**Understanding the Differential Effects of Dosage on the Criminally Involved Receiving Mental Health Services**

**Eliminating the Double Stigma of Justice-Involvement and Having a Mental Illness**

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On my honor as a University student, I have neither given nor received unauthorized aid on this assignment as defined by the Honor Guidelines for Thesis-Related Assignments.

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**Introduction**

Individuals with mental illnesses have historically been criminalized by the American criminal justice system. The Deinstitutionalization Movement of the 1960s attempted to shift resources away from psychiatric hospitals towards local community mental health centers (Lurigio, 2000). Although this effort succeeded in reducing the number of patients within psychiatric hospitals across the nation, alternative mental healthcare resources were never created (Torrey, 1997). Individuals in need of public mental healthcare services were left without access to support networks that could help them cope with their conditions (Lurigio, 2000). As a result, "mercy bookings" became common practice within the criminal justice system; individuals with mental illnesses were frequently criminalized and are currently overrepresented in the national inmate population (Torrey, 1997).

In 2016, 43% of state and 23% of federal prisoners reported a history of mental illness (Maruschak et al., 2021). Untreated mental illnesses can impair daily functioning, and individuals who continue treatment are less likely to recidivate than those who reject or discontinue treatment (Martin et al., 2012). My technical research topic seeks to understand how dosage and duration of mental health treatment affects outcomes for justice-involved individuals with a history of mental illness. My STS research topic seeks to understand how elimination of self and community stigma around mental illness and criminal record may be implemented within the Charlottesville community. These destigmatization techniques may reduce stigma and encourage more individuals to seek out mental health resources prior to a mental health crisis. The socio-technical aspect of these topics seeks to take a more holistic approach to understanding the needs of justice-involved individuals with mental illnesses in regards to mental healthcare accessibility.

**Technical Topic**

According to a member of the leadership team at the Albemarle-Charlottesville Regional Jail (ACRJ), over 25% of the current inmate population is coping with a serious mental illness (Personal Communication, 2022). This approximation was calculated based on data collected by the facility's Brief Jail Mental Health Screener (BJMHS), which upon an individual's arrest, is administered by an on-site nurse. The percentage of inmates "flagged" by the questionnaire is regarded as an underestimate since individuals often develop coping mechanisms and/or self-stigmas that prevent them from answering the questionnaire truthfully (Personal Communication, 2022).

The symptoms of untreated mental illnesses can worsen over time, and offenders who reject/discontinue treatment pose a greater threat to themselves and others when they are released from custody (Martin et al., 2012). In fact, contrary to popular belief, people with mental illness are more likely to be a victim of violent crime than the perpetrator (Watson et al., 2009). These findings indicate that the treatment of justice-involved individuals with mental illnesses is a matter of public health and safety.

The topic of my technical thesis will analyze the effects of dosage on justice-involved individuals receiving mental healthcare services in the Charlottesville-Albemarle County community. This project is a continuation of an ongoing series of studies which has successfully identified several defining characteristics about the prevalence of mental illness within the local inmate population. Additional research is needed to help community resources more effectively prepare for, and address, the needs of justice-involved individuals with mental illnesses–especially after the COVID-19 pandemic.

In an effort to slow the spread of the COVID-19 virus, many correctional facilities adopted alternative carceral methods, such as home-electronic incarceration (HEI), to minimize inmate populations and promote social distancing. Considering the recency of the global pandemic, little is known about how increased availability of virtual rehabilitative services affected the mental well-being of clients. One study found that widespread decarceration efforts across the United States were associated with improved public health; however, the authors neglected to discuss how rehabilitative post-release services were adjusted to comply with anti-contagion efforts (Reinhart et al., 2021). Furthermore, this study determined the effectiveness of decarceration on public health with regards to COVID-19 transmission–there was no evaluation on how alternative detention policies affected offenders' mental health.

This year's capstone team will focus on outcomes related to the accessibility of mental health services for clients who are under supervision by local/state agencies. Our goal is to identify whether a relationship exists between the medium of mental healthcare (in-person vs. virtual), the type(s)/amount of services the client is receiving, and the success of the client in completing their period of supervision. "Success" in this context can be defined as supervisory compliance and reduced return to custody (RTC) rate. The team's findings on the extent to which mental health services improve client outcomes will be presented to, and reviewed by, the local evidence-based decision making team.

Under the guidance of the University of Virginia's Institutional Review Board (IRB), community members, and retired/current faculty, my team has been tasked with reviewing mental health screening data surveyed by local mental healthcare providers and criminal justice agencies, such as the ACRJ, the Region 10 Community Services Board (R10), and the Blue Ridge Area Coalition for the Homeless (BRACH). In order to comply with guidelines

established by the IRB for research with prisoners, all members of the capstone team have had to become certified to handle HIPAA sensitive data. Specific formulas, methods, and procedures are unknown at this time since the data will remain inaccessible until all stakeholders provide written permission to manipulate the files.

Qualitative analysis will be utilized following interviews with community leaders in order to help generate quantitative research questions, grade the relevance of research questions, and provide additional context to quantitative findings.

**STS Topic**

Individuals with mental illnesses are arrested at higher rates than that of the general public and often receive longer sentence lengths (Seltzer, 2005). Negative stereotypes which associate mental illness with violence often lead to the criminalization of these individuals. A study conducted in 2000 found that many correctional officers even admit to arresting individuals with mental illnesses as a method to either break the cycle of conflict or help the individual access local mental health resources (Seltzer, 2005). The topic of my STS project will focus on methods for the destigmatization of justice-involved individuals with mental illnesses that can be implemented in the Charlottesville community.

Although many experts have developed separate approaches for destigmatizing mental health status and criminal record, very few have acknowledged the stigma associated with the intersectionality of these social identities. For example, McWilliams and Hunter's 2021 survey-based research study on criminal record stigma found that perceived stigma was significantly associated to decreased quality of life; however, their recommendations on how to eliminate community stigma centered around anti-stigma campaigns and policy changes that

would protect individuals from criminal record discrimination. Their analysis neglected to discuss how these policy changes may be consolidated with protections that currently exist for individuals with mental illnesses or implemented within mental health court programs.

On the opposite end of the spectrum, Rusch et al.'s 2005 study makes recommendations based on the assumption that readers will be able to have direct contact with individuals with mental illnesses; this would be impossible for the justice-involved population that has been separated from the general public.

Further, many respected publications that do acknowledge the intersectionality of criminal record and mental health status, focus their attention on the destigmatization of individuals who have either been convicted of less serious crimes or diagnosed with more serious mental illnesses (Lurigio, 2000). Individuals with mental illnesses are arrested at higher rates than that of the general public and often receive longer sentence lengths for less serious crimes (Seltzer, 2005).

Overrepresentation of these two extremes opens the possibility for justice-involved individuals with mental illnesses to be grouped into a monolith. The omission of individuals with less serious mental illnesses and more severe charges begs the following: What happens to these individuals? Are individuals coping with mental illnesses who commit serious/violent crimes less deserving of mental healthcare? Are individuals with less "serious" mental illnesses more responsible than those with more serious mental illnesses for the crimes they commit? Such questions which pertain to the unique attributes of individual cases can be approached with an Ethics of Care theoretical framework.

Justice-involved individuals with mental illnesses are often grouped into a monolith which can obscure the public's perspective on the unique experiences of each individual coping

with a mental illness. According to a 2015 study conducted in the United Kingdom, out of 34 barrier scenarios, the top 17% of barriers to mental healthcare indicated by users of mental health services were later categorized as stigma-related treatment barriers (Dockery et al., 2015). Since the United States and the United Kingdom are regarded to be culturally similar, we may extend this finding to themes in the United States. This was demonstrated in Kupers' 2005 study which identified common themes of inmate interviews in American correctional facilities. These individuals often cited their own self-stigma as a barrier to disclosing symptoms to law enforcement/medical professionals and consenting to treatment (Kupers, 2005).

My main research method will consist of a thorough review of the literature that currently exists. I will evaluate relevant sources according to an ethics of care framework. With this framework, I hope to compare and combine destigmatization methods that meet the needs of all justice-involved individuals with mental illnesses–regardless of the severity of their sentence and diagnosis. As noted by Taylor in her 2020 ethics of care review of countries' responses to the COVID-19 pandemic, this approach will allow me to dissolve the monolith of the justice-involved population coping with mental illnesses and better approach the needs of the individual. In doing this, I hope to identify destigmatization techniques that will meet the needs of the individuals that must endure these illnesses and harmful stigmas.

**Conclusion**

Individuals with mental illnesses make up a significant proportion of the local inmate population (Personal Communication, 2022). The technical aspects of these both topics are focused on the medical diagnosis and treatment of mental illness. Treatment in this sense refers to the therapy and medication programs that are available to qualified inmates. My technical

paper will review factors which contribute to the effectiveness of mental health treatment. The social themes that guide my STS paper include social and structural barriers to receiving mental health treatment, such as self and community barriers to mental healthcare. The sociotechnical problem that connects my theses relates to the accessibility of mental health treatment.

Through my research, I have found that there are multiple levels of accessibility that do not solely rely on the medium through which treatment is conducted/received. The aspect of accessibility that would define mental illness and mental healthcare as "easily understood" is not consistent for all people. By applying my research to all aspects of accessibility, I hope to be able to take a more holistic approach to better serve the needs of justice-involved individuals coping with mental illness.

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