

# STAR White Paper *2011*

## Offender Reentry and Mental Illness

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*This paper is one of a series completed by STAR. Other papers on a variety of ex-offender topics may be accessed at [www.stlreentry.org](http://www.stlreentry.org).*

## **OFFENDER REENTRY AND MENTAL ILLNESS**

**The incidence of mental illness in prison is six times higher than the general population of Missouri.** According to the National Alliance on Mental Illness, 223,000 adults live with serious mental illness in Missouri, or 4% of the state's population. In contrast, 7,200 adults with a mental illness were incarcerated in Missouri's prisons during 2008, representing 24% of the total prison population (1).

**Rate of offenders considered mentally ill is on the rise.** In 2009, 17% of all admissions to Missouri's prisons were considered mentally ill compared to 9% admitted in 2000. This trend is expected to continue (2).

**Missouri's offenders are given a "mentally ill" classification when they score between a three and five on a mental health scale.** During the intake process for an offender sent to prison, an assessment is done to classify his or her mental health. Originally used for the purpose of coordinating housing for offenders upon release, the mental health scale is currently used to categorize general the mental capacity of offenders. The Missouri Department of Corrections Mental Health Classification is as follows (3):

- MH-1: No MH needs
- MH-2: Mild or occasional needs
- MH-3: Moderate needs, usually includes psychotropic medication, offender is seen once a month by a psychiatrist while incarcerated, generally stable if treated
- MH-4: Serious needs, medication, illness not adequately controlled, specialized housing may be needed
- MH-5: Very poor functioning, specialized housing required. Offenders in this category are incarcerated at Biggs in Fulton, Missouri or Correctional Treatment Center in Fannington, Missouri

**Females admitted with mental illness more than double that of males.** In 2009, 35% of females were admitted with mental illness, up from 16% in 2000. In comparison, 14% males admitted as mentally ill in 2009, up from 8% in 2000. Women are more likely to be sole caretaker of children causing additional instability and trauma to families. In addition, female offenders are more likely to have suffered past trauma and abuse (4).

**Spending on mental health treatment inside prisons contributes significantly to state spending on correctional systems.** Missouri budgeted \$664,563 for corrections in 2010 (5). Of this amount, \$23,632,641 was attributed to mental health treatment costs (6).

**The recidivism rate is higher for offenders with mental illness.** Over 75% of Missouri inmates with mental illness have a history of contracts with the criminal justice system. Between 2005-2009, 15% of offenders released possessed a mental illness. Of this 15%, an estimated 57% returned to prison within 3 years of their release date (7). Those who return to prison often have been unable to comply with conditions of probation or parole due to mental illness factors.

**Substance abuse is likely in prisons with mental illness.** Over 75% of prisoners with serious mental illness also have a substance abuse disorder (8). The prevalence of substance use disorder in prisoners with schizophrenia is 50%, bipolar 60%, and posttraumatic stress 60-80% (9).

**Offenders who are mentally ill face unique challenges upon return to the community.** When mentally ill offenders are released in Missouri, they leave with a 30-day supply of medication. Due to the length of time it takes to secure an appointment with a psychiatrist and obtain a prescription re-fill, this makes it difficult to keep taking the medication consistently. It is also common for mentally ill offenders to not receive necessary medical services after release due to employment barriers, lack of insurance, and inability to pay for treatment. Misconceptions and myths about mental illness can also contribute to the issues offenders face upon release, and can increase the stigma leading some to feel ashamed and not seek needed services. Funding for treatment services through Missouri Department of Mental Health is shrinking, and as a result, access to resources is limited.

**Promising practices exist in Missouri as it takes steps to improve access to services.** Seriously mentally ill people need guidance to navigate through needed services. The Missouri Department of Corrections has partnered with the Missouri Department of Mental Health to provide continuity of care from prison to the community for seriously mentally ill offenders. Prior to release, the Missouri Coalition of Community Mental Health Centers (CMHC) links the offender to mental health services within the community they will reside. In 2009, it was recommended that offenders be provided with 90 days of medication, along with 90 days of psychiatric services and one year of case management upon release, to ensure there is no interruption in the flow of treatment. Other services may also be provided on a case-by-case basis and staff training to recognize mental health problems is essential.

*Through the cooperative efforts of Departments of Corrections and Mental Health and CMHC, it is expected that care and access to services could significantly reduce recidivism among the severely mentally ill in Missouri. In 2009, 1,221 offenders were served, and the success rate (those who were not incarcerated during that year) was 62%. This represents a substantial savings for taxpayers, as the return rate in previous years was significantly higher (10). Two such re-entry programs in Missouri are the MH-4 and Community Mental Health Projects. In 2006, recidivism after two years for those receiving MH-4 services was 38% compared to 44% for those not receiving services (11).*

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