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Brains Behinds Bars: Lack of Mental Health Treatment Increases Recidivism Rates

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Abstract

The rate of people being incarcerated in the United States has increased since the 1970s along with the concentration of prisoners with mental illnesses. The lack of quality mental health care in prisons during and after incarceration has led to high rates of recidivism. Poor prison environments have served as an obstacle for inmates trying to achieve mental progress. Having established medication practices and proper mental health screenings can provide prisoners with quality mental health services during imprisonment. New legal practices that include early intervention and accessible outpatient community treatment can help inmates achieve quality mental health. The absence of treatment after incarceration has led to high rates of recidivism from inmates who have mental illnesses. If the government equipped prisons with a sufficient amount of funding for mental health services, it would help with getting trained professionals and providing safe environments for the mentally ill. Implementing quality mental health care strategies throughout the prison system can lead to a decrease of recidivism rates in inmates with mental illness.

Introduction

The United States hold 25% of the world's population of prisoners in its prisons, with the prisons also serving as the nation's largest mental institutions. Prisons hold more people who suffer from mental illnesses compared to the combined number of patients in psychiatric hospitals in 44 states (Milton, 2017). Two million people enter prisons with a mental illness each

year, but only thousands receive mental health treatment during incarceration (NAMI, n.d.).

Although funding is available, in 2016 the Federal Bureau of Prisons spent \$72 million on psychology services, \$5.6 million on psychotropic drugs, but only \$4.1 million on mental health care for re-entry centers (Gaogov, 2018). Yes, psychology services can be effective for prisoners, but if they acquire a mental illness before or during incarceration, then they would need proper medication and proper mental health care, like that provided in psychiatric hospitals.

The initial purpose of psychiatric hospitals came from the 1700s, when advocacy of sending the mentally ill to prisons was deemed inhumane. Out of those protests came the first psychiatric hospital in Philadelphia, established in 1752. The following movement in the 1800s, exposed people to the pervasive treatment and the appalling conditions in the state prisons and county jails. By 1880, there were 75 public psychiatric hospitals that existed, and the 1880 census concluded that only 1% of people in prisons and jails were “insane”(NAMI, n.d.). The lack of quality mental health care in prisons has led to high recidivism rates. Many inmates after release no longer have access to mental health care and benefits (NAMI, n.d.). This leads to an ongoing cycle of inmates going through the prison system.

Research Question

- How does quality mental health treatment in prisons impact recidivism rates?

Thesis Statement

- Due to the high concentration of mental illness in the prison system, the absence of quality mental health care from prisons maintains high recidivism rates. Inmates who

receive quality mental health treatment while incarcerated are less likely to become repeat offenders

Scope of Research

This research was intended to determine if the presence of quality mental health care in prisons can reduce the rate that inmates with mental illnesses go back to jail after release.

Terminology

For the purposes of this paper, it is necessary to define what is meant by the phrase “quality health care” and “recidivism.” The phrase “quality mental health care,” refers to whether or not mental health services achieve the desired outcome of mental stability. Good quality services also ensure that people with mental illness get the required treatment they need. Steps to provide quality mental healthcare are: establishing well functioning procedures, monitoring mental health using standards, and improving services when needed (WHO, 2003). Recidivism is a person's relapse to previous criminal behavior that results in rearrest or a return to prison. The person has already had interventions or imprisonment for criminal behavior. Recidivism refers to the rearrest of a person during a 3-year period post release(NIJ, 2019).

Methodology/ Literature Review

Multiple sources of secondary research were used for this paper, chief among those was the policy paper written in 2017: “*Decriminalization of Mental Illness: Fixing a Broken System.*”

Percentages and cost of inmates and psychiatric services were pulled from this source. Evidence about prison environment were found in a BMJ article entitled, “*Influence of Environmental Factors on Mental Health within Prisons: Focus Group Study*.” This provided evidence on the shortage of prison staff and bullying. Information about mental health treatment came from an International Journal of Mental Health Systems study: “*Medication Management and Practices in Prison for People with Mental Health Problems: A Qualitative Study*.” This source gave evidence about the changes in medicine regimens of inmates and their effects. The sources used for outpatient treatment are the aforementioned policy paper, combined with a study entitled, “*The Shift of Psychiatric Inpatient Care From Hospitals to Jails and Prisons*.” The amount of people in prisons compared to hospitals and methods used in hospitals were pulled from these sources. Methods used in hospitals helped strengthen the argument that prisons do not provide quality mental health care to prisons. Many scholarly sources were used for evidence about recidivism. Information about the decreased rates of recidivism in three states helped support the argument that quality mental health care has proven to be effective in reducing recidivism rates.

Synthesis of Findings

Recidivism

When prisoners are not given quality mental health care during incarceration, they are at risk of recidivism. Inmates who are released from prison can be susceptible to relapse from the effects of drug and alcohol during the first month of release (Daniel, 2007). 56.5% of inmates anticipated needing mental health services during reentry. Forty-four percent of prisoners after

release actually reported experiencing mental health needs (Elsevier, 2016). However, after leaving prison, many inmates will no longer have access to costly mental health care and benefits (Milton, 2003). A report by the Council of State Governments called for a change in the way the criminal justice system addresses people with mental health issues. The CSG created a system that would ensure a successful reentry of prisoners with mental health issues into society. The system includes providing housing for people with mental health health needs, integrating mental and primary health care, coordinating treatment for substance abuse and other mental issues, and ensuring that people can access government resources.

Three states implemented the CSG system, and all three have seen a drop in recidivism rates. North Carolina experienced a 43% decrease in recidivism, Texas a 25% drop, and Colorado a 23% decrease (Sahlin, 2018). The studies show that prisoners continue to suffer from mental health illness after being incarcerated and the lack of treatment results in high recidivism rates. The success of the CSG system proves that implementing quality mental health care after incarceration effectively reduces recidivism rates.

Prison Environment

While thousands of prisoners receive mental health care during incarceration, prisons are not therapeutic environments for mental progress. The stress while in prison can lead to mental health issues becoming more severe, decreasing quality of life (Milton, 2017). Thousands of prisoners in the U.S. spend 23 to 24 hours in solitary confinement each day. Isolation can have harmful psychological effects on prisoners. Anxiety, depression, anger, and paranoia can be caused by solitary confinement (Metzner & Fellner, 2010).

A qualitative study showed prison environments encouraged the misuse of drugs to relieve the effects of isolation. A prisoner who participated in the study said, “Also, this is the first time I've come into prison with an addiction, but I got my addiction through my last prison sentence, you understand. All the other times I went to prison I come out healthy, but the last time I come out worse”(BMJ,2003). Shortages in prison staff, due to stress, have had negative effects on prisoners. Shortages also have caused an increase of bullying between inmates. Prisoners complained that they are unable to stop the bullying, which affects their mental health (BMJ, 2003). Prisons create a harmful environment for prisoners mental health. Solitary confinement, bullying, and shortage of staff prevent prisoners from achieving the quality mental health care they need to get better. Creating a safe environment can assist in the progress of inmates who deal with mental illness.

Mental Health Treatment in Prisons

The lack of consistent medicine regimens during incarceration can interfere with the mental health progress of inmates. Inmates can have a delay in their medicine regimens during the process of entry up until the medicine is actually supplied. In some cases, a prisoners prescription may not be provided because of inadequate funding of psychotropic drugs from the Federal Bureau, compared to psychology services (Milton, 2017). Changes in medicine regimens can contribute to poor relationships with prison health staff, the disruption of established self-medication practices, and the change can affect the mental health of prisoners at a time where they need the most help (Bowen et al., 2009).

The lack of mental health services in prisons also comes from the screening of mental illnesses in prisons. In prisons, 45% of those with a psychotic disorder were detected by jail

personnel, and only 7% of those with major depression were identified. Prison staff were in charge of screening everyone in the prisons, and only 23% of prisoners were diagnosed with a mental illness (Colman et al., 2013). These numbers show that the way screenings are currently conducted are ineffective and need to be changed. Below is a policy suggestion for changing mental health screenings.

Different Mediums of Screening for Mental Health Needs

There are three main types of mental health screenings and protocol on who should receive those screenings. The first one is a mental health screening, based off of observation and a structured inquiry about a new prisoner. After the evaluation, prisoners would be placed in an appropriate living condition based on their mental health needs. This method is important for people in prisons because it would allow them the space and treatment they need.

The second mental illness screening should be more detailed, thorough, and led by a qualified health professional. This screening would be part of standard medical screenings that prisoners have. This is important because there would have a specific medical staff that is trained in these practices and would also be able to identify mental illnesses early on.

The last potential mental health evaluation is a comprehensive mental health examination for a particular individual that has a suspected mental disability. This evaluation will be led by an appropriate mental health professional based on the referral. They could be referred by a custodial staff, prison staff, or self-referral and mental health services should be provided within 24 hours of referral. This is important because if it's a serious mental illness issue and it would be treated in a short amount of time without being prolonged. These different pre-screenings that

can be effective with the right amount of funding, and properly trained professionals. Changing or delaying medicine regimens can have negative effects on a prisoners process to achieving mental stability. Having established medication practices and proper mental health screenings can provide prisoners with quality mental health services during imprisonment (Kleinsasser et al., 1994).

Mental Health Treatment in Outpatient Services

Many state prisons are unable to provide needed mental health treatment for inmates suffering from serious mental health issues as an alternative to incarceration (Milton, 2017). A 2002 report warned that there would be a growing number of people with mental illness in prisons compared to psychiatric hospitals. Estimates show that 383,000 inmates with mental illnesses are relying on state prisons for treatment, while less than 40,000 are being treated at state funded hospitals (Milton, 2017). Outpatient community treatment provides prisoners with high-quality mental health care. Methods like intensive case management has proven to be effective. Intensive Case Management is where prisoners meet with an individual to come up with goals that can help with mental and health needs. Prisoners receive a coordination of community based services from a professional or team (Lamb & Weinberger, 2000). New legal practices that include early intervention and accessible outpatient community treatment can help inmates achieve quality mental health (Milton, 2017)

Conclusion

An overwhelming majority of prison inmates in the US are suffering from mental illnesses. Providing inmates with quality mental health care during and after incarceration have

shown to reduce the rates that inmates return to prison after release. Poor prison environments have halted the mental health progress of inmates during their incarceration. Changing or delaying the medicine regimens of inmates have had a negative effect on the mental stability of inmates. Not providing adequate mental health screenings before and during imprisonments can affect how quickly they receive treatment. The lack of accessible outpatient mental health services has resulted in a growing shift of people suffering from mental illnesses, from psychiatric hospitals to prisons. The absence of treatment after incarceration has led to high rates of recidivism from inmates who have mental illnesses. If the government equipped prisons with a sufficient amount of funding for mental health services, it would help with getting trained professionals and providing safe environments for the mentally ill. Implementing quality mental health care strategies throughout the prison system can lead to the decrease of recidivism rates in inmates with mental illness. Further research can be done on the presence of police training to aid the interactions between police officers and people with mental illness and its effects on recidivism rates.

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