

Correctional Policy for Offenders with Mental Illness: Creating a New Paradigm for Recidivism Reduction

Jennifer L. Skeem · Sarah Manchak ·
Jillian K. Peterson

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Abstract Offenders with mental illness have attracted substantial attention over the recent years, given their prevalence and poor outcomes. A number of interventions have been developed for this population (e.g., mental health courts). They share an emphasis on one dimension as the source of the problem: mental illness. Their focus on psychiatric services may poorly match the policy goal of reducing recidivism. In this article, we use research to evaluate (a) the effectiveness of current interventions, and (b) the larger viability of psychiatric, criminological, and social psychological models of the link between mental illness and criminal justice involvement. We integrate theory and research to offer a multidimensional conceptual framework that may guide further research and the development of efficient interventions that meaningfully reduce recidivism. We hypothesize that the effect of mental illness *on criminal behavior* reflects moderated mediation (i.e., the effect is direct in the case of one subgroup, but fully mediated in another); and that the effect of mental illness *on other “recidivism”* is partially mediated by system bias and stigma. We use this framework to propose three priorities for advancing research, articulating policy, and improving practice.

Keywords Offenders · Mental illness · Corrections · Recidivism

Individuals with serious and often disabling mental illnesses like schizophrenia, bipolar disorder, and major

depression are grossly overrepresented in the criminal justice system. Compared to the general population, the current prevalence rate of these specific mental illnesses among jail detainees is higher for men by more than three times (1.8 vs. 6.4%; Teplin, 1990) and almost twice as high as for women ($M_w = 10.6$ vs. 20.4%; Teplin, Abram, & McClelland, 1996). Moreover, regardless of gender, nearly three out of every four jail detainees with a serious mental illness have a co-occurring substance abuse disorder (Abram & Teplin, 1991; Abram, Teplin, & McClelland, 2003). These figures take on new meaning when considered in context. The number of people under correctional supervision in the USA recently reached an all-time high of 7.3 million (Bureau of Justice Statistics, 2009). Although prevalence estimates vary, a meta-analysis of 62 studies suggests that 14% of offenders suffer from a major mental illness (Fazel & Danesh, 2002; see also Steadman, Osher, Robbins, Case, & Samuels, 2009). If so, then there are over one million individuals with mental illness in the USA in jail, in prison, on probation, or on parole.

Individuals with mental illness are not only disproportionately represented in the criminal justice system; they also are disproportionately likely to fail under correctional supervision. The vast majority of individuals in the correctional system—70%—are supervised in the community on probation or parole (Glaze & Bonczar, 2007). Compared to their relatively healthy counterparts, probationers and parolees with mental illness are significantly more likely to have their community term suspended or revoked (Messina, Burdon, Hagopian, & Prendergast, 2004; Porporino & Motiuk, 1995; Skeem, Nicholson, & Kregg, 2008). Based on a sample of 44,987 offenders, Eno Loudon and Skeem (*in press*) found that parolees with mental illness (52–62%) were about two times more likely than parolees without illness to return to prison within 1 year of release (30%).

J. L. Skeem (✉) · S. Manchak · J. K. Peterson
Psychology and Social Behavior, University of California,
Irvine, 3311 Social Ecology II, Irvine, CA 92697-7085, USA
e-mail: skeem@uci.edu