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Enhancing Forensic Mental Health Care Through the Improvement of Forensic Screening Procedures

Taylor Salisbury *

Learning how to effectively treat individuals with diagnosed psychopathology in the criminal justice system is an important undertaking given the large number of offenders with significant mental health concerns. Despite the fact that offender rehabilitation has been shown to be more effective in forensic psychiatric institutions than in correctional institutions, there are still a large number of mentally ill offenders receiving inadequate treatment while incarcerated. This paper asserts that correctional sentencing needs to become more individualized through improved psychopathology screening procedures in order to ensure successful rehabilitation and reintegration of all types of offenders into the community. By improving the screening process, more offenders with mental health concerns can be diverted from prison and confinement, and more individualized, and therefore, effective treatment strategies can be employed. This paper iterates the various ways to achieve this goal and highlights the importance of improving screening practices.

Issues surrounding the provision of adequate mental health services within the criminal justice system (CJS) have been gaining attention in recent literature. Researchers have consistently found a strong relationship between mental illness and the occurrence of crime (Gagliardi, Lovell, Peterson, & Jemelka, 2004; Hean, Heaslip, Warr, Bell, & Staddon, 2010). Recent estimates have suggested that approximately 45-65% of federal prison inmates have significant mental health concerns (Brandt, 2012), and another 6-16% of inmates meet diagnostic criteria for a specific mental disorder (Gagliardi et al., 2004). Over the past several decades, correctional systems have been criticized for the inadequate mental health services provided to incarcerated offenders (Miller, 1994). Systemic discrimination against mentally ill offenders in correctional institutions was, and still is, commonplace (Miller, 1994). Mullen (2000) explained how the history of forensic mental health care has been both geographically and professionally isolated from the rest of general mental health services. Subsequently, the application of mental health care to forensic populations has seen very little

growth (Mullen, 2000). This phenomenon has occurred in both Western and Eastern parts of the world where community-based and rehabilitative services rarely exist, and when they do, are rudimentary at best (Mullen, 2000). In other words, forensic mental health care is out-of-date.

In order to address these shortcomings, this paper argues that correctional sentencing and programming must become more individualized so that it can better suit the rehabilitative needs of all types of offenders. More effective mental health screening is required in order to apply more individualized sanctions within the boundaries of CJS sentencing (Hean, Warr, & Staddon, 2009). By improving mental health screening procedures, more appropriate sentencing and therefore treatment can be applied to those offenders with mental health concerns. This paper will review how to achieve this, why it is important, and the implications of doing so.

Forensic Psychiatric Rehabilitation vs. Correctional-Based Mental Health Care

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Forensic Psychiatric Rehabilitation.

Moore and Hiday (2006) noted that the last decade has seen some growth in terms of independent mental health courts and forensic psychiatric rehabilitation facilities available to offenders with mental illness. Murphy (2013) suggested that this trend emerged because the CJS is too burdened with other problems to address issues like mental health care with an adequate amount of theory and institutional competence. Mental health courts process offenders through the CJS using a problem-solving approach, which has been designed to address underlying issues related to offenders' criminogenic behaviour (Thompson, Osher, & Tomasini-Joshi, 2008). Instead of traditional court proceedings, which often maintain a primarily punitive focus and harsh prison sentences, mental health courts help divert mentally ill offenders to forensic psychiatric programming. Forensic psychiatric rehabilitation provides programming to offenders in a secure institutional setting or in the community, incorporating assessment, monitoring, and effective and individualized treatment (Thompson, Osher, & Tomasini-Joshi, 2008). Mullen (2000) discussed how the specific programming used within forensic psychiatric rehabilitation has developed separately from the mental health programming used in correctional facilities. A number of researchers have determined that the mental health programming within correctional institutions is less effective than forensic psychiatric rehabilitation in terms of facilitating both successful offender reintegration and recidivism reduction (Gustafsson & Flensner, 2012; Moore & Hiday, 2006; Schaefer & Stefancic, 2003).

Correctional-Based Mental Health Care. Schaefer and Stefancic (2003) suggested that the majority of jails and prisons are ill-equipped to effectively deal with the population of mentally ill offenders. Lending support to this notion, Moore and Hiday (2006) found that

rehabilitative programs developed specifically for offenders with mental illness were more effective at reducing the number of new arrests (as well as the severity of those re-arrests) than traditional correctional programming. Traditional correctional programs such as crime prevention, substance abuse counselling, anger management, and emotional regulation (CSC, 2009) appear to be less effective overall than the psychometrically reliable and validated therapies most often employed in forensic psychiatric rehabilitative settings (e.g., cognitive behavioural therapy; SJHC, 2011).

Furthermore, Gustafsson and Flensner (2012) proposed several variables that affect successful rehabilitation and transition back into the community for mentally ill offenders. They suggested that having a strong social network, a carefully thought-out care plan, as well as a suitable non-institutional dwelling would have a positive impact on offender recovery (Gustafsson & Flensner, 2012). Additionally, maintaining a stable relationship with a primary contact person (e.g., a psychologist) where direct, frequent contact is possible was another important factor in forensic mental health (Gustafsson & Flensner, 2012). Although jails and prisons do provide a certain degree of mental health programming to their offenders, they do not fall into the category of "suitable non-institutional dwelling", nor do they offer many opportunities for the development of positive social networks. Institutional correctional goals often conflict with and sometimes even contradict the goals of mental health rehabilitation, posing another major issue (Mullen, 2000). In addition to this, access to primary contact personnel is very limited in jails and prisons, as offenders may not meet with their psychologist an adequate amount of time (Hean et al., 2010). All of these factors add up to form the conclusion that independent forensic psychiatric care is better than the psychiatric care provided in correctional facilities.

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Despite this fact, there are still a significant number of offenders with diagnosed mental disorders carrying out their sentences in jails and prisons (Miller, 1994; Mullen, 2000). Miller (1994) suggested that the CJS saw an increase in the use of jails to incarcerate the mentally ill due to the large proportion of mentally ill offenders that did not meet the criteria to be hospitalized involuntarily. Subsequently, mentally ill offenders experienced a multitude of difficulties and discrimination within correctional institutions (Miller, 1994). For example, being sentenced to maximum security facilities due to the stigma of being difficult to deal with, when in reality they should be receiving psychiatric treatment instead (Miller, 1994). Additionally, they would often be denied both placement in less restrictive facilities as well as opportunities to reduce their sentence (Miller, 1994). This phenomenon has often been referred to as the *criminalization of mental illness* and “has persisted to the point that urban jails in some states house more persons with mental illness than do their state mental hospitals” (Moore & Hiday, 2006, p. 660). Mullen (2000) explained how the issue of mental health care in correctional settings is like a double-edged sword: not only is it difficult to reduce the damaging effects of the prison environment on those with a mental disorder, it is equally difficult to uphold and instill values of mental health care and treatment in disordered offenders under the constant interruption of correctional culture. Taken together, these observations lead to the conclusion that offender rehabilitation in correctional facilities is ultimately inadequate. This is a significant issue given the high number of mentally ill offenders that are incarcerated.

Individualized Sentencing

In order to address the shortcomings surrounding offender rehabilitation, it is necessary for correctional sentencing and

programming to become more individualized so that successful rehabilitation would be possible for all types of offenders. The importance of individualized treatment was underscored by the Canadian Sentencing Commission (1987) in their assertion that the development of a clear, consistent, and uniform approach to sentencing would be oversimplifying the complexity of the task at hand. Furthermore, Roberts (1991) suggested that sentencing guidelines should be implemented that would not interfere with a judge’s ability to enforce individual sanctions. In order to apply more individualized sanctions within the boundaries of CJS sentencing and address the issues outlined above, more effective mental health screening is required (Hean, Warr, & Staddon, 2009).

Hean et al. (2009) suggested that the overrepresentation of mentally ill offenders in prisons may be partially due to inadequate screening for the detection of psychopathology at early stages of the incarceration process. By improving screening procedures, more individualized sentencing and therefore treatment can be applied. An improvement in offender screening would ultimately help ensure that those with mental health concerns receive the appropriate rehabilitation required to facilitate a successful reintegration into society.

How to Improve Mental Health Screening

In order to enhance forensic mental health screening, improvements in both the timing and accuracy of screening procedures must be made.

Timing. Hean, Heaslip, Warr, and Staddon (2011) suggested that mandatory mental health screening and diversion strategies should be implemented at the earliest stages of the criminal justice process. They argued that diverting offenders with psychological disorders at the point of arrest or during the first court appearance (i.e., before being sentenced to a

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prison term) would help reduce the number of mentally ill offenders in correctional institutions (Hean et al., 2011). Furthermore, improving the accuracy of the screening process itself would undoubtedly help ameliorate the same issue.

Accuracy. Hean et al. (2011) suggested that there are two possible ways to improve screening accuracy. Either mental health professionals must serve a greater role alongside CJS professionals, or there must be more formalized training available to CJS professionals in the area of mental health care (Hean et al., 2011). In either case, inter-professional training is a main goal. Given the broad list of roles and responsibilities that CJS professionals already face (Goff, 2013), increasing mental health professional presence in the CJS seems to be the most viable and effective option. As Murphy (2013) suggested, advances in clinical neuroscience have increased the effectiveness of treatment and rehabilitative programming, with a large portion of the target population for these treatments found in the CJS. Mental health professionals (e.g., registered psychologists) could assist the CJS in making informed decisions about the offender, ensuring theoretical and empirical validity in the decision-making process. They could subsequently refer offenders to appropriate mental health programming and make recommendations to the court regarding sentencing (Hean et al., 2009). By incorporating the empirical research of clinical psychology into the CJS through an increase in mental health professional presence at early stages of the incarceration process, screening accuracy and efficiency would ultimately be improved.

Why Effective Mental Health Screening is Important

Improving forensic screening procedures is important for several reasons. Not only would it directly aid in the development and growth of

the CJS, it would also directly benefit those offenders living with mental illness.

CJS Development. As previously mentioned, forensic mental health care has fallen behind general mental health services (Mullen, 2000). By increasing psychology's presence within the CJS, forensic mental health care would be improved through an update in the empirical and theoretical frameworks employed. Since traditional criminal justice workers often receive limited training and experience in mental health screening (Mullen, 2000), incorporating mental health professionals into the sentencing process would drive the CJS towards a more effective system. Ultimately, the "knowledge generated by forensic mental health professionals, both through their practice and through research, can be of potential relevance to a range of organizations and agencies" (Mullen, 2000, p. 310).

Recidivism Reduction. Furthermore, improving forensic rehabilitation can help significantly reduce rates of recidivism among mentally ill offenders (Moore & Hiday, 2006). In an attempt to extend the work of three studies investigating the effect of mental health courts on recidivism, Moore and Hiday (2006) compared the effectiveness of traditional correctional rehabilitation with forensic-specific psychiatric care. They found that psychiatric rehabilitation was superior at reducing recidivism (as well as the severity of new arrests) to the traditional psychiatric care employed in correctional facilities (Moore & Hiday, 2006). With recidivism reduction as one of the main goals of correctional rehabilitation (Goff, 2013), increasing psychological presence within the CJS would be a benefit. In addition, increasing the number of forensic mental health professionals would ultimately free up valuable time and resources within correctional institutions themselves. As previously mentioned, treating mentally ill offenders in prison has serious limitations (Mullen, 2000). By increasing mental health personnel in the

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CJS, court loads for traditional CJS workers would be reduced and issues of prison overcrowding could also be addressed (Moore & Hiday, 2006).

Offender Rehabilitation. Aside from benefitting the CJS as a whole, improving screening procedures would directly benefit mentally disordered individuals that come in contact with the law. As Mullen (2000) noted, psychopathology tends to worsen when left unattended, especially in conditions of instability or where conflicting philosophies and goals are prominent (e.g., in correctional institutions). More individualized screening would essentially equate to more individualized treatment and therefore a more effective outcome. Applying appropriate correctional action in the form of rehabilitation would ultimately help mentally ill offenders address their issues and reintegrate more successfully into society. Following the framework guided by the medical discipline, *defining* and *diagnosing* a disorder leads to effective *management* and *treatment* of the conditions, which ultimately *ameliorates the deleterious effects* of the disorder (Mullen, 2000). Diagnosing those offenders that have a mental illness would eventually help to eliminate the consequences of their disorder (which, in this case, is criminality).

Economic Benefits. Along with the benefits that both the CJS and mentally ill offenders would see from an improvement in screening procedures, there are many other advantages from an economic standpoint. First, delivering effective rehabilitation would save the CJS important financial resources from having to incarcerate and/or rehabilitate the same offender more than once. As Moore and Hiday (2006) found, mental health programming in forensic psychiatric institutions is better at reducing recidivism than the programming offered in correctional facilities. In making sure that those offenders with mental

disorders get appropriate treatment, money would ultimately be saved by ensuring that the issues surrounding offenders' criminality are addressed effectively the first time.

Furthermore, by increasing mental health presence in screening and sentencing procedures, an abundance of jobs for mental health professionals within the CJS would be created, driving both CJS and societal growth. Through examination of these factors, it becomes clear that improving forensic mental health screening procedures would only make the CJS a more effective and efficient system.

Conclusion

As this paper attempts to make clear, a one-size-fits-all approach is not the most effective way to manage offenders in the CJS. Despite the increasing number of offenders entering the prison system with significant psychopathology (Miller, 1994; Moore & Hiday, 2006; Mullen, 2000), it is evident that the psychiatric treatment being offered within correctional institutions is inadequate (Gustafsson & Flensner, 2012; Moore & Hiday, 2006; Schaefer & Stefancic, 2003). In order to address this, more individualized sentencing, and therefore treatment, is necessary (Canadian Sentencing Commission, 1987; Hean et al., 2009; Roberts, 1991). As Hean et al. (2009) suggested, more individualized sentencing for mentally ill offenders requires an improvement in mental health screening. This can be achieved by implementing alternative rehabilitative strategies at the earliest stages of the incarceration process (Hean et al., 2011) as well as increasing psychological presence in both screening and sentencing procedures (Murphy, 2013). Improving mental health screening for the sake of more effective rehabilitation would benefit both the CJS itself (Moore & Hiday, 2006; Mullen, 2000) as well as those mentally ill individuals who come in contact with the law (Mullen, 2000). Forsaking the one-size-fits-all model of offender correction would benefit this

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vulnerable population and ultimately promote economic growth within the CJS.

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