


6-2017

THE IMPACT OF INCARCERATION AND SOCIETAL REINTEGRATION ON MENTAL HEALTH

Veronica Wicks
005384050@coyote.csusb.edu

Follow this and additional works at: <http://scholarworks.lib.csusb.edu/etd>

 Part of the [Criminal Law Commons](#), [Criminal Procedure Commons](#), [Law and Psychology Commons](#), [Law Enforcement and Corrections Commons](#), [Social Psychology Commons](#), [Social Welfare Law Commons](#), and the [Social Work Commons](#)

Recommended Citation

Wicks, Veronica, "THE IMPACT OF INCARCERATION AND SOCIETAL REINTEGRATION ON MENTAL HEALTH" (2017). *Electronic Theses, Projects, and Dissertations*. 508.
<http://scholarworks.lib.csusb.edu/etd/508>

This Project is brought to you for free and open access by the Office of Graduate Studies at CSUSB ScholarWorks. It has been accepted for inclusion in Electronic Theses, Projects, and Dissertations by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.

THE IMPACT OF INCARCERATION AND SOCIETAL
REINTEGRATION ON MENTAL HEALTH

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Veronica Wicks
June 2017

THE IMPACT OF INCARCERATION AND SOCIETAL
REINTEGRATION ON MENTAL HEALTH

A Project
Presented to the
Faculty of
California State University,
San Bernardino

by
Veronica Wicks

June 2017

Approved by:

Dr. Armando Barragan, Faculty Supervisor, Social Work

Dr. Janet Chang, M.S.W. Research Coordinator

© 2017 Veronica Wicks

ABSTRACT

The purpose of this study was to examine ex-offender's beliefs on the impact of incarceration and societal reintegration on mental health. The study is a qualitative design using interviews that were audio recorded and transcribed for analysis. The study sought to address the relationship between perceptions of mental health and experiences of incarceration and reintegration among formerly incarcerated individuals. The following themes emerged from participant responses: incarceration challenges, mental health stigma, and rehabilitation service accessibility. The findings of this study may contribute to social work practice by providing awareness to the factors impacting ex-offenders' mental health and interventions needed. The significant importance the findings provide may influence social work advocacy for the services supporting rehabilitative reintegration and may reduce the rate of rearrested offenders, providing overall better mental health resources and services to this population.

TABLE OF CONTENTS

ABSTRACT	iii
LIST OF TABLES	vi
CHAPTER ONE: INTRODUCTION	1
Problem Statement	1
Purpose of the Study	4
Significance of the Project for Social Work Practice	6
CHAPTER TWO: LITERATURE REVIEW	8
Introduction	8
Mental Health Needs and Implications.....	8
Gaps in Literature, Methodological Limitations, and Conflicting Findings	11
Theories Guiding Conceptualization	13
Summary	15
CHAPTER THREE: METHODS	16
Introduction	16
Study Design	16
Sampling.....	18
Data Collection and Instruments.....	18
Procedures	20
Protection of Human Subjects	21
Data Analysis.....	21
Summary	22

CHAPTER FOUR: RESULTS.....	24
Introduction.....	24
Demographics Findings.....	24
Qualitative Themes.....	26
Incarceration Challenges.....	26
Mental Health Stigma.....	29
Rehabilitation Service Accessibility.....	31
CHAPTER FIVE: DISCUSSION.....	33
Introduction.....	33
Discussion.....	33
Limitations.....	36
Recommendations for Social Work	
Practice, Policy and Research.....	36
Conclusion.....	38
APPENDIX A: FOCUS GROUP INTERVIEW GUIDE.....	40
APPENDIX B: INFORMED CONSENT.....	42
REFERENCES.....	44

LIST OF TABLES

Table 1. Participant Demographics.....	25
--	----

CHAPTER ONE

INTRODUCTION

Problem Statement

In effort to reduce crime, there has been a significant increase among incarcerated individuals in the United States. The highest documented incarceration population consists of just over 2.1 million offenders. In proportion to that, about 666 individuals per 100,000 of the national population are prison inmates (International Centre for Prison Studies, 2015). The increased prison population brings concern that prison may not always be an appropriate climate for individuals. Forms of punishment, control and security may have a detrimental impact on inmates with a pre-existing mental illness, as well as those considered mentally well (Goomany & Dickinson, 2015). Inevitably, as the prison population increases so does the number of inmates suffering from mental illness. Among the incarcerated population, mental illness constitutes as one of the leading causes of morbidity with high rates of suicide particularly in the first week of imprisonment (Marzano, Hawton, Rivlin, Fazel, 2011). The negative impact of the prison environment leads to mental health deterioration, increased risk of self-harm and exacerbation of vulnerability for those with a pre-existing mental illness (Goomany & Dickinson, 2015).

It is important to consider the co-existence of mental health and the criminal justice system to better understand its impact on reintegration and

recidivism. The increase in prison population not only impacts the mental health of those incarcerated, but also the individuals who are reentering society after serving their sentence. Yearly, around 700,000 men and women released from incarceration will return to their communities throughout the United States (Visher & Bakken, 2014). Many individuals released from incarceration will attempt to reenter into society with unsuccessful outcomes or resources. The current post-prison reentry and adjustment phase for ex-offenders fails to keep them from getting rearrested and directly affects rates of recidivism (Visher & Travis, 2003).

Recidivism can be explained as a person's relapse back into criminal behavior after the person has undergone an arrest or previous conviction (Rosenthal & Wolfe, 2004). Said differently, recidivism can be explained by ex-offenders charged with new sentences after previous incarcerations. Studies suggest that 67.8% of incarcerated individuals among 30 states were arrested within 3 years after being released from their sentence (Durose, Cooper & Snyder, 2014). Many of these reoffenders violated parole which led to imprisonment, and many of which were not followed with resources throughout the reintegration process (Durose et al., 2014). In efforts to increase the chance of successful reintegration for ex-offenders, rehabilitative interventions must be considered. The chances of a safe return to the community inquire that the reentry process has access to resources aimed at helping ex-offenders deal with the impacts of incarceration, including those in relation to mental health (Rosenthal & Wolfe, 2004).

Policy implications referring to incarceration and reintegration of ex-offenders' lead to possible improvements as well as constraints and challenges. Access to mental health resources for inmates and for ex-offenders returning to the community does not seem to be the general focus of policy on incarceration. More so, policies focus primarily on the conviction of crime and the fundamental policy of punishment. "Tough-on-crime" policies during the 1970s United States criminal justice system, greatly impacted a decreased role of rehabilitation programs, psychological treatments and social service resources among policy decision makers (Orrick & Vieraitis, 2015). Implication of policy such as the three strikes law, has increased conviction rates leading to the increase of incarceration.

Since policy mainly reflects conviction of crime leading to an increased population of inmates, states are now resulting to the construction of more prisons and allotment of financial resources to imprisonment instead of rehabilitation or supportive services for offender's mental health (Orrick & Vieraitis, 2015). On a micro level, social workers' role in providing adequate interventions for those reintegrating into society is limited or currently unclear. The development of research on the relationship between mental health, incarceration, and reintegration is important for social work practice because it can impact community resources provided for these individuals and directly effects rates of recidivism.

Purpose of the Study

The purpose of this study is to examine ex-offender's beliefs on the impact of incarceration and societal reintegration on mental health. Acquired from the knowledge and information provided on the current policies and services for incarcerated individuals, it is hypothesized that perceived incarceration experiences by ex-offenders will have a negative impact on overall mental health. Also, ex-offender societal reintegration experiences may have a significant negative impact on mental health as well. The research data collected will provide and identify the need for advocacy and policy change in efforts to reduce the problematic effects of incarceration and reintegration.

Problems of significant importance to the social work field and mental health research include the high costly rates of incarceration, as well as the likelihood of re-offense related to unsuccessful reintegration into the community. Current policies that do not address ex-offender's reintegration process into society may contribute to high recidivism rates. Recidivism is problematic in causing the continual process of overpopulated prisons and high funding needed for this population. Costly rates of incarceration may be influenced and in need of policy change to allocate for mental health funds and resources instead. The study recognizes the need for more focus on mental health and social work services for the criminal justice system and policies, as well as for the incarcerated population and individuals previously incarcerated.

The overall research method used in this research study is a qualitative design. This research method was selected to assist in more exploratory research and analysis, hoping to gain more information and reduce researchers' bias. Due to time restrictions and feasibility, the research method will collect data from a small sample of individuals. This study aims to conduct interviews with ex-offenders to gather information on their experience of incarceration and reintegration into society and the impact that has on mental health. The interview guide will ask questions regarding general demographic information about the research participants, but will also have more open ended questions to obtain qualitative data to reflect individual experiences.

Some general questions that will be asked are in regards to the participants beliefs and experiences with incarceration, reintegration, mental health perceptions, and social support services. Participants will be asked what their experience was like in prison and if they faced any challenges that created an impact in their mental health or psychological well-being. Additional questions related to their inmate experiences, length of time incarcerated, and mental health history will be assessed. The research participants will be asked about their mental health status before, during, and after incarceration to gather further research understanding.

Significance of the Project for Social Work Practice

Due to the heavy influence on policy criminal conviction, social services and social work practice is highly impacted in efforts to increase successful outcomes for ex-offender reintegration processes into society. A major impact that is affected by conviction policy is the lack of rehabilitative funding and mental health resources available. The need to conduct this study emerges from the lack of resources and co-existence between mental health and the current prison population. As previously mentioned, the “Tough-on-crime” laws influenced mass incarceration and more funding to construct services for conviction, but not enough policy is aimed at resources to rehabilitate mental health for ex-offenders who may have experienced severe trauma or mental health issues while imprisoned (Orrick & Vieraitis, 2015). Strong links between inmate adult mental health problems and childhood abuse or trauma indicate the need for social services upon incarceration and reintegration (Visher & Bakken, 2014). More research aims to indicate the impact of incarceration and reintegration without rehabilitative services on mental health and the need for social work intervention and resources.

The findings of this study may contribute to social work practice by providing awareness to the factors impacting ex-offenders’ mental health and interventions needed. The significant importance that the findings provide may influence social work policy advocacy for the services supporting rehabilitative

reintegration and may reduce the rate of rearrested offenders. Although administrators are typically involved in decision making and policy implementation, this study can provide further information from the population most affected by these policies. To gain a more accurate depiction of successful services, perceptions and beliefs of ex-offender's prison experience and reintegration is important to providing changes that can possibly reduce recidivism. Insights from this study may address the effectiveness of current policies and services to assist in the development of more effective social work interventions. The data collected can also provide information on the impact that policies and services have on mental health among ex-offenders as well as those currently incarcerated. Perceived changes in mental health from the data are considered relevant to the study and can be used to identify if mental health is impacted by incarceration and reintegration. Social work practice can utilize the findings of this study to create and advocate for more effective policies and services. The phase of the generalist intervention process informed in this study is the assessment phase. The study aims to assess the current impact of incarceration on mental health to benefit further implementation of resources and policies.

The current study will address the question: Does incarceration and societal reintegration impact ex-offender perceptions of mental health?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter examines relevant research findings about the impact on mental health among prison inmates and ex-offenders reintegrating into society.

Subsections of the chapter will include viewpoints and challenges for mental health needs of ex-offenders and implications of research, gaps in literature, methodological limitations, and conflicting findings. Lastly the literature will discuss theories guiding conceptualization such as conflict theory that influence the study.

Mental Health Needs and Implications

One of the types of social services that studies show a need for is mental health services for inmates and ex-offenders. The prevalence of mental illness in prison and upon societal reentry may vary across each prisoner and ex-offender, but more often, high levels of mental health symptoms are seen throughout the duration of an inmate's sentence (Goncalves, Endrass, Rossegger, & Dirkwager, 2016). Research indicated an estimated 56.2% of inmates met criteria for mental health concerns at the time of the study and many of which had co-occurring substance use prior to their sentence, exacerbating their mental illness symptoms (Fisher, Hartwell, Deng, Pinals, Fulwiler, & Roy-Bujnowski, 2014). The criminal justice system and social work practice can address the increased

need for social support services and mental health support for inmates. Social workers can explore and identify better ways to serve the overall functioning of individuals and communities during the ex-offender reentry process by gaining insights on inmate personal experiences.

It is important to recognize the many challenges that inmates go through while serving their sentence and how those challenges from their experience can possibly deteriorate their mental health. Existing literature shows a relationship between imprisonment experience and psychological trauma, depression, anxiety, suicidal risk behaviors, and other mental illnesses that may have previously existed and have exacerbated (Petersilia, 2001). The effects of mass incarceration brought the issue of overcrowded prisons which may lead to psychological problems for prisoners who may end up spending many hours in solitary confinement or segregated housing which could lead to depression, heightened anxiety and other mental illnesses (Petersilia, 2001). In recognition of these mental health problems an inmate may experience during prison, it is important to consider the variances of mental health illnesses prior to an inmate's prison sentence as well as after the sentence is served when they are ready to integrate back into the community.

Many prisoners have higher medical and mental health problems than the general population because their lifestyles often include the engagement with drug or substance use, poverty, crowded or unhealthy living conditions, and

limited access to health care (Petersilia, 2001). Prior to incarceration, many individuals propose these mental health concerns in relation to their lifestyles which seems to be revealed more in depth upon incarceration. Once imprisoned, mental illness can be evaluated and exacerbated in more depth. Previous literature shows average rates of 14.5% for male inmates and 31% for female inmates experience serious depression and psychotic disorders while imprisoned (Felthous, 2009).

There is growing research on mental health status of inmates in prison but limited studies examine ex-offenders and the challenges they may face with mental health after their sentence, furthering the purpose of this study (Mallik-Kane & Visher, 2008). Studies focusing on reentry find that after offenders leave criminal confinement, increased rates of suicide and substance use follow (Felthous, 2009). Mental health deterioration for ex-offenders is likely to increase upon reentry to society based on the many challenges they face with finding housing, employment, and family support (Mallik-Kane & Visher, 2008). Factors working against ex-offenders with mental health issues include the double stigma they face struggling with mental illness and their criminal history (Fisher et al., 2014). Many ex-offenders facing these challenges with reintegration are not receiving any rehabilitative services.

Gaps in Literature, Methodological Limitations, and Conflicting Findings

In contrast to literature on successful reentry, many studies reflect the relationship between mental health and recidivism (Goomany & Dickinson, 2015). Gaps in literature do not reveal much of the actual effects that incarceration has on post prison offenders once they are actually integrated back into society. Studies posit the question of what resources actually are available to post-prison offenders. A clear focus on rehabilitative services seems minimal and an area in need of study.

Petersilia (2001) studied the effects of high incarceration and the relationship to parole in the United States, recognizing that the system began to “manage more people but manage them less well”. The study suggested that individuals on parole receive less services even though they are integrated back into society (Petersilia, 2001). Research does not answer how social support services can evolve for these individuals because there is not enough thorough evidence on effectiveness of these services, and they are not being offered to all inmates with mental health issues. Conflicting research emphasized the use of previous services through parole such as education and vocational programs, substance abuse and other counseling services, therapeutic communities and other residential programs, and prison industry work programs that were important aspects of ex-offender reentry (Seiter & Kadela, 2003). This research emphasized that programs are previously existing and supported financially but

the use of them has had a decline. The literature presents a need for more exploration of services, funding and fiscal responsibilities of local and state authorities specifically in the field of mental health.

The financial needs of incarceration, rehabilitation, and supportive services create a considerable amount of concern for communities once ex-offenders begin the reentry process. The promotion of cost-effective services for mental health can be considered in literature. Although some studies do show responsiveness to improving help for people with mental illness, improving neighborhood conditions where ex-offenders reintegrate to, and evidenced-based practices that can have successful outcomes for prisoners returning to the community; there is still a gap in literature referencing the costs of incarceration and mental health (Seiter & Kadela, 2003). Since so many offenders remain under the supervision of prisons in the county or their communities upon reintegration, data and research to understand the fiscal impact would be beneficial in order for social work practice to develop supportive services.

Some methodological limitations to research are the gaps between the years of study. Much of the literature in relations to incarceration, post-prison reentry, and mental health are carried over from years of different research analyses. It is important to consider the limitations of some of the research proposed because the information may be outdated from how the criminal justice system and mental health concern is approached currently. The system of

incarceration has changed consistently over the years, growing in numbers of inmates annually. Generalizability may also be difficult to study because individuals reintegrating into society that have been researched are all at different points of the reentry process. Literature is also limited in examining personal experiences of ex-offender's perceptions of their prison experience and its relation to mental health. Less research has assessed the need to study ex-offender's perceptions as the stronger determinant in policy decision making and effective services and interventions, but instead focuses on professionals and policy decision makers. The benefits of this study will gain the perceptions of the ex-offenders themselves which will further minimize this gap in literature.

Theories Guiding Conceptualization

To better understand the challenges ex-offenders face in societal reentry, communities, policy decision makers, social workers, and the criminal justice system should look at the services available and the scope of guided theories and resources. Currently the criminal justice system is more focused on punitive perspectives when dealing with inmates. Studies show theories in relation to deterrence and reducing recidivism. The criminal justice system's relationship to mental health in terms of research seems rather limited. With that being said, many criminal justice organizations focus on conflict perspectives and theories that are guided by the idea of deterrence and removing the offender from the community without regards to the integration process once they serve their

sentence (Christian, 2015). Conflict theory expresses that social norms are comprised of by powerful individuals who seek to only benefit themselves (Christian, 2015). The criminal justice system's current development and understanding of mental health proposes a relationship to conflict perspectives. Administrators and policy decision makers make these programs without any consideration for actual offenders and their mental health state (Robinson & Shapland, 2008). The importance of the criminal justice system's stance on mental health and use of conflict theory emphasizes the need for social work practice implementation. Social work uses environmental factors when considering the needs of an individual, as well as a population. Unlike conflict theory, social workers assess more person-in-environment interventions to better serve the community of ex-offenders.

In utilizing conflict theory, the criminal justice system tends to focus more on deterrence and punishment which directly effects inmate mental health experiences and the cyclical process of inmate likelihood to re-offend. This theory framed through the criminal justice viewpoint, guided further conceptualization for social work theory and practice such as systems theory. Systems theory focuses on the interplay between an individual's smaller and larger systems. Systems theory focuses on a person in their environment and emphasizing the relationships among individuals, groups, organizations, or communities and influencing factors in the environment (Zastrow & Kirst-Ashman, 2013). The use of systems theory serves to examine the use of

community resources and an ex-offender's relationship to their relative systems. This theory recognizes community relationships with family, friends, and resources. If social work practice can understand the relationship of how resources for mental health will benefit an ex-offender, they can create supportive services and advocate for policies to make more available to individuals. Systems theory is comprehensive, considering the environmental influences that incarceration and the community play on ex-offender reentry. This understanding will benefit social workers to implement change in rehabilitative services instead of contributing to the cycle of harsh deterrence sentences that have not proven effective. The literature above has led to the need for social services in mental health to create a larger impact and successful outcome of reintegration for ex-offenders.

Summary

This study will examine perceptions of ex-offender experiences with incarceration and reintegration into society and the impact it has on mental health. The literature reviewed identifies the challenges and insights to the mental health services among ex-offenders. This study seeks to provide social work research and data to help advocacy, policy change, and program development for services that will assist ex-offenders and reduce their likelihood of reentry into the criminal justice system.

CHAPTER THREE

METHODS

Introduction

This study aimed to describe the impact of incarceration on the mental health of ex-offenders, and additionally sought to examine the ex-offender's perceived impact of post-prison reintegration on mental health. This chapter describes the details of how this study was carried out and specific information regarding the selection criteria for the sample. Study design, sampling, data collection and instruments, procedures, and data analysis will be discussed. Ethical considerations and efforts to protect the privacy of human subjects will also be implemented.

Study Design

The purpose of this study was to examine the perceived impact of incarceration and post-prison reintegration on the mental health of ex-offenders. Currently, there is a limited amount of research that studies this topic from the actual perspective of ex-offenders. Research on the relationship of mental health and incarceration has been viewed through the lens of the clinician or social worker, but not necessarily directly from the ex-offender's personal experience. This research was an exploratory study due to the study's viewpoint addressing the perspective of the ex-offender. Perceptions and responses of ex-offenders explored aspects of incarceration not explored in preliminary research. The study

was qualitatively designed to better gain responses to open-ended questions and the participant responses were collected from subjects through personal interviews.

Using personal interviews with an exploratory, qualitative approach allowed individuals to share their own personal experiences by answering in a way that did not make them feel limited or restricted to preconceived answers or examples. As previously stated, the viewpoint of actual ex-offenders in previous research has been limited. This study sought to provide possibilities for new perceptions, observations, insights, and barriers to facilitate the research analysis. Utilizing personal interviews allowed participants to engage and share personal themes of experience, and avoid researcher or clinician bias by providing responses directly to the interviewer. Subjective feedback and organic responses were the preferred instrument for the study to create an exploratory atmosphere.

Although personal interviews did provide the intended direct perceptions of ex-offenders, it did have limitations in regards to the invasiveness and more intrusive capacities that existed between the interviewer and participant. Since personal interviews are less anonymous than surveys and participants must share personal information in front of the interviewer, limitations in regards to protection of human subjects remain an area of concern. Furthermore, due to the limited access of qualitative data, no causal relationship or theme was interpreted from the results. Findings of the study did not suggest any cause and effect

between mental health and incarceration, but information was gained to further understand the relationship between mental health and ex-offender experiences.

This study aimed to use the aforementioned methods to answer two main questions: 1) What are the perceived impacts of incarceration on mental health? 2) What are the perceived impacts of societal reintegration on mental health?

Sampling

This study used non-random sampling of ex-offenders in the Inland Empire area. The ex-offender participants were affiliated with the California State San Bernardino University's Correctional Education Department in the Project Rebound Program as well as personal networks. A total of 6 participants were interviewed. The sample consisted of five males and one female. The sample did present some limitations in regards to representing the generalized sample of ex-offenders, specifically in regards to ethnicity, education level, socio-economic status and gender. This sample of participants were given the opportunity to share personal experiences, which was an important aspect of the research and findings since previous research on the relationship between mental health and incarceration have not examined the perceptions of ex-offenders.

Data Collection and Instruments

During the personal interviews, qualitative data was collected using a live, audio-recorder. The personal interview recordings began with an introduction and

description of the study and its purpose, followed by open-ended questions. Prior to the start of each personal interview, demographic information was collected in regards to age, gender, ethnicity, education level, housing, how many times offended, and number of years spent incarcerated. Rather than using existing instruments, the interviewer used procedures and questions developed purposively for this study. The instruments were developed from previous literature study designs, and were created with validity and sensitivity to existing designs. The interview guide was reviewed by colleagues of the researcher, including clinical social workers (see Appendix A focus group interview guide).

The interview guide focused on mental health relationships to incarceration, experiences as an inmate, stressors or factors related to mental health needs, as well as experiences of post-prison reintegration for ex-offenders. The tool was a guideline developed with the purpose of eliciting subjective responses and experiences from the ex-offenders as a strength. The personal interviews also utilized further probing questions as necessary to further responses depending on initial participant feedback. Additional strengths of the instrument design, included the procedures and structures that were able to make all participants feel as though their voices were heard. The instrument aimed to reduce skewed perceptions of interviewer bias. Limitations to the newly developed creation of the instrument were considerable but assessed and reviewed by colleagues to strengthen and pretest for reliability.

Procedures

To gather data, advertisement describing the goals and purpose of the study was created to show the need for participants who met the research criteria. Snowball sampling was also used as an approach to recruit additional participants. Assistance from California State San Bernardino University's Correctional Education Department initiated the need for participants through department contact to the Project Rebound Program. Through personal knowledge of previously incarcerated individuals in the Project Rebound Program, the study sought to utilize individuals as potential participants that met the research criteria. Additionally, snowball sampling was used to gain a larger sample size. Information regarding the study, listed all appropriate information about the research study prior to participant's consent to be interviewed.

After the participant sample was collected, a location to conduct the personal interviews was used on campus at California State University, San Bernardino. The location for the interview was in a private, confidential space to protect participant responses. The interviews lasted approximately one hour, depending on participant responses and method of communication as either face-to-face interview or phone. Each participant filled out consent and demographics prior to the audio recorded interview. Audio recordings were utilized for the personal interviews upon participant consent. Once the interview was finished, the participant was thanked for their participation and the interview concluded.

Protection of Human Subjects

Informed consent was provided to explain the purpose of the study to participants prior to participation in the study and to explain confidentiality. Participant's identity was kept private. All information obtained was locked and kept confidential. Location of the personal interviews were purposive to protect participant discussion and responses. All the appropriate information regarding confidentiality and anonymity of sharing personal information was explained to participants. No names were used, but instead numbers for each participant. They also received consent and information regarding audio recording. Audio recordings were also protected and locked on a flash drive. A system of participant numbers was coded to match transcription data. Other forms of contracts were locked and protected.

Data Analysis

Due to the nature of qualitative data, analysis of the findings was transcribed from audio recordings to written form. All personal interview responses were transcribed and documented. Once the data was collected, further analysis of categorical findings was done to organize information in common themes or domains. Transcriptions support major themes in responses to further data analysis. The information collected provided further knowledge on perceived mental health status prior to incarceration, during incarceration, and during post-prison reintegration.

Constructs that emerged were related to the institutional barriers or environmental culture of individual experiences. Prison or jail environments elicited different responses in regards to mental health perceptions, services, and challenges experienced. Additional constructs regarding institutional barriers included the location and resources provided for the individual during their time incarcerated, as well as during their reintegration process. Other constructs included general demographic observations such as age, gender, and ethnicity. Furthermore, the analysis engaged in the difference among participant responses to mental health perceptions as a construct to findings.

Among the variables examined, the study addressed the correlational relationship between perceptions of mental health and experiences of incarceration and reintegration. Frequency distributions were used to analyze general demographics. Coding of themes was used to understand the significance between the variables of incarceration and reintegration experiences and perceptions of mental health.

Summary

This study examined incarceration experience, as well as societal reintegration, having an impact on the perceived mental health of ex-offenders. The personal interviews brought an individualized perspective and viewpoint of ex-offenders and was the preferred technique used to highlight future

advancements and resources in this area of mental health for individuals from the incarcerated population.

CHAPTER FOUR

RESULTS

Introduction

This chapter presents the findings of this study exploring the perceptions of mental health experiences during incarceration and reintegration among formerly incarcerated individuals. The following themes emerged from participant responses: incarceration challenges, mental health stigma, and rehabilitation and service accessibility. Incarceration challenges theme presented sub-themes including: normalization, racial tension, and violence. The theme of mental health stigma presented no sub-themes. Rehabilitation service accessibility presented no sub-themes as well.

Demographic Findings

Table 1 presents demographic characteristics of the study sample comprised of six total participants, with the majority being male (83.3%). The average age of the participants was 40 years old, with a full-time employment status of 100%. The largest ethnic group was Hispanic (66.7%), followed by Caucasian (16.7%), and Native American (16.7%). In regards to housing, 83.3% of the sample were renting, while 16.7% owned property. A third of the sample size reported completing high school/GED (33.3%), some college (33.3%), and college (33.3%) respectively. Two thirds of the sample were incarcerated six or

more times (66.7%) with the remaining third being incarcerated five or less times (33.3%). Zero participants were incarcerated in prison alone, with four of the six participants being incarcerated in both county jail and prison (66.7%) and two participants being incarcerated in county jail alone (33.3%). Half of the participants were incarcerated for over five years; a third spent over a year imprisoned (33.3%), and 16.7% were detained for one year or less.

Table 1. *Participant Demographics*

Variable (N = 7)	Frequency (n)	Percentage (%)
Gender		
Male	5	83.3
Female	1	16.7
Age	(M) = 40 (SD) = 9.4	
Ethnicity		
Hispanic	4	66.7
Caucasian	1	16.7
Native American	1	16.7
Employment Status		
Full Time	6	100.0
Housing/Living Situation		
Renting	5	83.3
Own	1	16.7
Education		
HS. Graduate/GED	2	33.3
Some College	2	33.3
College	2	33.3
Number of Times Incarcerated		
5 or less	2	33.3
6 or more	4	66.7

Type of Incarceration		
County Jail	2	33.3
Both Prison/Jail	4	66.7
Length of Term		
A year or less	1	16.7
Over a year	2	33.3
Over five years	3	50.0

Qualitative Themes

Incarceration Challenges

Normalization. A common theme among participants was identifying their incarceration experience as normal or as a way of life. Normalization was described as a challenge for participants and a negative aspect in their incarceration experience. Participants reported that incarceration experiences became something they felt was a part of who they were and it influenced them to stay in the system. One participant reported:

There was nothing really challenging, for me dysfunction became normalized. Half the time prison was a welcomed release from the madness and chaos of addiction. I looked forward to go to prison and there were times I would cause trouble to stay in prison because I didn't want to leave.

Participants frequently reported that they accepted being involved in the criminal justice system because it was something they associated with their lifestyle choices.

As a way of life, I'll just say that it was something that I accepted as the way that I lived. I just accepted it because I chose to be involved with gangs so I figured it was just a part of life.

Another participant additionally stated:

I knew that for me, I was dysfunctional but I always felt like I belonged in that environment. Actually it was weird, I started believing I belonged there. It kind of scared me this last time when I was in prison.

Racial tension. Another sub-theme of incarceration challenges included racial tension. Participants frequently identified race as problematic and challenging during their incarceration experiences. Many times, incarceration experiences included racial tension and fighting as well as segregation immediately upon intake. Participants reported racial adaptation as a negative aspect and challenge during incarceration.

So, if you're white and you go into prison, you're going to identify with a certain culture. If you're a white kid who grows up in his gang neighborhood he's probably going to become a South Sider. But if you're white you're going to become involved with the white people, the white ideology and all that kind of stuff. It's just how it is. You're going to adapt and in prison it's crazy so you have to have people to align with in case you ever have a problem.

Another individual reported on racial segregation:

You know uh...it's the way you live, from just bunking up with individuals and people from different races. You know, being um...pretty much divided. Lots of racial tension that goes on in there.

Participants also included racial tension from incarceration affecting their reintegration experience. They reported the need to adjust their way of thinking and the racial ideologies they had learned in prison during reintegration. One individual stated:

There's racial tension when you're in there, and then when you get out you're dealing with looking for work or for anything else, you start to deal with many other individuals. You know... and it's like at times you think "How am I dealing with them inside there and then I come out here... and how am I going to deal with them now out here?" Just the different races. So, in the beginning it becomes a little like if you weren't prejudice then you become, or you have to hang out with, certain racial individuals or you know your certain race. It was kind of hard dealing with when you get out; just being able to deal with other races.

Violence. Participants also disclosed that violence during incarceration was a challenge that may have impacted mental health perceptions. Violence was a common theme among all participants. One participant explained violence as:

Juvenile hall is all just like punches and all this but once I was in the county jail I knew that I was around people that were going to be in there

for a long time. Also, that some of them are killers and they have tattoos and muscles. Then I started realizing it's not all fun and games over here now. People are getting stabbed.

Participants also expressed that violence was something that became part of the prison culture and was hard to disassociate from once they were out of prison.

Like when I first got out, when I paroled, I beat up my sister's boyfriend because he was hitting her. There's other things I could've done but my mentality was like in prison. So even though I didn't want to do it, I did it because that's how it's done in prison.

Mental Health Stigma

The theme of Mental Health Stigma was the most common theme apparent among participant responses. The study findings suggested that mental health was viewed as a negative aspect during incarceration. Participants expressed similar perceptions of mental health including medication, classification, and the desire to not be stigmatized in the prison culture with a mental health label. It was common for participants to report feeling they could not take medication or seek mental health assistance because they did not want to be labeled or physically assaulted. In regards to medication, one participant suggested:

I mean my way of thinking was not normal in prison, I never...you know here's the thing about mental health in prison you're not allowed to take mental health medication.

Additionally, another participant stated:

You know when you start taking medication or things like that you start to go into like a different bracket. I never uh, wanted to need medication or wanted or needed mental help or anything.

Participants also suggested that the culture of racial tension and racial identities created a mental health stigma.

So, white people who are involved and Mexicans or Spanish southern California that are involved in that lifestyle is frowned upon in taking mental health medication, to the extent you can get beat up for it and stabbed.

Additionally, the feeling of being "classified" was common among participants when discussing mental health perceptions and stigma during incarceration. One participant reported:

There's a thing when you first go to prison they talk to you about mental health and they ask you to see a psychiatrist. They ask you a lot of questions, it's from there they refer you to go to general population or to take certain medications. And I've never been labeled with mental health so maybe while in my C file, my classification file, it was never in there that I had mental health issues, so it was never referred to me.

Rehabilitation Service Accessibility

Participants expressed mental health services were not clearly presented, while some reported no services offered at all. To some participants, reintegration presented more services but often participants expressed the need to find services on their own. In fear that it would negatively impact their incarceration experience, it was common that individuals did not seek mental health services. If mental health services were sought, participants expressed that they were hard to find or not presented often. One participant explained:

It's not like somebody goes around saying "hey there are services".

There's AA meetings so maybe that encouraged me to go. I think there were things there but as for counseling I don't even know if they even offer that. To talk about depression and stuff...I mean I'm pretty sure there's a lot of people that are depressed but they don't want to talk to anybody about it.

Another individual stated:

No one ever told me. I'm guessing they do but nobody ever told me. From my perspective, no. I know that they call it classification and they tell you your charge. Then you get classified and based on your history this is where you belong. No one really asks if you want to talk to someone about your problems. I mean that would be interesting.

Participants reported long wait times if services were to be sought out. Many mental health services were reported to take too long to access so participants felt like there were too many barriers to receiving them. One participant stated:

You know what they take a little while. You have to go, you have to put in. Like for instance if I needed them I would have to go through a situation where I'm going through certain things and I have to go through certain steps or for medication or certain avenues that I would have to do to get the help that I would need. So, it's not just right off the bat.

Additionally, participants expressed that resources are readily available but not always accessible unless the individual went out to seek them for him or herself. Participants expressed during reintegration the desire to seek services on their own due to the lack of accessibility.

I would say really talk to the parole officer or the probation office, like if it's jail or prison, and really ask them for the resources. They do have pact meetings where they talk to all the parolees who are just released to pay attention to the people who are speaking. Not be too involved with who's in the crowd with you but for the people that are there to help, because there are a multitude of agencies out there willing to help, but you have to speak up and be willing and honest about the help that you need. It's ok to ask for help.

CHAPTER FIVE

DISCUSSION

Introduction

This study examined formerly incarcerated individuals' perceptions on the impact of incarceration and reintegration on mental health. This chapter reviews significant results and whether the results supported a correlational relationship between perceptions of mental health and experiences of incarceration and reintegration among participants. Limitations to the study are described, as well as unanticipated results and explanations. Implications for the field of social work practice, policy and recommendations for future research are provided.

Discussion

The findings of this study focused on incarceration and reintegration experiences impact on formerly incarcerated individuals perceived mental health. In conducting the research, the main themes that occurred included: incarceration challenges, mental health stigma and rehabilitative service accessibility. The results of the study showed a small sample's perspective on the relationship between incarceration and reintegration experiences on mental health and rehabilitative services. Participant responses to interviews revealed that mental health is impacted during the process or timeline of previous incarceration experiences, imprisonment experience, and reintegration due to emerging themes found in the study. Existing literature was supported in showing

a relationship between imprisonment experience and psychological trauma, depression, anxiety, suicidal risk behaviors, and other mental illnesses that may have previously existed and continued to manifest during their incarceration experience (Petersilia, 2001).

Participant findings suggested challenges during incarceration impacted their perception of mental health including: normalizing prison culture, racial tensions and violence. Some participants in the study found that challenges during incarceration did have an impact on perceived mental health. Other participants inferred no relational difference between mental health prior to incarceration and during incarceration challenging experiences. Some participants indicated their mental health prior to their sentence was already unstable and during incarceration they experienced no significant change. Reintegration experiences were found to positively impact participant's perceptions of mental health as the findings suggested more accessibility to resources.

Unanticipated results of the study included formerly incarcerated perceptions of mental health as a stigma. The current study found mental health as a stigma to be a main theme of participant respondents which was unexpected and had minimal support in the literature review studies cited. Formerly incarcerated individuals perceived mental health as a stigma in regards to viewing it from a medication standpoint, classification in the prison system, and a label that could be associated with assaults from other inmates. Due to the

labeling effect of being classified with mental health needs, many participants reported they did not receive services or seek out mental health resources. Some previous literature expressing the double stigma with mental illness and criminal history expresses the challenge many formerly incarcerated individuals fear upon reintegration (Fisher et al., 2014). A possible explanation for this finding could be due to the structure of the interview questions that are open ended in assessing participants understanding and definition of mental health.

Research findings also suggested that, particularly during incarceration, rehabilitative services were not easily accessible. Rehabilitative service accessibility as a theme indicated services for mental health were not mentioned or presented to participants during their incarceration experience. Contrarily, reintegration experiences presented different findings showing more utilization of rehabilitative services and accessibility. Previous literature supporting the use of services through parole such as education and vocational programs, substance abuse and other counseling services, therapeutic communities and other residential programs were shown to be important aspects of ex-offender reentry (Seiter & Kadela, 2003). Although some participants found rehabilitative services to be more accessible during reintegration from parole, some individuals found resources were available but not always presented. Participants expressed the attainment of mental health resources being something they had to find on their own.

Limitations

Some limitations to the study include limited participant sample size. The personal interviews only showed a small sample in one geographical area. Although a small sample size, the findings of the study began to show saturation and repetitive responses so no further participants were inquired. The individual participants also lacked ethnic and gender diversity. Of the six participants, only one participant was a female. The ethnicity of the six participants did not represent the diverse population of the Inland Empire. Limited feedback from gender and ethnicity representations should be considered.

Another limitation to the study included the fact that interview methods were not tested for validity and reliability before implementation. Possible limitations in the interview guide design may have resulted in participant responses. Due to varying degrees of obtaining interviews and schedule conflicts, some participants received face-to-face interviews while others participated through phone interviews. Time constraints should be considered as a limitation between phone interviews and face-to-face interviews. It is not clear if all participants had the same understanding of the questions due to the mixed method of interview style and the type of interview method used.

Recommendations for Social Work Practice, Policy and Research

The study sought to describe the impact of incarceration on the mental health of ex-offenders, and additionally sought to examine the ex-offenders'

perceived impact of post-prison reintegration on mental health. The findings of the study suggest a higher need for rehabilitative services, particularly among individuals in the criminal justice system. Findings also include the limited desire to receive services while incarcerated due to mental health stigma in prison culture. Insights are provided from these findings for social workers in the mental health field that can provide services to incarcerated individuals and ex-offenders during reintegration. Social workers can provide a connection with offenders to reduce the labeling effect that mental health has in the prison system. Furthermore, social worker's assistance can lead to participants accessing services not in fear of retribution or punishment in the prison system but based on needs and recovery.

Macro social work can lead to effective policy changes and program development to implement rehabilitative services instead of punitive practices. The findings of this study indicated formerly incarcerated individuals feeling the need to advocate for themselves and find resources that they feel are out there but were not presented to them during reintegration. If effective collaboration between mental health services and the criminal justice system were in place, then individuals would use services more widely. In effect, this would help ex-offenders have a clear direction once they are released from their sentence. Social workers can connect the systems to help offenders stay in programs prior to their release from prison and provide continuity of treatment upon reintegration.

Recommendations for future research include gathering a larger sample size with a wider variance of gender and ethnicity. Research including a more general representation of the incarcerated population would help assist with rehabilitation services and program development. Future studies could explore mental health perspectives from individuals still in prison and from those receiving rehabilitative services during incarceration. As a major theme found in this study, mental health stigma can be a focus of prison studies to provide understandings for service barriers and accessing rehabilitative services. As research develops to represent an inclusive sample of this population, further findings can help enhance services and promote motivational efforts to utilize mental health rehabilitative services.

Conclusion

The purpose of this study was to examine the perceived impact of incarceration and post-prison reintegration on the mental health of ex-offenders. The study suggested incarceration challenges, mental health stigma in prison culture, and rehabilitative service accessibility all impacted perceptions of mental health during incarceration and reintegration. The experience of incarceration was shown to present many challenges that did impact formerly incarcerated individual's perception of their mental health. Regardless of the impact on mental health, findings also suggest services were not acquired out of fear of retribution and punishment. The findings also presented a need for motivating factors to

reduce mental health labeling and stigma in the prison environment. Insight into these challenges and perceptions of mental health as a stigma can provide future social work involvement in services provided. The results of this study may influence the social work profession to provide and enhance mental health services, evaluate motivation for rehabilitation, and support and advocate for services that will improve reintegration experiences and mental health and wellbeing. The findings of this study may contribute to social work practice by providing awareness to the factors impacting ex-offenders' mental health and interventions needed. These significant findings may influence social work advocacy for services supporting rehabilitative reintegration, and may possibly help to reduce the rate of recidivism by providing better overall mental health services and resources to this population.

APPENDIX A
FOCUS GROUP INTERVIEW GUIDE

Focus Group Interview Guide

General Demographics:

- Gender
- Age
- Ethnicity
- Employment status
- Housing/Living Situation
- Education
- How many times have you been incarcerated?
- Please specify jail or prison, as well as length of stay (in months) during each term incarcerated.

Questions:

1. In your view, what was your experience of incarceration like in either jail or prison?
2. What are the most pressing issues and challenges during incarceration that you experienced?
3. Were any supportive services offered during your time in jail or prison?
4. What is your understanding of mental health?
5. Prior to incarceration, how would you describe your mental health?
6. During incarceration, did your mental health change? If so, describe how it changed.
7. During incarceration, what mental health services were provided?
8. What types of challenges in accessing mental health services did you experience?
9. What is your understanding of reintegration into society?
10. What was your experience of reintegration into the community like?
11. What types of challenges during reintegration did you experience?
12. During reintegration and returning to the community, how did your mental health change from when incarcerated?
13. What type of mental health services were referred to you during reintegration?
14. What types of challenges in accessing mental health services did you experience during reintegration?
15. What advice would you give to others returning to the community in relationship to anything we have discussed?
16. Are there any additional responses you would like to share about incarceration and reintegration experiences?

APPENDIX B
INFORMED CONSENT



California State University, San Bernardino
 Social Work Institutional Review Board Sub-Committee
 APPROVED 2/19/18 VOID AFTER 2/18/18
 IRB# SW 1710 CHAIR [Signature]

College of Social and Behavioral Sciences
 School of Social Work

INFORMED CONSENT

The study in which you are asked to participate is designed to examine formerly incarcerated individual's beliefs on the impact of incarceration and societal reintegration on mental health. The study is being conducted by Veronica Wicks, a graduate student, under the supervision of Dr. Armando Barragan, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board Social Work Sub-committee at CSUSB.

PURPOSE: The purpose of this study is to examine formerly incarcerated individual's beliefs on the impact of incarceration and societal reintegration on mental health.

DESCRIPTION: Participants will be asked a few questions on their experience of incarceration, their experience with mental health before, during and after incarceration, as well as their reintegration experience, and general demographics.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY OR ANONYMITY: Your responses will remain anonymous and data will be reported in group form only. Responses will be audio recorded but all information will remain confidential.

DURATION: It will take 60 to 90 minutes to complete the focus group.

RISKS: There are no foreseeable risks to the participants but if any topic in the study provokes unpleasant feelings you have the right to decline to answer or to stop the study at any time.

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Barragan at (909) 537-3501.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2017.

CONFIRMATION STATEMENT: I understand to participate in the study responses will be audio recorded. This is to certify that I read the above and I am 18 years or older. I have read the information above and agree to be audio recorded and participate in the study.

 Do you agree to being audio recorded? All recordings will be securely stored.
 I agree I disagree

This is to certify that I read the above and I am 18 years or older.

 Place an X mark here

 Date

909.537.5501

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

The California State University - Bakersfield - Channel Islands - Chico - Dominguez Hills - East Bay - Fresno - Fullerton - Humboldt - Long Beach - Los Angeles
 Maritime Academy - Monterey Bay - Northridge - Pomona - Sacramento - San Bernardino - San Diego - San Francisco - San Jose - San Luis Obispo - San Marcos - Sonoma - Stanislaus

REFERENCES

- California Legislative Information. (2016). *Bill analysis AB 2590*. Retrieved from http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_2551-2600/ab_2590_cfa_20160502_175309_asm_comm.html
- Christian, C. (2015). Intersubjectivity and modern conflict theory. *Psychoanalytic Psychology, 32*(4), 608-625.
- Felthous, A. (2009). Introduction to this issue: Correctional mental health care. *Behavioral Sciences & The Law, 27*(5), 655-659.
- Fisher, W., Hartwell, S., Deng, X., Pinals, D., Fulwiler, C., et al. (2014). Recidivism among released state prison inmates who received mental health treatment while incarcerated. *Crime & Delinquency, 60*(6), 811-832.
- Goncalves, L., Endrass, J., Rossegger, A., & Dirkzwager, A. (2016). A longitudinal study of mental health symptoms in young prisoners: Exploring the influence of personal factors and the correctional climate. *BMC Psychiatry, 16*, 1-11.
- Goomany, A., & Dickinson, T. (2015). The influence of prison climate on the mental health of adult prisoners: A literature review. *Journal of Psychiatric & Mental Health Nursing, 22*(6), 413-422. doi: 10.1111/jpm.12231
- International Centre for Prison Studies (2015). *World prison brief*. Retrieved from <http://www.prisonstudies.org/country/united-states-america>

- Mallik-Kane, K., & Visser, C. A. (2008). Health and prisoner reentry: How physical, mental, and substance abuse conditions shape the process of reintegration. *PsychEXTRA Dataset*, 82. doi:10.1037/e719772011-001
- Marzano, L., Hawton, K., Rivlin, A., & Fazel, S. (2011). Psychosocial influences on prisoner suicide: A case-control study of near-lethal self-harm in women prisoners. *Social Science and Medicine*, 72(6), 874-883.
- Orrick, E., & Vieraitis, L. (2015). The cost of incarceration in Texas: Estimating the benefits of reducing the prison population. *American Journal of Criminal Justice*, 40(2), 399-415.
- Petersilia, J. (2001). Prisoner reentry: Public safety and reintegration challenges. *The Prison Journal*, 81(3), 360-375.
- PR, N. (2014). Department of justice to release report on recidivism of prisoners released in 30 states in 2005: Patterns from 2005 to 2010. *PR Newswire US*.
- Robinson, G., & Shapland, J. (2008). Reducing recidivism a task for restorative justice. *British Journal of Criminology*, 48(3), 337–358.
doi:10.1093/bjc/azn002
- Rosenthal, A., & Wolf, E. (2004). *Unlocking the potential of reentry and reintegration*. Retrieved from Center for Community Alternatives:

Innovative Solutions for Justice website

http://www.communityalternatives.org/pdf/unlocking_potential.pdf

Seiter, R. P., & Kadela, K. R. (2003). Prisoner reentry: What works, what does not, and what is promising. *Crime & Delinquency*, 49(3), 360–388.
doi:10.1177/0011128703049003002

Visher, C., & Bakken, N. (2014). Reentry challenges facing women with mental health problems. *Women & Health*, 54(8), 768-780.

Visher, C., & Travis, J. (2003). Transitions from prison to community: Understanding individual pathways. *Annual Review of Sociology*, 29, 89-11

Zastrow, C.H., & Kirst-Ashman, K.K. (2013). *Understanding human behavior and the social environment*. Belmont, CA: Brookes/Cole.