Recovery to Practice Initiative Curriculum: Reframing Psychology for the Emerging Health Care Environment

10. The Forensic System and Related Issues I: Homelessness, Substance Abuse, Trauma, Gender, Race, and Culture

NOTE: There are two Forensics modules. They are designed to be used together and are not intended to be used separately or as stand alone modules

August 2014
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Overview

This is the first of two modules that consider issues related to people with serious mental illnesses in the forensic/criminal justice system. The two modules are designed to be used together; they cannot stand alone as the content of any one is not sufficient to understand the issues or provide recovery oriented psychosocial rehabilitation (PSR) interventions.

In this first Forensics module, information is presented about people with serious mental illness who are in the forensic/criminal justice system. People with serious mental illnesses who are in these systems are frequently homeless, have recently been homeless, and are at high risk of homelessness, have a high rate of co-occurring substance abuse disorders, and almost always have been exposed to or been the victims of trauma. All of these factors are related to, and impact on an individual’s interaction with these systems, and have important implications for recovery and psychosocial rehabilitation efforts.

The second module in the Forensics series presents information about the interventions currently recommended to help people in the system avoid re-incarceration and achieve a stable and satisfying life in the community. Given the complexity of the issues involved, release planning and intervention efforts must also be complex and information about this critical component is also presented.

In both of the Forensic/Criminal Justice System modules, the terms forensic and criminal justice system are frequently used interchangeably. In some jurisdictions, the forensic system refers to inpatient settings while in others, it refers to the totality of the criminal justice system. In some settings, jails, prisons, mental health courts, jail diversion programs are considered to be part of the forensic system, while in others, they are called by a different system name. For clarity, in both of the Forensics modules, the terms are used interchangeably, although it is recognized that there are often critical distinctions within these systems.

It is important to note however, that forensic psychiatric hospitals and jails/prisons are very different. For the most part, forensic psychiatric hospitals provide at least minimal levels of treatment, i.e., psychotropic medications (sometimes over medicating individuals), traditional assessment, and varying kinds and levels of interventions. For the most part, jails and prisons, despite their status as the largest “warehouser” of individuals with mental health disorders, provide little to no treatment (although in rare cases, some jails/prisons have become designated mental health providers) and sometimes keep individuals (particularly those with disabilities of all kinds) in isolation, padded cells, etc., with no access to toilet facilities, fresh air, exercise, medication, or other essentials of human life, except for food passed through a small opening in the door.

While the deplorable conditions of jails and prisons may make forensic psychiatric hospitals appear to be stellar institutions, for the majority of U.S. jails, prisons, and forensic psychiatric hospitals, there are not adequate or appropriate services for people with serious mental illnesses in any setting. Though they are distinct, the Forensics modules in this
curriculum treat them similarly because of the paucity of literature on either category and because both have major hurdles to overcome in order to provide the services needed by people with serious mental health conditions.

Learning Objectives

At the end of this module you will be able to:

- Identify four confounding factors most often experienced by people with serious mental illnesses who are incarcerated
- State the range of prevalence of co-occurring substance use disorders among those with serious mental illnesses who are incarcerated
- List four cultural reasons why individuals from minority racial communities and minority cultures may receive poor treatment in forensic settings
- Describe at least three reasons why exposure to trauma is considered the norm for people with serious mental illness who are in the forensic system
- Describe the four circumstances that vulnerable women with serious mental illness are at risk of encountering

Resources

- Lecture Notes
- Required Readings
- Lecture Notes Citations
- Sample Learning Activity
- Sample Evaluation Questions
- Additional Resources

Required Readings


Activities

Complete the following activities:

- Read the lecture notes
- Read the required readings
- Engage in a learning activity related to this module
- Evaluate students’ understanding of this module.
Lecture Notes

People with lived experience of serious mental illness are strongly encouraged to be part of the delivery of the curriculum including being active participants in the delivery of the lecture. Refer to the curriculum Instruction module for additional information.

Introduction

People with serious mental illnesses who have become caught up in the forensic/criminal justice system face many challenges, and these challenges are frequently different from, or greater than, the challenges faced by people with similar illnesses who are not in the forensic/criminal justice system. A recent systematic review of studies looked at the prevalence and intersection of mental illness, homelessness, gender, victimization, and involvement with the justice system and found high consistency among the studies reviewed for the prevalence of these variables within a majority of the population. These authors noted the high levels of victimization in this population, especially among women which reinforces the need for gender specific trauma services for this population. These authors also noted the paucity of literature on victimization contrasted with the much greater literature on perpetration of crime, calling attention to the double stigma surrounding mental illness and involvement with the justice system. The high rates of contact with the criminal justice system among people with serious mental illnesses who are homeless also serves as a call for urgent attention to ensuring stable housing for this population. (Roy, Crocker, Nicholls, Latimer, Ayllon, 2014). These issues are discussed in greater detail in this module.

Prevalence

The prevalence of people with serious mental illnesses in justice related settings is higher than their overall prevalence in the population with incarceration rates estimated to be about 20% (American Psychiatric Association, 2000). Cusack, Morissey, Cuddeback, Prins & Williams (2010) summed the situation up as follows:

Recent estimates suggest that over one million people with serious mental illness (SMI) are booked into U.S. jails each year resulting in an overall prevalence rate of 15% for men and 31% for women (Steadman et al. 2009). In fact, the odds of a person with SMI being jailed are significantly greater than the odds of being hospitalized (Morrissey et al. 2007). Individuals displaying symptoms characteristic of mental illness were found to have a 67% higher probability of being arrested than individuals not displaying such symptoms (Teplin 1984, 2000). Moreover, after this initial arrest, individuals with SMI are more likely to be detained in jail (as opposed to released on own recognizance or have cases dismissed), and once jailed, stay incarcerated 2.5–8 times longer in comparison to their non-mentally ill counterparts (Council of State Governments 2005, p. 356–357).
People with serious mental illness who are involved with the criminal justice system almost always have a multitude of co-occurring problems that confound their situation. Seventy-five percent of those with serious mental illnesses have co-occurring substance use disorders, most are in poor physical health, many are homeless or at high risk of homelessness, most have a history of exposure to severe trauma, and more women and African American men with mental health disorders are incarcerated (Almquist & Dodd, 2009; American Psychiatric Association, 2000; Beck, Karberg & Harrison, 2002; Cusack, Morrissette, Cuddeback, Prins, & Williams, 2010; Durose, 2003; Gunter, Arndt, Wenman, Allen, Loveless, Sienlen & Black, 2008; Harrison & Beck, 2002; Harrison & Karberg, 2003; Konrad, 2002; McNiel, Binder & Robinson, 2005; Peters, Bartoi & Sherman, 2008; Prins & Draper, 2009). These factors are further complicated by the fact that the offenses committed by ill people who are incarcerated range from petty crimes (sometimes committed to obtain money for drugs or deliberately to obtain shelter in jail), to very serious crimes such as murder, rape, severe assault and battery, arson, etc. Sometimes people with serious mental illnesses are picked up by police simply because their symptomatic behavior is mistaken for criminal activity.

The Forensic/Criminal Justice System and the Recovery Paradigm – A Conundrum

In many ways, forensic/criminal justice settings are antithetical to the concept of recovery for people with serious mental illness. Individuals who are incarcerated or are in forensic settings have little free choice and often have serious threats to their own safety. Thus, in most of these settings, there is little ability to provide services consistent with the recovery paradigm and to offer services designed to help people learn the skills they need to achieve their life goals.

Forensic patients (referring particularly to those found unfit to stand trial, not criminally responsible, or with forensic hospital as the final disposition after criminal offending) have unique rehabilitative needs. Their recovery tasks encompass all of the usual elements including recovery from acute symptoms, finding medication that is effective and gaining insight into their illness and the need for treatment. They must try and define a ‘life worth living’ for themselves, overcome problems of functional impairment, find vocational support and foster healthy relationships with family and friends....The offender–patient, however, is likely to have additional tasks to do, over and above these ‘typical’ recovery tasks. The extra work would be related to the origins and effects of their offending, and the legal oversight and accountabilities now imposed upon them. Furthermore, these variables coalesce in the context of a secure hospital where the person is often isolated from community contacts and living within a structure of compulsory care that curtails liberty and several key elements of autonomous decision-making, such as consent to treatment or management of finances. (Simpson & Penney, 2011, p. 301-302).
Currently, in most components, though not all of the forensic or correctional system (jails, prison, forensic psychiatric hospitals, probation and parole settings), there is little real treatment and much emphasis on reducing risks (real or imagined) to the public. Respect, autonomy, person centered care, hope, evidence based practices (EBPs), etc. are currently not conceptualized as part of the system except by a relatively rare few, many of whom have written several excellent monographs about how to move forward. Given the increasing census of correctional systems around the country and the decreasing budgets allocated to these systems, implementing recovery oriented best practices remains a desirable but elusive goal. The picture that emerges is a complicated one where little treatment is all too often provided, coordinated release planning is rare, and re-incarceration is frequent, creating a revolving door of incarceration, mental and physical ill health, homelessness, substance abuse, and traumatic experiences.

**Serious Mental Illness and the Forensic/Criminal Justice System: Homelessness, Substance Abuse, Trauma, Gender, Race, and Culture**

It is impossible to consider the problems of, and potential for helping people with serious mental illnesses in the forensic and criminal justice systems without considering the multitude of issues that are intertwined with and impact on, the individuals involved.

**Homelessness**

While many mental health professionals are aware that people with serious mental illnesses are often homeless or at high risk of becoming homeless, the fact that many of these individuals also end up in the forensic/criminal justice system is less well recognized.

In a country where there is no jurisdiction where minimum wage earners can afford the lowest Fair Market Rent, and where rates of homelessness are rapidly growing, it is increasingly difficult to avoid jail as a substitute for housing (The National Coalition for the Homeless and the National Law Center on Homelessness & Poverty, 2002).

Since the closing of the large state mental hospitals in the mid to late 1960s and the failure of the community mental health movement largely due to inadequate funding, many people who would otherwise have been in the state hospitals find themselves living on the street and increasingly addicted to alcohol and or drugs. People who are homeless are often picked up for vagrancy, petty crimes, drunkenness or behavior resulting from drug use, or because they appear to be a danger to themselves or to others. In addition to being homeless, these individuals are often seriously ill, addicted, and most have experienced severe trauma (Folsom, Hawthorne & Lindamer, 2005; Greenberg & Rosenheck, 2008; Wenzel, Koegel & Gelberg, 2000).

As described in the Interventions III module in this curriculum:

- Having a place to live is one of the most fundamental and important aspects of life.
- Yet, people with serious mental illnesses are often either homeless or at risk of
becoming homeless (Padgett, 2007). Many believe that having decent, stable, affordable housing of one’s choice is the first step toward achieving recovery and most people prefer to live independently; for this reason the slogan “Housing First” has developed as one of the cornerstones of recovery services.

Research is currently underway to determine the benefits of providing housing before other services, especially for people with co-occurring disorders. Many studies have found decreased use of alcohol and drugs, reduced costs for police services, emergency room treatment, increased housing stability, and decreased psychiatric hospitalization when people have a stable place to live (Culhane, Metraux & Hadley, 2002; Gulcur, Stefancic, Shinn, Tsemberis, et al., 2003; Lipton, Siegel, Hannigan, Samuels & Baker, 2000; Pearson, Montgomery & Locke, 2009).

Providing supported housing is thought by many to be the key to helping people with serious mental illnesses remain out of jail and in the community but this often proves difficult due to the double stigma of serious mental illness and criminality and lack of resources for housing stock and personnel from the many disciplines needed for success.

**Substance Abuse**

According to the Substance Abuse and Mental Health Services Administration’s (SAMHSA) GAINS Center:

People with co-occurring mental health and substance abuse disorders are often excluded from treatment programs. Consequently many get caught up in the criminal justice system....In addition to a range of negative consequences (e.g., more frequent hospitalizations and higher suicide rates), co-occurring mental health and substance abuse disorders are also associated with poor social functioning, homelessness, violence, arrest, and incarceration. Criminal offenders with co-occurring disorders often display aggressive and violent behavior, have long histories of institutionalization, and exhibit a diminished ability to function independently in jail, prison, or community correction settings (undated-b, p. 2).

A very high proportion of those with serious mental illness who are incarcerated have co-occurring substance use disorders with estimates ranging from 50 to 78% (American Psychiatric Association, 2000; Gunter, Arndt, Wenman, Allen, Loveless, Sieleni & Black, 2008; McNiel, Binder & Robinson, 2005; Peters, Bartoi & Sherman, 2008; Prins & Draper, 2009). Because use of alcohol and other drugs can lead to risky health behaviors and criminal behavior, timely assessment and treatment are critical but unfortunately, this is not typically the case (Peters, Bartoi, & Sherman, 2008). The chief reasons are that the criminal justice system is not well equipped to address the multiple needs of this population. The system does not have adequately trained mental health personnel, few specialized treatment programs exist in forensic settings, resources for proper transition planning and follow up are lacking, risk management is seen as the principal mandate, and like other social services the budget is cut repeatedly (Peters, Bartoi & Sherman, 2008; Prins & Draper,
2009). Partly due to these factors, those with co-occurring mental illness and substance use disorders who have been incarcerated continue to fall through the cracks, and continue using alcohol and other drugs. Those using drugs but not taking prescribed medication have been found to be responsible for more violent crimes, leading to the sensationalization of news stories about people with serious mental illnesses (McNiel, Binder & Robinson, 2005; Reuland, Schwarzfeld & Draper, 2009).

**Trauma**

People with serious mental illnesses are more than twice as likely to be victims of violence than those without mental illness (Kooyma, Dean, Harvey & Walsh, 2007; Silver, 2002), and are more likely to be victims of violence than to be perpetrators of violence (Brekke, Prindle, Bae, et al., 2001). A large majority of people with serious mental illnesses who have been incarcerated have experienced trauma either before being incarcerated, during incarceration, or both (Kooyma, Dean, Harvey & Walsh, 2007). The rate of exposure to violence and the traumatic effect of this exposure is so high for people involved in the criminal justice system, and in particular for women, that most consider it the norm rather than the exception (Osher & Steadman, 2007). Once inside prison, both men and women with mental health disorders are also often subjected to physical violence and are more likely to be victims of violence than incarcerated persons without mental illnesses (Blitz, Wolff & Shi, 2008). Although less frequent, this can also be the case for those in forensic psychiatric hospitals.

The severity of the trauma experienced by the majority of those in the system was summarized by Jennings, 2008:

> The kinds of trauma experienced by persons who are or who become recipients of public mental health services are usually not associated with “single blow” traumatic events (Terr, 1991) such as natural disasters, accidents, terrorist acts, or crimes occurring in adulthood such as rape and domestic violence (Giller, 1999). Rather, the traumatic experiences of adults, adolescents and children with the most serious mental health problems are interpersonal in nature, intentional, prolonged and repeated, occur in childhood and adolescence, and may extend over years of a person’s life. They include sexual abuse or incest, physical abuse, severe neglect, and serious emotional and psychological abuse….They are traumatized further by coercive interventions and unsafe psychiatric environments (Jennings, 1994; Cusack et al., 2003; Frueh et al., 2000; Frueh et al., 2005; Grubaugh et al., 2007; Robins et al., 2005) and at times sexual and physical abuse in inpatient or institutional settings, jails, and prisons (p. 2).

Because jails and prisons (and to a lesser extent forensic psychiatric hospitals) can be highly dangerous environments and particularly so for people with serious mental illnesses, individuals often develop adaptive behaviors that help them survive (Rotter, McQuistion, Broner & Steinbacher, 2005). Most treatment providers are unaware of the need for such
adaptation and the ensuing behavioral and attitudinal changes that these individuals must make to survive. The result is that providers see such behaviors as resistance, lack of motivation, pathology, or symptoms of the person’s mental illness making communication and establishment of trust difficult, and impeding treatment provision and transition to successful community life. Mental health providers need to be educated about life in correctional facilities and need to understand the reasons why people adopt the attitudes and behaviors they need to survive in these frequently abusive situations. The effects of trauma are so severe that psychologists and other mental health providers must use extreme care to avoid re-traumatizing individuals.

Due to the deplorable conditions people with serious mental illness encounter in jails and prisons, severe traumatization occurs frequently.

All too often, seriously ill prisoners receive little or no meaningful treatment. They are neglected, accused of malingering, or are treated as disciplinary problems. Without the necessary care mentally ill prisoners suffer painful symptoms and their conditions can deteriorate. They are afflicted with delusions and hallucinations, debilitating fears, and extreme and uncontrollable mood swings. They huddle silently in their cells and mumble incoherently or yell incessantly. They refuse to obey orders or lash out without provocation. They assault other prisoners or staff. They beat their heads against cell walls, smear themselves with feces, self-mutilate, and commit suicide. Security staff typically view mentally ill prisoners who break rules and act out as difficult and disruptive. Whether as punishment or simply an administrative housing decision, officials often place them in barren high-security solitary confinement units. The lack of human interaction and the limited mental stimulus of twenty-four-hour-a-day life in small, sometimes windowless segregation cells, coupled with the absence of adequate mental health services, dramatically aggravate the suffering of the mentally ill. Some deteriorate so severely that they must be removed to hospitals for acute psychiatric care. But after being stabilized they are returned to the same segregation conditions, and the cycle of decompensation begins again.

The penal network is thus not only serving as a warehouse for the mentally ill, but, by relying on extremely restrictive housing for mentally ill prisoners, it is acting as an incubator for psychiatric breakdowns (Fellner, 2006).

According to Disability Rights Washington (2013):

People with mental illness, developmental disabilities, and traumatic brain injuries are being held in county jails from several weeks to months awaiting evaluation or restoration of their competency to stand trial.

In 2006, a national study by the Bureau of Jail Statistics found jail inmates with mental illness were twice as likely as those without to have been charged with facility rule violations (19% compared to 9%) (James & Glaze, 2006). The study further showed individuals in local jails with diagnosed mental health issues can be subject to sexual
or physical abuse by higher functioning inmates. Jail inmates who had a mental health issue (24%) were three times as likely as jail inmates without (8%) to report being physically or sexually abused in the past. As a result, individuals with mental health issues are more likely to be placed in segregation or have even more restrictions on their movement (Disability Rights Washington, 2013).

Traumatization of people with serious mental illnesses, and indeed people with disabilities of all kinds, is significantly increased when they are subjected to the conditions imposed on them by most jails and prisons in the US.

There are few if any forms of imprisonment that appear to produce so much psychological trauma and in which so many symptoms of psychopathology are manifested as isolation (Haney, 2003).

**Women in the Forensic/Criminal Justice System**

For reasons that are not clear at present, the prevalence of women with serious mental illnesses is higher in forensic populations than that of men, typically estimated to be roughly twice as high at approximately 31 percent compared to 15 percent for men (Almquist & Dodd, 2009; Blitz, Wolff, Pan & Pogorzelski, 2005; Ditton, 1999; Sabol, & Minton, 2008; Steadman, Osher, Robbins, Case & Samuels, 2009).

Due to their increased vulnerability, women with serious mental illnesses are at special risk for physical and sexual violence, trauma, risky sexual encounters, and incarceration (Ad Hoc Working Group on Women, Mental Health, Mental Illness and Addictions, 2006; Darves-Bornoz, Lemperiere, Degiovanni & Gaillard, 1995; Elklit & Shevlin, 2011). Compared to non-incarcerated women with mental health disorders in the forensic/criminal justice system, they have more symptoms related to addiction, anti-social personality disorder, and post traumatic stress disorder. Incarcerated women are more likely to have had traumatic experiences, including early sexual and physical abuse, than incarcerated men but equally likely to have substance abuse disorders (Lewis, 2006). For women with serious mental illness who are in contact with the justice system, severe abuse and trauma are considered the norm. For example, it has been found that 97% of homeless women with mental illness experienced severe physical and/or sexual abuse; 87% experienced this abuse both as children and as adults (Goodman, Dutton & Harris, 1997).

Treatment considerations, discussed in the second Forensics module, must be tailored to the special needs of women in the forensic/criminal justice system and trauma informed care must be a part of the mix of services.

**Racial Factors in the Forensic/Criminal Justice System**

There are clear differences in the way that people of color are perceived and treated by criminal justice authorities and the forensic system in the U.S. These differences are confounded with social determinants of health, education, employment, housing, socio-
economic status, and other aspects of life in the U.S. (Primm, Vasquez, Mays, Sammons-Posey, McKnight-Eily, Presley-Cantrell, et al., 2010; Thompson, 2011).

African Americans are especially overrepresented in the forensic/criminal justice system, accounting for nearly half of all incarcerated individuals (U.S. Department of Health and Human Services, 2001). Moreover, African Americans are frequently labeled as criminals when they are actually suffering from serious mental illness, which may account for their overrepresentation in the system (Foulks, 2004). African Americans of all ages are also more likely to be the victims of serious violent crime than are Caucasians (U.S. Department of Health and Human Services, 2001). African American and Hispanic individuals who have a serious mental illness and are incarcerated also report higher rates of sexual victimization than white individuals with similar illnesses who are incarcerated (Wolff, Blitz & Shi, 2007).

People of color often leave the criminal justice system without having had an assessment or any treatment for their illness and without needed medications, funds to pay for living expenses, or referral to health services. As a result, many find themselves repeatedly recycling through the criminal justice system (Foulks, 2004).

**Cultural Considerations**

There are many cultural factors that must be considered when an individual with serious mental illness interacts with the forensic/criminal justice system. Cultural factors may influence the responses an individual provides and the way in which law enforcement personnel and mental health professionals respond to and interact with the individual.

The impact of a person’s cultural background can have profound effects on many areas of his or her life. Religion, beliefs about mental illness, its etiology, and its acceptability may influence the individual’s willingness to speak with professionals about his or her life circumstances. The beliefs and values that a person is taught and grows up with can have considerable influence on the ways behavior is viewed, acceptability of seeking or accepting mental health services, the ability of women and young people to speak for themselves, establish goals, determine skills they wish to develop, etc. Language barriers have a profound effect on ability to communicate the many important facets of a person’s life and background.

Due to language and cultural factors, immigrants and refugees may be at particular risk of ending up in the forensic/criminal justice system. When an immigrant or refugee does not speak the country’s language and is influenced by cultural factors that deviate from the country’s norm, and also has a serious mental illness, the consequences can be challenging for all involved. The vast majority of immigrants and refugees who need mental health services never receive them. It has been estimated that 92% of immigrants and refugees who need mental health services will not receive them (Birman, Ho, Pulley, Batia, et al., 2005; Ellis, Lincoln, Charney, Ford-Paz, et al., 2010; Kataoka, Zhang & Wells, 2002). Thus,
the likelihood of these individuals ending up in the forensic/criminal justice system can be quite high.

Some factors that should be considered when mental health providers encounter individuals in these settings include the following:

- The concept of mental illness is virtually non-existent in some cultures because behaviors are considered to be under the control of spirits or other forces that can be controlled by indigenous healers or faith based providers (Constantine, Myers, Kindaichi & Moore, 2004; Malarney, 2002). Even where mental illnesses are seen as true illnesses, stigma may be so great that seeking or accepting mental health services is extremely difficult if not impossible. Some cultures do not afford women the opportunity to express opinions or make decisions, reserving these for male members of the family (Said-Foqahaa, 2011), and making it very difficult for women in forensic and correctional settings to discuss aspects of their life.

- Another cultural issue that is not typically discussed involves trauma resulting from family perpetrated physical or sexual abuse. Some cultures consider women and children to be property to be used as desired (Chaudhuri, 2005; Said-Foqahaa, 2011), and in these cultures, abuse can be overlooked or even unofficially sanctioned. These situations lead to tremendous trauma for the victim and potentially for the perpetrator as well.

- Language barriers have a profound effect on one’s ability to communicate the many important facets of a person’s life and background that may have contributed, and may still contribute to the mental health problems experienced. In some languages, words or expressions used to describe aspects of mental illness do not exist. When combined with the stigma of behavioral problems, it can be extremely challenging to help people explain the problems they are experiencing and engage them in services.

A final issue that has become more apparent in the last decade concerns the detention of immigrants by U.S. Immigration and Customs Enforcement (ICE). According to recent reports, over 350,000 immigrants are detained each year. An unknown percentage of these have a serious mental illness and are taken into custody despite a criminal court finding that they should not be detained but require inpatient mental health treatment. In ICE detention centers, jails or prisons where they are often sent, these individuals frequently are not provided assessment or medication, receive little care and are often segregated in isolation, further exacerbating their mental illness (Venters & Keller, 2012). When added to the above mentioned problems faced by immigrants with serious mental illnesses, these individuals have little hope of achieving a successful transition to American life.

The experience of refugees deserves additional discussion. In addition to the multitude of problems experienced by immigrants and other newcomers, most refugees have endured extreme abuse at the hands of those in authority (Birman, Ho, Pulley, Batia, et al., 2005; Ellis, Miller, Baldwin & Abdi, 2011). As a result, refugees generally do not trust people in
authority or those who work in institutions or systems where the rules and procedures are determined by someone seen as having power. This is highly relevant and important for people who are detained in the forensic/criminal justice system. Refugees may experience extreme fear and perceive that they and their families are in imminent danger.

When all of these factors are combined (stigma from original background, language barriers, religious beliefs about the origin of mental illness, cultural beliefs or practices related to decision making and or sexual exploitation, trauma from abuse by those in authority) it should be clear that refugees may be at special risk for abuse within any component of the justice related system. Many of these same factors may also be true of non-refugees, i.e., those born in the U.S., but whose family members experienced discrimination and abuse at the hands of authorities. Some of these groups include African Americans, Native Americans, and other racial groups that experience discrimination which often continues to the present day.

Sensitivity to individuals from different backgrounds is essential if steps toward engaging an individual and his or her family are to be successful in the criminal justice/forensic system. Personnel who can speak multiple languages should be available and the cultural perspective of the person should always be respected.

Challenges

It is difficult to imagine a group more stigmatized than those who have a serious mental illness and also have criminal involvement. For these individuals, obtaining appropriate treatment that is aimed at helping them identify and achieve their goals, become physically healthy, escape from homelessness and abuse, overcome substance abuse, overcome the devastating effects of trauma, and live a satisfying and productive life in the community are ideals that most will only dream about. The challenge for psychologists is to find ways to help individuals in this population overcome the double stigma and achieve these ideals.

Psychologists can confront this challenge by advocating for fundamental attitudinal change on the part of authorities who subscribe to a containment and risk management approach and by bringing their knowledge of mental health recovery to forensic and criminal justice settings. Despite the very real and substantial challenges faced by the forensic and criminal justice systems (lack of adequate funding, “dumping” of people with disabilities of all kinds into the criminal justice system, lack of access to appropriately trained mental health professionals, etc.), establishing a respectful environment where individual beliefs, values and goals are appreciated, and providing timely and appropriate treatment that is individualized for each person, would go a long way toward “rehabilitating” the forensic and criminal justice systems where so many people with serious mental illnesses find themselves.
Summary

People with serious mental illnesses are more likely to be in the forensic/criminal justice system than those without such illnesses. The prevalence for African American men and women with serious mental illnesses is even higher than the prevalence for the seriously mentally ill population overall. Individuals who are in the forensic/criminal justice system are frequently homeless, have recently been homeless, or are at high risk of homelessness, have a high rate of co-occurring substance abuse disorders, and almost always have been exposed to or been, victims of trauma. Few receive adequate or appropriate treatment in jails and prisons and treatment oriented toward recovery and rehabilitation, while more often recognized as desirable, is rare in forensic psychiatric settings. As a result, many individuals with serious mental illnesses cycle through the system due to their co-morbid conditions of homelessness, substance use, abuse, physical ill health and criminal activity, some of which is deliberate to obtain shelter or is imagined by authorities who mistake symptoms of mental illness for criminal activity.

The forensic/criminal justice system is principally concerned with managing real or perceived risk to the public. For this reason, treatment of people in the system most often centers around a risk management or containment paradigm rather than a recovery oriented paradigm. Even mental health professionals who may desire to provide the most appropriate services possible, find that the system is rarely oriented to helping people identify and work toward goals they set for themselves.

Because of the double stigma of being seriously mentally ill and having a criminal history, individuals in most components of the justice system find it extremely difficult to exit from the cycle of incarceration, release, continued illness, inability to work, homelessness, substance abuse, and victimization and trauma and ultimately end up where the cycle began with re-incarceration. For women, people of color, and those with cultural differences such as immigrants and refugees, the situation can be even more dire, with extremely high rates of physical and sexual abuse, harassment, mis-diagnoses, and little if any treatment.

All of these factors come together to make the situation for an individual who has a serious mental illness and enters into the forensic/criminal justice system difficult to escape from without considerable effort on the part of the mental health professionals who must advocate for proper treatment for each person.
Sample Learning Activity

The instructor should make up signs to be taped to participants’ back with information describing individuals like those in the examples below. Participants should not be told what the characteristics are of each of the hypothetical individuals.

Each individual should have a sign taped on his or her back that describes a certain lived experience with either the mental health or criminal justice system. The hypothetical person’s race/ethnicity/gender/disability/SES is also included in the short description. The following are examples; different or additional ones can be used if desired:

a) A young African American male diagnosed with schizophrenia who exhibits bizarre behavior. Due to inability to find and keep work, he has committed a felony and is recently incarcerated;

b) A white, working-class, middle-aged woman who is a war veteran diagnosed with PTSD who continues to be in a domestic violence situation while looking for work so that she can better support herself and leave her situation; she has been incarcerated for attempting to injure her domestic partner following abuse;

c) A young South Asian lesbian immigrant woman who was working toward a green card through her company. She was recently diagnosed with cancer which required an amputation leaving her physically disabled and with chronic depression as a result of isolation and lack of affordable housing that is wheelchair accessible in the city; she has taken to begging on the street and attempting to scam people for money.

Depending on the size of the group; people are broken up into small groups and interact with each other so that each individual can guess what the sign on their back says.

1) How long did it take for people to guess?

2) What did other people say in order for people to guess what was written on their back?

3) Discuss some of the internal conflicts that you had with the activity?

4) What are you going to do differently if you meet someone outside of the treatment setting in the community who has lived experience of serious mental health conditions and is in one of these situations?

5) What are you going to do differently in the treatment setting with people with serious mental health conditions so that you can work towards community integration following experience with the criminal justice/forensic system?

6) What are you going to do to change the systems in society that continue to perpetuate stigma?
### Sample Evaluation Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Correct Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The prevalence of people with serious mental illnesses who are in the forensic system is:</td>
<td></td>
</tr>
<tr>
<td>a) about the same as the prevalence for people with such illnesses who are not part of the forensic system</td>
<td></td>
</tr>
<tr>
<td>b) estimated to be about 20% on average</td>
<td>b is correct</td>
</tr>
<tr>
<td>c) roughly the same for women as the prevalence of people with similar illnesses who are not in the forensic system, but much higher for men with these illnesses</td>
<td></td>
</tr>
<tr>
<td>d) none of the above</td>
<td></td>
</tr>
<tr>
<td>2. The problems that co-occur with serious mental illnesses for people in the forensic system include:</td>
<td></td>
</tr>
<tr>
<td>a) substance abuse disorders</td>
<td></td>
</tr>
<tr>
<td>b) homelessness</td>
<td></td>
</tr>
<tr>
<td>c) abuse and traumatization</td>
<td></td>
</tr>
<tr>
<td>d) physical ill health</td>
<td></td>
</tr>
<tr>
<td>e) all of the above</td>
<td>e is correct</td>
</tr>
<tr>
<td>f) a, c, and d above</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Women with serious mental illness who have been abused and who become involved with the criminal justice system are treated fairly because the crimes they have committed are those that damage society’s morality, i.e., prostitution, drug use, failure to care for their children, etc.</td>
<td>F</td>
</tr>
<tr>
<td>4. In the U.S., men from minority cultures, especially African American men with serious mental illnesses are often arrested for exhibiting symptoms of their illness when no crime has been committed</td>
<td>T</td>
</tr>
<tr>
<td>5. People who have experienced abuse rarely become severely traumatized because of their immune reaction that serves as a protective factor, i.e., becoming thick skinned, against further traumatization</td>
<td>F</td>
</tr>
</tbody>
</table>
Lecture Notes Citations


**Additional Resources**


Citing the Curriculum

Citation for this Module:


Citation for the full Curriculum:


For additional information, contact:

Recovery to Practice initiative at the American Psychological Association, www.apa.org/pi/rtp
or
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