

Breaking the Cycle:

An Exploratory Study of Alternative Solutions for  
Mentally Ill Adults in the Criminal Justice System

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### **Abstract**

Mental illness is a prevalent issue and many times individuals diagnosed with a mental illness are repeat offenders within the criminal justice system; therefore, it is important to understand the problems at hand and find ways to handle the problems, or best yet take preventative measures to stop the problems from ever occurring. The literature review and interviews show that the criminal justice system seems to be handling mental illness in the best way possible with the current resources that are available to them. However, the literature review and interviews also show that an increase in resources and training on how to use those resources would strongly benefit both law enforcement and the individuals being treated. The research that has been performed in this study is critical in order to combat this growing epidemic for the safety and well-being of all individuals in society, as well as to be more effective in carrying out the objectives of the criminal justice system. By focusing on ways to decrease recidivism rates and treat the individuals before getting wrapped up in what seems to be an unending cycle of the criminal justice system, it was the goal of this study to educate the reader by providing potential solutions to treatment and prevention for people entrapped by different types of mind-altering diseases and for individuals that become impaired by the symptoms of their illnesses.

*Keywords:* Mental Illness, Criminal Justice System, Alternative Solutions, Recidivism

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## Chapter I: Introduction

Approximately twenty years ago, it was believed that the county jail in Los Angeles, California was the largest facility for mental health treatment (Fisher et al., 2014). Unfortunately, there is an epidemic facing society in the year of 2017 regarding mentally ill individuals and their relationship with the criminal justice system. While mental illness awareness appears to be on the rise, often, criminal justice officials are still left with the question as to what to do and where to go when dealing with those that have impaired cognitive abilities. Many times, the individuals know the difference in right and wrong but their sensitivity to act impulsively often puts the individual repeatedly back into the court systems (Wong, 2016). Likewise, these same individuals face higher recidivism rates and may face higher rates of victimization in the prison system due to vulnerability (Wong, 2016). Mental Illness has the ability to completely change a person's life in a negative way, especially if the illness is left untreated. Many times, a person that suffers from a mental illness may go into a state where they do not have the mental capacity to realize treatment is needed and they may not be able to manage their own treatment properly.

Therefore, higher rates of research and an emphasis on policies regarding those that have a mental illness in pertaining to the criminal justice system must be conducted. Throughout history, there has been very little research conducted on this topic and there has been very little representation when it comes to mental illnesses and the criminal justice system (Fenge et al., 2014). Often times, mentally ill individuals act on impulse and while they know what they did was not right, their mind and body may lack control in the midst of an episode (Wong, 2016). Unfortunately, while individuals that experience symptoms of a mental illness may have good intentions and desire to be a person of good character, time after time their illness takes control

and leaves them in a situation that they would not personally choose to get themselves into. In no way is this suggesting that these individuals should get off crimes without penalty based on a medical diagnosis, but locking them away without searching for the root of the problem and providing treatment for the person will likely only result in the problem happening again and possibly worsening. It is unfortunate, but often times the same people that one would see in prison or jail is the same person that is in a psychiatric facility (Montross, 2016). Sometimes the driving force behind a criminal act is a mental illness, therefore finding treatment may be a better option instead of placing them in a facility where the primary goal is security (Montross, 2016). Individuals should not be excused from heinous crimes with a simple slap on the wrist based off a diagnosis, but it is imperative that alternative methods be in place consequentially.

### **Statement of the Problem**

Elizabeth Forbes, which is the director for the organization entitled NC CURE states that her organization alone has received well over three hundred letters from prisoners that have been waiting months to see a psychologist and some have even lost access to the medications that they so desperately need for their mental health (Alexander, 2017). This illustrates the lurking issues throughout the criminal justice system when it comes to mental health. Unfortunately, the above statements also validate the fact that prisons can, in fact, be detrimental to individuals with a mental health diagnosis (Dyer & Biddle, 2015; 2016). The Bureau of Justice Statistics reports that 56.2% of inmates in state prisons meet criteria of a mental health problem (Fisher et al., 2014); this percentage is shown in Figure 1 below to best help the reader grasp an understanding of this prominent issue.

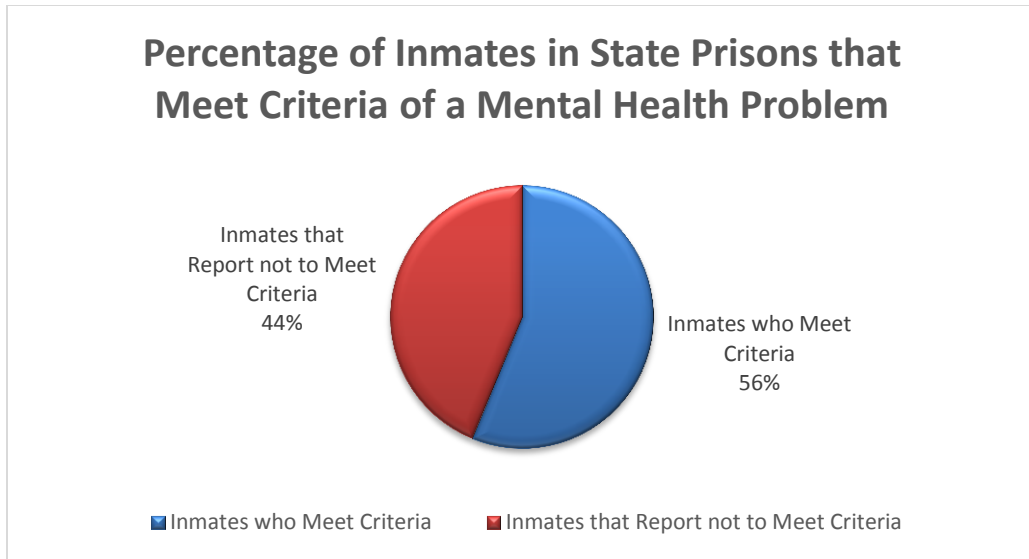


Figure 1-Percentage of Inmates in State Prisons that Meet Criteria of a Mental Health Problem (Fisher et al., 2014)

There is a multitude of different types of factors that play a key role in the increased rates of recidivism among mentally ill offenders. However, a demographic factor that shows a differing in statistics is that of males and females. Likewise, females tend to have a higher report of a mental health diagnosis. When comparing the difference between males and females, reports show that 73% of female inmates have or have had a history of mental health while 55% of males have or have had a history of mental health (Fisher et al., 2014).

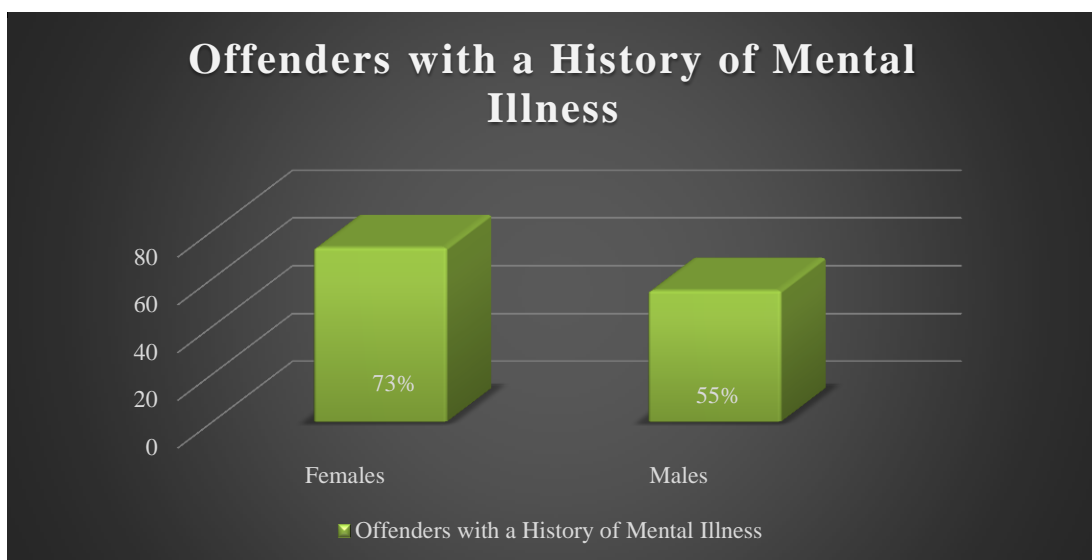


Figure 2-Offenders with a History of Mental Illness (Fisher et al., 2014)



Numbers also show that almost 30% of individuals that have received treatment from the public mental health system in Massachusetts at the time of this survey had been arrested at least once during a period of ten years (Fisher et al., 2014). Prisons are now believed to be the new mental institutions and these numbers are on the rise (Torrey et al., 2010).

With this said, the goal of the criminal justice system and those that are employed by the system is to serve and protect society. In order to carry these objectives out, officials have an obligation to maintain law and order by making sure individuals that may be a danger to themselves or others or even those that often cause a disturbance are not lingering throughout towns and neighborhoods. While many individuals that commit crimes are of sane mind and do not suffer from any mental health issues, there are likely just as many that do suffer from these issues that are involved in criminal activity. In order to serve and protect, justice must be carried out and consequences must be given no matter the case. Without consequences, it is doubtful that a person will learn from their actions and better themselves in the future. However, it is possible that a mentally ill individual will commit a crime and the consequences that a person without a mental illness receives may not be as successful for a person experiencing symptoms of a mental illness due to the different state of mind and needs.

### **Purpose of the Study**

The purpose of this study is to provide the reader with a better understanding of some of the struggles that criminal justice officials, mental health professionals, and even offenders experience in regard to mental health. It is also hopeful that this study will open up discussion about the brokenness of the system as well as the strengths of the current system. By increasing awareness on the problems that these people in the system face daily, it is anticipative that the future will be much brighter when concerning the criminal justice system in regard to mental

illness. Likewise, the discussion and proposal of alternative solutions can both prevent the cycle from continuing for many individuals and will allow for the ones currently being poorly treated by the system to receive the treatment that they so desperately need to best function in society. While mental illness is a prevalent issue within the criminal justice system and the number of mentally ill offenders is increasing daily, officials have limited options and lack training on the proper utilization of these options when handling these cases; therefore, the exploration of alternative solutions in the prevention of recidivism with these offenders is crucial.

### **Definition of Terms**

For the readers to better comprehend the objectives and results of this study, it is imperative that they understand the definition of recidivism and mental illness in relation to the study. The main objectives of this study are to provide information on the correlation between recidivism and mental illness. Therefore, understanding the terms in the way this study uses them is highly important.

#### **Recidivism.**

For this study, recidivism is defined by any return of an individual back into the criminal justice system. Recidivism is sometimes solely defined by a person that goes back to prison or one that returns to jail. However, for the matter of this study, recidivism is defined by any act of the person returning to the criminal justice system. Examples of this definition of recidivism include but are not limited to being rearrested, receiving another prison sentence, being placed back on probation, having to complete community service again, or even having to return to court to stand trial.

**Mental Illness.**

An individual suffering from a mental illness in this study is defined by a person being diagnosed or even being undiagnosed but experiencing the symptoms of a mental illness that is diagnosable by the Diagnostic and Statistical Manual (DSM-5). Often times an individual does not have a diagnosis of a mental illness because the mental illness itself may prohibit the individual from rationally thinking that he or she should seek medical attention. If a person fails to seek medical attention and/or maintain the stability in the treatment of their illness, then it is likely the person may end up in the criminal justice system. Therefore, for the purpose of this study, mental illness can be diagnosed or currently undiagnosed.

## Chapter II: Literature Review

Christine Montross, M.D. provides her experience as a physician working with mentally ill individuals in treatment facilities as well as those in the criminal justice system in an article titled, *“Hard Time or Hospital Treatment? Mental Illness and the Criminal Justice System.”* Montross (2016) makes a very profound statement by saying that many times she treats people in mental facilities because they are in need of respite but other times she treats individuals in mental facilities because the communities often need respite from these individuals. This can be observed in the case study of an elderly man that was tossed between the criminal justice system and the mental health system for many years.

For example, this elderly man had lived a long life full of heartache and instability. He had been divorced many times, was unable to ever have children of his own, and was disowned by his entire family due to his downright extreme behaviors. The elderly man went throughout life with many people believing he was only a mean and hateful individual but he likely had an underlying mental health diagnosis that was, undiagnosed. The local adult protective services would receive reports from community members and law enforcement stating that this individual was a disturbance to the community and was causing numerous issues in society. Upon investigating, social services would involuntarily commit the individual and he would receive treatment for a short period of time for Parkinson’s disease, but would later be discharged from hospitals only to end up right back on the streets.

Substance abuse was absolutely no stranger to this individual as he was known to be a very heavy drinker and would have random outbursts of anger if society did not cater to all of his needs. When the mental health field was unable to help him, it was law enforcements turn to take care of his needs. At this time, law enforcement would get reports that the individual had

assaulted someone, was impeding traffic, or was making threats and they would place him in jail as a detainer for the night. This individual was forbidden to step foot on the property of all low-income housing options, could not stay at the local homeless shelter due to assault charges, and could not reside at other shelters due to his disability and their inability to care for someone of his nature. Anderson et al.'s (2015) suggests that homelessness and other sociodemographic components may factor into the reason why mentally ill individuals have higher recidivism rates. Likewise, time and time again, the cycle would continue until all the factors listed above were a likely cause for his death.

This is only one case, but this case happens all too often because both mental health professionals and law enforcement is running into issues and they have very little authority over people that refuse to better themselves. However, in this situation, this individual's mental capacity and cognitive abilities were so impaired that he could not and would not make healthy and rational decisions on his own and it would have been very effective and beneficial for professionals to step in with authority and make the man seek ongoing treatment that he so desperately needed, but these professionals were without resources, like many professionals are throughout the nation. Per Brandt (2012), a lack of resources is often what forces an individual to resort to criminal activity as they cannot find proper treatment that is accessible.

Fisher et al.'s (2014) study assessed the likelihood of adults getting rearrested after they had received treatment from the state's public mental health system in Massachusetts. These individuals were observed for 24 months after they had received treatment. Anderson et al.'s (2015) study states that it is believed that every year in the United States, nearly one million arrests are made of people who have a diagnosis of a serious mental illness. Montross (2016) states, jails and prisons often worsen the problems as they are placed in cells and their paranoia

increases as they are confined or even abused by other inmates. Implications from Brandt (2012) shows that individuals with a mental illness being placed in a correctional facility environment can make their symptoms and issues worsen which causes lasting effects and makes it difficult for them to function in society. Montross (2016) intensely believes that it is imperative that an individual that has a mental illness be housed in places of healing instead of places of punishment, as their prognosis for any positivity will be weakened if they do not receive the treatment that they need.

Another major issue that Montross (2016) points out is that there is not a high number of beds in hospitals for individuals, so often times a mental health patient will spend days in the emergency department until a bed is available. According to Montross (2016), at this time, if their behaviors cause a problem in the department, medical professionals may see that jail is the only way to secure the person and they will be sent to jail due to the lack of community health resources in relation to mental health. If a person is brought in by law enforcement but their assessment does not show that they need to be committed, they are often released back onto the street with no treatment for their mental health and they end up doing the same things that they were brought in for the first time. However, this time their arrest places them behind bars instead of in the emergency room.

Fisher et al.'s (2014) results show that many times it is difficult for a person to transition from prison or even a mental health facility back into society. Often times, inmates do not know how they will support themselves after being released from prison. Many times, individuals face issues such as homelessness and poverty prior to being arrested and these issues are not being resolved during their sentence; therefore, they immediately face the same issues once released. Fisher et al. (2014) suggests that individuals that are released from prison must not only face

having to find a home, but must also work on getting connected with different entitlement programs such as Medicaid in order to continue their mental health services and other medical needs. Another problem that proves to be very trying is when trying to find employment. Many employers are highly unlikely to hire an individual that has served time, especially in recent years.

Montross (2016) states that advocating for more community resources is imperative to combat the issues that are being faced so that mentally ill people are not being faced with being locked away in places that's primary goal is security. While the criminal justice system is only carrying out their objectives, criminal justice officials should not have to handle cases and try to provide treatment without the means and training to do so as this could cause more problems than it could help. Montross (2016) believes it would be more beneficial for medically trained professionals to handle cases involving mental illness. Hospitals are designed to treat the individuals and while treatment is not always successful, professionals are trained on ways to calm the individual and treat the problem. With all of this said, not being able to access the necessary resources can many times nearly force the individual to become incarcerated because either incarceration is the only thing that they can currently find that will meet their needs of food, shelter, healthcare, etc. or because the lifestyle that the individual may resort to after being released from prison results in the individual being rearrested because of illegal behaviors and actions.

M.D. Christine Montross (2016) believes that whether a mentally ill individual goes to jail or to a hospital upon their arrest can greatly affect their future. According to Montross (2016), in the year of 2016, it was said that 356,600 inmates in jails and prisons had a serious mental illness. Montross (2016) also states that there was said to only be around 35,000 people

at the time being treated in state hospitals for a mental illness. According to Fisher et al. (2014), statistics show that many inmates meet the criteria for some type of mental illness, but many meet the criteria that falls in line for a severe mental illness; 21% report to have one symptom of mania, 26% report to have one to two symptoms of major depression, and 11% have one psychotic symptom (Fisher et al., 2014). When looking at what these statistics mean for the big picture, in simple terms, it is saying that approximately 705,600 inmates throughout state prisons either had a history of mental illness or currently have a mental illness at the time the survey was conducted, and many of them have both: a history and currently suffer from a mental illness at the present time of the survey.

Montross (2016) believes that the decision of whether the person belongs in the criminal justice system or in the mental health system should be that of a medical professional, but many times it is being made by officials in the criminal justice system that do not have medical knowledge. She also goes into saying that people in poverty, those in minority groups, and people that have a recorded history of involvement in the criminal justice system are likely to not receive the treatment that they need and will more than likely be arrested and placed into the correctional system.

Fortunately, the above problems have been addressed in the past by the government and different acts have been presented on the issues being faced, but with a lack of funding these acts tend to only be in the public eye for a very short period of time. Fisher et al. (2014) recognizes two acts that have made note of the need for some type of transitional program or assistance on helping the individuals reintegrate back into society which includes *The Second Chance Act of 2008* and the *Mentally Ill Offender Treatment and Crime Reduction Act of 2004*. The aforementioned acts have drawn attention to the problems and they both set out to provide



funding in order to prevent the arrest and rearrests of individuals. Fisher et al. (2014) suggests that these acts provide recommendations regarding transitional programs in order to help the individuals get reintegrated back into the community; these types of programs would focus on things such as housing and employment. Montross (2016) suggests that there are programs out there that work, some of which include crisis intervention teams, as well as crisis stabilization and healthcare diversion programs which have dramatically cut down on arrests as the individuals are obtaining mental healthcare oppose to going to jail and prison.

Another problem that Fisher et al.'s (2014) study brings up is the fact that sometimes lengthy prison sentences makes it difficult for the individual to seek mental health treatment when being released from prison because facilities and resources that once existed are no longer in operation. Therefore, if the offenders do not have a supportive network on the exit of prison, they may be left with trying to find their own care and resources. It can be very overwhelming for the average individual to navigate through different resources, but to do it without a support net, proper transportation, funds, or even the knowledge of what is offered can not only be burdensome but nearly impossible. Often times the individuals being released are released to the streets, which does not really provide great motivation and optimism for a new fresh start in life.

Fisher et al.'s (2014) study focused on 1,438 individuals that were released from prisons in Massachusetts between the years of 2007 to 2009 and had been treated for a mental health diagnosis during their stay; these individuals were followed for 24 months after their release. Fisher et al. (2014) concentrated on two types of disorders, mood disorders and thought disorders; thought disorders include illnesses such as schizophrenia while mood disorders included disorders such as depression and bipolar disorder. According to Fisher et al. (2014), the disorders listed are thought to be extremely debilitating and may need intense treatment in order

to fully treat the problems these people face; in fact, these disorders are part of the World Health Organizations top 10 medical conditions that are on the burden of disability list.

The results of this study show that there are numerous factors that lead to the rearrests of individuals, not simply just their mental health history. Different factors that may play a key role in rearrests are things such as race, juvenile records, education, gender, and substance abuse. However, these results do show that individuals with a mental health diagnosis often are repeat offenders. Likewise, one should note that this was only the observation of a 24-month period, therefore it is likely that if more time would have been allowed for the observation period, more arrest would have been noted.

Both criminal justice officials and mental health professionals wish for the best for citizens within society. However, many times they take two different approaches and the relationship between the two is not as strong as it could be if the two entities worked closer together. Montross (2016) provides evidence of the differing of mindsets of mental health workers and criminal justice officials when she talks about a man named Mr. T. Mr. T was arrested for refusing to leave the premises of a grocery store after being asked to and then refusing to come out from behind a dumpster when police arrived. Upon arrest, he was given a medication in jail to prevent psychosis but he refused to take the medication which led to him being placed in solitary confinement, but not until he had assaulted a criminal justice employee which is a felony. Mr. T was sent to the local hospital due to his mental state and was later said to be having paranoid delusions where he felt like he was awaiting execution and all the workers from the hospital were going to kill everyone in the facility. Montross (2016) recounts that one night, Mr. T awoke in a state of rage and assaulted two of the workers to the point that one had to have surgery, yet both refused to press charges as they believed that the individual did not do it

to cause harm but the assault was due to his state of paranoia and panic. Unfortunately, after receiving treatment, Mr. T returned to jail and served time in prison for the assault on a criminal justice employee. Both Montross (2016) and Brandt (2012) talk about the segregation piece that many inmates have when being placed in prison. A form of punishment for their wrongdoing is isolation which can exacerbate their condition greatly; this along with many other things can make it very difficult for the person to reintegrate back into society.

Mental health professionals set out to help treat an individual and find the root of the problems that they are experiencing. Criminal justice officials also want the best for society but their job is to serve and protect and by this, they must remove people from society that are a danger to themselves or others. Brandt (2012) suggests that the primary focus of the criminal justice system is not rehabilitation and that is why it is important to place mentally ill individuals in the appropriate location to be best treated. It is obvious in the prior study that many times criminal behavior and mental illness go hand in hand. Therefore, forming a good working relationship between criminal justice officials and mental health workers is crucial for the bettering of society.

Harte's (2015) study suggests that one in seven prisoners have a diagnosis of a psychotic illness or some form of major depression. According to Brandt (2012), spikes in recidivism are thought to be a result of deinstitutionalization. Deinstitutionalization was the process of discharging mentally ill individuals from psychiatric facilities and utilizing more community based resources, per Brandt (2012). Brandt (2012) states, while patients admitted to hospitals have decreased in years past, offenders placed in prison have increased. The background and environment a person has experienced may also be a causal factor for the recidivism and/or for the mental health issues a person faces. Many times, it can prove to be difficult to determine

which came first: the mental health issue or the what-society-would-believe-to-be as negative factors a person experiences. For instance, some factors may include homelessness, poverty, substance abuse, or a history of instability. Likewise, some diagnoses include bipolar disorder, schizophrenia, depression, and multiple personality disorder. But, with the lack of full understanding in regard to mental illness it may be difficult to understand which side of the factors is to blame for the existing problems.

For example, an individual within society may have grown up in an abusive household with a mother and father who failed to provide proper resources for the person to excel in society. This example causes the person to find it difficult to find a job and results in high poverty later in life. With the high poverty rate the individual decides that alcohol is the best way that he or she will cope with the problems of life. The alcohol in turn causes the individual to go into a high state of depression. On the flip side, an individual may have lived a great life and have had no issues with mental health problems throughout life. However, that same person decides to start drinking for recreational purposes which in turn leads to an addiction of alcohol. This substance abuse problem causes the individual to lose his or her job, car, and home. Due to the negative feelings, the person begins to have with a loss of everything he or she owned, a chemical imbalance in the brain occurs which may cause the person to go into manic states of bipolar and depression, with extreme highs and extreme lows. It is possible that the person may have never experienced these problems if some of the factors would have never been placed in the person's life. This argument falls in line with the nature verses nurture argument.

Another example of a puzzling situation that resorts back to the nature verses nurture argument is in regard to a single mother of three children that has a diagnosis of schizophrenia. The mother's children have been taken away from her and placed in the custody of the maternal

grandmother due to major drug abuse including both using and selling. This same mother resorts to prostitution in order to feed her own drug habit. The factors of drug use and prostitution are what resulted in the children being placed in kinship custody. However, like previously noted the mother experiences episodes of schizophrenia but never experienced these episodes until after her involvement in drug activity. Therefore, which came first, the schizophrenia or the negative implications such as prostitution, loss of children, etc.? Did the drug activity result in the onset of schizophrenia? Or did the onset of schizophrenia result in the drug activity? These examples show that getting to the root of a person's problem and treating the individual is crucial for all parties involved: the mental health professionals, criminal justice officials, and the offenders themselves. Likewise, it is important that alternative solutions be put in place in order to treat these people and provide ongoing treatment in order to break this vicious cycle of arrest, rearrests, and much more.

Harte's (2015) study suggests that it is believed that there are three times more seriously mentally ill patients that are in jails and prisons than there are in hospitals and treatment facilities. This statement shows the need for 1) more resources for the criminal justice system in relation to mental health and 2) the need for more ongoing treatment to both prevent and treat individuals to lower recidivism rates. Brandt (2012) implies that the main downfall of the system is the lack of resources for community treatment which leaves mentally ill individuals turning to correctional based places. This is unfortunate because the issue that the people are facing is not necessarily criminal involvement, but problems with mental illness is what results in them being in a place of criminal involvement. According to Harte (2015), in the United States, an individual must be ruled competent in order to stand trial; this means that the offender cannot stand trial if they have a mental disorder that could prevent them from fully

understanding the process. Harte (2015) states that some countries have prisons in which have special care units for offenders with mental health issues so that they can be treated in prison instead of using beds in the mental health hospitals.

A study by Ray (2014) states that a program that has been implemented to hopefully deter repeat offenders is mental health court which sets out to require mentally ill individuals to seek treatment for their problems so that recidivism does not occur. Jacobs et al. (2016) also suggest that there is a program much like mental health court in Canada where offenders can be determined to be incapable of withstanding trial. Jacobs et al. (2016) states that if the person is found incapable then they must seek treatment for their illness, but being found incapable is only in extreme cases. According to Ray (2014) when an individual is thought to have a mental health diagnosis that results in criminal behavior, many times they are summons to mental health court where they are linked to a multi-disciplinary team that includes both mental health professionals as well as criminal justice officials that work together to ensure care for the individual. The court system and the mental health system will monitor the individual's treatment compliance and will also take note when they have not complied.

Likewise, Ray (2014) states that some people choose to opt out of this and will choose to withstand trial, while some people will be sent back into the court system solely on the basis that they failed to comply with the program and now will face the consequences of the criminal justice system instead of taking advantage of this helpful option. Fortunately, Ray (2014) states that individuals that take full advantage of mental health courts have lower rates of recidivism than those who do not. According to Ray (2014), there are currently more than 300 mental health courts throughout the United States. Jacobs et al (2016) states that the program held in Canada is for only minor cases and if the charge is a major one then the person will simply

receive treatment while in prison but will not have the option to seek community help as an alternative.

One study was completed on mental health court participants in North Carolina. The individuals that fully participated in mental health courts were observed for a period between five to ten years in order to seek results on recidivism rates and obtain a better perspective on the effectiveness of mental health courts. According to Ray (2014), all other studies that were done on mental health courts were only had an observation period for a two-year time frame which did not allow for any results after the fact that the individual was no longer under court supervision, so they did not provide results about whether the program had any lasting effects. Nearly half of the individuals that participated in the mental health court did not recidivate during the observation period, which likely shows that the courts are effective. Results from Ray (2014) also showed that most individuals who did recidivate did so soon after their mental health court treatments, rather than waiting a more extended period of time. Also, people that did not complete the program were said to have recidivated much sooner, while those that did complete the program did not recidivate until later. Lastly, Ray (2014) showed that different factors were good predictors in the recidivism rates such as a person's age, their criminal history and their exit status.

Another problem that Harte's (2015) study addresses is that time after time, an officer is called to assist with mentally ill individuals whether it be that they are committing a crime or simply being a danger to themselves, sometimes it is hard for officers to know what to do in a situation when it comes to treatment for the person. The reason for this can be related back to the lack of training many officers and agencies have or even the fact that officers are unaware of the individual's mental health history. Many people believe that a better relationship between

mental health professionals and criminal justice officials would strongly benefit the individuals being served. However, according to Harte (2015), while many believe that mental health workers should be working closely with criminal justice officials, there is one study that states that the workers should not work closely so that they do not disrupt the confidentiality and privacy of the patient and so that they do not impede on the treatment of the patient. This makes the argument that the two should remain as two separate entities so that the individual is provided the best treatment possible. Brandt (2012) insinuates that it is believed that it is cheaper to put a person in jail than it is to medically treat them for their mental health, but in the long run they are not receiving the services that they so desperately need which makes them more of a threat to society than they were upon their initial arrest.



### **Chapter III: Methodology**

The goal of this study is to educate the reader on recidivism and mental illness in the criminal justice system. The researcher hopes to inform the reader on issues that the criminal justice system faces in relation to mental illness and possible solutions to increase the effectiveness of mental health treatment in the criminal justice system. It is hopeful that in years to come, a utilization of effective alternative solutions will be used to decrease recidivism rates of mentally ill individuals in the criminal justice system. The researcher plans to educate and inform the reader on the issues, concerns, effectiveness, and perspectives by use of literature reviews and interviews with both mental health and criminal justice professionals. By digging deeper into the studies that have already been conducted, the researcher will be able to see the current practices and the pros and cons of those practices. Likewise, by conducting interviews, the researcher will be able to gain perspectives from professionals working on the front lines. By listening to the problems that everyday individuals face that work in these two fields, it is likely that a better illustration will be provided to the reader.

#### **Hypothesis**

Individuals diagnosed with a mental health disorder that do not receive stability of treatment may experience higher rates of recidivism. These higher rates of recidivism may be a result of a lack of training by criminal justice officials on how to handle mental health offenders, a lack of resources for mental health treatment, and policies that indirectly prohibit successful mental health treatment. Theoretically speaking, individuals that have a mental health diagnosis that are untreated will experience higher rates of recidivism. Likewise, there is a positive correlation between the two variables, mental health and recidivism amongst mentally ill offenders. With that said, if alternative solutions are enacted it is highly probable that recidivism

rates will decrease and the once-thought-of never ending cycle will be broken by many individuals.

### **The Design**

This study used a qualitative method. By using a qualitative approach, the reader will be able to see the broader picture of the current operations of the criminal justice system. By use of literature reviews and interviews, it is likely that the reader will be able to imagine how the system works. Likewise, the researcher interviewed a total of twenty professionals working in either the criminal justice system or within the mental health system. Ten of the professionals worked in the criminal justice system. These ten individuals from the criminal justice system consisted of (1) police chief, (1) sheriff's office lieutenant, (1) probation officer, (2) police officers, (1) detective, (1) state highway patrol officer, (1) deputy sheriff, (1) detention officer, and (1) retired prison administrator. The ten individuals from the mental health system consisted of (1) mental health registered nurse, (1) attorney from the department of social services, (3) child protective services social workers, (2) adult protective services social workers, (1) income maintenance case worker, and (2) mobile crisis licensed clinical social workers. The individuals were given the option to remain anonymous by just providing their job title or they could use their first initial of their first name and entire last name. Many opted to remain anonymous due to the controversial topic and the line of work they are in.

Each professional was asked a total of eight questions. After the eight questions were answered, professionals were given the option to provide more feedback and additional comments or they could end the interview. Refer to appendix A for the eight structured questions that was asked.

**Research Questions**

There are three questions that this study hopes to answer. These three questions will bring awareness to the topics and will propose solutions to current problems. The research questions will also open up discussion for other alternative solutions. The questions will illustrate the issues behind the matter, the process throughout, and the possible solutions that could reduce recidivism rates in the future. The questions are found in appendix B.

### **Chapter IV: Research Findings**

For starters, research findings showed that professionals whether in the criminal justice system or in the mental health system typically agree on most issues that the two professions face. While the two professions had differing opinions on the driving forces of the problems and how the issues should be treated, overall responses were mostly in agreement with others. All twenty professionals were asked eight structured questions and then were given the option at the end to provide additional comments to elaborate on their experience and opinions on the issues. Some professionals chose to provide additional comments and some did not; however, the additional comments can be found in appendix C.

When the professionals were asked whether they believe the percentage of individuals in society that experiences mental illness is increasing 8 mental health professionals answered yes to this question, while 2 answered no. Likewise, 8 criminal justice professionals answered yes to this question, while 2 answered no. A mental health registered nurse (2017) states that she feels that while mental illness may be on the rise, it also may seem to be more noticeable because many mental hospitals are shutting down and people are not getting the treatment that they need that can prevent the problems from escalating to the system.

Interviews were conducted with 3 child protective services social workers which all have years' worth of experience in the field working alongside of people suffering from mental illness. When asked about whether they believe that the number of mentally ill people in society is increasing, Carter (2017) and Parker (2017) both stated that they firmly agree with the statement while one worker which wished to remain anonymous states that she disagrees. The anonymous child protective services social worker goes into saying that she believes "the percentage of individuals in society experiencing mental illness is not increasing, however

instances of identification and labeling of the conditions has increased.” Both adult protective services social workers wished to remain anonymous, therefore they will be addressed by social worker II and III as this is their current credentials. Both social workers feel that the percentage of individuals in society that experiences mental illness is increasing. Deputy Sherriff (2017) states that he does not believe the percentage of mentally ill individuals in society is increasing but he does feel that the number of labels being given has increased in recent years which make it appear this way. An officer in an urban area (2017) feels that the percentage of mentally ill individuals in society is increasing and methods of prevention are few and far in between and sometimes nonexistent.

Next, twenty professionals were asked whether they felt that the rates of recidivism in the criminal justice system is affected by mental illness, all 10 mental health professionals answered yes to this question, as did all of the 10 criminal justice professionals. Both mobile crisis licensed clinical social workers, Isenhour and Wells had strong opinions on recidivism and mental health. Both workers respond to suicide and homicide calls where it is imperative that they arrive quickly on the scene to deter the situation. Isenhour (2017) states that she often sees the same people when she goes out on a call and many times after talking to the person they have mental health issues and legal issues that correlate which leaves them in a feeling of despair. She states that she feels the best method to combat these issues is to make treatment more mandated because when a person is in a crisis, they do not recognize that they need help many times. Isenhour (2017) states that while she feels the person may not be happy with being held involuntarily, it could save their life and they will be more appreciative in the end after the suffering.

The third question asked was whether one believes it is accurate to say that the way the criminal justice system handles and treats the mentally ill population is effective, all 20 mental health and criminal justice professionals answered no to this question. The deputy sheriff that was interviewed wished to remain anonymous; therefore he has chosen to just be referred to as deputy sheriff for the purpose of this study. Along with the majority, the deputy sheriff (2017) feels like his biggest hurdle he must jump in law enforcement and working with the mentally ill is finding them resources to help prevent their further involvement in the criminal justice system. The deputy sheriff (2017) states, “we often arrest or simply detain individuals because they are more of a harm to themselves than to society but we feel this is the only way to protect them. However, they are let go because their charges do not weigh enough to hold. Once they are let go they are placed back onto the streets and the issues and concerns grow in relation to their crimes.” He feels like there are very little resources to prevent the problems from occurring and he states he “feels like he is putting out wildfires instead of preventing them, but often the whole forest burns down before he can find water.” The rural area officer (2017) states that individuals need help and that he wishes the mental health system in prison was more effective because individuals should pay the consequences for their actions but should also receive treatment so that the problems do not persist.

When asked whether the professionals believed if there was room for improvement for mental health treatment in the criminal justice system, all 20 mental health and criminal justice professionals answered yes to this question. Wells (2017) believes that new laws regarding involuntary holds should be put in place, but according to her, “it will not be beneficial without a good number of resources for these individuals.” Thomas (2017) who is an income maintenance caseworker states that there is most definitely room for improvement in the mental health and

criminal justice system, but the biggest issue is the lack of resources and money to make those resources available.

The fifth question asked was regarding whether the professionals believed that better access to mental healthcare and psychiatric medications such as long term injections would decrease recidivism rates; all 20 mental health and criminal justice professionals answered yes to this question. In the opinion of an attorney at a local department of social services, Desantis (2017) believes that better access to healthcare and medications would be most beneficial in decreasing recidivism rates so that the individuals can afford treatment rather than committing petty crimes trying to self-medicate and becoming repeat offenders.

Desantis's (2017) work involves representing the agency on the matters of child protective services and adult protective services cases. While some of Desantis's work is based off of neglect or criminal activity, the majority of her cases include individuals with an aspect of mental illness involved. Desantis (2017) states that she feels like much of what she sees appears to be a cycle because the children that she works with have a high probability of growing up with a mental health diagnosis due to the things that they went through as children and the way that they are being raised. She feels like based on her experience thus far that in years to come she will see the children of the parents that have been in legal trouble in the same seat if better access to healthcare is not put in place.

When asked about long term injections, social worker III (2017) states that when it comes to long term injections "it's a case by case basis, whether the injections will be more effective and decrease recidivism. For example, the dosage could possibly need to be increased and the individual doesn't report symptoms and can still result in legal issues." Likewise, Luna (2017) states, "Injections would be beneficial from the medical staff in the jail/prison rather than

handing out pills.” But, she questions if the person is on the street, while the injections may be beneficial when given, she wonders if the individual would return to their appointments on their own free will once the injections start to wear off and their mind becomes cloudy. Wells (2017) believes that the biggest issue is the lack of resources for people who are unable to afford healthcare.

Police Chief (2017) states mental health issues require long term treatment and usually medication but people without a job, health insurance or families that are willing to cover the costs typically cannot afford long term treatment in a facility or simply cannot afford their medication. Police Chief (2017) also states that many mentally ill people are not receiving treatment because they typically cannot afford it as their condition hinders them from having good jobs with health insurance. This lack of treatment is usually why they end up behaving in a manner that causes law enforcement to have an encounter with them. The only way to help someone who is mentally ill is to have them treated but treatment costs money.

One officer that was interviewed is employed in a more rural setting. He has patrolled communities for the past eighteen years and finds one of the biggest issues in relation to mental illness is substance abuse in small towns. The officer in the rural setting (2017) says that mental illness alone is hard enough to combat but with the increase of availability of alcohol and drugs that are not monitored by medical doctors, the problem has increased drastically. This officer states that he feels one of the biggest problems right now is the epidemic of heroin which is used as a coping mechanism for people experiencing symptoms of mental illness. “While they cannot afford good healthcare, they turn to anything they can get their hands on to numb the feelings they experience”, states the officer in the rural area (2017).



Next the professionals were asked whether they believed that better relationships between law enforcement and mental health professionals would decrease recidivism rates and all 20 mental health and criminal justice professionals answered yes to this question. An issue that was brought to attention by Lieutenant Adcock (2017) of the sheriff's department was the fact that many times criminal justice professionals are not aware of the medical history of the people that they are working with and this could make a situation worse. Due to confidentiality guidelines, medical history cannot at times be shared between health professionals and law enforcement. It would be very beneficial if this information was privileged to law enforcement, if so law enforcement may be able to more effectively treat the individual if they knew more along the lines of what they were encountering. According to Adcock (2017), "Typically the only way we learn about someone's medical history is because they are repeat offenders and we just get to know the person on the streets. While this is helpful, being able to get the information from dispatch or mental health professionals would be much more beneficial and effective in the long run."

When asked whether the professionals believed if transitional programs to assist with employment, housing, healthcare, etc. would decrease recidivism rates, all 20 mental health and criminal justice professionals answered yes to this question. The detective (2017) states that one of the biggest issues that he experiences is the fact that many times recidivism occurs because the person is released to the street and may be in a worse situation than they were prior to their arrest. The detective believes that transitional programs would strongly benefit offenders.

Smith (2017) is a retired prison administrator of more than thirty years. In his experience as a prison administrator, he has encountered numerous mentally ill offenders and has watched the recidivism of these mentally ill offenders closely. Smith (2017) states, "I know the impact of

not having the funds to properly provide mental health treatment and those impacts are not good. No matter how hard mental health professionals work in the prison systems to treat people, if they do not have follow up treatment when being released from prison the chance of them relapsing and walking right back through our doors is highly likely.” In his opinion, Smith (2017) feels that mentally ill offenders should most definitely be incarcerated and must pay the consequences of their actions but mental health professionals should come alongside to help treat these people so the issues are not reoccurring.

Lastly, when asked whether mental health treatment belongs in jails and/or prisons or should mentally ill offenders be sent to psychiatric facilities 9 mental health professionals answered that mentally ill offenders should be sent to psychiatric facilities, 1 mental health professional answered that mentally ill offenders should receive their mental health treatment in jail and/or prison. However, 8 criminal justice professionals answered that mentally ill offenders should receive their mental health treatment in jail and/or prison. 2 criminal justice professionals answered that they are uncertain of the location as to where mental health treatment belongs.

In the opinion of the registered nurse (2017), “it would be beneficial for there to be capacity restoration programs in jails instead of mental hospitals in order to free up beds for people that have not committed a crime that need them.” The registered nurse (2017) also went into saying that she does not believe that it is fair that people that need mental healthcare are not receiving it because they have not committed a crime, as people that have committed a crime and have involvement in the criminal justice system typically take precedence over those that have not committed a crime. She believes that it may be beneficial for there to be separate facilities for mentally ill offenders in order to keep the populations separate but still give them the attention needed that they may not be able to get in a prison with the average population. In her

opinion, she believes things such as long term injections for medication monitoring, getting individuals involved in ACT teams, and by having more mental health workers in jails and prisons, it could really cut down on repeat offenders.

With this said, both Wells and Isenhour (2017) feel that the rate of recidivism is strongly affected by mental health and that individuals will benefit more from psychiatric facilities where they can be treated for their problems rather than prisons and jails. On the flip side, Thomas (2017) feels that people with mental health issues should be sent to psychiatric facilities because when they are in prisons they are more vulnerable and may even learn bad habits from the regular population due to their vulnerability. Therefore, Thomas (2017) states that housing the individuals separately would be more beneficial toward their healing in the long run.

The police officer in an urban area (2017) works on a swat team where he states he often works with mentally ill individuals who are either barricading themselves in a location or have another person held up with them. He states that in his twelve years' worth of experience, many individuals he has responded to calls for has been diagnosed with schizophrenia and believes that members of their family are out to get them. The officer in the urban area (2017) elaborated by saying that another major issue that they run into is these individuals are not on their medications and are not taking them properly and they believe that law enforcement officers are out to get them as well instead of there to help them which makes the situation escalate quickly. Likewise, he feels that these individuals must be arrested and should be placed in prison to receive mental health treatment.

The state highway patrol officer (2017) states that he is uncertain as to where mental health treatment belongs, whether it be in prisons or in mental facilities, but either way, he states that it should be more accessible and the problems could stand a better likelihood of being

prevented. A detective (2017) feels like treatment for mental illness should be better funded in prisons and jails in order to allow the individual to receive the consequences for the actions but to be rehabilitated and learn coping skills all at the same time. Luna (2017) states that she feels mental health treatment should be provided in jails and prisons instead of sending the offenders to psychiatric facilities. She feels like if they were provided better care in jails and prisons, it would free up space for other people in psychiatric facilities therefore their possibility of criminal activity could be prevented before it ever occurs. Luna (2017) states, "I think if people are committing crimes, whether mentally ill or not, they need to be incarcerated for their actions. However, I think they should be able to receive all psychiatric evaluations and treatments during the incarceration period."

Overall, the questions asked provided the same perspectives among all twenty professionals, one question that showed the difference in perspectives in the two professions was in relation to the location of where mental health treatment should be provided at. Nearly all the mental health professionals overwhelmingly believe that mentally ill individuals should receive treatment in psychiatric facilities rather than prisons and jails. However, for the most part criminal justice professionals believed that the individuals should receive treatment in prisons and jails rather than psychiatric facilities. While all the professionals felt strongly about access to mental healthcare and that the individuals need to be rehabilitated, the opinions on the location of where the people should receive it could potentially be a disagreement among the two professions.

While the professionals appeared to be discouraged by the practices of the current system, each of them had suggestions for future alternative solutions. All of the professionals mentioned the need for better access to healthcare and medications in order to prevent the

problems from ever occurring in the first place. Long term injections instead of daily medications were thought to be another good idea by the professionals. Community resources, such as involvement in ACT teams and other support groups, was a suggestion by a mental health registered nurse. Other suggestions included things such as transitional programs, different policies in order to mandate treatment, amendments to confidentiality and privacy act laws, more training for law enforcement, and a utilization of pretrial diversion programs.

## **Chapter V: Conclusion**

### **Discussion**

The results of this study show that professionals believe that mental illness has effects on recidivism and increases the rates thereof. It is crucial that a higher focus on mental illness in relation to the criminal justice system is given and alternative solutions in order to combat these issues are brought about. All individuals in society should be given a chance at a happy and healthy life and many times those that suffer from mental illness wind up in the hands of mental health professionals and criminal justice officials. Therefore, in order for these individuals to be able to make a difference in the lives of the people that they serve, both parties must have access to funding to create more resources. Likewise, amendments to existing policies have the potential for positively impacting mental healthcare. While one can simply sit back and feel like all individuals should pull themselves up by their own bootstraps, others can make an argument that there are some people that do not even have boots and it is the purpose of professionals in society to be the hands and feet and make a better future for everyone.

Obstacles and issues that criminal justice officials and offenders face regarding mental illness is mainly thought to be the lack of resources that they encounter daily. Mental health treatment is not effective in the jails and prison systems and there are numerous limitations that enable the effectiveness of treatment in psychiatric facilities, so it is often that professionals run into walls on where to turn. Other obstacles that the officials run into are regarding policies on confidentiality and privileges to healthcare information for the offenders that they are serving. While healthcare information should be protected, officers and other officials should have privileges to be able to access this information if it means providing a better future for the individuals served.

Another problem mentioned multiple times in the interviews within the study is the lack of access to proper healthcare and medications for individuals suffering from a mental illness. Healthcare and medications seemed to be a hot topic in the interviews section as it is unfortunate that people with a mental health diagnosis often cannot hold down jobs and have good insurance to cover their psychiatric medications. If an individual cannot hold down a job, they may turn to the streets and/or substance abuse to help cope with their problems that they are experiencing in their lives.

The current practices and methods used to treat mental health offenders include capacity restoration programs and diversion therapeutic programs. Likewise, mental health offenders receive mental healthcare in jail and prison but this is thought to be a broken system as studies show many people lose access to their healthcare and go long periods of time without counseling or mental health services. Capacity restoration programs help to see if the individuals can withstand trial. If they can withstand trial then they are sent to jail and possibly prison based off of their sentencing. If they cannot withstand trial they are held in psychiatric units for treatment but often in both instances they return right back to the street after release from prison or psychiatric facilities due to the lack of access to transitional programs into the community.

Alternative solutions, which will be discussed in detail below, in order to combat the problems in the future may include things such as more accessible healthcare including medications and long-term injections, amendments to policies on confidentiality, better relationships between mental health and criminal justice professionals, placement of capacity restoration programs in jails, lower cost training for criminal justice officials, creation and utilization of more community resources, improvements of mental healthcare treatment in prisons, and transitional housing and community support programs. These solutions can

hopefully not just lower recidivism rates but will also provide brighter futures for individuals that feel hopeless in their current situations. Lastly, it will also open windows for people that do not currently have criminal justice system involvement and can prevent the involvement in the future by more preventative care rather than the use of rehabilitative services after the problem has already occurred. Education and prevention is key.

### **Evaluation of the Method**

The method used to conduct this study provided a mass amount of insight into the problems that mental health and criminal justice professional face daily, as well as provides possible solutions for the future. Overall, the method was successful in accomplishing the objectives it set out to. In the future, it would be useful to conduct the same type of study but with a more quantitative approach to gain a better understanding of exact numbers. Likewise, going into a prison system and interviewing the individuals that are directly affected by the mental illness and obtaining their perspectives would be beneficial as well. While obtaining perspectives of the professionals is crucial, digging deeper and understanding it from the viewpoint of one suffering from the illnesses can make a world of difference.

Another suggestion for future studies would be to take the proposed alternative solutions below and study each of them individually in studies. Looking at how each of the solutions is already enacted in different ways and ways to improve those solutions could be beneficial. Likewise, looking at the ways that each state and/or country handles mentally ill offenders could provide other alternative solutions over a longer period of time.



## **Recommendations for Future Research and Alternative Solutions**

### **More Accessible Healthcare Including Medications and Long-Term Injections.**

63% of inmates in state prisons that have a mental health problem were said to have co-occurring drug use in the month prior to their arrest (Fisher et al., 2014). This is thought to exacerbate a condition and can increase symptoms which in turn increase the likelihood of an arrest (Fisher et al., 2014). With this said, it is less likely that individuals on the streets would need to turn to illegal drug use if they were being properly treated by mental health professionals and medical doctors. Having access to healthcare and being able to obtain the medications that they need and be monitored by a physician throughout taking these medications can positively impact the individual.

An alternative to daily medications and pills is long-term injections. Long-term injections have become increasingly popular in recent years as individuals go to mental health centers or doctors' offices and receive an injection with their medications that last longer than a day. These long-term injections help to cut down on the likelihood of an individual missing a dose of medicine and having to monitor their own medications. Future studies should be conducted on long-term injections in order to provide more clarification on the pros and cons of long-term injections.

### **Amendment to Policies on Confidentiality.**

One problem mentioned by professionals in the criminal justice system was in regard to policies on confidentiality. Officers are unable to access certain healthcare information due to HIPPA laws. While privacy acts are important, it may be negatively impacting the effectiveness of law enforcements ability to help these individuals. Likewise, another issue when it comes to confidentiality is in regard to probation. Many times, a mentally ill individual may receive court

mandated counseling. Due to confidentiality laws, mental health professionals are allowed to let probation officers know whether the person showed to their appointment but may not have to disclose helpful information that is discussed within the person's appointment that could make the punishment/consequences of probation more effective. This shows that officers are left in the dark at times when they need information that is not privileged to them.

### **Bridging the Gap between Mental Health Professionals and Law Enforcement.**

Having better interagency communication is needed in order to improve the division in the mental healthcare and criminal justice systems (Fenge et al., 2014). Both criminal justice officials and mental health professionals want the best for the clients that they serve. Therefore, considering both entities often work with the same population would mean that it would be beneficial for the two to have a good relationship with one another and be on the same page when it comes to treatment. This study shows that while the majority of perspectives are the same when it comes to mental healthcare and mentally ill offenders, opinions differ in regard to the location of where the individual should receive the treatment. Having open communication and being willing to work with one another could make a great difference!

### **Creation and Utilization of More Community Resources.**

Jails and prisons have now become the largest mental healthcare provider in the United States due to cuts in funding for community mental healthcare resources (Alexander, 2017). Preventing wildfires before they happen can save a forest; this means that getting individuals involved in community resources when it comes to mental healthcare can determine whether the individual's problems ever escalate to incarceration and/or criminal activity. Having better access to healthcare services, medications, and counseling can lower recidivism rates. Likewise,

raising awareness for mental health, lowering the stigma, and keeping an open communication on the problems at hand can too reduce recidivism rates.

### **Placement of Capacity Restoration Programs Jails.**

Both Carter (2017) and the anonymous mental health registered nurse (2017) believed that capacity restoration programs were effective and needed. However, the mental health registered nurse (2017) felt that the individuals should be treated fairly but felt it was unfair that people that were trying to prevent something bad from happening and trying to get into mental health facilities were being denied because people that had already been involved in criminal activity were taking their beds. This goes back to the idea that professionals and government officials should try to prevent the wildfires, rather than put them out later on. Having capacity restoration programs in jails, rather than mental facilities can cut down on the likelihood that an individual be denied a bed in a facility. With that said, this person would be able to seek the treatment that they need and they may never end up in the circumstance of having to work their way through the criminal justice system.

### **Training for Criminal Justice Officials.**

It is better to recognize a problem early within the criminal justice system and place the person in community treatment than to let it escalate to the point that the person is seeking mental healthcare in jail or prison (Fenge et al., 2014). Likewise, having crisis intervention team trainings be mandated by the state but also be more cost effective and easily accessible to all agencies is crucial in the education of all criminal justice officials. If criminal justice officials were more able to recognize mental health problems on location, they could in turn be more effective on how to handle the problem at hand and what to do with the individual to treat them fairly. It is possible that incarceration rates would decline and money spent to house these

individuals would also decline if more funding was put in place to prevent the problems rather than provide first aid kits for the aftermath.

### **Improvement of Mental Health Treatment in Prison.**

Both mental health professionals and criminal justice officials tend to operate with very little resources as both of these professions tend to be funded by the government which does not allow for a large allotment of funding. According to Alexander (2017), in 2015, North Carolina governor asked for the amount of \$24 million from legislators in order to make improvements for prisoners in regard to their mental healthcare. Pat McCrory asked for this amount to be given over a period of two years; however, legislators only allotted half of the needed funds. Likewise, Alexander (2017) also states that current statistics show that in the state of North Carolina alone, 23% of psychiatric jobs in the prisons are currently vacant. These numbers are only for the state of North Carolina, but are very close throughout the nation with some states being even worse. This unfortunately shows that there is little attentiveness when it comes to mental health in the criminal justice system.

It would be beneficial for more funding to go toward treatment of mental health in prison. While more money may be used at the beginning, if the treatment programs were more effective they may cut down on cost in the long run of having to rehouse the same offenders repeatedly. Hiring for psychologist and psychiatrist, closely monitoring medications, and providing more forms of counseling could potentially help.

### **Transitional Housing and Community Support Programs.**

Elizabeth Forbes states that inmates are released without adequate support so they end up on the street and right back in prison (Alexander, 2017). This brings up the need for transitional housing and community support programs. Helping to reintegrate offenders back into society

and helping them to obtain stability can provide them with the motivation that they need to carry on with their life. If they are released only to be found in a hopeless state due to no job, house, car, or money to obtain resources then their chances of committing a crime and becoming another statistic increases. Likewise, being able to be linked to entitlement programs such as Medicaid to be able to afford their prescriptions and healthcare could also help.

### **Personal Reflections**

This study has been enlightening to me. As a current adult protective services social worker, working with repeat offenders that are stuck between the mental health system and the criminal justice system is an everyday thing. Not being able to obtain the resources needed in a very rural area is difficult. With that said, while more urban areas tend to have more resources, they also have a higher population of people using those resources which puts them in the same boat as that in a rural area. It is important that future research be conducted and lobbying for more funding in mental healthcare is imperative for the bettering of society as a whole, not just for the people directly affected by the illness. As a community, most every family has individuals that experience some sort of mental illness and could very well end up in the same situation even though most people feel invisible to this epidemic and do not think it would happen to them. Prevention can save lives, not only the lives of mentally ill individuals but also of the individuals who serve them day in and day out!

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**Appendix A**

- 1) Do you believe the percentage of individuals in society that experiences mental illness is increasing?
- 2) In your experience, do you feel that rates of recidivism in the criminal justice system are affected by mental illness?
- 3) Do you feel it is accurate to say that the way the criminal justice system handles and treats the mentally ill population is effective?
- 4) Do you believe that there is room for improvement for mental health treatment in the criminal justice system?
- 5) Do you believe better access to mental healthcare and psychiatric medications such as long term injections would decrease recidivism rates?
- 6) Do you believe better relationships between law enforcement and mental health professionals would decrease recidivism rates?
- 7) Do you feel transitional programs to assist with employment, housing, healthcare, etc. would decrease recidivism rates?
- 8) Do you feel like mental health treatment belongs in jails and/or prisons or should mentally ill offenders be sent to psychiatric facilities?

**Appendix B**

- 1) What are the obstacles and issues criminal justice officials and offenders face in regards to mental illness?
- 2) What are the current practices and methods used to treat mental health offenders?
- 3) What are alternative solutions in order to prevent and combat the problems for the future?

## **Appendix C**

### **Mental Health Registered Nurse**

In an interview with a registered nurse (who wishes to remain anonymous) currently working in a hospital for mentally ill patients, she states that in many states if a person commits a crime and they cannot withstand trial, the individual is sent to a mental institution and takes capacity restoration classes where they learn about the court system and their own charges. The registered nurse (2017) also states that after they complete the classes, a psychologist refers them to take a forensic re-evaluation and if this shows that they can now withstand trial then they go back to jail and wait for the trial; however, if it shows that they are incapable of withstanding trial then they remain in the institution to receive treatment or the charges may be dropped.

### **Child Protective Services Social Worker**

Carter (2017) feels passionately about diversion programs as she states, “I was fortunate enough to witness the effectiveness of pretrial diversion. It was and is an opportunity for individuals to address mental health needs. The program reduced recidivism rates and prepared the individual to reintegrate into the community.”

### **Income Maintenance Caseworker**

Thomas (2017), an income maintenance caseworker for more than twenty years has dealt with thousands of individuals in poverty. She feels one of the biggest contributors to poverty is mental illness. Likewise, she also feels that both mental illness and poverty is in turn one of the biggest contributors to recidivism.

### **Sheriff’s Office Lieutenant**

According to Lieutenant Adcock (2017), in the state of North Carolina, many officers go to a training called crisis intervention team trainings. However, these trainings are only a week

long and there is no way for an officer to learn all the ins and outs of mental illness in the timeframe of a week. Likewise, not all officers are required to attend this training according to Lieutenant Adcock (2017). Crisis intervention team training is a training that aims to provide law enforcement with tips and education regarding mental illness and ways to handle mental illness especially when a person is amidst an episode. Crisis intervention team trainings are very effective, but tend to not be long enough and cannot cover everything an officer should know when working with mentally ill individuals. According to Adcock (2017), crisis intervention team trainings provide officers with a good basis of knowledge, but since they are done in such a short amount of time officers are still being left treating each situation on a case by case basis and figuring things out as they go. This may leave the officers feeling unprepared in a situation and having to make a gut instinct decision instead of being well informed on what they are working with and the situation they are working in. The figure below shows the number of officers who were CIT trained in the year of 2014.

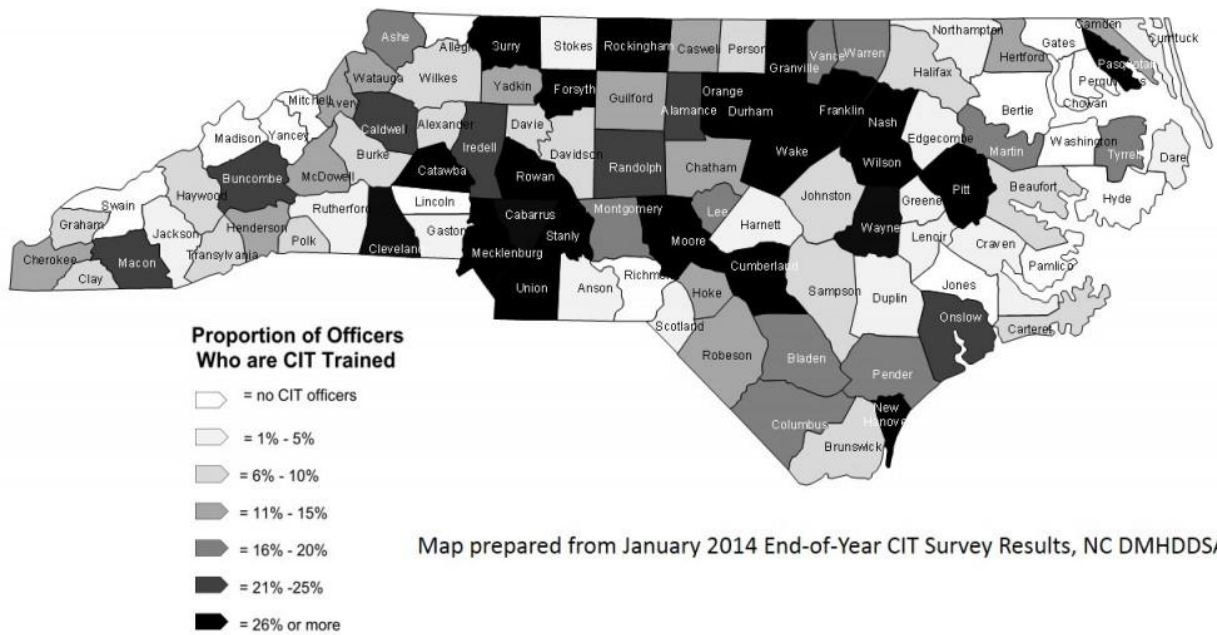


Figure 3-Proportion of Officers Who are CIT Trained in the Year of 2014 in NC (<http://crisissolutionsnc.org/cit/>)

**Police Chief**

Another officer (that wished to remain anonymous) at a smaller agency expressed concerns over the fact that while his employees are required each year to complete in service trainings which are usually free, when it comes to issues such as mental illness he feels like more specialized training would make more of a difference. Police chief (2017) states, “Specialized trainings cost more money, but let’s just say that the agency does come up with the funds, who will cover calls and keep the community safe during the time that everyone is in training for a smaller agency?” He states that in a large agency with many officers on duty per shift it is not a major issue, but in smaller agencies which are the majority in the nation sometimes there is only one or two officers on duty at a time and the other half of the force is resting to come in and work night shift. The police chief (2017) feels that it is important to keep in perspective though that although bigger agencies have larger budgets, they also have more overhead which generally puts them in the same budget issues as smaller agencies. When it comes to training, the police chief’s belief is that a good place to start would be for the district attorney and for the judges so that when a mentally ill individual is brought before the courts after committing a crime, they will be able to obtain a better understanding on whether or not treatment would be more effective than jail time. However, he questions where the person will then go for treatment and he also questions where the funding for the treatment would come from.

The same officer (2017) goes into saying that even if it were to be possible that an agency is blessed enough to have plenty of funding and resources available to train every officer as an expert in recognizing a mentally ill person and knows how to talk to them, law enforcement is still not medical doctors. According to the police chief (2017), the most that law enforcement can do in this situation is to recognize that the person has a mental issue and attempt to find the

person help; however, this is where the major problem exist because there are not many public facilities that offer free help and those that do are generally 24 hour facilities which are themselves underfunded and understaffed.

The police chief (2017) states, “In the end we generally don’t have anywhere to take these people for treatment. Sure, the criminal justice system can make policies and procedures for dealing with and getting help for the mentally ill but these policies and procedures are nothing more than words on paper unless some money shows up to put them into action.”

The police chief (2017) expressed how his agency operates on a \$300,000 budget which includes the salaries of the 5 officers employed. His agency represents the vast majority of police departments in the nation as far as size and funding goes. These small agencies are who deal with the majority of police work including handling the mentally ill. When the police chief (2017) was asked whether or not he feels like offenders should be given different consequences and sentences based off of whether they have a mental health diagnosis or not, he exclaimed, “this is a complex question.” He feels like if someone commits a crime then they should be arrested for it but if the courts deem mental treatment instead of jail time then that is fine by him. In regards to this question, it becomes complex when determining how far should the courts take it. For instance, if a mentally ill individual murders a family of five, should the courts just chalk it up that they are mentally ill so they should not get punished? On the other end of the spectrum, a mentally ill person walks down main street naked during lunch time; it would be evident that this individual just needs treatment and medication. The only thing that is for certain though is that in a civilized society; regardless of whether a person is mentally ill, if they behave in a way that puts people in danger then officers must protect the rest of society from that individual.

**Detective**

A detective (2017) that has worked in the criminal justice for six years' states, "Untreated mental illness has a huge impact on our criminal justice system. Unresolved childhood trauma impacts mental health as well which in turn leads to criminal activity at times. For example, substance abuse as a form of coping."

**Probation Officer**

Vang (2017), a probation officer of six years offers his piece of advice when he states, "all law enforcement agencies should be trained in mental health." But, he also went on to question where the funds would come from in order to provide training for these individuals.