

How To Break The Cycle Of Imprisonment For Mentally Ill Americans

BY [SAM P.K. COLLINS](#)  POSTED ON FEBRUARY 5, 2015 AT 11:39 AM



CREDIT: SHUTTERSTOCK

In the decades since the Reagan administration shuttered community mental health clinics and the national mentally ill inmate population soared, the prevailing school of

thought among mental health advocates has been that medicating offenders upon their release from prison and connecting them with psychiatric services would ensure they never come into contact with the justice system again.

However, with recidivism rates among the mentally ill reaching more than 50 percent, some health experts are seeking another approach. They want to change the manner in which parole officers, judges, employers, and mental health care professionals help mentally ill ex-offenders reintegrate into their communities.

For Dr. Jennifer Skeem, a professor at the University of California, Berkeley School of Social Welfare and Goldman School of Public Policy, keeping ex-offenders out of prison means looking beyond their mental illness and taking into account external factors that induce future criminal activity.

If people with mental health issues don't reoffend, it's not only because of symptom reduction.

"If people with mental health issues don't reoffend, it's not only because of symptom reduction," Skeem told an audience of more than 100 mental health practitioners, researchers, community activists, students, and returning citizens at a conference room in Washington, D.C. during an event titled "New Directions in Reentry: What Returning Citizens with Mental Illness Really Need to be Successful."

The two-hour gathering, hosted by D.C.-based University Legal Services DC Jail & Prison Advocacy Project, highlighted the newest research about how to improve community reentry programs for mentally ill ex-offenders.

"We have to think outside of the box and show that people with mental illness get involved with the criminal justice system for a variety of reasons," Skeem said. "I'm not advocating for psychiatric services to [cease]. Instead of using the mental illness to define ex-offenders, let's look at them as real people and identify those factors that prevent them from reintegrating into the community."

A review of offender-focused and jail diversion programs in 2011 found that while community treatment initiatives reduced symptoms of mental illness in ex-offenders, they didn't decrease rates of recidivism among that population. The study also determined that mentally ill inmates shared the same diagnoses, treatment needs, and risk factors — including antisocial behavior, family discord, a lack of recreational activities, and low work performance — with their counterparts who didn't enter the justice system.

Researchers concluded that clinicians should group returning citizens with mental ailments not by their offenses, but by their needs that, if left unaddressed, could lead to the commission of another crime.

Meeting the financial, physical, and emotional obligations of mentally ill ex-offenders may require mental health practitioners and justice officials to understand how stereotypes about the mentally ill — not the mental illness itself — can become a stumbling block in ex-offenders' attempts to successfully carry out the terms of their parole, become employed, and foster health relationships with their neighbors.

Why do people become afraid when they hear that someone has a mental health problem?

The stigma of mental illness, according to University of Sussex professor [Graham C.L. Davey](#), causes others to see those reeling from psychiatric disorders as incompetent, dangerous, unpredictable, and responsible for their own plight. Even with access to treatment and psychiatric help, many returning citizens grapple with feelings of shame because of their condition. Interactions with law enforcement officials don't help either.

Ex-offenders who attended Wednesday's event recounted instances when parole officers, judges, and employers didn't take into account the mental anguish that complicated their efforts to acquire things that many people may take for granted — including government-issued identification and money for public transportation. "Why do people become afraid when they hear that someone has a mental health problem?" Jeffrey Moore, an ex-offender and consumer of mental health services in the District, asked the audience.

Moore — who's expected to leave a halfway house before the end of the month — said a judge once sentenced him to 28 months in a correctional facility after he tested positive for medication prescribed to him by a mental health practitioner.

"I often think about what's going to happen when I leave the halfway house," Moore said. "We need people to show compassion for us when we're going through hard times. People with mental ailments deserve the same help that everyone else receives. When you have someone in your corner who wants to see you grow, it makes you want to get better."

Taylor Nuevelle, an ex-offender under community supervision who advocates for returning citizens in the District, shared Moore's sentiments. After her release from prison, she struggled to meet her financial needs and deal with her anxiety. Even

with family members' support, Nuevelle said that she feels that she has a long way to go before she settles into her life as a free woman.

"My family and friends have helped me, but they're not rich," said Nuevelle. "They're waiting for me to get a job. When you have a mental illness, you're restricted from programs that are supposed to help you. Someone has to look past your criminal history and understand your hectic schedule [including therapy and visits with parole officers]. Community centers are punitive toward returning citizens. I've seen residents in halfway homes evicted and thrown into the streets at a moment's notice after testing positive for drugs. That scared me."

When you have a mental illness, you're restricted from programs that are supposed to help you. The District has made some advancements in deterring mentally ill ex-offenders from prison. A [2013 study](#) of the city's mental health courts found that those proceedings positively affected the life outcomes of defendants by dropping their charges and connecting them with mental health services. For mentally ill inmates entering the system for the first time, the D.C. Department of Corrections provides mental health screenings during the intake process and secures individual counseling and prescription medication if needed.

However, Tammy Seltzer, director of the University Legal Services DC Jail & Prison Advocacy Project, said that those services will not suffice for mentally ill offenders and ex-offenders who need more than medication to lead a normal life.

"It's really interesting to me that when you have a serious mental illness, you get used to people asking you the same question of whether you're taking your medication," Seltzer told ThinkProgress. "Based on research, medication is the least likely indicator of whether someone will commit an offense. We know that people with a serious mental illness are more likely to have their probation revoked for minor, technical infractions. It shows that we are more afraid of what's going to happen if they don't show up their appointment. We're driven by fear and that continues the cycle."