates, Gaines and Miller conclude, “…correctional facilities are not designed to foster mental wellbeing, and indeed inmates with mental illnesses often find that their problems are exacerbated by the prison environment.”6 As evidenced by these statistics, mental health programs need to be explored and implemented within correctional institutions for the safety of correctional staff and mentally ill inmates’ wellbeing.

Literature Review

Various studies have shown an immediate need to implement mental health programs within the United States’ correctional system. Farrier, Baybutt, and Dooris focus on mentally ill inmates’ need to acquire employment once their sentence has been fulfilled.7 Employment opportunities outside of prison have the potential to influence whether an individual will recidivate. Roughly 97% of these inmates express the desire not to recidivate; however, of those individuals, 68% of inmates stated that being unemployed was the most influential factor regarding

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4 Ibid., 274.
their continuance of criminal activity. The importance of leaving prison with employable skills is explained: “Work is an important determinant of mental health…prisoners have little or no employment experience…The importance of prisons providing skills development and meaningful work activities to…prepare prisoners for release cannot…be underestimated…”. As evidenced, a program treating an inmate’s mental illness and providing that inmate with occupational skills is sorely needed in correctional facilities.

**Mental Health Prison Programs**

As previously discussed, roughly 60% of America’s prison population has been diagnosed with a form of mental illness; this points to the fact that mental health programs need to be offered within American prisons. However, correctional facilities face a particular setback within the arena of mental health treatment: “…correctional agencies are not designed to provide mental health programs to the same extent as mental health agencies.” Nevertheless, correctional facilities must manage this issue. The American correctional system needs experts in the mental health field. These experts can help identify mentally ill inmates and develop treatment plans, removing the responsibility from correctional officers and allowing them to allocate more time to address the correctional facilities’ security and safety. There are multiple options available for such treatment, including differing sentencing options from mental hospitals to short-term crisis units. However, while there are multiple treatment options, this paper will discuss pretrial diversion, animal-assisted therapy, and green programs.

**Pretrial Diversion**

Pretrial diversion programs provide an alternative to incarceration. Pretrial diversion programs originated in the 1970s, and, by 1977, thirty-seven states had implemented roughly two-hundred-forty-eight such programs. During this time, pretrial diversion associations such as the National Association of Pretrial Services Agencies (NAPSA) and the Pretrial Justice Institute (PJI) were established and recommended pretrial diversion as a sentencing program option throughout the United States. Pretrial diversion is an extension of the criminal justice system. Only certain types of offenders are permitted to enter such a program. Individuals who commit nonviolent crimes are eligible for pretrial diversion. Summarizing the sentencing process, Seiter states, “If offenders are charged with a nonviolent crime, have a limited…criminal record, and possibly have a treatment need…the pretrial staff members are likely to recommend the judge grant the offender

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9 Ibid.
11 Ibid, 431.
13 Ibid.
opportunity for diversion.” If the judge grants the recommendation, the offender must consent to the diversion program, as involvement is voluntary. Pretrial diversion is ultimately the suspension of a criminal trial. If accepted, the offender will be placed in a treatment program tailored specifically for the offense and the individual. Upon completing the prescribed treatment program, the offender will not be charged for the offense, and all charges will be dismissed. This program can and has been utilized to provide mentally ill offenders the opportunity to receive medical treatment instead of being placed within a correctional facility. Such a program is deemed successful if mentally ill offenders do not recidivate following the completion of the program.

Effects on Recidivism

While pretrial diversion programs provide the opportunity to avoid criminal charges to nonviolent offenders, this program also assists in reducing recidivism. Within the state of Alaska, roughly one-third of individuals in pretrial diversion programs recidivated after two to four-and-a-half years following this program. Lepage and May also note that this recidivism rate is considerably lower compared to Alaska’s overall recidivism rate of roughly 65%. Overall recidivism rates were about 50% lower for individuals who successfully completed a diversion program. However, one negative aspect of these statistics is the absence of recidivism rates for mentally ill inmates participating in pretrial diversion programs; more research is needed to make an accurate statistical analysis of recidivism rates for this population.

Animal-Assisted Therapy

One treatment option for correctional institutions is to implement an animal-assisted therapy program for their mentally ill inmates. According to O’Callaghan and Chandler, animal-assisted therapy is: “…the integration of qualified animals as therapeutic agents in the counseling process”… The benefits for individuals participating in such a program could include decreased...
depression and anxiety, increased positive social behaviors, decreased behavior problems, and enhanced self-esteem.\textsuperscript{20}

Studies have been completed investigating the success of animal-assisted therapy programs in correctional facilities. These programs bring canines into correctional facilities to interact and aid inmates who suffer from various mental illnesses such as depression, anxiety, mental illness, and trauma.\textsuperscript{21} The animal’s purpose is to provide a therapeutic interaction to inmates with physical ailments and mental disorders.\textsuperscript{22} The program is often held in a group setting, and the inmates are permitted to hold, pet, play, or observe these service animals during their group treatment.\textsuperscript{23} As observed,

“The sense of comfort and physical touch provided by an…animal can be important in a therapeutic setting. The physical touch and presence of a dog can substitute for a…[lack] of social support from family or friends and create a…bond between the patient and therapist…”.\textsuperscript{24}

This type of therapy provides an inmate with an opportunity to temporarily disregard their prison surroundings and temporarily bond with an animal. Overall, animal-assisted therapy is a treatment option that is available to correctional institutions across the United States. Allison and Ramaswamy did note that investigated studies did not have any follow-up procedures for this treatment.\textsuperscript{25} Furthermore, neither this article nor the studies address the effect animal-assisted therapy has on recidivism and the rates of mentally ill inmates. As with pretrial diversion, additional research is needed to determine animal-assisted therapy benefits throughout America’s correctional system.

Green Programs

Green prison programs, also known as horticulture programs, attempt to treat mentally ill inmates by offering programs that include exposure to nature. These programs, “…provide a form of eco-therapy to prisoners – which is prescribed physical and psychological therapy through nature-based methods…”.\textsuperscript{26} Green prison programs have been utilized within American prisons.
since the 1990s, being implemented most notably in San Quentin, California, San Francisco, California, Washington State, Sandusky County, Ohio, and New York City, with similar programs existing in England and Wales.\(^{27}\) As previously discussed, a prison environment can worsen mental illness, specifically regarding increased suicidal thoughts and a worsening mental state.\(^{28}\) A green prison program presents a mentally ill inmate with the opportunity to be exposed to a non-prison environment.

A green prison program is the introduction of a less stressful environment for mentally ill inmates. Implementation of such programs enables correctional facilities to, “…invest in a prison environment beneficial to mental wellbeing…enabling prisons to be a place of rehabilitative support…”.\(^{29}\) These programs include activities such as landscaping, cultivating plants, green roof gardening, environmental stewardship, caring for nature and animals, and can even include vocational training.\(^{30}\) Correctional facilities provide inmates with hands-on programs that remove them, for a time, from the confines of their cell and the immediate prison complex. Interactions in nature can provide a feeling of comfort and solace battling a form of mental illness.

**Effects on Recidivism**

Both statistics and inmate testimonials attest to green prison programs' success in treating their patients and lowering recidivism rates. In England and Wales's green prison programs, multiple inmates praised the program and stated that their mental state had improved. One male prisoner explained that he had been fighting mental illness for twenty-five years and credits his improved confidence in his horticultural program in prison.\(^{31}\) Yet another prisoner stated the following: “I couldn’t communicate…I’ve got…severe mental health issues…I was put on the horticulture course…I could communicate a lot better [and] my mental health was improving…”.\(^{32}\)

Riker’s Island has implemented a type of horticultural program, GreenHouse, for their mentally ill inmates. Individuals praise this program for its positive influence on recidivism and its


\(^{32}\) Ibid.
housed inmates' improved mental health. After being released from prison for one year, Riker’s Island inmates exhibit a recidivism rate of 14.08% and, after three years, a rate of 31.83%. These recidivism rates are roughly 9.5% lower than the general United States prison population recidivism rates. It is seen that mental health programs within the American prison system can adequately treat the mentally ill population and move towards lowering their recidivism rates.

**Christian Worldview**

As Christians, it is our duty to execute justice but also to help and care for the sick. It is possible to find a balance between justice and aid. Isaiah 1:17 states, “…do good; seek justice, correct oppression; bring justice to the fatherless, plead the widow’s cause.” God is a God of order and justice. If an individual goes beyond the confines and restrictions, that individual should receive his due punishment. However, while this individual serves out his sentence, God calls that those imprisoned shall receive the care they need. This command is evidenced in Hebrews 13:2-3, “Do not neglect to show hospitality to strangers…Remember those who are in prison, as though in prison with them, and those who are mistreated, since you also are in the body.” God calls us to provide aid to individuals that need it. As we see, God supports that justice be served; however, He also calls on His people to care for those individuals who find themselves receiving that justice.

**Conclusion**

Mental illness is a pervasive problem throughout the United States’ correctional system. Mentally ill inmates tend towards violence while in prison and have higher recidivism rates than their fellow mentally stable inmates. Examining both the United States, England, and Wales response to this issue, a correctional institution can begin constructing a successful treatment plan to combat mental illness. An option is to offer a nonviolent offender a pretrial diversion sentence. A pretrial diversion program would assign a treatment plan to an offender, and upon successful completion of that program, all charges would be dismissed. Another treatment option would be to introduce animals into any therapy treatment plan allowing a mentally ill inmate the opportunity to bond with an animal. Finally, horticultural treatment programs similar to that of Riker’s Island, England, and Wales could be instituted. These horticultural or green prison programs have proven to ease mental illness's side effects and reduce an inmate's likelihood to recidivate.

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34 Ibid.
35 Ibid.
36 Isaiah 1:17 (ESV).
37 Hebrews 13:2-3 (ESV).
Bibliography


