

*From Incarceration to Beyond: A Literature Review on Mental Health, Treatment, and Reentry in
the Incarcerated Population*

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Abstract

The United States corrections system is one of the largest psychiatric providers in the country, yet many incarcerated people do not receive adequate mental healthcare during their sentences. When ready to re-enter into society, inadequacies in transitional programs continue to challenge former inmates to maintain sobriety and employment. It is important to mention that many people who have served prison sentences have a history of substance abuse related to mental illness. This literature review aims to discuss current practices and the gaps in continued treatment.

Keywords: Mental health, incarcerated, inmate, reentry, psychiatric, substance abuse

From Incarceration To Beyond: A Literature Review On Mental Health, Treatment, and Reentry in the Incarcerated Population

Mental illness poses a significant and widespread challenge in the United States of America. According to the Centers for Disease Control (2023), more than one in five US adults live with a mental illness and about one in twenty-five US adults live with a serious mental illness. While these statistics show that mental illness is prevalent amongst the general population, the prevalence of mental illness in prisoners is even greater. According to Ebonyque Taylor (2022), “Half the people in US jails and over one-third of the population in US prisons have been diagnosed with a mental illness.”

The term mental illness is very broad. There are many different mental illnesses and some are more common than others. For example, depression and anxiety are more prevalent than schizophrenia. According to a study done by Gonzalez and Connell (2014), depression is the most prevalent mental illness among inmates, followed by mania, anxiety, and PTSD. It is important to note that a person may suffer from multiple mental illnesses. The National Institute of Mental Health (NIMH, 2023) defines any mental illness as “A mental, behavioral, or emotional disorder. AMI can vary in impact from no impairment to mild, moderate, and severe impairment.” On the other hand, severe mental illness is defined as “A mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with one or more major life activities” (NIMH, 2023).

Mental illnesses can cause a range of symptoms which include paranoia, hopelessness, suicidal or homicidal ideations, irritability, sleep disturbances, delusions, and hallucinations all of which can be extremely detrimental in the prison setting. Many incarcerated people have a

past history of substance abuse. Substance abuse is often used as a form of self-medication for the symptoms of mental illness. This can be due to the lack of community access to mental healthcare, the inability to afford treatment due to having no income, being uninsured, or due to the stigma of having a mental illness and refusing to seek treatment. Substance abuse can lead to homelessness, unemployment, and criminal charges.

There are many treatments for mental illness. The most common treatments are pharmacological management, individualized cognitive behavioral therapy, and group therapy. However, recreational activities, education, and having a job all help with mental illness by providing a structured routine. These activities also help with reacclimating to society after the incarcerated person finishes their sentence. Unfortunately, a study by Gonzalez and Connell (2014) states “About 26% of the inmates were diagnosed with a mental health condition at some point during their lifetime, and a very small proportion (18%) were taking medication for their condition(s) on admission to prison. In prison, more than 50% of those who were medicated for mental health conditions at admission did not receive pharmacotherapy in prison.” It is believed that inmates with severe mental illness are more likely to stay on their medication regimen when incarcerated. This is because they are more likely to be a security threat if they are having violent outbursts due to hallucinations, delusions, or paranoia.

Treatment of the Mentally Ill in Prison

Unsurprisingly, prison has many rules in place. Lots of these rules are to protect the safety of the corrections officers as well as the inmates. Since the population of each prison is very large, there are rules in place for crowd control. However, some of the rules don't have much purpose. A person who is mentally ill may not be able to adapt to all the rules and

regulations that are in prison. If a mentally ill inmate is unable to cope with these new rules, a new environment, and no place to be alone, they may begin to have anxiety, stress, paranoia, or even delusions. This may be seen as “acting out” by the corrections officers. Fellner (2006) states “Most prison systems do not provide correctional officers with more than minimal mental health training. Officers typically do not understand the nature of mental illness and its behavioral impact.” Because of this lack of education, inmates exhibiting mental distress may be punished, even though the inmate may be exhibiting involuntary behavior.

Due to physical confinement, behaviors in the incarcerated setting are expressed in a variety of manners, these often lend themselves to a deeper demonstration of dysregulation, signaling deterioration of psychiatric illness (Marder, 2022). While alarming, some behaviors indicative of dysregulation could include, smearing feces on cell walls, kicking or breaking cells or other objects, and self-harm in any capacity. Correctional staff may view these behaviors as manipulative and label them as “acting out” resulting in the issuing of punishment, including solitary confinement or restricting privileges. There is a clear disconnect between the correctional team’s training and experience in working with those experiencing mental illness. Further, these demonstrated behaviors would be cause for rule violations which could collectively contribute to disciplinary action. The incarcerated individual may be placed in solitary confinement, lockdown, or receive some other form of restrictive punishment.

People in prison who are experiencing mental illness are more likely to be disciplined than their peers without mental illness (Gonzales and Connell, 2014). According to the National Alliance on Mental Illness, “Behaviors related to their symptoms can put them at risk for consequences of violating facility rules, such as solitary confinement, or being barred from participating in programming.” Programming and socialization are both very important to people

suffering from mental illness. The American College of Correctional Physicians (n.d.) says that “Inmates that are severely mentally ill should be either excluded from prolonged segregation status (beyond four weeks) or the conditions of their confinement should be modified in a manner that allows for adequate out-of-cell structured therapeutic activities and adequate time in an appropriately designed outdoor exercise area.” Being segregated can have negative effects on a mentally ill person’s already poor mental health. This can lead to depression, self-harm, and suicidal ideation. According to a study by Fazel et. al (2008), there is a strong connection between being placed in a single cell and self-inflicted deaths.

Mental Healthcare in Prison

According to Dr. Annaseril Daniel (2007), many prisons have outsourced their mental healthcare services to private companies. This privatization of mental health services can be due to there being a lack of qualified mental health professionals to work in prisons, ever increasing healthcare costs, or even being unable to afford to pay their own employees. Another significant issue brought up by Dr. Daniel (2007), is that ethics may ultimately be disregarded because it saves money. Positions may not be filled because it saves money for the prisons. Certain treatments and medications may be withheld from inmates because they are deemed “too expensive”.

There are several types of medications used to treat mental illness. These can include antidepressants, anxiolytics, hypnotics, and psychotropics. There are first-generation antipsychotics like Haldol, which are more likely to cause tardive dyskinesia among many other side effects (Jibson, 2023). There are also second-generation antipsychotics like Olanzapine, which are more effective and have fewer side effects, though side effects are still possible. Second-generation antipsychotic medications are typically much more expensive than

first-generation antipsychotics. It is very contradicting that mental healthcare providers are limited in the treatments they can prescribe due to restrictive drug formularies, yet using less effective treatments results in higher healthcare and mental healthcare related costs.

Being mentally ill increases one's risk of having suicidal behavior, however, that risk is even higher while incarcerated. According to Dr. Daniel (2007), suicide is the third leading cause of death in United States state and federal prisons, excluding natural causes and AIDs. There are many reasons that an incarcerated person would attempt suicide. These reasons include psychological distress, substance abuse, and being away from family. If correctional staff were trained to recognize the signs of suicidality, this may help prevent suicides in the facility. Mental health staff are unfortunately not available 24 hours a day in most prisons.

According to Lindsay Hayes (1995), "Little research has been generated and few prevention resources have been offered in this critical area.". Though Lindsay Hayes' article is rather old, there still to this day has been little research about suicide in United States prisons. There are very effective methods of preventing suicide in the general population, yet those methods are not typically utilized in the correctional setting. According to the CDC (2022), increasing access to providers in underserved communities, supporting resilience, and promoting healthy peer norms are all effective ways of preventing suicide. These could easily be implemented in the correction setting.

Many people in prison have a history of substance abuse. Generally, by the time a person reaches prison, they have detoxed during their time in jail. However, it is important to note that it is still sometimes possible to abuse substances in prison. Treatments for substance abuse include cognitive and behavioral therapy, dialectical behavioral therapy, and medication-assisted therapy like methadone, buprenorphine, and naltrexone (Cleveland Clinic, 2022). According to Fallin et.

al (1992), estimates by social science researchers at the time, indicate that 70 to 80% of the prisoners in the United States used drugs prior to incarceration, but only 10% are in prison based treatment programs. Research is severely lacking in substance abuse treatment programs in prisons and their effectiveness.

Inmate Reentry

After incarceration is an important period called reentry. The National Institute of Corrections (N.D.) says “Reentry refers to the transition of offenders from prison or jails back into the community.”. The main goals of reentry programs are to prevent recidivism and crimes as well as reintegrate the inmate into society. Travis et al. (N.D.), say that in order for a reentry program to be successful treatment for the offender must have begun in prison, and intensive interventions must be continued upon release for at least six months. This treatment can include medication management, substance abuse management, education, career skills, therapy, and coping mechanism development.

It is vital for the person being released to have access to housing and food. Many crimes occur because the offender is attempting to provide for themselves. Halfway houses are an option for shelter upon reentry. However, a halfway house can be just as stressful as the prison environment. There are many people there and it lacks privacy. It may be difficult to get along with other people. If a person is sober from substance abuse and their roommate is not, it may lead to relapsing. Inmates released from prison are especially susceptible to relapse within the first month of release (Daniel, 2007). It is easy for people to fall into old habits when they feel comfortable in their surroundings which could contribute to recidivism.

When mentally ill prisoners are released from prison, they ideally would have some sort of continuing mental health treatment coordinated. Unfortunately, that is not often the case.

There is a shortage of mental health providers and it may take weeks to months to be seen. In this time frame, a person suffering from mental illness may have run out of their medications. Not only can this transition be dangerous for a mentally ill person if they do not have their needs met, but it can potentially be dangerous for members of the community as well. A study by Wilson et al, (2011), studied the percentage of recidivism in people with mental illness and/or substance abuse issues. The study says “people who had a diagnosis of mental illness alone had the lowest number of readmissions to jail in the 4 years after release with 50% having at least one readmission after their initial release. People with dual diagnoses, in contrast, had the highest number of readmissions to jail during the study time frame, with 68% having at least one readmission during the 4 years after release.” (Wilson et al. 2011)

Discussion

It is quite obvious that there is a huge gap in mental healthcare in prisons. To begin, correctional officers should be required to take courses to educate them on mental health issues, treatments, suicide prevention, and crisis recognition. Additionally, education for nonviolent crisis de-escalation should be mandatory. If this were the case, it may help save lives and get people in prison the mental health help that they require. It may even assist with controlling unwanted behaviors in the prison setting.

There are laws to ensure that mental healthcare is available to inmates in correctional settings, however, most inmates actually go without receiving mental healthcare treatment. Policies should be changed to get rid of preferred medications and treatments in prison due to costs. If a person comes to prison already with a treatment plan that works, the person should be

allowed to continue their treatment regimen. A lack of mental healthcare providers is another huge issue. States should offer funding or incentives for people to go to school to become psychiatrists, psychologists, and, psychiatric nurse practitioners. I do believe that lack of financial aid is a major barrier to people entering these careers.

It was exceptionally hard to find current research on any of the topics mentioned. Most research was from the 1990s with some from the early 2000s. It was also difficult to find current statistics. As most correctional facilities also include rehabilitation and reentry, more studies need to be completed on their programs and effectiveness. Without these studies, there is no need to improve anything. I found it mentioned in several articles about how the general public does not care to know this information, however, it is in everyone's best interest to know how rehabilitation and reentry affect your community. Knowing if these programs are effective can help develop crime prevention programs for the community to prevent substance abuse, gun and gang violence, and other crimes.

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