Triple Stigma: Persons With Mental Illness and Substance Abuse Problems in the Criminal Justice System

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This article offers a review of the literature that exists on individuals with dual diagnosis and discusses policies creating the trajectories for mentally ill individuals with substance abuse problems and their community reentry after involvement with the criminal justice system. For this analysis, basic comparisons are made across mentally ill individuals involved with the criminal justice system and the dually diagnosed portion of the population and an analysis of the current trajectory and post-incarceration disposition of the dually diagnosed group. The differences between offenders with mental illness and the dually diagnosed are pronounced. The dually diagnosed are more likely to be serving sentences related to their substance use, to be homeless and violate probation after release, and recidivate to correctional custody. An examination of substance abuse histories, short-term community outcomes, and service trends 3 months postrelease suggests public policy and social service directions.

Keywords: *mental illness; substance abuse; criminal justice system; dual diagnosis*

The association between criminality and substance abuse can be discerned through the acknowledgement of the increase of what are commonly called *drug-defined offenses*, those having to do with the violation of drug laws and the illicit nature of the drug industry, or *drug-related offenses*, those offenses committed while under the influence of drugs and/or alcohol. Interviews with inmates serving correctional sentences reveal that 80% of state inmates and 70% of federal inmates report drug and alcohol abuse histories whereas 50% of state and 40% of federal inmates report participating in drug or alcohol treatment in the past (Mumola, 1999; Peters & Hills,

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1993). Surveys and urine tests of arrestees and offenders in community correctional programs suggest that more than 75% have recently used drugs and/or alcohol and that 80% of those arrested for drug possession and sales also test positive for illicit substances at the time of their arrest, whereas only 50% of offenders committing other crimes including larceny and assault test positive at the time of their arrest (Schneider Institute for Health Policy at Brandeis University, 2001).

Those involved with the illicit drug industry, on one hand, and addicts and alcohol abusers, on the other hand, are considered "suspect populations" (Beckett & Sasson, 2000). Suspect populations are defined as such due to the unintended consequences of social policy and structural inequalities. They are composed of the disenfranchised poor who live in socially disorganized communities. They are members of the surplus labor market—those that are unemployed due to limited skills and disabilities. They are a neighborhood's youth, elderly, veterans, and immigrants, alienated from the norms and expectations of opportunity in a capitalist society (Sampson & Groves, 1999). Simply put, suspect populations are groups of individuals who are stigmatized. Thus, they include drug addicts, drug dealers, and the mentally ill. They are stigmatized so their actions and behaviors are non-normative, and public tolerance and policy dictates efforts to contain and manage them.

When persons with mental illness are also addicts and involved with drug markets they can become entangled with the criminal justice system. Their ability to make rational decisions and risk/benefit calculations are compromised by their illness and addiction (Beckett & Sasson, 2000). Their involvement as consumers and/or suppliers in the drug trade makes them increasingly vulnerable to formal forces of social control such as community-based policing (Green, 1997; Teplin & Pruett, 1992). Recent changes in sentencing legislation including mandatory sentencing and three-strikes laws select and process populations less able to manage their involvement with the illicit drug trade and their own addictions. Therefore, public policy decisions have brought this dually diagnosed population, already bearing the double stigma of mental illness and substance abuse, into closer contact with the criminal justice system. This article offers a review of the literature that exists on the dually diagnosed and discusses policies creating the trajectories for mentally ill individuals with substance abuse problems and their community reentry after involvement with the criminal justice system—a triple stigma.

THE LITERATURE

Mental Health Policy

Since the 1960s, public policy decisions have dictated that an increasing number of individuals with mental illness move from psychiatric hospitals to community settings. The well-intended notion that the mentally ill might be manageable and better served in the community due to advances in psychotropic medication and community-based treatment fueled the 1967 Community Mental Health Centers Act (Bachrach & Lamb, 1989; Grob, 1991). Although the trend to deinstitutionalize and offer community-based services proceeds today, public tolerance and services for persons with mental illness in the community are limited. The voluntary nature and, in some cases, lack of community-based mental health services has resulted in persons with mental illness seeking support from shelters, primary care hospitals, nursing homes, and substance abuse treatment facilities that are not intended to serve their distinctive configuration of needs (Borus, 1981; Drake et al., 1998; Susser et al., 1997; Teplin, 1994).

Today, there are fewer hospital beds available for mentally ill individuals who have difficulty navigating community living due to managed care and the modification of civil commitment laws (Laberge & Morin, 1995; Upshur et al., 1998; Lamb, Weinberger, & Gross, 1999). A result of these types of health care policy changes and decisions has been a five-fold increase in the arrest rate of offenders with mental illness. The nation's prison population contains two times more mental illness than reported in prisons just over a decade ago, and prisons now contain four to five times the rate of persons with mental illness found in the community (N. Morris & Tonry, 1990; Regier et al., 1990; S. M. Morris, Steadman, & Veysey, 1997; Rice & Harris, 1997; Wolff, Diamond, & Helminiak, 1997). Recent estimates suggest that approximately 16% of all those incarcerated in state prisons (16% of all males and 24% of all females) have a mental illness (Ditton, 1999).

Policy mandates alter organizational/institutional responses to individuals with mental illness in the community. For example, local law enforcement and surveillance strategies affect rates of arrest (Abram & Teplin, 1991; Beckett & Sasson, 2000; Green, 1997; Hiday, 1999; Teplin & Pruett, 1992). Thus, if a person with mental illness becomes disruptive or disorderly in the community, they are likely to come to the attention of law enforcement. From there, the context of police contact including being under the influence of substances and/or involved with drug dealing may have

implications for arrest, adjudication, and subsequent sentencing (Beckett & Sasson, 2000; Robertson, Pearson, & Gibb, 1996). For a variety of reasons including legal representation, mandated sentencing statutes, and their mental health status, persons with mental illness receive longer sentences and serve them out (Healey, 1999; Porporino & Motiuk, 1995; Travis, 2000). However, like the general population of inmates released without gradual reintegration support, offenders with mental illness are likely to be arrested again (Gendreau, Goggin, & Cullen, 1999; Harris & Koepsell, 1996; Torrey, Wolfe, & Flynn, 1992; Vose, 1990). Prior arrest is a strong predictor for future arrest and reincarceration among persons with mental illness (Cirincione, Steadman, Robbins, & Monahan, 1994).

Dual Diagnosis and Prisoner Reentry

Over half of persons with mental illness have substance abuse problems at some point in their lives (Drake, Bartels, Teague, Noordsy, & Clark, 1993; Regier et al., 1990). Mueser, Bennett, & Kushner (1995) found that persons with major Axis I thought disorders (i.e., schizophrenics) were almost five times as likely to have a history of any substance abuse or dependence, and persons with Axis I mood disorders were three times as likely to have a history of any substance abuse or dependence than the general population. The rate of substance abuse for offenders with mental illness ranges from 10% to 90% (Chiles, Von Cleve, Jemelka, & Trupin, 1991; National Gains Center, 1997a; Peters & Hills, 1993). This range found in studies of offenders is indicative of the various measures (screening devices, clinical interviews, self-report) used to assess substance abuse and the dearth of epidemiological research on offenders with mental illness in general. It also reflects the limited availability and opportunity to use illicit substances in some correctional facilities. Still, almost all offenders in correctional custody return to live in the community, and it is believed that substance abuse is a factor that adversely affects their community living and adjustment (Drake et al., 1998).

There is a large literature on dually diagnosed individuals released from inpatient hospitals that provides a theoretical framework for examining the individuals with similar backgrounds released from longer term correctional custody (Drake et al., 1993; Satsumi, Inada, & Yamauch, 1998; Swanson, Borum, & Swartz, 1996). This literature proposes that high rates of substance abuse and service-related needs are often indicative of potential threats to public safety and poor community reintegration outcomes (Drake et al., 1993; Steadman et al., 1998; Swanson et al., 1996; Swanson,

Borum, Schwartz, & Hiday, 1999). For instance, Steadman (1998) studied community violence of people discharged from acute psychiatric facilities and found that whereas there is variation by diagnosis and community setting, the co-occurrence of a substance abuse disorder is a major factor related to violence in the community for patients with mental disorders. Swanson et al. (1996, 1997) similarly examined the linkages among violence, mental disorder, and substance abuse using Epidemiological Catchment Area data and also concluded that the likelihood of violence is much greater when substance abuse co-occurs with a major mental disorder. Nevertheless, the effects of a co-occurring substance abuse disorder among mentally ill offenders returning to the community from prison are relatively unknown.

Thus, there is a need for closer attention to the distinct subgroups within the aggregate of offenders with mental illness. In a typology developed by Hiday (1999), substance abusers comprise a subgroup of mentally ill offenders. However, given the epidemiological data to date, it appears that the dually diagnosed are the majority rather than a subgroup. Are individuals with mental illness involved with the criminal justice system different from their dually diagnosed counterparts (those with both mental health and substance abuse problems)? What is the extent of substance abuse among the dually diagnosed offenders? How do dually diagnosed persons with a criminal justice record navigate the community after they have been released from correctional custody? Although there has been little systematic study of this population in the criminal justice system, dually diagnosed individuals are increasingly found in the criminal justice system because they remain an exponentially stigmatized population in the community.

METHOD

This study examines offenders with mental illness and those with substance abuse problems (the dually diagnosed) in correctional custody across the spectrum of criminal justice settings in Massachusetts. The three levels of criminal justice involvement examined include (a) a preadjudication group; (b) a postadjudication group serving a house of correction or misdemeanor sentence averaging 4 months, no longer than 2.5 years (misdemean- ant group); and (c) a postadjudication group serving a state prison or felony sentences averaging 4 years (felony group). After considering the initial differences across all the offenders with mental illness and the dually diagnosed groups, evidence is assembled for a sociological study of the implications of substance abuse history on the level of criminal justice

involvement and the potential for the community reintegration of the dually diagnosed population with a criminal justice record.

Study Population and Data Sources

Surveys of Massachusetts's prisons and county houses of corrections estimate that there are approximately 23,000 prisoners in Massachusetts county (11,850) and state (11,000) correctional facilities and that between 1,150 and 4,600 (5% to 20%) inmates suffer from schizophrenia, bipolar disorder, or another major mental illness (Fisher, Packer, Simon, & Smith, 2000; Rice & Harris, 1997). In an attempt to break the cycle of criminal recidivism and enhance the community reintegration of offenders with mental illness completing prison sentences, the Massachusetts Department of Mental Health established the Forensic Transition Team program in 1998. The Forensic Transition Team program provides *tracking* services for mentally ill persons involved with the criminal justice system at the preadjudication stage and *transitional* services for postadjudicated offenders with mental illness completing misdemeanant and felony sentences across the state. The Forensic Transition Team program provides the data sources for this analysis.

Persons with mental illness are identified to the Forensic Transition Team preadjudication by mental health clinicians in the courts and postadjudication in county houses of correction and prison by trained correctional staff workers that complete documentation for the Department of Mental Health eligibility process. Once individuals are found eligible for Department of Mental Health services, the general criterion being major mental illness accompanied by functional impairment lasting a year or more, the Forensic Transition Team program staff members track preadjudicated individuals disposed by the court and work directly with postadjudication incarcerated inmates prior to release. Only those individuals who are incarcerated and pending release receive transitional services that include release planning. Program staff members also work directly with ex-offenders for up to 3 months postrelease.

To date, the Forensic Transition Team has served 501 mentally ill persons, 344 who are dually diagnosed, involved with the criminal justice system. Three hundred thirty of these persons have transitioned from correctional setting to the community and 171 have been preadjudication tracking cases. Table 1 provides the breakdown of those served with dual diagnosis and by current criminal justice disposition.

Table 1: Study Population Described by Location in the Criminal Justice System and Dual Diagnosis

Group	*Total Served* (n = *501)*	*Dually Diagnosed* (n = *344)*	*Dually Diagnosed by Group (69%)*
Preadjudication	171	101	59%
Misdemeanant	212	157	74%
Felony	118	86	72%

Data Collection and Analysis Plan

The Forensic Transition Team program staff conducts all client interviews and completes the standardized program forms developed by the research team. The program forms comprise the instrumentation from which variables are coded and entered into several research databases. To date, the research team has collected and organized four types of data.

1. Demographic information: Personal characteristics including age, race, gender, ethnicity, education, occupation, and income.
2. Clinical information: Client clinical symptoms and service needs history such as substance abuse and homelessness. Client symptoms are categorized by thought, mood, or personality disorder according to their primary diagnosis of record.[1]
3. Criminal information: Criminal history, most recent criminal charge, sex offender status, institution released from (indicating seriousness of charge and length of incarceration) length of incarceration, and probation or parole information.
4. Outcome information: Dimensions of postincarceration functioning 3-months postrelease as well as services engaged in the community.

Most of the data are captured during a baseline interview after individuals are identified in courts or correctional facilities. The data are captured on the program intake form. The CAGE-ID provides a standardized four-item screening instrument for substance abuse and is used elsewhere to assess this population (National Gains Center, 1997b). More in-depth data are collected on the transitioning group being released from correctional custody to the community. The data reflect characteristics of the transition from prison to the community and capture information on service needs and service engagement postrelease. For instance, those in the transitioning group screening positive on the CAGE-ID portion of the intake form complete a substance abuse index form. Additionally, at 3 months postrelease, the tran-

sition group will also have a Termination Form completed including service data that are coded and entered into the research database.

For this analysis, basic comparisons will be made across mentally ill individuals involved with the criminal justice system and the dually diagnosed portion of the population. Next, an analysis will examine the current trajectory and postincarceration disposition for the dually diagnosed group alone. An examination of substance abuse histories, short-term community outcomes, and service engagement will explore the potential for the community reintegration of dually diagnosed offenders and suggest public policy directions to support them in this endeavor.

FINDINGS

Mentally Ill Offenders and Dually Diagnosed Offenders

As noted above, nearly 70% or 344 of the 501 mentally ill offenders involved with the correctional system and identified in Massachusetts screened positive on the CAGE-ID for substance abuse problems. When comparing the dually diagnosed or substance-abusing group with the non-substance-abusing group of mentally ill offenders involved with the criminal justice system, significant differences emerge demographically, clinically, criminally, and in short-term community outcomes (Table 2).

In terms of basic demographics, significant differences only emerge regarding age and region returning to between the substance abusing and non-substance-abusing groups. It appears that the older mentally ill offenders are more likely to have a history of substance abuse, which is indicative of the difficulties of living with a major mental illness over the life course. Gender (80% male 67% substance abusing and 20% female 74% substance abusing), race (65% Caucasians 73% substance abusing, 24% Black 75% substance abusing, and 24% Latino 76% substance abusing), and level of education ratios remained similar between the two groups, yet females have a slightly elevated rate of substance abuse.

Clinically, it appears that dually diagnosed offenders are as likely to have a history of receiving mental health services as offenders with mental illness alone. However, the clinical symptoms and service needs including homelessness are significantly different between the dually diagnosed and mentally ill offenders. The dually diagnosed are more likely to be homeless at release than their non-substance-abusing counterparts.

Table 2: Significant Differences Between Dually Diagnosed and Non-Substance-Abusing Persons With Mental Illness Involved With the Criminal Justice System

Variable Categories	*Significant Differences*[a]	
Demographics	Age	($\chi^2 = 11.4$, $df = 3$)
	Region	($\chi^2 = 14.5$, $df = 5$)
Clinical symptoms and services	Diagnosis	($\chi^2 = 29.6$, $df = 5$)
	Homelessness	($\chi^2 = 11$, $df = 2$)
Criminal status	Charge	($\chi^2 = 54.6$, $df = 8$)
	Probation	($\chi^2 = 7.2$, $df = 1$)
	Probation violation	($\chi^2 = 5.3$, $df = 1$)
	Sex offender status	($\chi^2 = 5$, $df = 1$)
Short-term community outcomes	3-month disposition	($\chi^2 = 18.5$, $df = 5$)
	Recidivism	($\chi^2 = 14.5$, $df = 2$)

a. Statistically significant differences of variables based on a $p < .05$ test between dually diagnosed and non-substance-abusing persons with mental illness involved with criminal justice system.

Criminal history variables suggest no differences in the percentages of the dually diagnosed being released from misdemeanor (63%) or felony (47%) sentences and those being paroled (6%). However, the dually diagnosed group's criminal profile differs by most recent criminal charge, probation status, violation of probation, and sex offender status. The dually diagnosed are more likely to be involved with the criminal justice system due to public order offenses (25%), property offenses (13%), and drug charges (11%) than their non-substance-abusing counterparts who are more likely to be incarcerated for arson (3%), assault and battery (34%), and murder (3%). Sex assault of a minor is equivalent across both the substance abusing and non-substance-abusing groups (6%). Additionally, whereas nearly 20% (88 of 501) of offenders with mental illness are monitored by probation, 83% of the 52 probation violators are dually diagnosed. Finally, whereas 80% or 62 of the 78 sex offenders are also substance abusers, it is interesting to note that the dually diagnosed classified as sex offenders are more likely to commit their offenses on adults.

In terms of short-term community outcomes, perhaps not surprisingly, there are differences between the dually diagnosed and non-substance-abusing mentally ill offender groups particularly regarding recidivism. The disposition variable includes five primary outcomes categories: (a) engage

in community services, (b) become lost to follow-up, (c) step down through inpatient hospital, (d) recidivate to hospital, and (e) recidivate to prison.[2] Although we only have data on 84% or 419 cases due to many mentally ill individuals' still being incarcerated (in transition from the criminal justice system), the dually diagnosed are more likely to be engaged in services in the community (46% versus 29%), lost to follow-up (6% versus 4% of the total), and institutionalized (rehospitalized or reincarcerated) after a period of time in the community (5% versus 3% of the total). When examining criminal justice recidivism rates alone, three dually diagnosed individuals have returned to correctional custody *two times* after release whereas none of their non-substance-abusing counterparts have done so. Fifty-one or 90% of all the 57 recidivists returning to correctional custody are dually diagnosed.

Substance Abuse and Service Trends Among the Dually Diagnosed Postprison Release

Substance abuse indexes have only been completed on a small portion of the transitioned group (n = 17). Nevertheless, some discussion of the emerging patterns at this point will provide a framework for future research. Whereas the population describes using and abusing a broad range of illicit and licit drugs, Table 3 focuses on the six most commonly abused substances (alcohol, marijuana, cocaine, heroin, crack, and hallucinogens) and age at first use. All (17) cases reveal abuse of more than one drug in multiple combinations. For instance, focusing on the six categories of most frequently abused substances, 34% abused four substances, 24% abused three substances, 16% abused a combination of two substances, 13% abused five substances, and 10% abused all six substances. Only two dually diagnosed offenders abused alcohol only and the one nondrinker smoked marijuana and used crack.

Table 3 reports the average age of initiation of all those that abuse substances. Examining the population on the whole it appears that, in general, they began using downers such as heroin and hallucinogens, including alcohol, at age 14. The use of stimulants including cocaine, methamphetimines, and crack occurred later at about 16 years of age. Intravenous use of any drug occurred after 18 years of age for the majority.

As described above, the dually diagnosed offenders transitioned from correctional custody to the community have higher rates of community engagement in the short term. However, given the extent of their substance abuse problems it is not too surprising that they are also more often lost to

Table 3: Substances of Choice and Age of Initiation

Substance	*Number of Abusers*	*Percentage*	*Age of First Use*
Alcohol	70	99	14
Marijuana	61	86	14
Cocaine	53	75	16
Heroin	20	35	14
Crack	22	31	21
Hallucinogens	26	37	16

follow-up and more likely to be rehospitalized or recidivate. Of the 118 termination forms on the service trends of all offenders with mental illness 3-months postrelease from correctional custody, 60% or 71 were referred to substance abuse treatment and 26 of those individuals participated in substance abuse treatment in a community (19) or hospital setting (7). Being in substance abuse treatment in the community is positively associated with receiving other services including entitlements, social security, and health insurance and being involved with a social club. However, and somewhat counterintuitively, those in substance abuse treatment are less likely to be involved in vocational programming.

Limitations of Findings

The findings for this study are limited to persons identified as mentally ill with a substance abuse history involved with the criminal justice system in Massachusetts, but there is no reason to believe they are not comparable to populations of other mentally ill and dually diagnosed offenders elsewhere in the country. Additionally, whereas the study is limited to Department of Mental Health eligible individuals, this finding of eligibility assures the presence of an Axis I major mental illness. Data collection occurs in stages and missing data are a problem because of the ongoing nature of the program and process of studying individuals moving from correctional custody. For instance, although it would seem that a complete data set would include substance abuse index forms on the 243 dually diagnosed individuals receiving transitional services after serving misdemeanor and felony sentences, the program did not implement the Substance Abuse Index form until after the 1st full year of program operation.[3] To date, only 47% of the expected forms are complete.[4] Therefore, a rigorous analysis of substance abuse onset, course, and frequency is not feasible at this point and limited to a discussion of descriptive trends. Finally, Termination forms are only com-

pleted on the portion of the transitioning group who has been released from correctional custody for 3 months or more. Therefore, the analysis on services post-correctional custody is done on a smaller sample of cases 3 months after release to capture dispositions at that time and service trends (n = 118).

CONCLUSIONS AND POLICY IMPLICATIONS

The differences between offenders with mental illness and those with mental illness and substance abuse problems, the dually diagnosed, are pronounced. The dually diagnosed are more likely to be serving sentences related to their substance use (public order offenses, property crimes, and drug-dealing offenses). They are also more likely to be homeless on release, violate probation after release, and recidivate to correctional custody. Homelessness and lack of social service support and/or correctional oversight can propel the dually diagnosed group into criminal activity as a survival strategy in the community and, in turn, increase potential for rearrest.

The double stigma of being a mentally ill substance abuser creates barriers to receiving community-based services. The dually diagnosed are not preferred candidates for rehabilitation programs or residential facilities, nor are they medically compliant. They are misfits in the mental health and substance abuse service systems that struggle to make adequate provisions. And even with services in place, the dually diagnosed can become involved with the criminal justice system because of the long-term course of their addiction and its associated behaviors. Spending time incarcerated leaves this population with a triple stigma to contend with on return to the community. Clearly having a substance abuse history compounds the problems of an ex-offender with mental illness attempting to live in the community, and service providers in the community need to be aware of this history. It is important to note, for instance, the apparent patterns of resettlement of the ex-offenders postrelease. These patterns present the opportunity to craft a full range of appropriate services in appropriate locations addressing their needs.

The literature provides a clear indication of what types of services work best with the dually diagnosed population. Specialized integrated substance abuse and mental health treatment, assertive outreach, behavioral skills groups, intensive case management, transition, and linking programs are helpful to dually diagnosed individuals once they have been properly identified and assessed (Drake et al., 1993; Jerrell & Ridgely, 1995; National Gains Center, 1997b). However, the question becomes where they are iden-

tified and assessed and if they are diverted to appropriate programs *before or after* involvement with the criminal justice system. It could be argued that those scrutinized or suspect populations that come to the attention of law enforcement, more often than not, are too impaired or compromised to calculate the risks/benefits or the consequences of their illegal behavior. For these people, the dually diagnosed among them, the correctional system and its consequences are not deterrents or understood as punishment or retribution for illegal behavior. Instead, their correctional involvement results only in incapacitation, separating and stigmatizing them further from the community.

To date, there is little research existing on dually diagnosed ex-offenders, and this study suggests they are a distinct group. Their presence in the criminal justice system is indicative of their disenfranchisement or lack of fit with more informal social controls including social services. Although being involved with substances can be criminogenic (more so today given recent laws and legislation), it seems that those not able to manage community living have multiple problems and stigmas that need consideration in combination. The high rates of substance abuse including the common use of multiple illicit substances among the mentally ill (rates that increase as they age) might provide some measure of the quality of their lives and their difficulties living in the community. Nevertheless, spending time incarcerated increases community disenfranchisement, and policy makers should be aware of this consequence when they are rethinking drug policy and allocating resources among social service institutions.

NOTES

1. *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (4th ed.), (1994), revised criterion.

2. Disposition includes data collected on the short-term, 3-month postrelease community reintegration outcomes across groups.

3. The program does not complete Substance Abuse Index forms on the tracking group still involved with the court system because the Forensic Transition Team's primary objective is to safely transition mentally ill inmates from prisons and houses of correction to the community.

4. During the 1st full year of operation, the Forensic Transition Program served 131 Department of Mental Health-eligible individuals, at least 92 of them with a substance abuse history. Given this, a complete set of Substance Abuse Index forms collected in subsequent years of program operation would equal 152 (243 – 92 = 152).

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