

A National Survey of Mental Health Services Available to Offenders with Mental Illness: Who Is Doing What?

Marshall T. Bewley · Robert D. Morgan

Published online: 10 August 2010

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Abstract The purpose of this study was to examine the national practices of psychotherapy services for male offenders with mental illness (OMI) in state correctional facilities. Participants consisted of 230 correctional mental health service providers from 165 state correctional facilities. Results indicated that mental health professionals provided a variety of services to OMI that can be conceptualized by six goals considered important in their work: mental illness recovery, emotions management, institutional functioning, re-entry, risk-need, and personal growth. Mental health professionals in this study generally viewed mental illness recovery, institutional functioning, and personal growth as significantly more important and spent more time focused on these goals than emotions management, re-entry, and risk-need. Mental health professionals tended to believe the services they provided were effective across four key treatment foci including mental illness, skill development, behavioral functioning, and criminogenic needs with more progress perceived in areas related to mental illness and skill development than their ability to effectively change behavioral functioning. Implications of these findings and directions for future research are discussed.

Keywords Offenders · Mental illness · Mental health services

The population of offenders with mental illnesses (OMI) in U.S. correctional facilities has been of increasing concern over the last two decades (Condelli, Bradigan, &

Holanchock, 1997; Hodgins, 1995; James & Glaze, 2006; Steadman, Morris, & Dennis, 1995; Torrey, 1995). Researchers have examined the prevalence of mental illness in U.S. jails, which indicated that of the 10 million arrestees admitted to jail each year, approximately 13% have a severe mental illness (Bureau of Justice Statistics, 2006; Ruddell, 2006; Teplin, 1984, 1990; Watson, Hanrahan, Luchins, & Lurigio, 2001). Others have found the rates of mental illness in prisons to be even higher, with as many as 24% of offenders having a mental illness (James & Glaze, 2006). Notably, the prevalence of persons with severe mental illness in the criminal justice system is disproportionate with the general population (i.e., non-offender populations), where major mental disorders are found up to four times as often among the offender population than the general population (Hodgins, 1995).

Much research has focused on services that are available to OMI in jail settings. Particular focal points in the treatment of OMI in jails have been psychotropic medications (Lamb & Weinberger, 1998; Lamb, Weinberger, Marsh, & Gross, 2007; Veysey, Steadman, Morrissey, & Johnsen, 1997), crisis intervention services (Abram & Teplin, 1991; Veysey et al., 1997), case management services (Lamb et al., 2007; Veysey et al., 1997), and mental health referrals (Teplin, 1990); however, jail services are not necessarily representative of services for OMI in prisons. In fact, discrepancies between the two settings hinder the extent to which research findings from jails can be applied to prisons (Diamond, Wang, Holzer III, & Cruser, 2001). The greater incidence of mental illness in prison could be due to the number of OMI serving lengthy sentences. Given the length of stay is much longer in prisons than in jails (Diamond et al., 2001), the need for long-term treatment options is warranted. Accordingly, the need to obtain information on what mental health services are available to OMI in prisons

M. T. Bewley · R. D. Morgan (✉)
Department of Psychology, Texas Tech University, Lubbock,
TX, USA
e-mail: robert.morgan@ttu.edu