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Health, Behavioral Health, and Substance Use Disorder: An Overview of the Issues Within the Criminal Justice System

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Health, Behavioral Health, and Substance Use Disorder: An Overview of the Issues Within the Criminal Justice System.

Jails and prisons house massive numbers of individuals in close proximity to one another who often have chronic and communicable diseases and suffer from mental health and substance abuse. Role expectations for those working with this population often requires integration of interdisciplinary teams to aid in the transition from incarceration to community release.[1]

Encountering and Assessing Juveniles

Large numbers of youth involved with the juvenile justice system have significant mental health and substance abuse issues. Many of these youth could be better served in community settings, where juvenile court judges can lead or support community efforts to develop improved policies and service-delivery strategies for these youth[2]. Youth in the juvenile justice system are three times more likely to experience mental health disorders than the general youth population. Nearly 70% of youth in the juvenile justice system have a diagnosable mental health disorder. Over 60% of youth with a mental health disorder also have a substance abuse use disorder and almost 30% of justice involved youth have disorders serious enough to require immediate attention.[23] Judges who hear juvenile cases are most likely not surprised by these statistics. Unfortunately, it is widely accepted that the juvenile justice system is the de facto mental health system for many youth. There is a growing sense that many of these youth could be safely and more appropriately treated with community based services that address their mental health needs and keep them close to their families and schools and out of trouble.[2]

When a teenager is in distress and having emotional problems, their needs are much different from those of adults. Working with adolescents during difficult times in their lives requires specialized training and experience. Often, the first signs of problems are evident through behavioral challenges, sleep changes, as well as destructive activities. A youth and a needs assessment is completed on each delinquency referral, which aides in the determination of mental health and substance abuse issues. Once a juvenile referral case has been assessed, a determination is made as to what type of supports and/or services the family needs to help support the youth.

In an effort to address the growing issues of mental health and substance abuse in the Saint Louis area, the Twenty-Second Judicial Court is in partnership with the following organizations; Saint

[1] Jeffrey Draine, Nancy Wolff, Joseph E. Jacoby, Stephanie Hartwell, and Christine Duclos, "Understanding Community Re-entry of Former Prisoners with Mental Illness: A Conceptual Model to Guide New Research," *Behavioral Sciences & The Law* 23, no 5: 368-707

[2] Linda Tucci Teodosio and Kathleen Skowrya, "Adolescent Mental Health Needs," National Center for State Courts, 2014, accessed February 27, 2017

[3] J.S. Shufelt and J.J. Cocozza, "Youth and Mental Health Disorders in the Juvenile Justice System: Results From a Multi-State, Multi-System Prevalence Study," National Center for Mental Health and Juvenile Justice

Louis Mental Health Board, Children's Division, Cardinal Glennon Hospital, Annie Malone Children's & Family Service Center, Community Psychological Service, Epworth, Good Journey Development Foundation, Family Drug Court, Great Circle, Kids in the Middle, Marygrove, Shonta Smith International, and Project DEAMHI, Inc.[4] Of note, the aforementioned are only a few of the organizations that the court utilizes.

Please see below Tables in reference to Needs Assessments since 2010 showing the results on health and mental health needs;

Youth Health Needs	Number	Percent
Mild physical handicap or medical condition	75	2.2%
No health problems or physical handicaps	3,277	95.9%
No problems, but limited access to health care	39	1.1%
Pregnancy	6	0.2%
Serious physical handicap or medical condition	15	0.4%
Unknown (incomplete)	5	0.1%
Total	3,417	100.0%

Mental Health Needs	Number	Percent
Mental health disorder with no treatment	152	4.4%
Mental health disorder with treatment	488	14.3%
No mental health disorder	2,773	81.2%
Unknown (incomplete)	4	0.1%
Total	3,417	100.0%

These Tables are based on the needs assessment. All delinquent youth with a formal case receives the NEEDS Assessment. This includes all youth who received a NEEDS Assessment between January 2010 and early February 2017. If a youth received multiple NEEDS Assessments only the most recent one was reported.

Co-morbidity addiction and mental health

Comorbidity is described as two disorders or illnesses occurring simultaneously or sequentially. It "also implies interactions between the illnesses that affect the course and prognosis of both."[5] For the purposes of this paper, comorbidity will more specifically refer to the co-occurrence of mental illness and substance abuse disorders.

[4] Kenneth Mayo, 22nd Judicial Family Court

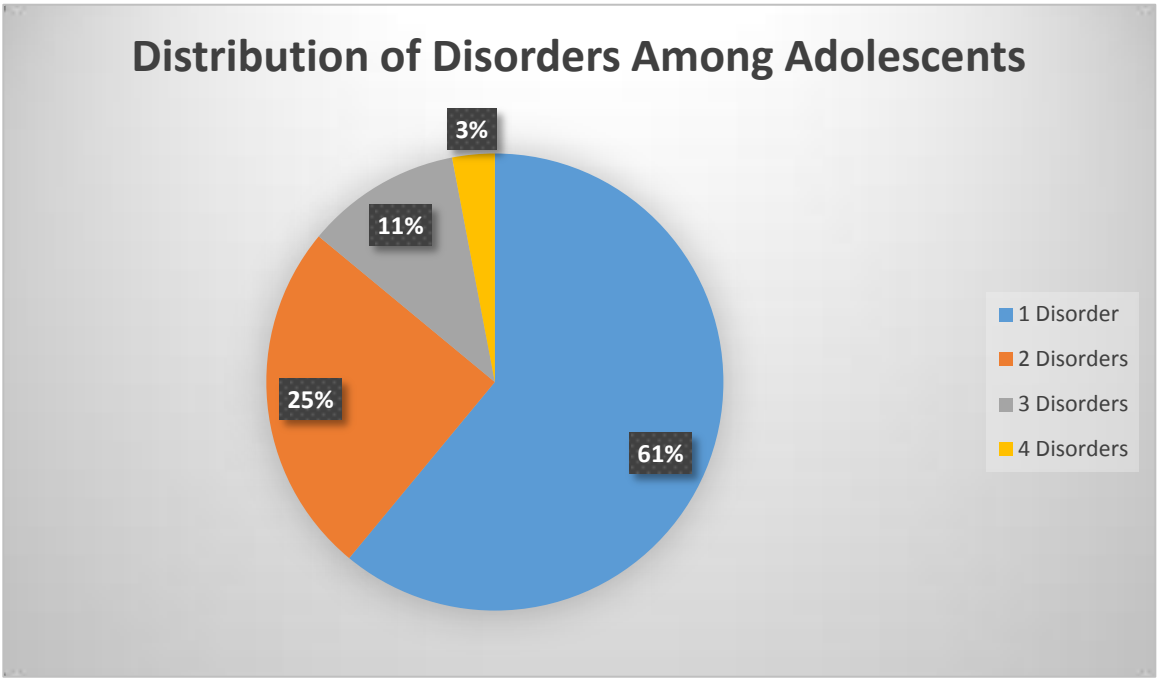
[5] U.S. Department of Health and Human Services. *Revised* 2010. *Comorbidity: Addiction and Other Mental Illnesses*. Washington, DC: U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse.

Since the 1980s, multiple national surveys have documented a high prevalence of comorbidity in reference to mental illness and substance abuse.[6] For example, "persons diagnosed with mood or anxiety disorders are about twice as likely to suffer also from a drug use disorder compared with respondents in general" and vice versa.[7] While there is a high prevalence for drug use disorders and mental illness, it does not imply causality. There are several factors to consider, including the following: 1) Drug use can cause a person to experience one or more symptoms of another mental illness; 2) Mental illnesses can lead to substance abuse as a form of self-medication; and 3) "Both drug use disorders and other mental illnesses are caused by overlapping factors such as underlying brain deficits, genetic vulnerabilities, and/or early exposure to stress or trauma."[8]

"Drug use typically starts in adolescence, a period when the first signs of mental illness commonly appear."[9] During this time, the brain is also still developing leaving it vulnerable to "the development of addiction and other mental disorders."[10] While there is a link between early substance use being a risk factor for later substance abuse in addition to being a risk factor for the onset of mental illness, the link is not simple and may depend on "genetic factors, psychosocial experiences, and/or general environmental influences."[11]

In a study of the lifetime prevalence of mental disorders in U.S. adolescents, it was found that anxiety disorders were most common at 31.9%, "followed by behavior disorders (19.1%), mood disorders (14.3%), and substance abuse disorders (11.4%)."[12] In addition, approximately 40% of those studies meet the criteria for two or more disorders.[13]

[6] U.S. Department of Health and Human Services.
[7] U.S. Department of Health and Human Services.
[8] U.S. Department of Health and Human Services.
[9] U.S. Department of Health and Human Services.
[10] U.S. Department of Health and Human Services.
[11] U.S. Department of Health and Human Services.
[12] Merikangas, K. R., He, J., Burstein, M., Swanson, S., Avenevoli, S., Cui, L., Benjet, C., Gergiades, K. and Swendsen, J. Octoer 2010. Lifetime Prevalence of Mental Disorders in US Adolescents: Results from the National Comorbidity Study-Adolescent Supplement (NCS-A). *Journal of American Academy of Child Adolescent Psychiatry* 49(10): 980-989.
[13] See note 11



Approximately 60% of male and 70% of female juveniles detained have a psychiatric disorder.[14] "These rates of disorder far exceed those of youth in the community."[15] The rate of those fitting the criteria for two or more disorders was 56.6% for females and 45.9% for males.[16] "Nearly 30% of females and more than 20% of males with any substance use disorder also had a major mental disorder."[17]

Kessler et al. found that 41% to 65.5% of adults "with a lifetime addictive disorder also have a lifetime history of at least one mental disorder, while 50.9% of those with one or more lifetime mental disorders also have a lifetime history of at least one addictive disorder."[18] "Among individuals with drug use disorder (other than alcohol), rates of co-occurring mood disorders were found to be 26%; rates of anxiety disorders were found to be 28%; of psychotic disorders (i.e. schizophrenia) 7%; and of antisocial personality disorders 18%."[19] Among detained adults, substance abuse disorders far exceed the prevalence of other disorders. However, there

[14] Teplin, LA., Abram, KM, McClelland, GM, Dulcan, MK, Mericle, AA. Psychiatric Disorders in Youth in Juvenile Detention. *Archive of General Psychiatry.* 2002(59):1133-1143 in Abram,KM, etal. Comorbid Psychiatric Disorders in Youth in Juvenile Detention. *Archive of General* Psychiatry. 2003 (60):1097-1108.
[15] See note 13
[16] Abram, KM, Teplin, LA McClelland, GM, Dulcan, MK. Comorbid Psychiatric Disorders in Youth in Juvenile Detention. *Archive of General* Psychiatry. 2003 (60):1097-1108.
[17] See note 15
[18] Kessler, RC, Nelson, CB, NcGonagle, KA, Edlund, MJ, Frank, RG, Leaf, PJ. The Epidemiology of Co-Occurring Addictive and Mental Disorders: Implications for Prevention and Service Utilization. *American Journal of Orthopsychiatry*. January 1996. 66(1):17-31.
[19] Flynn, PM, Brown, BS. Co-Occurring Disorders in Substance Abuse Treatment: Issues and Prospects. *Journal of Substance Abuse Treatment*. January 2008. 34(1):36-47.

is a high prevalence of substance abuse disorders occurring in conjunction with mental disorder.[20]

Frequency of Co-Occurring Disorders Among Criminal Offenders

		Number of Additional Lifetime Disorders		
Disorder	**N**	**None**	**1-2**	**3 or More**
Schizophrenia	38	3 (7.9%)	14 (36.8%)	21 (55.3%)
Bipolar Disorder	17	1 (5.9%)	5 (29.4%)	11 (64.7%)
Atypical Bipolar Disorder	16	1 (6.3%)	8 (40%)	7 (43.8%)
Major Depression	73	4 (5.5%)	37 (50.6%)	32 (43.8%)
Antisocial Personality Disorder	303	33 (10.9%)	220 (72.6%)	50 (16.5%)
Alcohol Abuse/Dependence	330	49 (14.8%)	227 (68.8%)	54 (16.3%)
Drug Abuse/Dependence	241	18 (7.5%)	170 (70.5%)	53 (22%)

Due to the high prevalence of a comorbid relationship between mental illness and substance abuse, a comprehensive intervention approach is suggested that would identify, evaluate, and treat each disorder concurrently.[21]

Mental Health v Institutional Mental Health:

According to Edward J. Latessa, Ph.D., (The Supervision of Persons with Mental Illness on Probation Supervision) the percentage of men with mental disorders, versus females with mental disorders, is considerably higher amongst those under supervision. The percentage of males with mental disorders "are likely to be recommended for probation and are generally classified as high to medium" risk offenders under supervision.[22] Researched information also indicated that a high percentage of males were selected for specialized supervision based on their psychiatric histories and most of those selected had a history of drug use. Those indicated within the group with a history of psychiatric and drug abuse issues were "likely to commit a felony but they were no more likely to be arrested or convicted than the regular probation group and were less likely to be arrested or convicted than those in the drug or sex offender group."[23]

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[20] Cote, G., Hodgins, S. Co-Occurring Mental Disorders Among Criminal Offenders. *Bulletin of American Academy of Psychiatry Law*. 1990. 18(3):271-281.

[21] U.S. Department of Health and Human Services

[22] Edward J. Latessa, Ph.D. "The Supervision of Persons with Mental Illness on Probation Supervision" in Arthur J. Lurigio (Ed.) Community Corrections in America: New Directions and Sounder Investments for Persons with Mental Illness and Codisorders (1996). Seattle: National Coalition for Mental and Substance Abuse Health Care in the Justice System.

[23] See note 21

Offenders in prison are two to four times more likely to be diagnosed with a serious mental illness, including depression. "Individuals with serious mental illness and criminal justice involvement experience multiple challenges accessing mental health services both during their incarceration and upon their discharge and re-entry to the community."[24] Further research indicated that within confinement facilities, accessibility to medical and mental health was irregular and frequently insufficient.[25] In 2008, approximately 7,200 adults with mental illness were incarcerated in Missouri. Fifty-seven percent of offenders with serious mental health issues return to prison within five years of their release.[26]

Research has shown that since the Missouri Reentry Process began in 2005, the two-year recidivism rate for offenders who complete the process is 38.3% compared to 45.7% for offenders who do not. This includes the aforementioned mental health assistance provided to mentally ill offenders pre-release.[27]

Issues Revolving Those Who 12/12

Individuals who max out on their prison sentences, who have mental health and substance abuse issues, are especially prone to catastrophic whirlwinds of failure resulting in recidivism at a faster rate than those who are released on supervision.[28] While many have been released with a 30-day supply of medications, follow up with healthcare providers have been deficient. According to research, "Notably, ex-offenders may not be skipping medication and appointments due to apathy; homelessness, illness, language barriers and substance abuse have all been identified as barriers to care."[29]

Without the role of supervision and other means of support to include financial, this population often disregards psychiatric and medical symptoms leading to self-harm, harm of others, increased substance use, misconduct, and unsolicited contact with law enforcement. According to Petersilia, "Even when mental health services are available, many people who are mentally ill fail to use them because they fear being institutionalized, deny their condition, or distrust the mental health system."[30]

Conclusion

[24] Leah Gogel Pope, Thomas E. Smith, Jennifer P. Wisdom, Alison Easter, and Michele Pollock, "Transitioning Between Systems of Care: Missed Opportunities for Engaging Adults with Serious Mental Illness and Criminal Justice Involvement," *Behavioral Sciences & The Law* 31, no 4: 444-456. Accessed February 24, 2017

[25] See note 23

[26] Missouri Kids Count. "Missouri Reentry Process: Finding the Right Path for Returning Citizens," http://mokidscount.org/stories/missouri-reentry-process-finding-the-right-path-for-returning-citizens, 5.

[27] Missouri Department of Corrections, "Missouri Reentry Process – Report to the Governor" https://doc.mo.gov/Documents/mrp/GovReport2015.pdf. (2015): 11.

[28] Jeff Mellow and Johnna Christian, "Transitioning Offenders to the Community: A Content Analysis of Reentry Guides," *Journal of Offender Rehabilitation* 47, no 4: 339-355, accessed February 27, 2017

[29] Honorable Susan K. Gauvey and Katerina M. Georgiev, "Reform in Ex-Offender Reentry: Building Bridges and Shattering Silos," *Maryland Bar Journal* November 2011.

[30] Joan Petersilia, "When Prisoners Return to the Community: Political, Economic, and Social Consequences," NIJ U.S. Department of Justice Sentencing & Corrections, no 9: November 2000

Working together to reduce the fundamental barriers to successful discharge planning and transitional services are the fragmentation of the community health care system to include rejection of needed services, absence of consensus concerning treatment requirements and diagnosis based a criminal justice status.[31] While social service, criminal justice, and mental health professional face a multitude of role expectations in working with this population, it is clear that there is a need for improved collaboration between providers inside and outside of criminal justice settings.[32]

[31] See note 1
[32] See note 23

RESOURCES

- The Missouri Re-Entry Process addresses the needs of mental ill offenders in a number of ways. The Seriously Mentally Ill (SMI) Offender Program is aimed at offenders with the most severe mental illness, providing for treatment, medication and community support services. Additionally, the Community Mental Health Treatment program (CMHT) is a program intended to assist Probation and Parole Officers with referring offenders to community-based mental health treatment providers, by providing limited subsidies for their treatment. Both of these programs are primarily funded by supervision fees paid by offenders who are on probation or parole, and operate through no cost to taxpayers.[33]

- Offenders in Missouri who are receiving mental health treatment while incarcerated are eligible for pre-release medication assisted recovery. Offenders who are released from certain state prisons to either the St. Louis or Kansas City areas can opt to participate in one of several Medication Assisted Treatment projects. These offenders are screened for alcohol or opiate addiction as well as mental health concerns, and if they qualify, they can receive a pre-release injection of Vivitrol, and continue to receive this medication assisted recovery post-release.[34]

- A pilot program in certain parts of the state (Probation and Parole Districts 12, 25, and 11) had offenders with documented mental health concerns referred to group education services offered through Southeast Missouri Behavioral Health within one week of their release, allowing them to engage in aftercare quickly after release while waiting for an assessment for treatment services.[35]

- The E.A.G.L.E. Program (Emotions, Attitudes, Growth, Learning, Excelling) was established through a collaboration with Division of Offender Rehabilitative Services and Corizon. The E.A.G.L.E. Program is "an intensive in-cell cognitive-behavioral treatment program designed to improve and enhance communication, thinking processes, positive reaction to anger, self-esteem, behaviors, and an overall understanding of self through various topics in addition to overall living conditions." This program is aimed at treating offenders with mental illness who are living in restrictive housing. Corizon Correctional Healthcare has been the healthcare (and mental health care) provider for the Missouri Department of Corrections since 1992.[36]

- Some evidence-based programs that are being utilized in Missouri with respect to mentally-ill offenders are jail diversion programs (wherein offenders who are in jail are identified as having severe mental illness are referred to community-based mental health

[33] Missouri Department of Corrections, "Missouri Reentry Process – Report to the Governor" https://doc.mo.gov/Documents/mrp/GovReport2015.pdf. (2015): 6.
[34] Missouri Department of Corrections, "Missouri Reentry Process – Report to the Governor" https://doc.mo.gov/Documents/mrp/GovReport2015.pdf. (2015): 6
[35] Missouri Department of Corrections, "Missouri Reentry Process – Report to the Governor" https://doc.mo.gov/Documents/mrp/GovReport2015.pdf. (2015): 7
[36] Corizon Correctional Healthcare, "Missouri Department of Corrections Extends Contract with Corizon Health" August 24, 2016, http://www.corizonhealth.com/Corizon-News/missouri-department-of-corrections-extends-contract-with-corizon-health.

providers while in jail in an effort to reduce their time incarcerated and provide them with the assistance they need), crisis intervention team model (CIT) (wherein a team of specially-trained police officers work with mental health professionals to try to divert seriously mentally ill offenders from the criminal justice system and into mental health services), and mental health courts (which are post-booking diversion programs aimed at seriously mentally ill offenders [both St. Louis City and County have mental health courts]).[37]

- For offenders who are on probation or parole, those with moderate mental illness can participate in the Community Mental Health Treatment Project. These offenders are assessed, and if found to have current mental health issues, assigned a caseworker and, if necessary, provided with medication. This is to help stabilize offenders with mental illness and assist them with living more productive and independent lives.[38] The mental health provider in St. Louis City and County for the Community Mental Health Treatment Project is BJC Behavioral Health.

- Mental Health Court is another program offered to mentally ill offenders in Missouri who are on probation. To qualify, offenders must have an Axis I diagnosis of a major mental health disorder and/or a substance abuse disorder (co-occurring), or a developmental disability, or a serious head injury. This is also geared toward non-violent offenders. While in Mental Health Court, the Court, Probation and Parole, and mental health treatment providers work together and closely with the offender in an effort to ensure the offender is provided with the necessary community-based treatment and medication, as well as other classes/programs that may meet the immediate needs of the offender (anger management, etc.).[39]

[37] Foster, Megan. "Mental Health Programs for Ex-Offenders," *Lutheran Foundation of St. Louis*, www.lutheranfoundation.org/.../documents/MentalHealthProgramsforEx-offenders.doc, 2.
[38] Missouri Department of Corrections, "Supervision Strategies and Treatment Alternatives," https://doc.mo.gov/Documents/prob/SupervisionStrategies.pdf, 6.
[39] Missouri Department of Corrections, "Supervision Strategies and Treatment Alternatives," https://doc.mo.gov/Documents/prob/SupervisionStrategies.pdf, 20.