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In Prison and In Need: Does the Availability of Mental Health Services in Prison Affect State Recidivism Rates?

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Abstract

This secondary data analysis will analyze mental health services provided within prisons and its correlation with state recidivism rates. State budgets will also be analyzed to determine their impact on available services. Past studies found that prisons have become the new mental health institutions but usually lack the means to properly treat prisoners with mental illnesses. Further, without proper treatment, rates for recidivism are likely to be higher than those without mental illness. Mental health care for incarcerated people is increasingly important as prisons are often the only institution where some people can access mental health treatment. This research explored the question; Does the availability of mental health services in prison affect state recidivism rates? The research presented multiple findings and implications for the criminal justice system and social workers as the original research question and other aspects were explored.

As of 2016, the U.S. Department of Justice estimated that one in every 38 adults in the United States were under supervision of the U.S. Correctional System, totaling more than 6.5 million people, a number slowly decreasing from its peak of over 7.3 million people in 2007 (Kaeble, Glaze, Tsoutis, & Minton, 2016). Despite the decrease in the total prison population, the rate of inmates with mental illness continues to increase (Grohs, 2017). Approximately one-third of all inmates suffer from mental illness, (The Pew Charitable Trusts and The MacArthur Foundation) and within less than thirty years, rates of incarcerated individuals with a serious mental illness (SMI) increased from an average of 6.4% in 1983 to at least 16% in 2009 (Torrey, Kennard, Eslinger, Lamb, & Pavle, 2010) with today's rates of individuals with SMI potentially being as high as 25% (Ostermann & Matejkowski, 2014).

For mental illness to be considered severe, at least one of the following conditions must be present: Schizophrenia, delusion disorder, Schizophreniform, Schizoaffective disorder, brief psychotic disorder, substance-induced psychotic disorder, general medical condition psychotic disorder, psychotic disorder, major depressive disorder, and both bipolar

disorder I or II (Oxelson, 2009). It is likely that proper care cannot be provided to these inmates as institutions are challenged by the rise in inmates with SMI. Due to the vulnerability of inmates, it is critical to address these concerns and invest in appropriate mental health services to provide them with proper treatment and recidivism rates. For this studies purpose, recidivism, the relapse of a person into criminal behavior (The Office of Justice Programs, 2014), is operationalized as the reincarceration rates of offenders within a three-year period. This study will explore mental illness within correctional facilities, recidivism of those with mental illness, and the current state actions of state government and state budgets investment in corrections.

Methods

This study examined the specific question, "*Does the total number of mental health staff in prisons affect the states recidivism rate?*" while considering variables such as state budget. The secondary research explored this question through one major hypothesis: *Prisons with more mental health staff will have lower recidivism rates.*

Original data was entered in Excel and descriptive statistics were run on six states varying in population, location, and demographics. The statistics included the variable totals across the US, the averages per state, median, mode, minimum, and maximum for each mental health service provided, recidivism rates, and state budgets from 2016 to 2018. The researcher reviewed the descriptive statistics and selected six states for the study. The data was then entered in the Statistical Package for the Social Sciences (SPSS) program as original and categorical variables. These variables included mental health total, recidivism rates, total funds 2018, total in custody, and total admitted. Once all variables were successfully entered, two statistical analysis tests were run on multiple sets of variables. These tests included one-way ANOVA tests and Linear Regressions.

Implications and Discussion

While a one-way ANOVA found that total number of mental health staff was not shown to have a significant relationship with recidivism rates ($F(3,35) = .610$, $p = .613$), the implications of the finding still have a significant impact on the prisoners themselves. The lack of funding and properly trained staff that many facilities face, along with the previously mentioned rise in prisoners with SMI, (Bloom, 2010; Grohs, 2017) will negatively impact the quality of care many prisoners receive. Thus, urgency is added to each prisons' need for quality mental health services, including more availability, better staff training, and more staff that specialize in severe mental illness.

The implications of a second one-way ANOVA finding a significant relationship between the total number of mental health staff and the total number of prisoners both admitted within a year ($F(3,34) = 4.191$, $p = .013$) and a linear regression finding a significant relationship between the total number of mental health staff and the total number of prisoners in custody at the end of the year ($R^2 = .537$, $F(1,36) = 41.727$, $p = .000$) are particularly important. Results found that the total number of mental health staff does affect the number of inmates in prison, both first time and repeat offenders. This is likely to mean one of two things: a prison with a higher number of inmates will have more mental health staff or a prison with more mental health staff will be more likely to accept more prisoners. Still, it is important to note that prisons are often understaffed with

mental health service providers (Grohs, 2017), leading to a disproportionate staff to prisoner ratio. Perhaps, the disproportionate ratios are cause for overworked staff who are less able to provide quality services to the prisoners. This will become increasingly important as the number of inmates with severe mental illness continues to rise (Grohs, 2017) . Thus, prisons should work to proportionately staff their facilities with the proper amount of mental health staff to accommodate for the total number prisoners and avoid staff burn out.

In addition to staffing, a linear regression showed the total funds allocated for prisons in 2018 was also found to have a predictive relationship of the total number of mental health staff in prisons (R^2 = .778, F (1,40) = 140.192, p =.000). This relationship is important to consider when analyzing the staff to prisoner ratio. This implies until prisons receive more funding that can be assigned toward mental health services, most facilities will not be able to proportionally staff employees to counteract the rise in the rate of inmates with SMI. For prison staff, it can be expected that they will remain undertrained and overworked until these funds increase.

These findings add to the knowledge base of social workers, highlighting yet another social issue that needs confronted. As part of a social workers code of ethics, it is his or her responsibility to fight to serve others in need, advocate for social justice, and to recognize the importance of human relationships (National Association of Social Workers, 2017). Evidently, allowing prisons to continue underserving the prison population is a violation of a social workers ethics. Thus, these findings emphasize a need for more professionals trained to deal with SMI in prison facilities, not only to increase quality of care, but to create supportive connections with the prisoners that are likely to facilitate in the healing and rehabilitation process.

Limitations

One limitation of the current study is the variability in the currency of the data used. Data for this study was difficult to obtain and resulted in comparing data from different years that were inconsistent. To explain, budget data was collected in 2018 while recidivism rates were collected in 2017 and the mental health staff totals were collected in 2011. Another limitation of the study is the use of a secondary analysis. Though secondary analysis was beneficial because of the difficultly in gathering primary sources from prisons, it also acted against the research. Upon starting the research, it became evident that using another researcher’s data did not guarantee having all the information needed for the analysis. As a result of the limitations, findings may not be reliable and may lead to invalid results.

Conclusion

Prior to conducting the study, the researcher hoped to find a significant relationship between the total number of mental health staff in prisons and each states recidivism rate. Though findings differed from the original hypothesis, the study led to other major implications, such as a recognition of the lack in funding for prisons as well as inconsistent data obtained from prisons. Until mandated reporting of data regarding mental health care in prisons is required, analysis will continue to remain sparse and invalid. Despite limitations, this study brought awareness to an emerging social problem social workers and researchers can address and initiate change for.

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