Mental Health and Co-Occurring Treatment Needs of Individuals in the Criminal Justice System

American Psychiatric Association 2007 Annual Meeting
May 23, 2007
San Diego, California

Roger H. Peters, Ph.D., University of South Florida,
Tampa, Florida; Peters@fmhi.usf.edu
Goals of this Presentation

Review:

- Prevalence rates in justice settings
- Challenges in screening, assessment, and treatment of CODs
- Considerations for adapting COD services in criminal justice settings
Challenges in Addressing CODs

- At risk for relapse
- Criminality/criminal thinking
- Housing needs
- Transportation needs
- Family reunification

- Job skills deficits
- Educational deficits
- Stigma related to criminal history and SA and MH disorders
- Scarce prevention and treatment resources
Outcomes Related to CODs

• More rapid progression from initial use to substance dependence
• Poor adherence to medication
• Decreased likelihood of treatment completion
• Greater rates of hospitalization
• More frequent suicidal behavior
• Difficulties in social functioning
• Shorter time in remission of symptoms
Prevalence of Mental Illness

General Population - Males
- Mania: 0.1%
- Schizophrenia: 0.9%
- Major Depression: 1.8%
- Any Serious Disorder: 10.5%

Jail - Males
- Mania: 1.4%
- Schizophrenia: 2.7%
- Major Depression: 3.9%
- Any Serious Disorder: 6.4%

Jail - Females
- Mania: 1.4%
- Schizophrenia: 2.0%
- Major Depression: 3.4%
- Any Serious Disorder: 12.2%
## Prevalence of Mental Problems in Justice Settings by Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>State Prison</th>
<th>Fed. Prison</th>
<th>Jail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>55%</td>
<td>44%</td>
<td>63%</td>
</tr>
<tr>
<td>Female</td>
<td>73%</td>
<td>61%</td>
<td>75%</td>
</tr>
</tbody>
</table>

* Based on a modified clinical interview for the DSM-IV, describing experiences during the “past 12 months”. (U.S. Department of Justice, 2006)
Co-Occurring Substance Abuse Problems among Offenders

74% of state prisoners with mental problems also have substance abuse or dependence problems

(U.S. Department of Justice, 2006)
Unique Needs among Offenders who have CODs

- Ingrained criminal belief systems and related behaviors
- Corrosive peer supports
- Need for structured therapeutic activities, supervision, and monitoring
- Interrelated nature of MH and SA disorders
- Managing the transition between institutional and community settings
Clinical Considerations

- Cognitive impairment
- Reduced motivation
- Impairment in social functioning

(Bellack, 2003)
Challenges in Developing COD Services in the Justice System

- Contrasting goals of treatment and justice systems
- Resources and administrative support
- Site-specific data to identify COD needs
- Implementing evidence-based practices
- Moving from sequential to integrated services
- Continuity of services
Key Features of Correctional COD Treatment Programs

- Highly structured therapeutic approach
- Destigmatize mental illness
- Focus on symptom management vs. cure
- Education regarding individual diagnoses and interactive effects of CODs
- “Criminal thinking” groups
- Basic life management and problem-solving skills
Structural Components of COD Treatment Programs

- Therapeutic communities
- Isolated treatment units
- Program phases
- Blending of MH and SA services
- Assessment
- Specialized mental health services
- Transition and reentry services
Phases of COD
Treatment Programs

- Orientation
- Intensive treatment
- Relapse prevention/transition
Effectiveness of Prison COD Treatment and Reentry – 1 Year Reincarceration

MH: 33%

TC only: 16%

TC + after-care: 5%

Total n= 139
n=64
n=32
n=43

Sacks, S., Sacks, J., et al. 2004
Evidence-Based Approaches for Offender Mental Health Services

- Intermediate care programs in prisons
- Pre-release intensive case management and transition planning
- Outreach services from jails and prisons
- Videoconferencing to institutions in remote areas
- Community-based residential treatment