Breaking the Cycle: Behavioral Health Issues in the Criminal Justice System

A Project L/EARN alumnus works to reduce recidivism through support and treatment.

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Has Americaís criminal justice system inadvertently become a storehouse for people with behavioral health problems?

For Nicole Jarrett, PhD, a senior policy analyst with the Council of State Governments (CSG) Justice Center, the question is more than academic.

ìOften, correctional administrators canít tell you who in their system has a behavioral issue and who doesnít,î says Jarrett, a 1994 graduate of the Robert Wood Johnson Foundation (RWJF)-funded *Project L/EARN* program. ìThat creates problems, both behind the walls and after release.î

A 2009 study of 20,000 adults in five U.S. jails found that 17 percent met the criteria for serious mental illnessóprevalence rates at least three times higher than those found in the general population. The following year, an analysis of substance abuse among the nationís prison population concluded that 65 percent of inmates met the criteria for alcohol or substance dependence, yet only 11 percent received treatment.

ìSystemsóincluding community providersóneed to collaborate so that each individual gets the appropriate treatment and support,î says Jarrett, adding that more people inside the system are on probation or parole than are incarcerated.

A 2012 white paper co-authored by Jarrett set forth the scope of the problemóand a possible solution.

Adults with Behavioral Health Needs Under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery, issued by the CSG Justice Center, National Institute of Corrections, and Bureau of Justice Assistance, proposed a framework for identifying and treating people with behavioral health issues who come into contact with the system.

Jarrett sees that framework as integral to producing better outcomes for those with mental health or substance use disorders, or both.

ìItís not just a public health issue,î she says. ìItís a public *safety* issue.î

A Defining Moment

Public health is Jarrettís passionóa path forged during her undergraduate studies at Rutgers, where she also attended *Project L/EARN*. The intensive, 10-week summer internship is designed to increase the number of health researchers from groups that traditionally have been underrepresented in health-related graduate programs.

Jarrett calls it a defining moment. ì*Project L/EARN* introduced me to research,î she says. ìPaired with researchers working in the field, I learned how to take a project through to completion. It was the hardest Iíd ever been pushed academically, but it gave me the confidence to pursue graduate studies.î

In 1999, as a doctoral candidate at the Johns Hopkins Bloomberg School of Public Health, Jarrett returned to *Project L/EARN* as an instructor; she later served as a program mentor during her post-doctoral fellowship at Rutgers.

ìI genuinely believe in the model. The multidimensional training, plus mentorship from people whoíve gone through the process of getting grants and doing researchóthatís invaluable,î she says. ìI appreciated the opportunity to give back.î

Support for Mental Health and Substance Abuse Disorders

The immersive research experience of Project L/EARN has paid dividends throughout Jarrettís career. Her keen analytic eye informed much of her tenure as director of health policy for the Baltimore City (Md.) Health Department in the early 2000s.

Working closely with the community-based Menís Health Center (MHC), Jarrett found that large numbers of men seeking care had recently been incarcerated and struggled upon returning to the community. ìA lot of them were hopeful when they were released, but got discouraged when they couldnít find employment, housing, or treatment,î she says.

In Baltimore, where one in five young Black men were in jail, on probation, or on parole, she saw that the system often failed to make a distinction between illegal activity caused by criminal thinking and comparable activity caused by behavioral health issues.

Nearly two-thirds of people involved in the U.S. criminal justice system have a substance abuse disorder, according to Jarrett. (Among those with serious mental illness, three-fourths grapple with substance abuse as well.) Compounding the problem, she says, is that many disadvantaged families feel at a loss because they lack the resources to get help for their loved ones.

ìCorrections, shelters, hospitals, and treatment facilities frequently see the same individuals but donít speak to each other,î she says. These individuals, often referred to as ìhigh utilizers,î would benefit from wraparound case management.

Mental Illness in a Culture of Health

Today, through her policy research with the CSG Justice Center, Jarrett continues to champion people in the system who have mental health and/or substance abuse disordersóparticularly those re-entering the community.

ìIt seems like a no-brainer,î she says, ìbut reducing recidivism means providing the proper support and treatment once theyíre released.î That includes housing; without it, Jarrett explains, people with behavioral issues get caught in a cycle between homelessness and incarceration.

Prevention is equally important. ìHarmful attitudes start forming at a young age, sometimes as the result of trauma,î she observes. ìAdults who have the most contact with youth need to intervene as those attitudes emerge.î

But there are impediments to intervention, Jarrett addsómost notably stigma. Community support is often undermined by a perception that mental illness inherently makes people more dangerous.

ìItís true that *some* who lean toward criminality also have mental health issuesóbut criminal behavior is not an inevitable consequence of mental illness,î she argues.

Altering that perception is essential to creating a culture of health, says Jarrett, noting that education and prioritizing recovery would help allay fears: ìMental illness is not a moral failure.î

A Role to Play

Since *Adults with Behavioral Health Needs Under Correctional Supervision* was published, Jarrett has seen movement toward implementing its recommendations. She points to a greater effort within some systems to distinguish between behavioral health needs that can be treated and criminal thinking that requires rehabilitation.

Still, she acknowledges, there is considerable work ahead. ìCorrections has evidence-based approaches to reducing recidivism, and health providers know how to treat behavioral health disorders. Weíre trying to get systems across jurisdictions to talk to one another toward a shared goal.î

Jarrett is optimistic that with essential principles in place, tangible reductions in recidivism will materialize.

ìThe individual systems will continue to touch this shared population,î she says. ìAnd awareness is growing that we *all* have roles to play in their treatment and recovery.î

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