

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

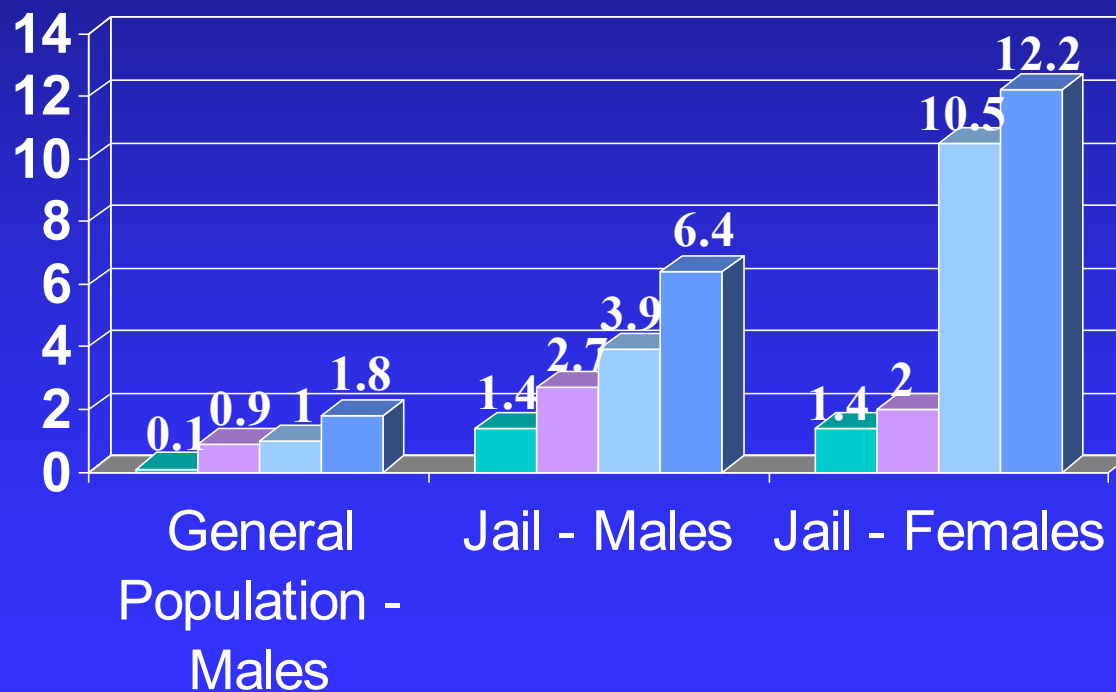
Challenges in Addressing CODs

- 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



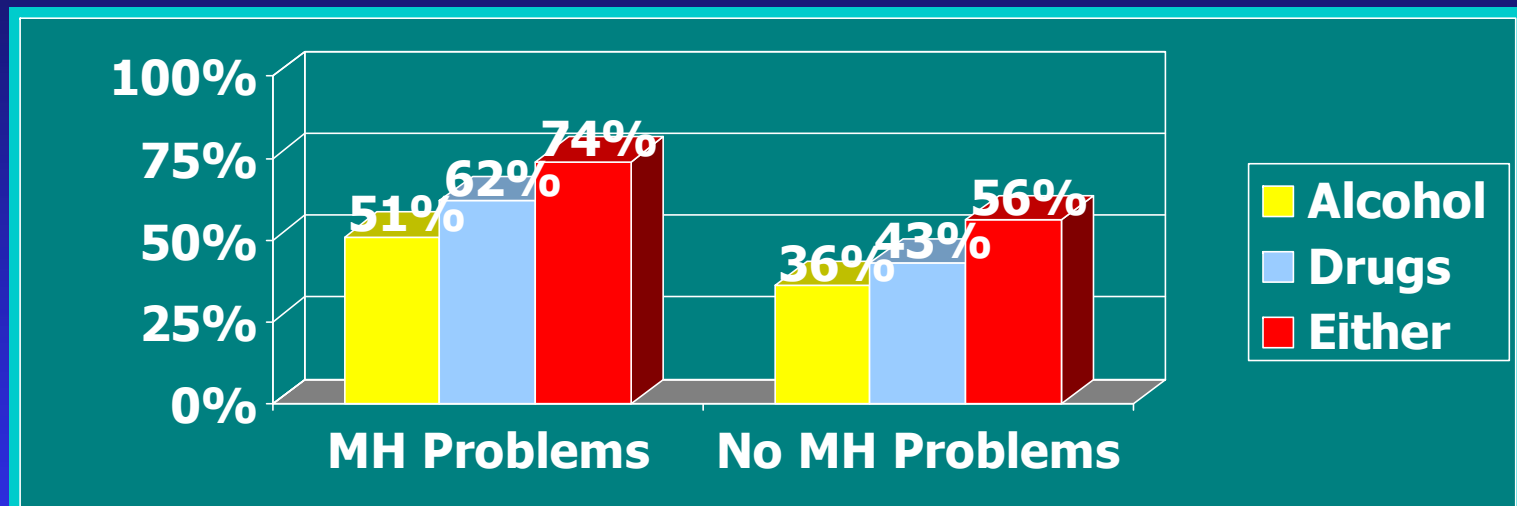
■ Mania ■ Schizophrenia ■ Major Depression ■ Any Serious Disorder

Prevalence of Mental Problems in Justice Settings by Gender

<u>Gender</u>	<u>State Prison</u>	<u>Fed. Prison</u>	<u>Jail</u>
Male	55%	44%	63%
Female	73%	61%	75%

* 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

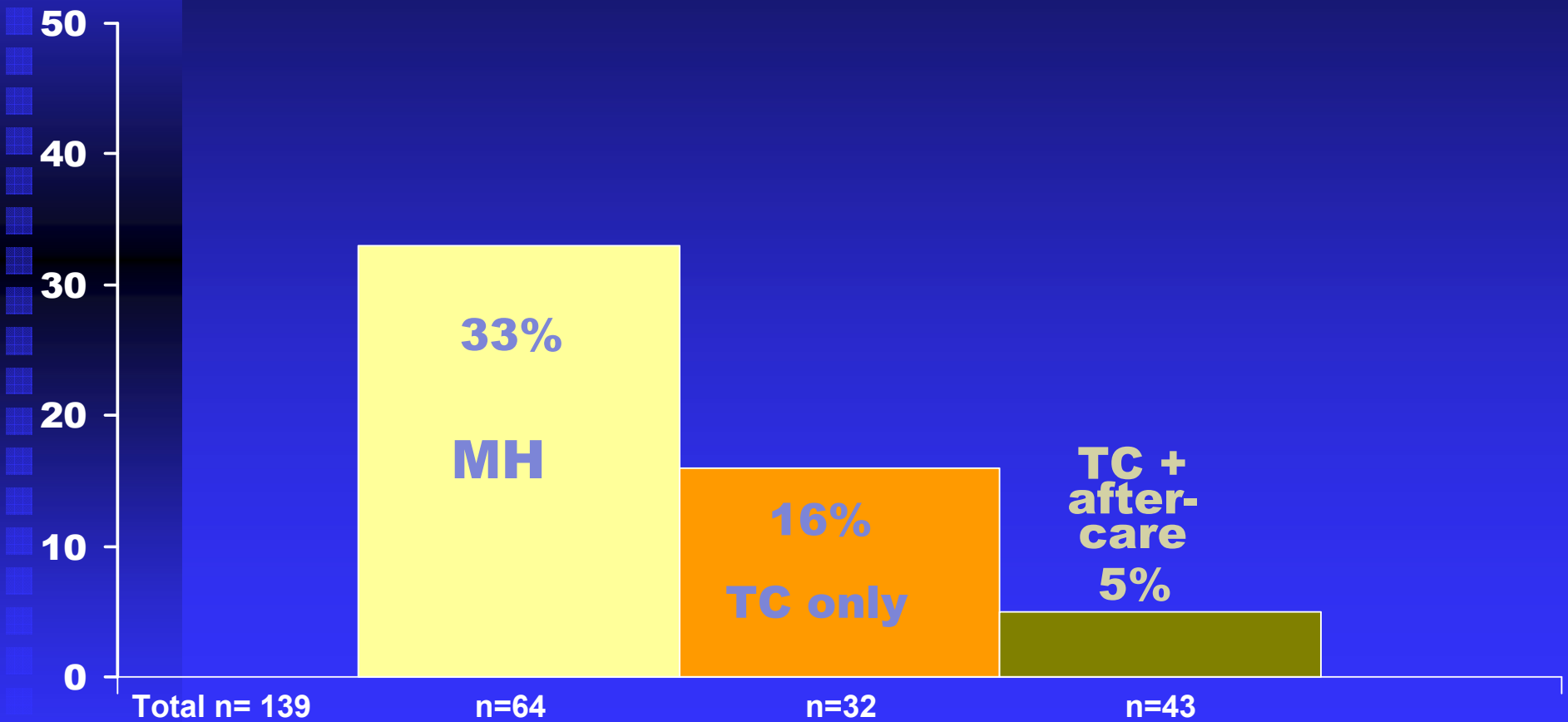
Structural Components of COD Treatment Programs

- 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



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