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Issues of Inmates Not Receiving Mental Health Treatment: A Prison-Based Counselor Perspective

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This is to certify that the doctoral dissertation by

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Abstract

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by

Ashley C. Westmoreland

MA, Argosy University, 2018

BS, Tennessee State University, 2016

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Forensic Psychology

Walden University

May 2023

Abstract

Mental illnesses in correctional facilities have been an issue for decades and have
increased over time. According to recent studies, correctional facilities have become
known as mental health institutions without access to treatment. It is unclear why
correctional facilities have limited resources, but research indicates that offenders are not
receiving the appropriate treatment. This qualitative phenomenological study aimed to
explore how five prison-based counselors perceive the quality and quantity of mental
health services provided to inmates. The data were analyzed and coded using the
Interpretative Phenomenological Analysis (IPA). The current study's findings further
added to the base of knowledge that there is a high prevalence of mental illnesses in
correctional facilities. New data indicated that programs and resources are readily
available; however, the issue is the misuse of the programs and resources or inmates do
not want the assistance. The data from this study also confirmed what other researchers
presumed to be why inmates are being neglected from receiving the proper treatment for
their mental illnesses. The findings from this study can bring about positive social change
by creating awareness in the criminal justice and forensic field of inmates in corrections
who are not receiving treatment.

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Dedication

This research is dedicated to incarcerated inmates who have mental illnesses and formerly incarcerated individuals having a difficult time due to mental illness. I also dedicate this research to employees who work in correctional facilities with the intent of helping inmates who are mentally ill. Finally, this dissertation is dedicated to my mother and sister who have supported and uplifted me during discouraging and overwhelming times. My mother and sister have supported and uplifted me during discouraging times and overwhelming effects. I want to dedicate this research to formerly incarcerated individuals having a difficult time due to mental illness. Additionally, I would like to dedicate this research to the employees who work in correctional facilities with the intent of helping inmates who are mentally ill.

Table of Contents

Chapter 1: Introduction to the Study

Globally, over 10 million individuals are incarcerated, with over half diagnosed with a mental illness (Hensel et al., 2021). Correctional facilities have a high prevalence of mental health conditions, with 60% of the inmates suffering from mental health disorders or related symptoms (Van Dunk, 2021). Correctional facilities, including prisons, jails, and juvenile facilities, have similar elevated numbers of mental health disorders (Tadros et al., 2020). There is a high rate of different mental health disorders among inmates, including schizophrenia, major depression, psychosis, bipolar disorder, personality disorders, and suicides (Fazel & Seewald, 2012). There is a stigma within the criminal justice system of correctional facilities with a higher mental health disorder rate than the general population (Fowler et al., 2019). Therefore, it is more common for mentally ill offenders to be imprisoned without treatment. Correctional systems, such as prisons, jails, and juvenile facilities, are in a state of crisis due to mental health issues (Tadros et al., 2020). It is unclear why the prison and jail populations are being neglected from access to treatment and resources (Fowler et al., 2019). Study results from other researchers have revealed a need for the issue of mental health disorders in jails and prisons to be addressed and resolved (Van Dunk, 2021). Mental health services are a crucial factor in decreasing the rate of mentally ill inmates, but for an unspecified reason, inmates are not receiving treatment or resources (Van Dunk, 2021). This qualitative study aimed to understand why inmates worldwide are not receiving the proper treatment for mental illness from a prison-based counselor perspective. The social implication that has led to an increase in the prevalence of mental illness among inmates is that there are

insufficient resources available to treat mental illness or that the available resources are ineffective. The results from this study can bring social change by providing awareness to the criminal justice and forensic fields of inmates in corrections who are not receiving treatment. Although mental health awareness is a positive factor constantly being conducted for the general population, that same awareness is not being addressed for the jail and prison populations (Tadros et al., 2020). Chapter 1 includes the background on the issue, data on the problem, the purpose of this study, descriptions of the theoretical frameworks, the nature of this study, the limitations, and the significance of this study.

Background of the Study

Faculty and staff in correctional facilities and forensic populations have an overwhelming amount of mental health problems (Edens et al., 2019). Studies from researchers reveal that few effective mental health treatment programs are available in jails and prisons (Edens et al., 2019). Over the past several decades, prisoners with mental illness have received inadequate treatment in correctional facilities (Alegria et al., 2021). While acknowledging the issue of prisoners not receiving treatment, prisons and jails house inmates who suffer from various mental health disorders (Caspar & Joukov, 2020). According to Harki (2019), American correctional facilities are overcrowded with inmates suffering from various mental health disorders. Officials and society are aware of correctional facilities being over-crowded; however, there appears to be a systemic unwillingness to address inmates with mental illness without treatment. Clinicians have expressed the importance of treating the illness early to prevent it from advancing (Alegria et al., 2021).

According to Kornberg (2021), 1.2 million people are in jails and prisons with mental illness or related symptoms each year. The American Psychological Association (APA) published a report indicating that 64% of inmates in jails, 54% of inmates in state prisons, and 45% of inmates in federal prisons have a mental illness (Morin, 2021). Since 2021, incarceration rates for individuals with mental illness have increased by over 40% (Morin, 2021). The APA also reported approximately 10% to 25% of inmates have a severe mental illness (Morin, 2021).

Due to these high rates of mental illness, prisons and jails are currently known as "the new asylum" (Kornberg, 2021). This problem originated in the 1970s due to deinstitutionalization and overcrowding in psychiatric hospitals. Mentally ill individuals were moved to community-based treatment programs (Kornberg, 2021). However, the government neglected the programs, resulting in transinstitutionalization, which refers to incarcerating people with mental illness (Kornberg, 2021). Access to treatments and programs for inmates with mental disorders in jails and prisons is problematic due to the prevalence of mental disorders resulting from assessments (Alsuhaibani et al., 2021). Due to a lack of resources, it is difficult for counselors and clinicians to administer treatment for existing mental health disorders among inmates (Alsuhaibani et al., 2021).

Studies conducted by researchers reveal that incarcerated individuals have higher rates of mental illness than the general population (Mullian, 2021). A potential cause for the high rates of mental illnesses among the general population is how society treats and labels incarcerated people (Mullian, 2021). There is an extensive history regarding how society and organizations are responsible for stigmatizing mental health among inmates

(Mullian, 2021). It is essential to comprehend society's negative perceptions of mentally ill prisoners to comprehend why this population is neglected and essentially denied mental health treatment (Mullian, 2021). The criminalization theory and the labeling theory suggest that inmates do not receive treatment due to incarceration (Johnston, 2019). Although there are theories as to why inmates are not receiving treatment, there is no explanation from the perspective of a prison-based counselor as to why this problem exists. In this study, ~~This study's~~ the findings may raise awareness of mentally ill inmates and how institutions can assist them.

Problem Statement

Across the United States, multiple prisons and jails have incarcerated many individuals suffering from various mental health disorders or symptoms. Over two million people are incarcerated, and studies from researchers have demonstrated a high prevalence of mental illness among this population (Williams & Arvidson, 2021). It is common for mentally ill offenders to be incarcerated without treatment (Harki, 2019). Prison and jail personnel have reported deaths, behavior problems, and unsuccessful transitions into society due to the lack of mental health treatment (Harki, 2019). Mental illness in correctional facilities is higher than in the general population by 4% to 6% (Tadros et al., 2020). Tadros et al. (2020) note a state of crisis regarding mental health issues in correctional systems (prisons, jails, and juvenile facilities).

Inmates who suffer from mental health disorders are not receiving enough or, in some cases, any treatment (Tadros et al., 2020). Although inmates can benefit from access to treatment, the high rate of mental illness shows insufficient mental health

treatment among the inmates (Williams & Arvidson, 2021). According to Glorney et al. (2020), the incarceration environment has stressors that likely add to existing mental health disorders among inmates. Jails and prisons are not designed to become psychiatric institutions. However, with the increasing number of mentally ill inmates, correctional facilities have become psychiatric institutions without changing the environment's structure. Olafsson et al. (2020) posit that correctional facilities have become known as mental health institutions without actually providing mental health services. Despite the importance of the matter, there is insufficient literature aiming to explain why mental illness is so prevalent and untreated among inmates from a prison-based counselor perspective.

Siennick et al. (2021) point out that criminalization is a theory that suggests people with mental illness have a higher chance of becoming incarcerated than receiving treatment due to their criminal behavior. The criminalization and labeling theories suggest the reason for mental health neglect among mentally ill inmates is a complete disregard for the conditions and an intense focus on the behavior alone. Aside from correctional institutions being depressing and scary places that might induce depression, anxiety, and paranoia, correctional facilities have no apparent reason for the high mental health rate (Glorney et al., 2020). Further research should be conducted to determine why inmates do not have access to treatment and programs from a prison-based counselor perspective. Since counselors work closely with inmates who suffer from different mental health disorders, it would be beneficial to understand their views on this topic of interest.

Purpose of the Study

This qualitative study aims to explore how prison-based counselors perceive the quality and quantity of mental health services provided to inmates. ~~The~~ In this study I aimed to understand how prison-based counselors perceive the usefulness of resources, programs, and treatments used in helping decrease the symptoms associated with mental illness in correctional facilities. This study employs a phenomenological approach to achieve its objectives. Although numerous policies and programs have been enacted to ensure the well-being of inmates in correctional facilities, they have been ineffective in addressing the issue of mental illness among offender-based populations (Smith-Merry et al., 2019).

Research Questions

RQ1. How do prison-based counselors perceive the quality and quantity of mental health services provided to inmates?

RQ2. How do prison-based counselors perceive the usefulness of resources, programs, or treatment used in helping decrease mental illness in correctional facilities?

Theoretical Framework

The theoretical framework used for this study was criminalization theory and labeling theory. Criminalization refers to focusing on criminal behavior and disregarding the root cause of the behavior (Johnston, 2019). The criminalization theory suggests how apparent mental health illnesses have become and how inmates in jails and prisons are not receiving treatment (Johnston, 2019). The criminalization of people with mental

illness is an ongoing problem for the criminal justice system due to the high prevalence of mental health disorders (Warburton & Stahl, 2021). Transinstitutlization and deinstitutionalization have been linked to the criminalization theory to explain how correctional facilities have become psychiatric institutions (Staub, 2018). The criminalization theory aligned with this study because it theorized why inmates are neglected and not receiving mental health treatments.

The labeling theory refers to offenders being labeled as criminals, which is the cause of not receiving treatment for their mental illnesses (Grover et al., 2020). The labeling theory has existed for decades and suggests that inmates are criminals and perhaps not worthy of adequate care (Gove, 1982). The labeling theory was created based on how society views certain groups of individuals. For the current study, inmates with mental health disorders are labeled as "criminals" and potentially less deserving treatment (Grover et al., 2020). The general population has labeled inmates as "crazy," "evil," "killers," and other derogatory names, which creates a misconception that inmates should not be given the appropriate treatment (Grover et al., 2020). Evidence from scholars suggests that stereotypical viewpoints and prejudicial thinking regarding inmates with mental illness are common (Economou et al., 2020). There is a distinct correlation between the labeling theory and the high rate of mentally ill inmates in jails and prisons (Economou et al., 2020). Chapter 2 will include a discussion of the background of the

labeling theory and how this theory has shaped the current issue of mentally ill inmates in jails and prisons.

Nature of the Study

This study employs the phenomenology approach to achieve its objectives. The researchers employ a qualitative approach through interviews with counselors, analysis of their observations, and coding information (Samele et al., 2016). This study explores the high rate of inmates with mental illness and how this phenomenon continues to increase from a prison-based counselor's perspective. The phenomenological approach will provide insight and awareness of inmates' mental illnesses within prisons and jails worldwide. I used a qualitative approach through interviews with counselors, analysis of their observations, and coding information (Samele et al., 2016). The correctional population has the highest level of mental illness compared to any other group of people (Smith-Merry et al., 2019). Although some mental health resources such as therapy, programs, and policies are available in correctional facilities, most of these resources have proven ineffective. Some interventions may be effective in some correctional facilities, while others may be ineffective due to the diverse nature of mental health issues in different correctional facilities (Smith-Merry et al., 2019). Interviewing counselors will assist in gaining insight into why correctional facilities are not providing mental health treatment and why some of the resources are ineffective.

Although the study's sample size is small, sufficient information was gathered to answer the research questions and achieve data saturation. The targeted population was counselors who work in correctional facilities. The inclusion criteria stipulated that

participants must be licensed mental health professionals and that their daily

responsibilities must center on working with inmates with mental health disorders. I

made sure the counselors were exposed to the correctional facilities and the inmates with

mental disorders/conditions for this study to be considered valid and credible by peers

and experts in the field.

<div align="center">**Definitions**</div>

Phenomenology: Describe research accurately of lived experiences from specific

individuals (Groenewald, 2004).

Correctional facilities: Facilities that include jails and prisons where people

convicted of a crime are sentenced for a year or longer (National Institute of Justice,

n.d.).

Mental Illness: Symptoms of mental health disorders that can be cured with

appropriate treatment (DSM-5: Diagnostic and Statistical Manual of Mental Disorders,

5th Edition, 2023).

Mental health disorder: Occurs when the mind is in a deteriorated state, ((DSM-

5: Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, 2023).

Transinstitutionalization: The process of forcing mentally ill individuals into

incarceration by government officials or other organizations (Kornberg, 2021).

Deinstitutionalization: The process of moving mentally ill individuals out of

psychiatric facilities and community-based treatment programs into correctional facilities

(Kornberg, 2021).

Criminalization: The act of neglecting inmates from receiving mental health treatment based on their criminal behavior or incarceration (Siennick et al., 2021).

Labeling: The act of maltreating someone due to misconceptions, myths, and prejudice by society (Grover et al., 2020).

Assumptions

For this current study, I made several assumptions about why inmates are not receiving adequate mental health treatment. Inmates in jails and prisons are perceived to be evil, bad, and many other derogatory names Inmates suffering from different mental health disorders or illnesses are something that many people are unaware of or concerned about. On the other hand, people aware of this occurrence may think that inmates are being labeled as mentally ill as a cover-up for their actions. However, researchers have revealed inmates are less likely to be diagnosed with a mental illness than the average citizen (Tadros et al., 2020).

In addition, I made assumptions about the types of resources unavailable in correctional facilities. The two most prevalent assumptions for why some inmates are not receiving mental health treatment are a lack of resources and insufficient staffing in correctional facilities. Although these two reasons have a possibility of being accurate, there is not enough evidence to support the claims. Assumptions on this topic will shape this study because it revealed research-based evidence suggesting the assumptions to be falsely notated. Understanding the issue and potentially answering the research gap can bring awareness to the criminal justice system, the forensic system, and society. The criminal justice and forensic systems do not possess the reasons and understanding why

the prison population is often excluded from receiving the appropriate treatment. Thus, the questions asked in the interviews reflected the perspectives of prison-based counselors, a population whose perspectives are not widely known.

Scope and Delimitations

Jails and prisons are currently overcrowded with inmates suffering from mental illness or symptoms of the disorders. The surge of mental illness in correctional facilities is an issue that needs immediate attention. Researchers have shown that there are little to no resources available to inmates. The limited access to appropriate treatment and programs is the primary cause of the increasing rate of mental illness among inmates. There is no definite explanation as to why this population has been and is currently prevented from receiving treatment.

My goal for this study was to understand why mentally ill incarcerated individuals have difficulty obtaining treatment. Prison-based counselors were used in this study to understand better why inmates' mental health is being disregarded. Since prison counselors have access to this population, their knowledge and expertise on the subject are crucial and reliable. My objective was to recruit licensed counselors who had worked with the population for at least five years. For this study, I assessed why this recurring problem exists and what must be done to prevent its recurrence.

The theories of criminalization and labeling help explain why inmates in jails and prisons are not receiving adequate mental illness treatment. The study's participants answered questions related to both theories of labeling and criminalization to explain how these theories contribute to the inadequate treatment of mental illnesses in correctional

facilities. Participants were also asked whether resources were available for mentally ill inmates and whether those resources were effective. Through interviews with prison-based counselors, I aimed to determine if there is a significant difference in the prevalence of mental illness, the availability of resources and if the resources contributed to reducing mental illness symptoms among inmates.

Limitations

Limitations can prevent a study from being accurate and can steer away from discovering the gap in the literature. The participant's right to privacy was a possible ethical consideration. I understood certain factors could not be expressed (e.g., participant(s) name, inmates name, facility name). Obtaining the population was another challenge in ensuring enough people (counselors) to interview for this study. Although the goal was to get prison-based counselors from jails, prisons, and juvenile facilities, getting counselors from all was impossible. Typically, sample sizes for qualitative studies are small, but sufficient participants are required to collect sufficient data to achieve saturation. Inmates are considered to be one of the most vulnerable populations. Due to that limitation, prison-based counselors might not be able to discuss specifics regarding inmates.

There is limited data on stressors in correctional facilities that can increase mental illness among inmates (DeMartini et al., 2020). Another limitation was finding research data from researchers who have up-to-date published material. Connecting the conceptual frameworks to the study was also a limitation due to not finding current or up-to-date data tying them together. Another restriction is that the information obtained from the

counselors did not represent the entire country or other countries. Still, data from other studies helped increase the validity of the current research.

Significance of the Study

In this study, I addressed the gap in the literature by exploring the specific issues of correctional facilities failing to provide mental illness treatment and whether the methods being used are effective. The study aims to investigate mental health disorders in jails and prisons, specifically from a counselor's perspective, and to provide insight into inmates not receiving treatment for their mental illness. Mental illness is common in the criminal justice system, and inmates are not receiving treatment compared to the general population (DeMartini et al., 2020). The data from researchers shows a high prevalence of mental illness and suggests the need to be further investigated the availability and effectiveness of mental health services being provided in correctional facilities (Kolodziejczak & Sinclair, 2018). The results of this study could provide a clear explanation as to why inmates with mental illnesses are being prevented from receiving treatment. The results also provide insight into whether the treatment inmates have access to effectively decreases symptoms of mental illness. This study may result in social change by raising awareness of mentally ill offenders in the criminal justice and forensic fields and the need for additional support, services, and resources.

Significance to Practice

This study's findings contribute vital insights into the need for additional support, services, and resources for inmates experiencing mental illness. It is the responsibility of the government or organizations to care for incarcerated individuals, particularly those

with mental illness. The study's findings provide valuable insight into the need for new policies or practices to reduce the number of mentally ill inmates in correctional facilities and possibly place these individuals in psychiatric treatment centers or other mental health treatment facilities. Such policies could be cost-effective for tax payers and assist in preventing recidivism. State, local, and federal governments can reform this section of the criminal justice system to provide adequate support, services, and resources to mentally ill offender-based populations. Attending to the needs of mental health among inmates will lead to a safer environment in correctional facilities, a safer transition into society among inmates, and successfully treating the inmates who suffer from a wide range of mental illnesses. Policies and practices being enhanced, changed, or created may also lead to different agencies collaborating to help resolve this issue.

Significance to Theory

One of the objectives of this study is to apply the criminalization theory and labeling theory to prisoners who did not receive mental health treatment. Both theories help to explain why inmates in correctional facilities are either not treated at all or receive insufficient care for their mental illnesses. Research has revealed the high prevalence of mentally ill individuals in correctional facilities compared to the general population validating the role of labeling theory against the inmates. Acknowledging and understanding how these theories apply to the issue and why inmates are not receiving treatment can help bring awareness to the problem and potentially help them to gain access to treatment (Harki, 2019).

Significance to Social Change

The findings of this study may result in social change by bringing awareness to inmates not receiving mental health treatment. I addressed the high prevalence of mental illness among inmates and why correctional facilities have difficulty providing treatment for mentally ill offender-based populations. Policies and laws were meant to bring positive social change and reflect the current public opinion, including the criminal justice system, and not neglect the offenders suffering from mental illnesses. This study can bring social change and awareness to the need for policy and law adjustments to meet the needs of mentally ill inmates. I also examined the positive effects of providing mental health treatment to inmates. There is a gap in the literature as to why inmates in jails and prisons are not receiving mental health treatment. Obtaining the answer to this gap from prison-based counselors assists with understanding why this issue is occurring and may result in strategies to address the problem.

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Summary

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Mental illness in correctional faculties among inmates is exceedingly high and continues to increase (Eden et al., 2019). Researchers have shown that treatment is not available to inmates, and other scholars revealed that some treatment is not practical (Alergia et al., 2021). Correctional facilities are overcrowded with inmates who suffer from various mental health disorders or severe symptoms and are not receiving treatment. Although many facilities are aware of the problem, it remains unknown why the issue is ongoing and continues to grow (Caspar & Joukov, 2020). This study examines how I examined mental health neglect among inmates and how there is little information as to

why the jail and prison populations fail to provide mental health treatment. Chapter 2

focuses on a comprehensive review of related research literature as the theoretical

framework.

Chapter 2: Literature Review

According to Harki (2019), prisons and jails across the nation have incarcerated many individuals who suffer from various mental health disorders. It is common for mentally ill offenders to be imprisoned without mental health treatment. Correctional systems such as prisons, jails, and juvenile facilities are in crisis with mental health issues (Tadros et al., 2020). This qualitative study aimed to understand why inmates in certain countries are not receiving the proper treatment for mental illness from a prison-based counselor perspective. Individuals unfamiliar with the criminal justice system are unaware of the issues of offenders who are mentally ill (Joyce et al., 2018). This study aimed to bring awareness to this ongoing problem within the criminal justice system. Half to three-quarters of inmates are not provided mental health treatment for their mental illness (Martin et al., 2018). More than half of correctional facilities have issues providing mental health treatment, and more research is needed to provide a broader explanation of this topic (Adams & Lincoln, 2020). Kolodoziejczak and Sinclair (2018) noted that out of 2.3 million inmates in the United States correctional facilities, one-half are not receiving mental health treatment. Compared to other nations, the United States has the highest incarceration rate, and most of the population suffers from mental health disorders (Al-Rousan et al., 2017).

Due to the prevalence of mental illness in correctional facilities, there is an urgency for investigation and further research into this matter that could help promote awareness and resources to better serve inmates with mental health problems (Kolodoziejczak & Sinclair, 2018). Prison and jail personnel have reported deaths,

behavior problems, and unsuccessful transitions into society due to the lack of mental health treatment (Harki, 2019). Olafsson et al. (2020) note that 41% of inmates have a severe mental illness and are more likely not to receive treatment. Although studies have provided information about correctional facility policies and programs, these policies and programs have been ineffective in addressing the issue of mental illness (Smith-Merry et al., 2019). There are various mental illnesses offenders suffer and symptoms displayed (Joyce et al., 2018). The type of mental illness the vast majority of inmates suffer from includes schizophrenia, bipolar disorder, major depression, anxiety, and psychosis. This chapter will examine the search strategy, the theoretical foundation, and the topic's history.

Literature Search Strategy

The review of literature is required to be collected through various articles related to the topics of mental health neglect in correctional facilities. The peer-reviewed articles were mostly limited to research from 6 years of 2016 through 2023, along with some historical references. A thorough search of the databases from Walden University Library is where I located the majority of the articles. Keywords and phrases used for this study included: *mental health; mental illness; mental health disorder; psychiatric disorder; jails; prisons; corrections; incarceration; inmates; access; availability; barriers; obstacles; counselors; therapists; psychologists; and psychotherapists.*

A broad search of the Walden library was first conducted to get an idea of the overview of this topic and potential themes. Specific and relevant databases were used to narrow the topic and deepen understanding. An advanced Thoreau search using the

keywords *mental health; mental illness; mental health disorder; psychiatric disorder; jail; prison; incarceration; accessibility; and availability* contained some articles using the terms *incarceration, barriers; policies; mental health; and juvenile justice system.* An expanded search was performed using all of the keywords but with specific databases. The keywords *mental health issues in correctional facilities* were used to search the Criminal Justice, SAGE Journals, APA PsycInfo, and APA PsycArticles. Research by subject is another method to narrow the search by utilizing the criminal justice and psychology databases. Studies have been conducted on inmates not receiving mental health treatment, with the majority dating back no more than five years. Some historical information is available to illustrate how long this problem has existed and what factors led to the prevalence of mental illness in correctional facilities.

Theoretical Framework

Criminalization Theory

For this study, the criminalization and labeling theories have been combined to illustrate the connection between inmates not receiving treatment and their criminal behavior. The criminalization of mentally ill inmates dates back to the 1800s when the mentally ill were imprisoned for their crimes rather than receiving treatment for their illness (Falconer, 2019). Criminalization refers to the practice of treating someone as a criminal based on certain factors, such as poverty, race, or mental illness (Libretexts, 2020). Criminalization focuses on targeting a specific group and has evolved to being a social scale of what society deems to be normal or abnormal (Duff, 2018). Additionally, societal criminalization is often referred to by authorities (courts, police officers) as

criminals in which the authorities control the individuals (Western & Harding, 2022). The

type of control can result in lengthy prison sentences despite the circumstances or their

current well-being or mindset (Western & Harding, 2022).

The criminalization theory proposes inmates are not receiving treatment due to

their criminal behavior (Johnston, 2019). Offenders with mental illness within the

criminal justice system are frequently disregarded (Bernstein & Seltzer, 2003). Due to

this failure to provide treatment, the criminalization of inmates has increased in

correctional facilities (Bernstein & Seltzer, 2003). No organizations or authorities appear

to respond to needs or provide inmates with mental health resources (Johnston, 2019).

The theory suggests that mental health treatment in correctional facilities could decrease

mental health disorders among inmates (Johnston, 2019). Two court cases, Robinson vs.

California and Powell vs. Texas, explain the criminalization theory as a tendency to show

people with mental health disorders are being sent to jail and prison without being

provided treatment either before or after sentencing (Saks 2014). The criminalization

theory raised questions about the limited resources inmates with mental health disorders

can access during incarceration (Boldt, 2021).

The criminalization theory can also be used to explain that offenders with mental

illness who are exposed to the criminal justice system through arrests increase their

chances of recidivism (Prins, 2019). When an offender is arrested and incarcerated, there

is a higher risk for the inmate's behavior to demonstrate psychosis while incarcerated

(Prins, 2019). Criminalization theory argues that society has forced individuals who

suffer from mental health disorders to be incarcerated rather than providing treatment

(Ballard et al., 2014). The criminalization is driven from the perspectives of transinstitutionalization and deinstitutionalization. Some critics and researchers have stated transinstitutionalization and deinstitutionalization are the same, and others suppose there is no link between the two (Parsons, 2018).

Trans institutionalization

Transinstitutionalization refers to moving mental health patients from one institution to another (Boldt, 2021). It began in the 1960s when psychiatric facility beds were reduced, forcing mentally ill patients to live with mental health disorders in the community (Boldt, 2021). Transinstitutionalization happens when an individual cannot obtain help from a mental health facility. Therefore, once they enter society, they conduct themselves in a way that disturbs the community, ultimately leading to incarceration (Primeau et al., 2013). Correctional facilities are being inundated with mentally ill individuals (Prins, 2011). Researchers have hypothesized this occurrence of removing psychiatric hospitals was initiated by transinstitutionalization (Prins, 2011). This phenomenon of transinstitutionalization is commonly accepted as accurate among researchers. Researchers claim psychiatric beds are decreasing while prison and jail cells are increasing (Prins, 2011). Prins (2011) posits that correctional facility beds would decrease if psychiatric hospital beds increased.

Deinstitutionalization

Deinstitutionalization is another factor that closely relates to the criminalization theory. Deinstitutionalization refers to the depletion or closure of mental health hospitals (Parsons, 2018). It began in the 1960s and is a factor that continues to the present

(Peternelj-Taylor, 2008). As mental health institutions declined in availability, mental illness among inmates increased, so it was common practice to place mentally ill inmates in correctional facilities (Parsons, 2018). Today, the mass incarceration of mentally ill inmates is disproportionately large, and this is due to deinstitutionalization (Parsons, 2018). Researchers over the years have found a positive statistical correlation between decreasing psychiatric hospitals and correctional facilities increasing when it comes to mental health disorders (Primeau et al., 2013). Deinstitutionalization began with good intentions to help mentally ill individuals by incorporating community-based resources (Primeau et al., 2013). Initially, deinstitutionalization plan aimed to move individuals out of mental health facilities and into community treatment facilities. However, communities were unwilling to help the mentally ill, resulting in deinstitutionalization, yielding negative impacts (Primeau et al., 2013). Although deinstitutionalization did work for some individuals, it did not work for many people (Lamb & Weinberger, 2014). Some scholars disapprove of deinstitutionalization, suggesting that the process never occurred. However, between 1955 and 2000, psychiatric hospital bed availability decreased dramatically (Prins, 2011).

Labeling Theory

The labeling theory is an approach that engages societal norms and stereotypes of particular groups of people (Nickerson, 2021). This theory explains how stereotypes and stigmas strain the targeted group, increasing (Nickerson, 2021). The labeling theory is widely associated with Howard Becker's ideology of the labeling theory with deviance. Howard Becker (1963) explained the notion that once an individual has been labeled as

something (such as a criminal), it causes more problems and difficulties for them due to their reactions to what society has labeled them as (Nickerson, 2021). Becker explains that being labeled a criminal can change a person's view of themselves, and society would distrust the individuals labeled as criminals (Nickerson, 2021). The potential exists for this theory to become a self-fulfilling prophecy.

The labeling theory suggests that inmates in jails and prisons are frequently labeled as "criminals," which may be why inmates do not receive mental health care (Gove, 1982). Researchers have discovered a high prevalence of mental illness in populations of offenders. However, there is no rationale for why labeling prisoners as "criminals" would prevent them from receiving treatment for their mental illnesses (Gove, 1982). Once a person is labeled as criminal or deviant, various factors, including mental illness, may contribute to their behavior, resulting in discrimination or inadequate care (Krohn et al., 2019). Deviance is a word that is widely associated with the labeling theory. Inmates labeled as deviants are more likely to have a mental health disorder than the general population (Bryant & Forsyth, 2012). Labeling inmates as deviants based on their mental illness can worsen their behavior. Inmates experiencing mental health issues face challenges with re-entering society and conducting their everyday functions (Bryant & Forsyth, 2012).

Literature Review

Mental Illness in Jail and Prison

Jails and Prisons as a Whole. In the United States, mass incarceration of individuals with mental illness has been a long-discussed issue (Falconer, 2019).

Simpson and Jones (2018) note that the issue of incarcerated individuals with serious

mental illness (SMI) is a truism and concerning factor. In different studies than the ones

previously discussed, about 14% of state and federal prisoners and 26% of inmates in

jails meet the criteria for serious psychological distress (SPD) (Bronson & Berzofsky,

2017). Mental health professionals in the state, local, and federal prisons have reported

over half of the inmates meet the threshold for SPD. The percentage of inmates with

mental illness is three times higher than individuals in the general population (Bronson &

Berzofsky, 2017). Various studies have shown that mental health disorders are higher in

correctional facilities compared to the general population (Mundt & Baranyi, 2020). Over

the past two decades, there has been a correlation between the imprisoned population

increasing and the number of psychiatric hospitals decreasing (Gabrysch et al., 2020).

Female vs. Male. A high percentage of female prisoners suffer from mental

health disorders compared to male prisoners (Bronson & Berzofsky, 2017). Mental

professionals working in correctional facilities have reported that 66% of female

prisoners suffer from mental health disorders and 35% of male prisoners suffer from

mental health disorders (Bronson & Berzofsky, 2017). The percentages are the same for

genders who are incarcerated in both jail and prison, female inmates have a much higher

rate of mental illness compared to males. Researchers have not found an explanation as to

why there is a difference among genders regarding who is classified as mentally ill or not.

The research does not necessarily distinguish between an easily diagnosable condition

and SMI.

College Degrees vs. High School Graduate. Individuals who are incarcerated and possess a college degree suffer more from mental health disorders compared to individuals who possess a high school diploma (Bronson & Berzofsky, 2017). Approximately 41% of inmates with a college degree suffer from mental health disorders, and 38% of inmates with a high school diploma suffer from mental health disorders (Bronson & Berzofsky, 2017). Among jail inmates, there was a 27% difference between individuals with a high school diploma and a 45% difference between individuals with a college degree (Bronson & Berzofsky, 2017).

Violent Offenses vs. Nonviolent Offenses. Inmates incarcerated for violent and nonviolent offenses were equally likely to be diagnosed with mental health disorders (Bronson & Berzofsky, 2017). Bronson and Berzofsky (2017) suggested that 42% of inmates with violent offenses suffer from a mental health disorder and 41% of nonviolent offenders also suffer from a mental health disorder. Violent offenders would be more likely to meet the criteria for mental health disorders than nonviolent offenders (Bronson & Berzofsky, 2017).

Types of Mental Health Disorders/Illnesses in Correctional Facilities

Researchers have seen an increase in prison and jail populations with mental illness and a decrease in psychiatric hospitals (Mundt & Baranyi, 2020). Statistics provided by researchers indicated over half of the correctional facilities have inmates who suffer from a type of mental health disorder (Geiman, 2012). These mental health findings in correctional facilities may also mean there are several cognitive disorders within correctional facilities. Researchers have uncovered inmates with higher mental

health disorder rates than the general population (Fazel & Seewald, 2012). To be more

specific, inmates in correctional facilities are four times more likely to be diagnosed or

have mental illness symptoms than the general population (Zarzar et al., 2021). Typically,

it is more common for an individual with a mental health disorder to be incarcerated

rather than sent to a psychiatric hospital for proper treatment (Bell Lynum et al., 2021).

Mundt and Baranyi (2020) performed a qualitative study and conducted a meta-analysis

of the various mental health disorders in correctional facilities, showing the high

proportional rates that each condition exists within the correctional facilities. The types of

mental health disorders or symptoms inmates suffer may include depression, psychosis,

bipolar disorder, and personality disorders (Fazel & Seewald, 2012). In regard to

treatment and accessibility for inmates, an analysis is essential to understand the types of

mental health disorders occurring in jails and prisons (Mundt & Baranyi, 2020).

Borderline Personality Disorder. Borderline personality disorder (BPD) is

depicted as emotional instability, impulsivity, and the inability to maintain a relationship

(American Psychiatric Association, 2022). People who suffer from BPD are more likely

to be associated with the criminal justice system (Conn et al., 2010). Compared to the

general population, BPD is more common in correctional facilities, with the general

population ranging from 1% to 2% who suffer from BPD (Conn et al., 2010). BPD also

tends to be higher in correctional facilities than in inpatient and outpatient psychiatric

hospitals (Conn et al., 2010). This information regarding the high rates of inmates with

BPD is vital to recognize it as a severe mental health disorder within correctional

facilities (Conn et al., 2010). It has been proven that inmates' "disturbing and lousy"

behavior is caused by this mental health disorder and may worsen if it is continuously untreated (Conn et al., 2010).

Antisocial Personality Disorder. Antisocial personality disorder (ASPD) usually begins in childhood, consisting of behavioral symptoms including impulsivity, deceitfulness, criminal activity, and aggressiveness (Conn et al., 2010). Approximately 50% to 80% of inmates have symptoms related to antisocial personality disorder, but that percentage includes the inmates diagnosed with ASPD, which is expected to be higher (Conn et al., 2010). Researchers have discovered a commonness of ASPD within inmates (Black et al., 2010). ASPD is reported to be frequent among male and female offenders; however, it is more common in females than males (Black et al., 2010). The general population has a lower prevalence of ASPD than the prison and jail populations which enforces the claim that this disorder is common in criminals (Black et al., 2010). Correctional facilities with inmates diagnosed with ASPD create difficult management situations due to the symptoms associated with the disorder (Black et al., 2010).

Major Depression Disorder. Major depression disorder is characterized by the presence of at least five of the following nine symptoms: low mood, loss of interest, loss of sleep, loss of energy, suicidal thoughts, loss of concentration, loss of activity, and guilt feelings (Nwaopara & Stanley, 2015). In correctional facilities, major depressive disorder is one of the many psychological and mental health problems. Depression is one of the most common mental health disorders in correctional facilities among inmates (Welu et al., 2021). Depression is considered one of the most common symptoms and diagnoses due to it being distinctly linked to suicide and schizophrenia (Welu et al., 2021).

Nwaopara & Stanley (2015) found that 16% to 64% of incarcerated individuals suffer from major depressive disorder.

Bipolar Disorder. Bipolar disorder (BPD) is a severe and serious mental disease that consists of recurring episodes of mania, hypomania, depression, anger, and suicide (Fovet et al., 2015). Individuals who suffer from bipolar are more likely to commit criminal acts than those without the diagnosis. There has been a high and positive association between BPD and criminal offenses resulting in incarceration (Fovet et al., 2015). Researchers presented statistical findings that offenders who exhibit violent behaviors have a higher chance of having BPD than the general population (Fovet et al., 2015). Different researchers have revealed a high frequency of BPD among inmates (Fovet et al., 2015). The high prevalence of BPD in correctional facilities ranges from 2% to 7%, notably higher than among the general population (Fovet et al., 2015). When an inmate demonstrates terrible and violent behavior, the prison administration is likely to label them as defiant rather than noting the inmate potentially has BPD, which may be the cause of their behavior (Fovet et al., 2015). Therefore, inmates must be properly diagnosed and treated for this mental health disorder to prevent deviant behavior (Fovet et al., 2015).

Schizophrenia/Psychosis Symptoms. Schizophrenia or its symptoms refers to chronic and severe interference with the brain and experiencing symptoms including hallucinations, delusions, and odd or unusual behavior (Geiman, 2012). Approximately 24% of the prison and jail populations suffer from schizophrenia with severe symptoms of this disorder (Geiman, 2012). Of the 11 million people incarcerated, 30% have

schizophrenia (Zarzar et al., 2021). Inmates who have schizophrenia have a higher

chance of committing suicide, which is known to be one of the most common deaths in

correctional facilities (Zarzar et al., 2021). Offenders with psychotic symptoms struggle

with following directions and aggression toward themselves and others, especially in jails

and prisons (Zarzar et al., 2021). If this mental health disorder continues to go untreated,

inmates will continue to suffer from it while putting themselves and other inmates in

danger. Along with other severe mental health disorders, schizophrenia is one of the most

common disorders correctional facilities are forced to deal with yearly (Geiman, 2012).

Head Injuries Linked with Mental Illness in Correctional Facilities

Traumatic Brain Injury (TBI) is an injury that affects how the brain works and

prevents the brain from operating correctly. There is a high prevalence of TBI within

correctional facilities compared to the general population (Jansen, 2020). The criminal

justice system has a high rate of TBIs among inmates, which generally leads to mental

health disorders or symptoms (Jansen, 2020). Mental illness, behavioral health

symptoms, substance abuse, and suicide has been extensively linked to TBI (Gorgens et

al., 2021). Inmates in jails and prisons who have a TBI are reported to be around 40% to

60% (Jansen 2020). Researchers have found that individuals may experience symptoms

of mental illness up to six months after having a TBI (National Institute of Health, 2019).

This reporting suggests that having treatment and care is vital to preventing mental illness

from progressing (National Institute of Health, 2019). Reports indicate an absence of

identification of the role of TBI in correctional facilities among inmates' mental health,

which leads to inmates being neglected from receiving treatment and care (Linden et al., 2020).

Widespread Issue

Throughout the world, there are approximately 11 million people who are incarcerated and over half of them suffer from a mental health disorder (Mundt & Baranyi, 2020). The international prison population has increased by 20% since 2000, with over half diagnosed with mental health disorders (Forrester et al., 2018). Over the past two decades, the jail and prison populations have increased with individuals who suffer from mental health disorders (Gabrysch et al., 2019). Researchers from all over the world documented the high proportional percentage of mentally ill inmates (Fazel & Seewald, 2012). Within the criminal justice system, it is common for there to be a high prevalence of various mental health disorders (Forrester et al., 2018). Different parts of the world represent a high prevalence of mental health disorders in their correctional facilities, England, Brazil, The United States, Australia, New Zealand, and Nigeria are among the nations mentioned.

England and Wales. England is one of several countries whose correctional facilities are overwhelmed with mental health disorders. Over 85,000 people are arrested and put into prison. Over 31,000 individuals are reported to suffer from a mental health disorder (Forrester et al., 2018). Out of the entire prison population, only 10% of inmates receive treatment for their mental health disorders (Forrester et al., 2018). Researchers have reported that individuals with mental illness are more likely to remain in prison compared to someone who does not have a mental illness (Forrester et al., 2018).

Researchers have also found nine out of every ten prisoners are diagnosed with a mental health disorder (Constantino et al., 2016). However, some diagnoses may be minimal and not interfere with cognitive thinking.

  Brazil. The prison population in Brazil is approximately over 500,000 and is considered the second-highest incarceration rate in the world (Constantino et al., 2016). Along with other countries, researchers have conducted studies that concluded a higher prevalence of mental health disorders in inmates compared to the general population (Constantino et al., 2016). Severe mental health disorders in correctional facilities range from 10% to 15%, and in the general population, only 2% of mental health disorders (Constantino et al., 2016). In 2006, a study was conducted displaying the high rates of mental health disorders in correctional facilities, mainly women (Constantino et al., 2016). All across Brazil, on a national level, there was a report of over 60,000 inmates representing the mental health population in jails and prisons (Constantino et al., 2016). In Brazil's correctional facilities, the burden of psychiatric treatment and whether inmates benefit from it, if applicable, remain unidentified. However, there continues to be a high prevalence of psychiatric disorders (Filho et al., 2020).

  United States of America. Over half of the inmates in jails and prisons in the United States suffer from mental illness (Constantino et al., 2016). The United States has continued to have the largest incarceration rate compared to other countries (Mignon, 2016). More specifically, a researcher conducted a quantitative study that revealed in 2008, the United States had over 2.3 million people incarcerated, with over half of that number suffering from a mental health disorder or symptoms (Fazel & Seewald, 2012).

In the United States, roughly 350,000 individuals are incarcerated with mental illness (Lamb & Weinberger, 2014). Correctional facilities in the United States are now considered to be the result for individuals suffering from mental health disorders (Lamberti et al., 2001). Some historical information predicts the United States has this continuous problem of inmates with mental health disorders consuming correctional facilities.

New Zealand. A high percentage of mental illness is present in jails and prisons in New Zealand (Constantino et al., 2016). Much like the United States, the jail and prison populations have increased over the past decade, and the number of psychiatric hospitals has decreased (Carroll et al., 2020). It is highly unlikely for individuals in correctional facilities to be transferred to a psychiatric hospital for their illness (Carroll et al., 2020). Researchers conducted a large study that displayed a high percentage of mental illness in prison and jail populations compared to the general population (Carroll et al., 2020). Amazingly, 91% of inmates in New Zealand suffer from a lifetime mental health disorder diagnosis (Carroll et al., 2020). Mentally ill inmates make up 52% of female prisoners and 22 % of male prisoners (Bevan, 2017).

Australia. Over the last five years, Australia's prison system containing inmates with mental illness has increased by 30% (Carroll et al., 2020). Researchers found that 45% of inmates suffer from mental health disorders within the entire prison system (Carroll et al., 2020). The prison system within Australia suffers from a high prevalence of mental illness in correctional facilities that continually increase (Carroll et al., 2020).

Similar to other nations, Australia has not treated mentally ill inmates in correctional facilities who desperately need assistance and care (Carroll et al., 2020).

Nigeria. Compared to other countries, mental health disorders are common in Nigerian jails and prisons. Researchers from former studies have focused on inmates awaiting trial, and their findings revealed that many inmates are mentally ill (Abdulmalik et al., 2014). The high rate of mental health disorders in Nigerian correctional facilities ranges from 35% to 57%, while the general population averages 5% (Abdulmalik et al., 2014). The Nigerian prison structure is considered barbaric for anyone compared to other countries (Melvin, 2013). Significant health concerns are posed by prisons and jails, which are likely to exacerbate mental health disorders and cause mentally ill inmates to decompensate while incarcerated (Melvin, 2013). Since the Nigerian prison system has a high prevalence of mental illness, the Nigerian government initiated a "right to health" act (Ogunlesi & Ogunwale, 2018). The government created the "right to health" act to ensure mentally ill inmates receive the proper care for their mental health disorders; however, the show did not fix the issue (Ogunlesi & Ogunwale, 2018). Researchers have recognized mental health disorders within the prison system as an issue and expressed the need for research to solve the underlying problem.

Worldwide, approximately 11 million people are incarcerated in jails and prisons, and it is suggested over half of the prison and jail population suffers from a mental health disorder (Fazel et al., 2016). Inmates not receiving mental health treatment is widespread, and the cause of this issue is currently unresolved. Some legislation and policies have

been enacted in some regions of the world, but none have succeeded in resolving this issue.

Effects of Untreated Mental Illness in Jails and Prisons

Recidivism. Researchers have indicated that inmates who suffer from a mental health disorder have a higher chance of reoffending than inmates who have not been diagnosed (Zogba et al., 2020). The risk of recidivism significantly increases among incarcerated inmates with mental health disorders (Forry et al., 2019). Inmates with serious mental illness, including schizophrenia, bipolar disorder, and personality disorder, are more likely to recidivate than other disorders (Zogba et al., 2020). Prisoners who have suffered symptoms or have been diagnosed with mental health disorders have been increasingly associated with recidivism (Forry et al., 2019). Over the years, data from research have shown a conspicuous association between high recidivism rates and mental health disorders among inmates (Forry et al., 2019). Researchers have also compared inmates with mental health disorders and inmates without disorders with recidivism. Offenders who have a mental health disorder are more likely to re-offend compared to an offender who does possess a mental health disorder (Forry et al., 2019). There is also data that displays inmates with certain disorders are more likely to re-offend than other disorders. For instance, inmates with psychotic disorders are more likely to re-offend than those with bipolar and major depressive disorders (Forry et al., 2019). There is a higher likelihood of recidivism for 97% of inmates with mental health disorders to re-enter society (Zogba et al., 2020).

Re-entry into Society. Once an inmate is scheduled to re-enter society, they can face many challenges, but those challenges can increase for inmates who are released with mental health disorders (Galletta et al., 2021). Obtaining healthcare, employment, housing, and reintegrating with family and community are all inmates' obstacles. Those with mental health disorders face them as well, in addition to finding mental health providers, obtaining medication, and maintaining stability when attempting to re-enter society (Galletta et al., 2021) successfully. These obstacles are common among all inmates, but statistical findings have shown that it is more difficult for inmates with mental health disorders when facing these obstacles (Galletta et al., 2021).

Homelessness is a common obstacle among released mentally ill inmates due to the lack of community-based treatment programs (Galletta et al., 2021). Employment is the next common challenge that tends to lead towards mentally ill released inmates remaining unemployed (Galletta et al., 2021). A 2008 study revealed that 88% of non-mentally ill inmates could find employment (Galletta et al., 2021). A mental health disorder can impede social functioning, which can cause the individual to be ineffective at performing their job (Galletta et al., 2021). The next obstacle is inaccessible mental health programs to released inmates (Galletta et al., 2021). Seeking and obtaining treatment is a vital factor for successful reintegration into society.

Conditions of Jails and Prisons

The conditions in jails and prisons contribute to the increasing number of mentally ill inmates, which aligns with the lack of services provided (Nwaopara & Stanley, 2015). The environment of jails and prisons is ill-equipped to handle mentally ill

inmates, which can result in a dearth of services for this population (Grosholz &

Semenza, 2021). According to Nwaopara & Stanley (2015), prison conditions contribute

to correctional facilities' high prevalence of mental health disorders. Poor conditions in

prisons have increased depression, anxiety, suicide, and severe mental health disorders

among inmates (Nwaopara & Stanley, 2015). Nwaopara and Stanley (2015) point out that

environmental conditions in jails and prisons may be stressful and exacerbate mental

health disorders or symptoms. Since prisons were not established as psychiatric facilities,

the poor amenities can negatively impact inmates (Nwaopara & Stanley, 2015).

As jails and prisons become overcrowded with inmates from diverse

backgrounds, criminal histories, and mental health disorders, inmates are exposed to

more dangerous situations (Grosholz & Semenza, 2021). Correctional facilities

frequently experience violence, overcrowding, highly confined living conditions, and

limited programs for inmates with mental health disorders (Grosholz & Semenza, 2021).

Scholars have reported concerns about using solitary confinement on mentally ill inmates

(Douglas, 2021). Solitary confinement is used for protection or punishment, but it has

been revealed that this method increases the chance of mental health decompensation

among inmates (Douglas, 2021).

Wolff and Greifinger (2020) determined the horrifying conditions of correctional

facilities by analyzing Homer Venters' book "Life and Death on Rikers Island." The book

discusses inmates' abandonment, brutality, and inhumane treatment. The brutal events

documented in the book on Rikers Island are at the center of what is occurring in various

correctional facilities. Some of the most developed countries have experienced numerous

deaths among incarcerated inmates due to neglect, brutality, and mismanagement (Wolff & Greifinger, 2020). In some cases, inmates are subjected to grotesque living conditions in jails and prisons (Wolff & Greifinger, 2020). In Venters's (2019) research, Life and Death in Rikers Island, a former medical officer for the New York City adult jails detail the living conditions that enhance mental illness symptomology in which offenders are currently diagnosed (Wolff & Greifinger, 2020). Due to the mismanagement of jails and prisons, perhaps due to a lack of competence and empathy, underfunding, or faculty training, inmates suffer from severe mental health disorders.

Summary

Multiple prisons and jails have incarcerated many individuals suffering from various mental health disorders or symptoms. Today, it is common for mentally ill offenders to be imprisoned without receiving any treatment. The criminalization theory proposes inmates are not receiving treatment due to their criminal behavior (Johnston, 2019). The issue of incarcerated individuals with severe mental illness (SMI) is a truism and concerning factor (Simpson & Jones, 2018). The percentage of inmates with mental diseases is three times higher than individuals in the general population (Bronson & Berzofsky, 2017).

As Mundt & Baranyi (2020) posits, approximately 11 million people are incarcerated worldwide, and over half of them suffer from a mental health disorder. A couple of countries represent a high prevalence of mental health disorders in their correctional facilities, England, Brazil, The United States of America, Australia, New

Zealand, and Nigeria. Many countries show a widespread issue of inmates not receiving mental health treatment but just remaining incarcerated. There are also effects of inmates who do not receive mental health disorders, such as having a high chance of recidivism and difficulties re-entering into society. Furthermore, the horrific and inhumane conditions of jails and prisons contribute to the high prevalence of mental health disorders among prisoners.

Due to the high rate of mental illness in correctional facilities, there is an urgency for an investigation and further research into this matter that could help promote awareness and resources to help serve inmates with mental health problems (Kolodoziejczak & Sinclair, 2018). The public is unaware of the current issue with jails and prisons having a high prevalence of mental health disorders and how this population is suffering (Wolff & Greifinger, 2020). Overall, the lack of mental health treatment in correctional facilities is an issue that requires a definitive response. However, despite assumptions, no research exists to prove the lack of mental health facilities in correctional facilities.

Chapter 3: Research Method

This qualitative study aimed to understand why inmates in certain regions are not receiving the proper mental illness treatment. The phenomenological approach will provide insight and awareness of inmates' mental illness within prisons and jails. Researchers have presented information that there are policies and programs enacted for correctional facilities; however, those resources have been ineffective in helping with mental illness (Smith-Merry et al., 2019). Additionally, the purpose is to understand whether resources are provided and why the programs or treatments are not effective in helping decrease mental illness in correctional facilities. The goal was to evaluate what prison-based counselors do regarding inmates with mental illness. Counselors will be interviewed regarding their perspectives on why mentally ill inmates are or are not neglected in their correctional facilities.

Research Design and Rationale

The following research questions were the focus of this study:

RQ1. How do prison-based counselors perceive the quality and quantity of mental health services provided to inmates?

RQ2. How do prison-based counselors perceive the usefulness of resources, programs, or treatment used in helping decrease mental illness in correctional facilities?

The phenomenology approach was used for this study. The phenomenology approach seeks to understand phenomena of interest by observing an individual's real-life experience (Giorgi, 2012). It is the best approach for this study because it helped provide

information on each participant's experience (Sutton & Austin, 2015). The phenomenological method was created to assist researchers and scholars in gathering information on the lived experiences of a specific group of individuals (Neubauer et al., 2019). Obtaining research data through lived experiences requires openness and a focus on the subject of the study (Sundler et al., 2019). Phenomenology is a robust research strategy appropriate for understanding the alignment between the research question and identifying the gap in the literature (Neubauer et al., 2019).

Interviewing counselors provided an in-depth view of their lived experiences as to why there is an issue with mental illness neglect in correctional facilities. This study's targeted population was counselors working in correctional facilities. They were licensed mental health counselors, and their daily responsibilities revolved around working with inmates with mental health disorders/illnesses. Ensuring that the counselors were exposed to correctional facilities and inmates with mental illness/disorders increased the validity and credibility of the study when conducting interviews. Counselors work closely with inmates who experience a mental health disorder/illness; therefore, hearing their perspective on this topic would be the best technique. Some participants were not able to conduct a phone interview and were emailed the questions.

This qualitative study was conducted through interviews, observations, and experience. The data gathered from lived experiences of prison-based counselors was used to develop conclusions and potential ideas for the problem. Qualitative studies are used to gain a specific understanding of a topic, which is one of this study's goals.

Role of the Researcher

As the researcher in this study, I was the interviewer of the participants to collect trustworthy and reliable data. The researcher is responsible for explaining the aspects of the study to ensure participants are aware of what their responses will represent in the study. It is also essential for the researcher to describe and explain the study so that potential biases and assumptions can be identified. Biases are common in research and can emerge quickly if the researcher is unaware of them or cannot manage them. Understanding the biases that may exist requires knowledge of the research and familiarity with it. Throughout the process of researching this subject, I was able to acknowledge any present biases and beliefs. Since biases can affect the credibility and reliability of the findings from the study, it was crucial to manage them before the interviews. Qualitative studies with biases can actively distort the truth if not recognized. In qualitative research, researcher bias may be influenced by how participants respond to questions. Researchers can become judgmental to the responses or change the answers to fit their hypotheses or views on the phenomena. I approached the interview with an unbiased and transparent mind. I also considered the wording of the interview questions because the phrasing of the questions could have potentially contributed to bias in the responses provided by respondents.

As a qualitative researcher, my goal and responsibility was to obtain the most accurate information from the participants. A qualitative interviewer should be a good listener and observer during the interview. This quality helped me understand the phenomena more deeply during the interviews. Other characteristics that helped me

during this process were being open-minded, empathetic, and understanding of the

participants. The participants and I had no personal or business relationships, so there

was no conflict of interest.

Methodology

Participant Selection Logic

The sample size was small but sufficient to obtain enough information to answer

the research questions. In this study, I conducted interviews until data saturation was

reached (Guest et al., 2020). In a qualitative study, interviewing until saturation is met is

widely known to be one of the best practices (Guest et al., 2020). For this study, I

recruited five prison-based counselors. Data saturation is common with the sample size

used in qualitative research (Saunders et al., 2018). When using a phenomenological

approach, the appropriate sample size of participants can traditionally be between 2 to 25

(Alase, 2017, p. 5). Saturation is commonly used for discontinuing data analysis or

collection. It consists of four major components: data collection, theorizing, data

analyzing, and logic (Saunders et al., 2018). Also, saturation aims to use a purposeful

sample size for the qualitative research within a study (Saunders et al., 2018). Data

saturation occurred by interviewing five participants. I reached data saturation during the

interview when participants discussed and mentioned the same recurring themes. Data

saturation is met once no new information is discovered and the responses are redundant

(Asadul & Mazyed Faraj, 2022). A qualitative dataset should focus on saturation as a

recurrent theme (LaDonna et al., 2021). Therefore, saturation is more than just a number;

it is the sufficiency and quality of the data obtained (LaDonna et al., 2021). Researchers

from other studies have suggested that with qualitative data, enough data can be discovered with a smaller sample size rather than a larger sample size; the data can be broader with information not relevant to the study (Asadul & Mazyed Faraj, 2022).

The targeted population for this study was counselors who work in correctional facilities. To ensure validity and credibility, counselors with experience working in correctional facilities and with inmates suffering from mental illnesses were interviewed. They had to be licensed, and their daily responsibilities had to revolve around working with inmates who had mental health disorders/illnesses. Interviewing counselors helped gain additional insight into why inmates are not receiving mental health treatment or why some of the resources are ineffective. Interpretative Phenomenological Analysis (IPA) is a phenomenology that seeks to understand phenomena/interests through an individual's real-life observations (Smith et al., 2009).

In addition, prison-based counselors were required to have worked in the field for at least two years. I wanted to obtain their viewpoints on the phenomena over an extended period, enhancing the validity of the entire study. The issue of mental illness neglect among inmates has existed for decades; therefore, the perspectives of counselors with at least two years of experience will provide additional insight into the problem. Making certain that the counselors are familiar with the correctional facilities and inmates with mental illnesses/disorders increased the validity and credibility of the study. Counselors work closely with inmates with various mental health disorders/illnesses, so hearing their perspectives on this topic was beneficial. One of the study's goals was to recruit participants (counselors) from various facilities such as jails, prisons, and juvenile

facilities. However, obtaining participants from all three types of facilities was not possible; therefore, counselors from only male-based prisons were the only individuals interviewed.

Instrumentation

The type of instrumentation that was used for this study was semi-structured interviews. This instrument is widely and frequently used in qualitative studies (DeJonckeere & Vaughn, 2019). The process is an open dialogue between the participants and the researcher with a guided interview protocol for the researcher to follow (DeJonckeere & Vaughn, 2019). For this study, two participants had to email their responses, but the questionnaire was open-ended; therefore, it allowed the participants to provide their in-depth perspectives on the topic. Questionnaires are commonly open-ended to gain an in-depth perspective of the participants' thoughts using a semi-structured interview process (DeJonckeere & Vaughn, 2019). The instrument was designed to create a shared understanding between the researcher and the participant about what prison-based counselors see and why there is a problem of treatment failure for mental illness in correctional facilities. Therefore, open-ended questions elicited the counselors' perspectives based on their experiences. There are few studies with the specific population of prison-based counselors; however, other relevant information can contribute to my topic's main idea. The questionnaire was created after a thorough review of the literature and a discussion with my chair about how the questionnaire should be created.

Procedures for Recruitment, Participation, and Data Collection

The phenomenological theory aims to understand a topic based on lived

experiences (Smith et al., 2009). Prison-based counselors or correctional counselors work

specifically with inmates to help them work through their issues. These issues can be

mental health concerns, emotional problems that lead to criminal behavior, and mindset

issues. Since correctional or prison-based counselors work with a sensitive population,

the recruitment process was crucial to avoid issues with the participants. I did not use a

partner organization to recruit my participants; instead, I posted the flyer to public

domains (e.g., LinkedIn). Additionally, some participants passed the information to their

colleagues who met the criteria to be a participant in my study.

Semi-structured interviews were conducted by phone, and some participants were

emailed the questions. When emailed, participants could devote the limited time they had

to each question and return to answer other questions later if they so desired. Ensuring the

participants felt comfortable with the best method for them was an essential factor to

consider. When conducting a phone interview, I informed them that the interview would

be audio-recorded to have an accurate transcription. The audio recordings ensured that

the information provided by participants was accurately presented in the results section. It

also eliminated the possibility of the researcher misinterpreting information, which I

wanted to avoid in this study. A detailed description of the study was included for

participants who wanted the questions emailed to keep them informed of what their

answers will contribute to the field of study. The phone interviews took between 30

minutes and an hour because some participants wanted to elaborate more on their

answers and experiences. Interviews concluded with a debriefing of the study and how

their answers were to be used in the study.

Data Analysis Plan

Qualitative data analysis revolves around identifying and interpreting the themes

of the data to answer the research questions (Korstjens & Moser, 2017). Reviewing the

qualitative data is one of the essential parts of research because it ensures the information

is accurate. Several different data collection techniques are helpful for a qualitative study;

however, specific methods will be used for my phenomenological study.

First, I used audio recording during the interviews with consent from the

participants. Audio recordings allowed the researcher to go back and listen to the

interviews continuously. Audio recordings clarified any misconceptions the participants

could have stated during the interview. Transcribing was imperative because the

researcher could effectively locate specific information. Transcriptions allowed me to

obtain accurate and manageable conclusions from the participant's data. I wanted to

ensure that the participant's responses were in the data collection and analysis. Therefore,

the transcripts were read several times to ensure familiarity and accuracy by the

researcher.

Taking notes is another data analysis tool I used during the phone interview. The

notes were important to capture how the participants felt about the topic and additional

factors they would like to add to their answers. Also, taking notes of what the participants

stated led to new data that was interpreted and analyzed. Moreover, keeping notes of

what made the participants feel comfortable or uncomfortable during the interview was

imperative. Since we were not in real-time communication, these steps were not taken for the participants who wanted the questions to be emailed. Developing the themes was the final step in the data analysis process. Breaking down the answers from the participants into specific categories and themes helped with the data analysis. I created a table to illustrate the relationship between each response and to answer the research question.

Issues of Trustworthiness

Credibility

According to Korstjens & Moser (2017), the credibility of a qualitative study refers to the researcher's confidence in the veracity of the findings. The base of credibility is ensuring that research is believable and appropriate while adding transparency (Korstjens & Moser, 2017). One way to disregard credibility threats is to avoid research and personal bias throughout the process (Korstjens & Moser, 2017). Also, in-depth interviews are one of the primary factors contributing to a study's credibility (Korstjens & Moser, 2017). I used extensive engagement to allow the participants to provide detailed responses. The interviews through zoom and phone calls lasted around 30-60 minutes, allowing participants to thoroughly answer the questions (Alase, 2017, p. 7). The two participants that emailed me their responses gave detailed answers that were a paragraph or more for each interview question. I ensured the validity of my study by confirming that the participants were licensed mental health counselors with the requisite years of experience working in correctional facilities.

Transferability

Another component of trustworthiness in a qualitative study is transferability (Nowell et al., 2017, p. 3). By providing a detailed description and interpretation of the data analysis and results, as well as the ability to establish descriptions of the data, the findings of this study can be utilized and expanded in future research. I achieved transferability by providing a detailed description and interpretation of the data analysis and results, as well as by being able to establish data descriptions that enabled a thorough analysis of the information. To increase transferability, I included specific quotes from participant interviews. Transferability was also enhanced through coding, transcriptions, and analysis. Additionally, providing detailed information on the background of the problem enhanced this component of trustworthiness for the readers to understand how long this issue has existed and what led to a high prevalence of mental illnesses in correctional facilities.

Dependability

Dependability is a vital factor in ensuring the consistency and reliability of the study results (Olafsson et al., 2020). Dependability is ensured by identifying and eliminating errors in the data findings. To ensure the dependability of this study, an audit trail was conducted that included data collection, analysis, and interpretation. I ensured dependability by describing the process and planning of the study—a discussion of the specifics of obtaining the data and a reflection of the results. Furthermore, it is critical to review the data collection and research methods by providing a detailed description of the factors. Reviewing the research methods and the analysis of the study revealed any errors

that needed to be corrected. The transcriptions and note-taking allowed me to review any errors and keep track of the progress. Having errors in the data and research will decrease the chances of dependability for the study.

Confirmability

The final criterion of trustworthiness is confirmability. Confirmability means demonstrating that other researchers can confirm the findings (Olafsson et al., 2020). The high level of confidence is contingent on ensuring that the data are based on the perspectives and descriptions of the participants and not those of the researcher. I coded and took notes of the content from the zoom and phone interviews, and I took notes of the main points from both responses from the emailed participants. This method showcased overlapping themes while not establishing biases. I conducted an audit trail that included data collection, analysis, and interpretation. It details the process for checking and rechecking the entire research to ensure that the data can be confirmed. Since clarity is one of the most important factors in research, another action taken during this study was requesting clarification regarding open-ended questions. Besides providing consent forms, participants were also encouraged to reach out if they needed clarification on the study or how it would be utilized.

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Ethical Procedures

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Prior to beginning my study, I received full IRB approval from Walden University. Before collecting data and recruiting participants for my study, I first established Institutional Review Board (IRB) approval from Walden University. The Walden University Institutional Review Board (IRB) and confidentiality training were

essential to ensure the respect, privacy, and protection of a study's participants. The IRB was also used to certify that all ethical procedures were addressed and ensure the ethical guidelines were followed.

Appropriate informed consent is also an essential ethical guideline. Participants were required to sign a consent form. Participants were also informed on how their data would be used. In case the participants preferred to remain anonymous, data were collected without their names. The participants needed to be comfortable in every aspect, including the approvals, forms, and procedures.

I informed all parties involved of this study's rationale to prevent any ethical concerns or misinformation. No client names or facility names were used in the study. Walden University's IRB requirements were met before the data collection began. The data from this dissertation is stored on a password-concealed laptop and flash drive in a file cabinet to ensure the participants' privacy.

Summary

This chapter discussed the research design, methodology, and data analysis strategy. The methodology includes a detailed description of the data collection, analysis, and participants. Furthermore, the semi-structured interviewing process and justification were explained. The chapter also presents the recruitment plan, which describes how the participants were selected. Transferability, confirmability, and dependability of the research process were also presented. Additionally, the approval procedures from the Institutional Review Board (IRB) of Walden were explained in detail in this chapter. The

next chapter will present a discussion of the results and interpretations of the data

findings.

Chapter 4: Results

Introduction

It is common for mentally ill offenders to be incarcerated without treatment (Harki, 2019). Researchers have found higher rates of mental illness among offender-based populations than persons in the general population (Tadros et al., 2020). Inmates with mental health disorders do not receive adequate or, in some cases, any treatment. This may be the primary cause of the high prevalence of mental illness in correctional facilities (Tadros et al., 2020). Inmates can benefit from access to treatment, but the high rate of mental illness shows that treatment is not being offered to them (Williams & Arvidson, 2021). The reason inmates are not receiving adequate treatment has not been established by counselors who work in correctional settings with this population. The purpose of this study and the phenomenology approach was to gather information on the experience of prison-based counselors regarding their views of why mental health neglect is common among inmates. The study also aimed to understand if resources are provided and why the programs or treatments are ineffective in helping decrease mental illness symptomology in correctional facilities.

Counselors who work in jails and prisons have reported that inmates exhibit mental disorders or mental illness symptoms. Correctional facilities have a high prevalence of mental illness, mental health disorders, or related symptoms, and the numbers have gradually increased over the years (Van Dunk, 2021). Mental illness among inmates is more widespread than among individuals in the general population (Darani et al., 2021). Counselors provide explanations for why this problem exists, as

well as potential ways to reduce the high rates of mental illness in jails and prisons (Darani et al., 2021). Inmates diagnosed with a mental illness or have symptoms of a mental illness are left untreated, causing this problem to become a blight in the criminal justice system (Alsuhaibani et al., 2021).

In this study I evaluated what prison-based counselors perceive regarding inmates with mental illness. I interviewed counselors for their perspectives on why mental illnesses are often neglected in correctional facilities. Two research questions were addressed in this study:

RQ1. How do prison-based counselors perceive the quality and quantity of mental health services provided to inmates?

RQ2. How do prison-based counselors perceive the usefulness of resources, programs, or treatment used in helping decrease mental illness in correctional facilities?

This chapter will consist of the setting, demographics, data collection, data analysis, evidence of trustworthiness, the results, and a summary.

Setting

For this study, I provided three options for the participants to decide which option they felt more comfortable with or which one they could do: via phone interviews, zoom interviews, or emailing the questionnaire. I sent the consent form to all participants who responded to the LinkedIn flyer I posted. The consent form was sent so the participants could review my study's details and their role in the study. Each person responded with a yes and consented to be in my study and stated which interview method they preferred.

Five participants were interviewed, resulting in two email responses, two via phone

interviews, and one via zoom interview. Data saturation was achieved with five

participants, partly due to the participant's experience level and in-depth responses to the

questions. The participants' responses showed that they had an adequate understanding of

mental illnesses in correctional facilities and the issues surrounding mental illnesses in

jails and prisons. Participants in the study provided recommendations and explanations

of their lived experiences as correctional-based counselors. For the phone and Zoom

interviews, I informed the participants beforehand the interview would be recorded.

However, no personal information (e.g., name, work facility, phone numbers) was

disclosed to ensure confidentiality. The interviews lasted 35-60 minutes and were

conducted over the phone or via Zoom in quiet, confidential, and secure locations. The

interview site was quiet in a room, and I wore headphones to ensure confidentiality and

privacy. I was not involved in any role that could influence the participant's involvement

in the study or how they answered the questions based on the research participant's

experiences.

Demographics

The participants comprised five correctional-based counselors, three males, and

two females, with two or more years of professional experience. As mentioned in the

previous section, three participants were from different states and facilities in the United

States, and two were from different countries (India and Canada). Although one of the

participants is now retired from working with inmates who have mental illness, they have

over ten years of experience. The other participants are actively working as counselors in

correctional facilities. All the participants, including the retired one, work in male-only

facilities that are level one (minimum-level security) or level two (medium-level

security).

Data Collection

Three of the five participants responded to my flyer posted publicly, and two were

recruited due to others passing the information to them (snowball sampling). Due to

personal reasons, two participants preferred that I email them the questions. Therefore, I

conducted two phone interviews and one Zoom interview. My data collection took three

months, and all interviews were audio-recorded. After recording, I securely backed up

and saved them to my password-protected personal computer, which is only accessible to

me. Lastly, I used the software Descript to transcribe the interviews and incorporated the

notes I took during the interviews. Transcriptions allowed me to obtain accurate

conclusions from the participant's data.

Also, I wanted to take additional notes on how the participants felt about the topic

and any additional factors they wanted to include in their responses. I encountered one

problem with the Zoom interview because it needed better connectivity, which resulted in

the video lagging and freezing. That was expected since the participant was in India.

Additionally, since that participant was Indian, their accent was extreme. All of the

participants met my inclusion criteria to be in my study.

Data Analysis

The interview questions were semi-structured and open-ended to gain an in-depth

perspective of what correctional-based counselors see and why mental health treatment is

neglected in correctional facilities. Qualitative data analysis revolves around identifying and interpreting the themes of the data to answer the research questions (Sutton & Austin, 2015). Therefore, the data analysis identified six main themes: Resources, Inmates are uninterested, Prison and Jail Setting/ Environment, Lack of Staffing and Training, Lack of Support, and Changes that Should be Made. The data for this study were analyzed and coded using the Interpretative Phenomenological Analysis (IPA). The process included conducting interviews, taking notes during the interviews, transcribing the interviews using Descript software, coding the interviews using an Excel spreadsheet, and creating themes for the results. The ultimate goal of IPA is to understand a topic based on lived experiences.

Counselors work closely with inmates who experience some mental health disorder/illness and discuss their perspectives on this topic which was the best technique for this qualitative research. I created the themes by thoroughly analyzing the transcriptions of the phone and zoom interviews and the emailed-based responses of the two participants. This method allowed me to visualize how the data was repetitive (data saturation), which assisted me with creating the themes.

Evidence of Trustworthiness

Credibility

Credibility in a qualitative study is the confidence placed in the truth of the findings by the researchers (Korstjens & Moser, 2017). The credibility ensures that the research is believable and appropriate while adding transparency (Korstjens & Moser, 2017). For my study, I ensured that the questions were elaborated enough for the

participants to provide in-depth responses. In-depth interview questions were the first step I took to ensure that the participants provided enough information (Korstjens & Moser, 2017). The responses produced overlapping themes, which I was able to examine by coding the transcriptions. All participants' responses were lengthy, indicating they had extensive lived experiences with the topic.

Transferability

Another component of trustworthiness in a qualitative study is transferability. Transferability is the ability to use the context and data from this study in other studies (Nowell et al., p. 3, 2017). The data from this study can assist other researchers in contributing more to the phenomena. I accomplished transferability by providing an extensive description and interpretation of the data analysis. A detailed description of the participant selection, the participants' lived experiences, and the themes were all provided to ensure that other researchers could replicate the data used. The themes and sub-themes are also descriptive to ensure that other researchers can use them as a base for further studies. Also, providing detailed information on the background of the problem will enhance this component of trustworthiness for the readers.

Dependability

Dependability is an essential factor in my study and trustworthiness because it ensures the consistency and reliability of the study (Olafsson et al., 2020). Looking for errors in data findings will help to establish dependability. I used an audio recorder with permission from the participants to keep track of the contents of the interview sessions. Audio recording allowed me to go back and listen to the participant's tones and how they

responded to the questions. Additionally, I transcribed the interviews to allow me to go back and thoroughly read and comprehend the responses the participants provided. This method also allowed me to look over any errors or biases that could have arisen during the sessions and ensure that the answers were reliable.

Confirmability

The final criterion of trustworthiness is confirmability which demonstrates that other researchers can confirm the findings (Olafsson et al., 2020). The high level of confidence relies on ensuring the data is based on the participants' perspectives and descriptions rather than the researcher's. In this study, open-ended questions were used so that participants could provide extensive responses. The open-ended question method allowed the participants to be very descriptive with their answers. Clarity is a factor I aimed for, so seeking clarification on open-ended questions is another action taken during this research and interview sessions. Another essential step I took was to carefully save the audio recordings onto my personal computer and password-protected hard drive. Furthermore, I correctly labeled and named the recordings and transcriptions to ensure the participants' privacy.

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Results

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The phenomenology approach was used to gather information on the experience of prison-based counselors regarding their views of why mental health neglect is common among inmates. One of the purposes of this study is to examine if the resources made available to inmates are adequate or ineffective in helping to decrease mental illness in correctional facilities. The goal was to assess how prison-based counselors handle the

situations and clientele regarding inmates with mental illness. I interviewed counselors regarding their perspectives as to why mentally ill inmates are often neglected in correctional facilities. I will explain six themes and eight sub themes that emerged from the research questions.

Theme 1: Resources

Participants discussed why it is difficult for inmates to receive treatment for their mental illness. The counselors also explained the factors that make it difficult to effectively conduct their job responsibilities in treating inmates with mental illness. Correctional facilities lack the resources needed to reduce the high rate of mental illness among inmates. The following sub-themes will explain what the research participants stated about how the lack of resources contributes to mental illness in correctional facilities. One of the participants, P3, stated, "Lack of resources is one of the many reasons why inmates are not treated for their mental illness."

Subtheme 1.1: Funding or Budgeting

Three participants highlighted the lack of funding and budgeting for the services and resources needed for inmates with mental illness and mental health disorders. P2 stated that "the services provided are limited, it is limited by budget, so it is limited by the number of people who we can offer services to." This participant noted, "this is very much so an institutional issue." P3 stated, "lack of funds, (Money should be spent of worthwhile)." P5 stated, "there is no money available to help the people with PTSD, with anxiety, the young men."

Subtheme 1.2: Programs

Three participants discussed that the programs provided need to be more beneficial. They all provided different reasons for the programs being effective or ineffective based on their employment institution. P1 stated, "The way our mental health system is set up they get 10 hours a week in counseling every 90 days, so I wish there was something being done in between." P4 expressed that "while some programs geared to treatment exist, they can't be found in either maximum security or medium security prisons---at least not in Wisconsin. I think the treatments we have are successful, but we don't have enough of them." P2 stated, "there are services provided but it is limited by certain people who we can provide them to. That is an institutional thing, right."

Theme 2: Inmates are uninterested

Counselors mentioned that resources are available, but some inmates do not want the help and refuse service. The participants expressed the difference between certain inmates who want the help and others who do not need help based on factors the following sub-themes will explain from the counselor's point of view. The following sub-themes will explain what the research participants stated about how inmates' lack of interest makes it difficult for them to receive treatment for their mental illnesses.

Subtheme 2.1: Feeling that they are going to spend ten years or more in jail or prison, so there is no reason to obtain help.

Four participants voiced their opinion about how resources are available to the inmates they encountered; however, they are uninterested in receiving the treatment and help provided in the institutions. P1 stated, "I work with a majority of inmates who are not going to ever get out or you know if they are doing 20 or 30 years. So, it makes it

harder for them to want to get help." P5 said, "in some cases a minimum sentence is 15

years so most men feel that their lives are already gone while being in prison for that

long." P2 expressed concern in stating that "when they are interested it appears that they

only want medication it can be tricky to tell when they want counseling or if they just

want the pill." P3 stated, "the level of confinement and control changes the way they

cognitively process life scenarios, anger increases, self-worth decreases."

Theme 3: Prison and Jail Setting/ Environment

Participants discussed how the prison setting contributed to the increasing mental

illness among inmates. Counselors explained how the conditions of the correctional

facility contribute to the inmates' mental health. The participant's explanations of what

they experienced in their institution based on the environment differed. Each participant

mentioned factor(s) of the institution that was different but also toxic for an inmate with a

mental illness or symptoms. The following sub-themes will explain what the research

participants stated about the conditions of jails and prisons contributes to the mental

illness among inmates.

Subtheme 3.1: Different factors of the environment of jails and prisons contributing to

the enhance of mental illness among inmates.

Three participants discussed their experiences as to how the environment of

prisons and jails contribute to mental illness among inmates. P2 stated, "I think just being

an institutional environment in a prison environment, it's a setting that sort of is

conducive to poor functioning and it's a depressing place to be. And even sort of someone

who is you know, potentially doing really well within a prison environment, it could still be depressing." P1 expressed that, "then I think the longer they're in prison, typically, the more PTSD and depression and anxiety they have. Because just to evolve the traumatic events they witnessed, I mean, we have, you know, fights that happen daily in our institution and may see that or part of that, and it just increases their stress." P5 stated, "so what happened most of prisoners or the like, you know, emotionally, they need to go outside and in different areas, every public says very dangerous they need to stay inside." P3 mentioned, "the level of confinement and control changes the way they cognitively process life scenarios, anger increases."

Theme 4: Lack of Staffing and Training

Three research participants discussed that lack of training and staffing is one issue that makes it harder to treat and assess inmates with mental illness. Three participants discussed how a lack of training and staffing makes it hard to help inmates with mental illnesses. This lack of knowledge and experience makes it more difficult for counselors and inmates to work effectively to reduce mental health in institutions. The following sub-themes will explain what the research participants stated about how the lack of staffing and training contributes to the issues in providing services in correctional facilities.

Subtheme 4.1: Lack of staffing represents one of the theories/reasons why mental illness in correctional facilities is prevalent.

P1 stated, "I think last staffing, it's definitely hard depending on where you work. I think, lack of staffing. We're also not near any grad schools, so, hard to recruit people. So understaffing is a big issue because if we're understaffed, right, people tend to not do as great a job and or inmates don't get the, you know, just the time and quality they will if staff weren't stressed or burnt out." P4 said, "In general, prisons are set up to deal with mental illness; that is, they're understaffed with few programs designed to deal with inmates possessing mental illness."

Subtheme 4.2: Lack of training among other faculty within correctional facilities (correctional officers).

P3 stated, "better trained staff, dedicated providers who realize that these people may be our neighbors one day." P1 expressed, "custody staff, not being very knowledgeable about it. A lot of people don't understand mental illness, or you know, kind of the signs and symptoms that go with it or still pretty taboo. And so, they don't talk about it. And so, I think that's probably the biggest issue with custody staff. That's not having a great understanding and maybe being empathetic to what inmates are going through when they are suffering from mental illness. It could certainly use some more education on that topic."

Theme 5: Lack of Support

Three participants discussed how the lack of support for mental health among inmates is another issue in providing services in correctional institutions. Each participant expressed their experience of how the lack of support from different individuals takes a toll on providing treatment to inmates with mental illness. The counselor's theories are

that if there was support, then awareness would be made available of this issue of high rates of mental illness in correctional facilities. The following sub-themes will explain what the research participants stated about how the lack of support contributes to the issues in providing services in correctional facilities.

Subtheme 5.1: Lack of support from different entities to assist with mental health support for inmates.

P2 stated, "You know, there's always going to be some degree of more support, right? Like we need more money, we need more resources, we need more people." P3 expressed, "Lack of engagement from the community in post release planning for work, and community support." P4 expressed, the concern and frustration by stating that "the unfairness they think society has meted out to them."

Theme 6: Changes that Should be Made

Five participants explained that changes should be made to the system so they can effectively do their jobs. They also explained that the changes could help them in helping inmates with mental illness within the correctional facilities. Each participant provided a specific change based on their lived experience that should be done to help the crisis of mental illness among inmates. The following sub-themes will explain what the research participants stated about changes that should be made.

Subtheme 6.1: Changes participants feel should be made to assist with the issue of mental illness in correctional facilities.

P4 stated, "More programs need to be offered for a bevy of problems. Staff needs to understand that being sent to prison is the punishment. In other words, it isn't the duty of the COs to punish inmates for their crime." P1 explained, "we need a wider range of services. The services provided are not adequate." P3 stated, "Encourage Rehabilitative Focus in State Prisons, Foster Greater Use of Community involvement, give them hope for a future after release. Implement training of group facilitators and the correctional staff assigned to the specialized prison units." P2 expressed that, "people in mental health and psychology need to do better at measuring; finding ways to getting a baseline measure of this is the type of person we are seeing, and these are the problems that are having." P5 expressed that, "people need to see the ideology of understanding the people in jail."

Summary

A total of five participants were involved in this study to gather information on the experience of prison-based counselors regarding their views of why mental health neglect is common among inmates. Participants were recruited through the distribution of flyers; also, other participants joined the study as a result of some participants passing the information to individuals (snowballing) who met the criteria. Data was collected through phone calls, Zoom meetings, and email. All participants gave their consent for participation, while the data collection instruments were semi-structured interviews and open-ended questions. After the interview process, six significant themes and eight sub-themes were discovered and used to answer the following research questions: counselors describe and experience a lack of staffing, lack of resources, lack of funding, and lack of

support. According to the participant's responses to the research questions, resources

(programs) are made available in institutions, but they are ineffective, and more programs

are needed and not implemented correctly. Correctional counselors want to see specific

changes that will aid in the reduction of mental illness, mental health disorders, or

symptoms in correctional facilities. Chapter 5 will provide an interpretation of the

findings, the study's limitations, recommendations for the future, and the implications for

positive social change.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of the phenomenological approach was to gather information on the experience of prison-based counselors regarding their views of why mental health neglect is common among inmates. Researchers have presented information that there are policies and programs enacted for correctional facilities; however, those resources have been ineffective in helping with mental illness (Smith-Merry et al., 2019). The purpose of this study was to understand if resources were provided and why the programs or treatments are ineffective in helping reduce mental illness in correctional facilities.

This qualitative study involved interviews, observations, and coding information (Samele et al., 2016). The correctional population has the highest level of mental illness compared to any other people (Smith-Merry et al., 2019). The goal of this study was also to understand how prison-based counselors perceive the usefulness of resources, programs, and treatments used in helping decrease the symptoms associated with mental illness in correctional facilities. I interviewed counselors for their perspectives on why mental illness is often neglected in correctional facilities. My study had a total of five participants. Three participants were from different states in the United States, and the other two were from different countries (India and Canada). Counselors have explained why this issue is prevalent and potential ways to decrease the high rates of mental illness in jails and prisons (Darani et al., 2021). Six themes and eight subthemes emerged from the data analysis in the study. This study's participants expressed concern regarding the lack of resources available to correctional facilities. In this current study, participants revealed a new factor relevant to this field of study.

Additionally, participants indicated that resources are available, but inmates do not want help for different reasons, mainly because they see no need since they will be incarcerated for the rest of (or a majority of) their lives. Participants in this study also confirmed previous research that the prison and jail environments contribute to increased mental illness among inmates. Another issue raised by participants was a lack of training and staffing, which makes it more difficult to assist inmates suffering from mental illnesses. Another problem that participants reported to have encountered is a lack of support from society and other entities involved in the criminal justice system. The final theme and question that could contribute to decreasing the issue is what changes the participants would like to see to help with mental illness in correctional facilities. The following sections present an interpretation and discussion of findings, study limitations, recommendations for further research, implications for positive social change, and a conclusion.

Interpretation of Findings

Researchers have presented information that policies and programs have been enacted for correctional facilities; however, those resources have been ineffective in helping address the issue of mental illness among an offender-based population (Smith-Merry et al., 2019). Recent research has focused on mental illness in correctional facilities, recognizing that over 11 million inmates worldwide suffer from a wide range of mental illnesses (Baranyi et al., 2022). Compared to the general population, the incarcerated population has a higher rate of mental health issues (Novisky & Semenza, 2021). Correctional facilities currently house the greatest number of people with mental

illnesses compared to other institutions (Novisky & Semenza, 2021). Additionally, there have been various explanations for why mental illness is high in jails and prisons (Novisky & Semenza, 2021). This study's findings will explain the current issue with mental illness in these types of institutions.

The current study's findings confirmed previous findings that there is a high prevalence of mental illness in correctional facilities (Novisky & Semenza, 2021). The data in this study revealed that programs and resources are readily available, but the issue is that they are being misused or that inmates do not want the help. Perhaps a discussion regarding sentencing minimums may assist in providing a "light at the end of the tunnel" for inmates to want help and treatment. Further, the data from this study also confirmed what other researchers presume to be reasons why inmates are being prevented from receiving proper treatment for mental illness. Additionally, some of the participants' responses reflected the theoretical framework of the criminalization and labeling theory. For instance, the participants highlighted that the inmates are aware of how society labels them and how they view them. The next sections presents each theme in the context of the literature.

Limitations of the Study

The participants were jail or prison-based counselors in certain institutions from three states and two countries. This factor made obtaining data on correctional facilities in all states and countries difficult. Throughout interviews, counselors made it clear that mental health neglect issues in correctional institutions are an institutional problem, so each facility is different. While the problems appear systemic, each facility faces its own

systemic problems. Correctional facilities in various states and countries have different factors that contribute to inmates' mental health issues. Thus, one limitation encountered during this study was that I could not obtain a broad scope of data. Another limitation of this study was the inmates' gender, as all the participants either currently or previously worked in male correctional facilities. Therefore, I was not able to obtain data on women or juveniles who are incarcerated.

Additionally, two participants did not want to conduct a phone or Zoom call; therefore, I emailed them the questions. They sent their responses back to me. This method had a limitation since I could not hear their tone of voice and pick up on other factors (such as body language) as I could with the other participants. Also, I could not see their body language and other beneficial face-to-face factors with the participants who preferred the phone call method, as I could with one of the participants who preferred the Zoom method. Lastly, I removed any personal biases that could have arisen in the interview process.

Recommendations

I conducted this study to raise awareness of the high rates of mental illness in correctional facilities by understanding why inmates lack treatment. Similar studies have been conducted on this subject. However, there have been few studies focusing on a prison-based counselor perspective. Counselors work closely with inmates within correctional facilities; therefore, obtaining their perspectives on their lived experiences of what they perceive to be the issue of why mental illness is prevalent among inmates is

beneficial. No research has been conducted on the reasons identified by correctional-based counselors for the prevalence of mental illness in prisons and jails.

Because mental illnesses among incarnates are a widespread problem, and the participants in this study were only from three different states and three different countries; therefore, I recommend that researchers conduct a comparative study involving states or regions and other countries. As previously stated, participants stated that these issues in correctional facilities vary depending on the institution. Therefore, it is essential to determine if there is a correlation between different jails and prisons or if their problems are state-specific. Perhaps the findings from different institutions would reveal how differently they are being conducted and could implement ways to tackle the high rates of mental illness among inmates.

It is also recommended researchers conduct studies on female and juvenile inmates. As I discussed in the limitation sections, all of my participants work or worked with male inmates in correctional facilities. Therefore, I could only obtain data on male prisons and jails. Researchers have found that incarcerated females and juveniles also have mental illnesses. Adding women and juveniles to this topic and issue can improve the data and bring more awareness to the field of study because mental health neglect in correctional facilities affects more people. Additionally, significant quantitative and qualitative research demonstrates juveniles are more likely to benefit from treatment than any other group.

Implications for Social Change

The major issue that has led to high rates of mental illness in correctional facilities worldwide is a lack of resources for inmates or resources that are ineffective in treating mental illness among inmates. The resources perceived to be lacking in jails and prisons are staffing, support, training, funding, and awareness. According to recent research, inmates who suffer from mental health disorders are not receiving enough or any treatment (Tadros et al., 2020). Although some efforts have been made to spread awareness of inmates being denied treatment, the efforts do not support that claim by organizations or officials (Tadros et al., 2020). Researchers have presented information that there are policies and programs enacted for correctional facilities; however, those resources have been ineffective in helping with mental illness (Smith-Merry et al., 2019). This issue implies that different institutions are not discovering and addressing inadequate available resources.

Different organizations and entities within the criminal justice system play a vital role in addressing this issue and implementing ways to help decrease mental illness in correctional facilities. Another factor that needs to change is ensuring that programs and resources are used correctly for inmates. No organization or authorized personnel are responding to the increase in mental health disorders in correctional facilities due to inadequate mental health resources provided to inmates (Johnston, 2019). Furthermore, more public awareness and support, as well as support from government officials, are required to assist in providing resources to incarcerated inmates. This study helps shed light on the need for more and/or better resources for inmates with mental illness in

correctional facilities. The results of this study can potentially affect social change by raising awareness in the criminal justice and forensic fields about inmates in corrections who are not receiving treatment.

Conclusions

In this study, I used a phenomenological analysis to explore the lived experiences of prison and jail-based counselors to understand why mental illness is higher in correctional facilities. This study was conducted to understand if resources are provided and why the programs or treatments are ineffective in helping decrease mental illness in correctional facilities. According to research, inmates who suffer from mental health disorders are not receiving enough or any treatment (Tadros et al., 2020). Counselors who work in jails and prisons have reported that inmates exhibit mental illness or symptoms of the disorders. From the perspective of a prison-based counselor, the scope of this research revolves around addressing the high prevalence of mental illness among inmates and why correctional facilities have difficulty obtaining treatment for inmates. This study aimed to investigate what prison-based counselors do regarding inmates with mental problems/illnesses. Participants discussed why it is difficult for inmates to receive treatment for their mental illness. The counselors also elaborated on the challenges they face in fulfilling their duties of treating inmates who have mental illnesses. This study helps shed light on the need for more or better resources for inmates with mental illness in correctional facilities. The findings from this study can potentially affect social change by raising awareness in the criminal justice and forensic fields about inmates in corrections who are not receiving treatment.

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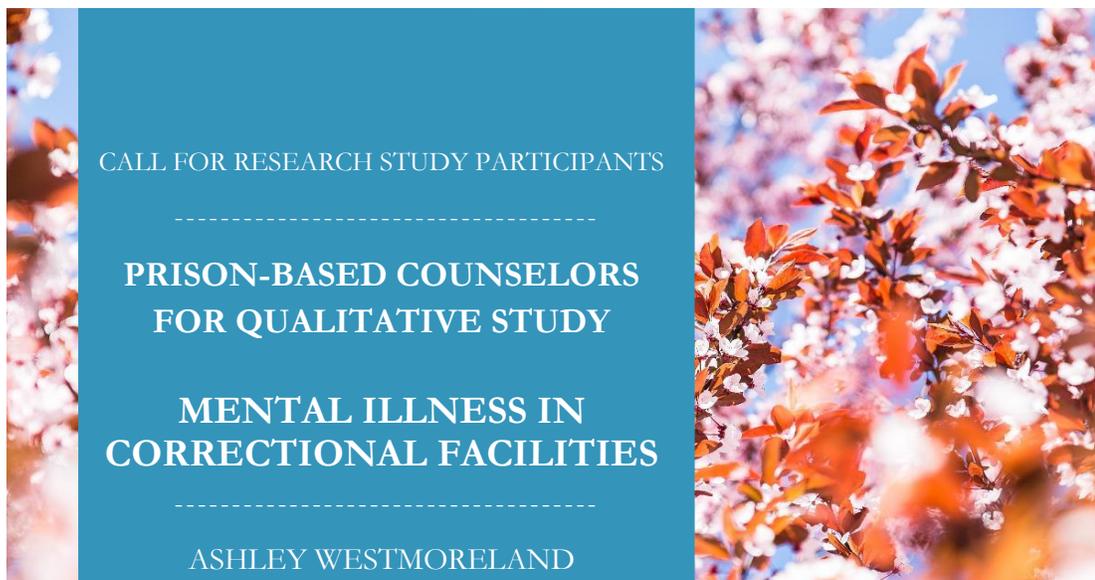
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Appendix A: Participant Invitation Flyer

CALL FOR RESEARCH STUDY PARTICIPANTS

**PRISON-BASED COUNSELORS
FOR QUALITATIVE STUDY**

**MENTAL ILLNESS IN
CORRECTIONAL FACILITIES**

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Appendix B: Interview Guide

Research Question 1: What do prison-based counselors perceive to be the issue of why correctional facilities not receiving mental health treatment?

    1. Let us begin with what you can tell me about your position/role as a prison-based counselor for dealing with mental illness of inmates?

    2. As a prison-based counselor, what challenges do you face when trying to treat an inmate for mental health disorders/related symptoms?

    3. What types of mental health disorders/related symptoms do you tend to see within a prisoner/inmate?

    4. From your observations, do you think that there are many theories as to why it is hard for inmates to be provided proper resources for their mental illness?

    5. As time goes on, what do you notice about inmate's mental health? Is there an increase or decrease in their mental state? Explain why you chose that answer?

    6. From your observation and experience, why it is difficult for inmates to have access to the proper treatment/resources?

Research Question 2: If mental health resources are available in correctional facilities, to what degree are the resources not efficient to treat mental health disorders/mental illness among inmates?

    1. What type of changes would you like to see on accessing treatment/resources for inmates with mental illness?

2. Based on your lived experience in the field, do you feel that resources/treatment are available to inmates with mental health disorders? If so, how effective are the treatment, and if not, what should be done to enhance the treatment?

3. What have you noticed regarding how mentally ill inmates are being treated for their mental illness or disorders?

4. Thank you for being a part of this interview. Your answers were beneficial. Is there anything else that you would like to share before we conclude this interview?

Appendix C: Themes and Subthemes with Supporting Quotes

Table 1

Themes and Subthemes with Supporting Quotes

Themes and Subthemes	Quotes
Resources	
Funding or Budgeting	P2: "the services provided are limited, it is limited by budget, so it limited by the number of people who we can offer services to
Programs	P1: the way our mental health system is set up they get 10 hours a week in counseling every 90 days, so I wish there was something being done in between
Inmates are uninterested	
Feeling that they are going to spend ten years or more in jail or prison so there is no reason to obtain help.	P5: "in some cases a minimum sentence is 15 years so most men feel that their lives are already gone while being in prison for that long"
Prison and Jail Setting/ Environment	

Different factors of the environment of jails and prisons contributing to the enhance of mental illness among inmates.	P3: "the level of confinement and control changes the way they cognitively process life scenarios, anger increases"
Lack of Staffing and Training

Lack of staffing represents one of the theories/reasons of why mental illness in correctional facilities is prevalent. | P4: "In general, prisons are set up to deal with mental illness; that is, they're understaffed with few programs designed to deal with inmates possessing mental illness". |
| Lack of training among other faculty within correctional facilities (correctional officers). | P3: "better trained staff, dedicated providers who realize that these people may be our neighbors one day". |
| **Lack of Support**

Lack of support from different entities to assist with mental health support for inmates. | P2: "you know, there's always going to be some degree of more support, right? Like we need more money, we need more resources, we need more people". |

Changes that Should be Made

Changes participants feel should be made to assist with issue of mental illness in correctional facilities.

P1: "we need a wider range of services. The services provided are not adequate"