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Mental Health: The Importance of Collaborations and Partnerships within the Criminal Justice System

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MENTAL HEALTH: THE IMPORTANCE OF COLLABORATIONS AND PARTNERSHIPS WITHIN THE CRIMINAL JUSTICE SYSTEM

James and Glaze (2006) find that as of 2005, over half of all inmates in prison and jail have mental health problems, defined as having symptoms within the past year from the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV), including major depression, mania, and psychotic disorders.[1] 49% of those sampled are found to experience major depression or mania episodes, and 24% are found to experience at least one psychotic disorder symptom.[2] Moreover, 63% of state prisoners with mental health issues used drugs in the month prior to arrest as compared to only 49% of those without mental health problems.[3] Female inmates are found to have higher rates of mental health problems as compared to male inmates: 73% to 55% in state prison, and 75% to 63% in local jail. Additionally, of those who had mental health concerns, 74% in state prison and 76% in local jail were found to also have substance dependence or substance abuse issues. In prison, 62% of white inmates, 55% of black inmates, and 46% of Hispanic inmates are found to have a mental health problem.[4] 63% of prisoners under the age of 24 are found to have a mental health issues, while 40% of those 55 or older do. 24% of prisoners with mental health problems as compared to 14% without are found to have been charged with physically or verbally assaulting a staff member.[5] These mental health problems continue and impact the lives of those released back into the community.[6]

Females are found to be more likely to suffer from internal mental health problems including depression and anxiety, while males are more likely to exert external symptoms like substance abuse, aggression, and acts of delinquency. Specifically, African American females are less likely to internalize symptoms as compared to Caucasian women, resembling male external symptoms except for African American women are more likely to suffer from anxiety and

[1] James, Doris J., & Lauren E. Glaze. 2006. Mental health problems of prison and jail inmates. Bureau of Justice Statistics
[2] See note 1
[3] See note 1
[4] See note 1
[5] See note 1
[6] See note 1

certain phobias.[7] Additionally, the authors find only 13% of girls in the sample reported any aggressive forms of behavior. Self-salience is examined, referring to the beliefs and values one has of the self as compared to a collective identity with others. Self-salience is found to be significantly associated with mental health problems.[8]

CASE MANAGEMENT The Case Management Society of America defines case management as a "collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes".[9] According to Zigarus and Stuart, case management led to improvements in the effectiveness of mental health services.[10] Further, case management helps to promote a continuum of care.[11]

People leaving incarceration and reentering the community have a plethora of needs including assistance with finances, employment, housing, transportation and personal needs.[12] Since people with mental and substance use disorders are disproportionately represented in the corrections population, many people leaving institutions will have additional needs due to those disorders. Some of those additional needs include help with ongoing medication, both mental health medication and medication for substance use, advocating for themselves, and psychosocial and practical skill building.[13,14] Transitional case management is a form of case management that specifically focuses on supporting clients who are in a state of transition from one environment to another or one level of care to another.[15] It is often vital to have case management in a time of transition because this is the time that clients often have serious unmet needs and have increased vulnerability to crisis.[16] SAMHSA has laid out guidelines for the successful transition of people with mental health and substance use disorders leaving a correctional institution. They have identified ten guidelines that fall under four sub categories.

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[7] Rosenfield, Sarah, Julie Phillips, & Helene White. 2006. Gender, race, and the self in mental health and crime. Social Problems. 53(2): 161-185

[8] See note 7

[9] Case Management Society of America.

[10] Ziguras, S/J., & Stuart, G.W. 2000. A Meta-Analysis of the Effectiveness of Mental Health Case Management Over 20 Years. Psychiatric Services. 51(11). 1410-1421

[11] Comprehensive Case Management for Substance Abuse Treatment. 2015. SAMHSA

[12] Visher, C.A., Lattimore, P.K. 2007. Major Study Examines Prisoners and Their Re-entry Needs. NIJ Journal. Issue 258

[13] See note 4

[14] See note 6

[15] Naylor, M.D., & Ware, M.S. 2014. Care Transitions: Evidence-based Practices for Case Management. CM Learning Network. [Power Point slides]. Retrieved from https://ccmcertification.org/sites/default/files/downloads/2014/Care%20Transitions%20Webinar%2012.2.2014.pdf

[16] Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail or Prison: Implementation Guide. SAMHSA. Retrieved from https://store.samhsa.gov/shin/content/SMA16-4998/SMA16-4998.pdf

The sub categories are below:[17]

1. "Assess the individual's clinical and social needs and public safety risk." This should begin as early as intake and then follow up with assessment to place clients in appropriate programs.

2. "Plan for the treatment and services required to address the individual's needs, both in custody and upon reentry." Develop individualized treatment plans and place in appropriate level of supervision which should take into consideration client's level of risk and behavioral health need.

3. "Identify required community and correctional programs responsible for post-release services." Anticipate and promote direct linkages to post-release community resources.

4. "Coordinate the transition plan to ensure implementation and avoid gaps in care with community-based service." Work collaboratively and form information sharing protocols when applicable. Agencies should encourage cross-training and partnerships among agencies.

CRISIS INTERVENTION TEAM (CIT) Crisis Intervention Teams are a form of community policing in which specially trained law enforcement agents collectively work with mental health agencies and hospitals as first responders to sidetrack individuals identified as having mental health issues away from the criminal justice system.[18,19] Connecting these individuals with mental health case management for ongoing services ensures not only that they receive treatment, but also that they receive quality services that may have been lacking previously.[20]

MENTAL HEALTH COURTS Mental health courts respond where CIT is unable to fully accomplish its goals. This treatment based program is often an alternative to jail and prison, for individuals with established mental health issues.[21] It can assist in a pre-plea and/or post plea diversion programs and includes intensive supervision and mental health case management in a non-adversarial case process. Partnerships are established at ground level and collaborate by pooling resources in the areas of legal services, housing, mental health, substance use, and co-occurring disorders.[22] This continuum of care comprising of probation, social workers,

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[17] See note 16
[18] Missouri Crisis Intervention Team (MO CIT) Council. Retrieved from https://www.missouricit.org
[19] St. Louis County. St. Louis Area Crisis Intervention Team (CIT). Retrieved from www.stlouisco.com/LawandPublicSafety/CrisisInterventionTeam
[20] Reuland, M., Schwarzfeld, M., & Draper, L. 2009. Law Enforcement Responses to People with Mental Illnesses: A Guide to Research-Informed Policy and Practice
[21] Phipps, S., & Rappley-Larson, M., 2013. The Impact of Mental Health Court on a Participant's Life. McNair Research Project 2012-2013
[22] See note 21

prosecutors and public defenders and other mental health agencies assess, monitor and provide individualized treatment plans for participating individuals.[23]

CORRECTIONS For those who are mentally ill and incarcerated, more concentrated rehabilitative sentencing services are required.[24] These services usually consists of specific housing, adult basic education, sex offender treatment, substance use recovery, counseling and therapy with a cognitive-behavioral emphasis, and vocational rehabilitation and involve specially trained correctional staff. [25,26]

TABLE 1.[27]

Prevalence of mental health indicators among prisoners and jail inmates, by type of indicator, 2011–2012

Mental health indicator	Prisoners*	Jail inmates
No indication of a mental health problems[a]	49.9%	36.0%**
Current indicator of a mental health problem[b]		
Serious psychological distress[c]	14.5%	26.4%**
History of a mental health problem ever told by mental health professional they had mental disorder	36.9%	44.3%**
Major depressive disorder	24.2	30.6**
Bipolar disorder	17.5	24.9**
Schizophrenia/other psychotic disorder	8.7	11.7**
Post-traumatic stress disorder	12.5	15.9**
Anxiety disorders[d]	11.7	18.4**
Personality disorders[e]	13.0	13.5

*Comparison group.
**Difference with the comparison group is significant at the 95% confidence level.
[a]Includes persons with a score of 7 or less on the K6 scale and who had never been told by a mental health professional they had a mental disorder.
[b]Current at time of the interview.
[c]Includes persons with a score of 13 or more on the K6 scale. See Methodology.
[d]Includes panic disorder and obsessive compulsive disorder, and excludes post-traumatic stress disorder.
[e]Includes antisocial and borderline personality disorder. Source: Bureau of Justice Statistics, National Inmate Survey, 2011–2012

[23] Sarteschi, C. & Vaughn, M. (2013). Recent Developments In Mental Health Courts: What Have We Learned? Journal of Forensic Social Work 3(1) 34-55
[24] Osher MD, F., D'Amora, D.A., Plotkin JD, M., Jarrett PhD, N., & Eggleston JD, E., 2012. Adults With Behavioral Health Needs Under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery. Retrieved from https://www.bja.gov/Publications/CSG_Behavioral_Framework.pdf
[25] See note 24
[26] Bronson PhD, J., & Berzofsky Dr.,P.H., M. 2017. Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12. U.S. Department of Justice
[27] See note 26

TABLE 2.

Prevalence of mental health indicators among prisoners and jail inmates, by demographic characteristics, 2011–2012[28]

	Serious psychological distress[a]		**History of a mental health problem[b]**	
Characteristic	**Prisoners**	**Jail inmates**	**Prisoners**	**Jail inmates**
All inmates	14.5%	26.4%	36.9%	44.3%
Sex				
Male*	14.0%	25.5%	34.8%	40.8%
Female	20.5**	32.3**	65.8**	67.9**
Race/Hispanic origin[c]				
White*	17.3%	31.0%	50.5%	56.8%
Black	12.5**	22.3**	30.0**	36.2**
Hispanic	11.5**	23.2**	25.6**	31.3**
Other[d]	19.7**	31.5	47.9	55.8
Age				
18–24*	14.9%	26.3%	36.3%	42.3%
25–34	14.8	25.9	37.3	43.6
35–44	14.1	26.1	36.4	44.4**
45–54	15.1	28.8**	37.9	47.7**
55–64	13.1	25.2	37.3	50.4**
65 or older	9.5**	20.2	30.8**	39.9

Note:
*Comparison group.
**Difference with the comparison group is significant at the 95% confidence level.
[a]Includes inmates with a score of 13 or more on the K6 scale.
[b]Includes inmates who reported they had ever been told by a mental health professional they had a mental disorder.
[c]Excludes persons of Hispanic or Latino origin, unless specified.
[d]Includes American Indian or Alaska Natives; Asian, Native Hawaiian, or Other Pacific Islanders; and persons of two or more races. Source: Bureau of Justice Statistics, National Inmate Survey, 2011–2012; and Substance Abuse and Mental Health

REENTRY Agencies that provide reentry services are another key component to this population. Those leaving prison, returning to society, often struggle with limited job skills and education, mental and medical issues, substance use disorders and have extreme limitations on housing.[29] In an attempt to enhance offender outcomes and reduce recidivism, the Second

[28] See note 26
[29] NAMI. August 2013. Coming Home: A Guide to Re-entry Planning for Prisoners Living with Mental Illnesses

Chance Act of 2007, offered funding for services and programs that assisted this population.[30] According to the National Institute of Justice:[31]

> In the National academies report referenced previously (bonnie et al., 2013), the key tenets of the Missouri model are described as follows:
>
> 1. Continuous case management
> 2. Decentralized residential facilities
> 3. Small-group, peer-led services
> 4. Restorative rehabilitation-centered treatment environment
> 5. Strong organizational leadership
> 6. Organizational culture change-a shift from providing services under the court and correctional systems to instead using the department of social services as the primary service provider…

CONCLUSION People with mental health and substance use disorders are disproportionally represented in institutions. By forming partnerships and collaborating with multiple agencies, this population can gain the much needed support to help them navigate an often very confusing and varied external systems.

[30] Bureau of Justice Assistance. U.S. Department of Justice. 2016. The Second Chance Act

[31] McCarthy, P., Schiraldi, V., & Shark, M., 2016. The future of Youth Justice: A Community-Based Alternative to the Youth Prison Model. NIJ. Retrieved from https://www.ncjrs.gov/pdffiles1/nij/250142.pdf

BEHAVIORAL HEALTH RESOURCES

For a complete 75-page listing of the **Missouri Division of Behavioral Health Community Resource Guide**, please click here:
http://dmh.mo.gov/mentalillness/docs/communityresourceguide.pdf