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The Impact of Access to Mental Health Services for Minority Offenders From the Perspective of Mental Health Professionals

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Walden University

College of Psychology and Community Services

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Quentin E. Mills

has been found to be complete and satisfactory in all respects,
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the review committee have been made.

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Walden University
2025

Abstract

The Impact of Access to Mental Health Services for Minority Offenders From the
Perspective of Mental Health Professionals

by

Quentin E. Mills

Master of Science, Boston University, 2021

Bachelor of Science, Excelsior College, 2002

Associate of Arts, National University, 1991

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Criminal Justice

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Abstract

Many reintegrating offenders residing in northwest Florida's rural areas are negatively impacted by a lack of access to mental health professionals. Inaccessibility to treatment service providers impacts the offender's physical, mental and economic well-being. While research studies focus on examining access barriers in metropolitan jurisdictions, a gap remains in understanding how this issue adversely impacts offenders in rural communities. This qualitative research study examined the impact of inaccessibility to treatment services related to minority offenders in rural jurisdictions. Grounded by the intersectional theory and the general strain theory, this study utilized interviews with six mental health professionals who counseled offenders in northwest Florida's rural areas. The participants held a bachelor's degree or higher in counseling, social work, clinical or health psychology, and a current mental health professional license. Interview data were analyzed to identify key themes and patterns related to access barriers. Findings revealed that limited access to treatment providers and disparate treatment impeded ex-offenders from receiving appropriate mental health care which impacted successful reintegration. Additional findings indicated that spirituality, culture, and stigma discouraged reintegrating offenders from seeking mental health care. This study highlighted a need for criminal justice and mental healthcare systems collaboration to enhance current practices that address the lack of providers in rural jurisdictions which has the potential for enacting positive social change to improve the delivery of care for vulnerable offenders and potentially reduce strains on communities.

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Dedication

I dedicate this dissertation to my late father, currently living mother, siblings, and loved ones who never lost confidence in me throughout this journey. You were always there for me. Although you did not have to say each time we met “how proud you were of me,” I knew that you were by your expressions. Learning about the challenges you faced when encountering obstacles inspired me to complete this journey without ever looking back.

I also dedicate this work to my friends and colleagues who also achieved their PhD's. Although I wanted to discontinue my education after achieving a master's degree, you encouraged me that I, too, could become a doctor. The testimonies that you shared while endeavoring to complete the doctoral program motivated me to enroll at Walden University and pursue a PhD in criminal justice. Thank you.

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Chapter 1: Introduction to the Study

Introduction

Inaccessibility to mental health services is an ongoing problem in the United States that impacts not only justice-involved minority offenders, but this issue is also a socio-economic concern. The prevalence of barriers to access mental healthcare among justice-involved minority offenders has contributed to the overrepresentation of people of color in U.S. prison systems. Previous research literature suggests that an estimated 27% of minority men recidivate through Florida Correctional Institutions within two years after being released (FDOC, 2024; Florida Department of Correction, 2022). Access barriers to mental health services, specifically for minority offenders residing in rural U.S. communities, experience higher mental health disparities for this group when compared to the general population (Wells-Wilbon et al., 2021). Justice-involved minority offenders living in rural areas often have limited mental health resources. Barriers, such as the lack of financial support, understaffed mental health professionals, and jurisdictional issues, contribute to minority offenders experiencing poorer mental health outcomes. The impact of transportation issues, denied medical insurance (e.g., Medicaid), as well as substandard mental health services or lack thereof, were also identifying factors that prevent minority offenders in smaller communities from successful reintegration (Ojeda et al., 2024). As a result of such barriers, minority offenders may decline or not seek further treatment post-release. These compounding disparities in the mental health system contribute to reoffending (Martin et al., 2023; Ramezani et al., 2022).

This study's objective was to examine access issues from the perspectives of mental health professionals currently working with minority offenders residing in northwest Florida rural areas. It was essential to include experienced and knowledgeable mental health professionals who counsel minority offenders to gain better insight into how access issues impact the offender as well as society (Ellis, 2023; Smith, 2023).

Implications for social change include informing policymakers of the importance of exploring relevant factors pertaining to implementing mental health services that should be employed for rehabilitating minority offenders. Findings from the study can be used for broadening further research that can inform policymakers to aid in bringing about change associated with recidivating offenders. Exploring mental health issues from the perspectives of mental health professionals who provide services to Floridian minority offenders living in rural areas also aided in the identification of ways to reduce recidivism and advance treatment services among this vulnerable population (Tremelin & Beazley, 2024).

Other implications that posed challenges when conducting this study were accessing mental health professionals, managing biases, and documenting data accurately (Scott, 2023; Saldana, 2021). Furthermore, the social implication of this research study is that its findings may not entirely represent all minorities residing in the rural areas throughout northwest Florida. Therefore, openness to the efforts of future scholars who can provide additional insight from the perspectives of mental health professionals will be helpful in potentially advancing mental health equity among minority offenders (Robinson, 2022; Scott, 2023).

This chapter described the importance of this topic, and the social implications related to minority offenders accessing mental health services in rural communities. The employment of this study's problem/purpose statement and research questions aided in the identification of factors that prevented minority offenders from accessing mental health services in rural areas. This study also previewed major key factors that identified barriers contributing to recidivism rates among people of color with mental health issues. The research literature on this topic is understudied. However, data collected from mental health professionals who counsel justice-involved Floridian minority offenders aided in identifying barriers including, but not limited to, insufficient mental health services, unqualified mental health providers, and jurisdictional issues within rural areas that impacted the minority offender.

Background

Justice-involved minority offenders' abilities to access mental health services remain concerning in the United States. Lack of access to mental health services impacting offenders as well as society is underscored in research literature. Previous studies suggest that inequalities stemming from Colonial America aided in setting precedence as to how minorities living in underserved and disenfranchised communities' access mental health services today (Efird et al., 2024). The negative impact of colonization during the 1600s led to intentional as well as unintentional consequences. The impact of colonialism (a process that seeks to dominate others) excluded the enslaved from the economy and upheld White American social supremacy. Slavery and

forced labor instilled fear into people of color (i.e., Filipino Americans), which resulted in poor mental health among this population (Arneil, 2023; Sabado-Liwag et al., 2022).

Historical misconceptions about people of color since the 1900s also play a major role in how justice-involved minority offenders are treated when seeking mental health services (M'Baye, 2021). During this era, minorities were characterized as more resilient to pain because of having thicker skin when compared to their White counterparts. Misconceptions about minorities contribute to the disparate treatment of these people when accessing mental health services (Braveman & Dominguez, 2021). As a result, minority offenders often experience delayed diagnosis from mental health professionals (Deyrup & Graves, 2022). The impact of historical and ongoing oppression towards minorities still contributes to minority offender's inability to access mental health services.

Since the early 20th century, some progress has been made by previous stakeholders (e.g., U.S. lawmakers) efforts to reform and implement policies designed to address access issues among minority offenders. Efforts, including the implementation of Medicaid coverage under the Affordable Care Act, for instance, have aided decision-makers in implementing policies/laws that should be employed to improve minority offender's access to mental health services. Medicaid is a vital resource for justice-involved offenders with mental health issues (Gregorian, 2023). Previous research studies showed that approximately 20% of justice-involved offenders with mental health issues received Medicaid coverage after being released from correctional institutions engaged in less criminal behavior when compared to offenders not covered by Medicaid (Fry et al.,

2020). Other existing literature on mental health services also suggests disparities pertaining to Medicaid coverage among states. For instance, although federal law permits Medicaid coverage for justice-involved offenders, in the past only California, Montana, Massachusetts, and the State of Washington continued such coverage after release from prison institutions. This disparity can pose challenges to an offender's family with low-income status, such as high out-of-pocket expenses. However, most recently, Illinois, Kentucky, Oregon, Utah, and Vermont have joined these states to expand access to treatment services (Auguste et al., 2023; U.S. Department of Health and Human Services, 2023; Vinson & Dennis, 2021).

Lack of access to mental health services pertaining to justice-involved minority offenders residing in rural areas is under-researched (Rice et al., 2024). Previous research literature has primarily focused on the offender accessing mental health services in major metropolitan regions. Addressing the gap can aid criminal justice decision-makers in identifying factors that lead to justice-involved minority offenders' unsuccessful reintegration into communities (Wells-Wilbon, 2021).

Inconsistencies in mental health services can pose a host of challenges to offenders living in rural areas. The lack of consistency in U.S. mental health systems, for instance, prevents justice-involved offenders' ability to address mental health concerns essential for stabilizing the physical and emotional needs of the offender (Hancock, 2024). Mental health services are rarely integrated with the community or custodial justice settings. Although inaccessibility to mental health services impacts the offender, insight from the perspectives of experienced mental health professionals who provide

services to justice-involved minority offenders can aid criminal justice administrators in addressing this issue. For example, approaches that include early intervention, better alignment with rural mental health providers, and additional diversion programs for improvements in recidivism as well as substance abuse can potentially begin to address this issue (Lindquist-Grantz et al., 2021).

Problem Statement

The problem that was examined during this qualitative study was the impact of access to mental health services for Floridian justice-involved minority offenders. The ability to access mental health services poses a multitude of challenges, specifically among minority offenders residing in Florida's rural areas. This topic is understudied and, therefore, necessitates further examination (Victor et al., 2021). The lack of access to mental health services can impact minority offenders' successful reintegration into society. Extant research suggests that an estimated 27% of minority men recidivate through Florida Correctional Institutions within two years after being released (FDOC, 2024; Florida Department of Corrections, 2022). A gap in research literature exists about the impact of access to mental health services for minority offenders in rural areas from the perspectives of professional mental health service providers. Minority offenders in rural areas have fewer opportunities to access mental health services than justice-involved urban offenders due to the lack of mental health services (Morales et al., 2020; Tabe, 2024). Therefore, previous research studies may not be representative of mental health professionals counseling ex-offenders living in rural areas. Findings from this study aided in filling the gap about minority offenders in rural areas' inability to access

mental health services. The importance of conducting this qualitative study and understanding the impact of access to mental health services from the perspectives of experienced mental health professionals assisted in identifying barriers to mental health services for underserved minority offenders. Examining the perspectives of mental health professionals who counsel minority offenders, for example, has the potential to aid policy/lawmakers in making informed decisions that could positively change the trajectory of re-imprisonment among offenders living in underserved Florida rural areas. Furthermore, the perspective of these mental health professionals also provided insight into approaches that should be employed for rehabilitating the offender (Santos et al., 2023).

Purpose of the Study

The purpose of this qualitative study was to examine the impact of access to mental health services for justice-involved minority offenders in rural areas from the perspective of mental health professionals. Access to mental health services for minority offenders in rural areas is disproportionate when compared to non-minority offenders returning to major metropolitan areas (Ojha et al., 2023). Justice-involved offenders are often presented with a set of complex mental and behavioral challenges post-release. The lack of access to mental health services impacts offenders' abilities to reintegrate into society successfully and contributes to increased recidivism rates. Inaccessibility to mental health services is also a socioeconomic issue that impacts communities (Williams et al, 2021). Identifying factors contributing to offenders' lack of access to mental health services after release from correctional institutions was essential for potentially

identifying solutions, such as expanding services areas for trained mental health professionals and connections to reentry programs in rural areas that should be employed for countering recidivism rates. Exploring perspectives of Florida mental health professionals who provide services to justice-involved minority offenders can also provide information to policymakers, which aided in identifying factors (e.g., lack of timely access) to mental health services that impact recidivating minority offenders in rural areas (Ku et al., 2024). Insight from these mental health professionals aided in understanding barriers and factors that prevented justice-involved minority offenders from accessing mental health services in rural areas. Furthermore, the information obtained through this study can also assist criminal justice decision-makers in addressing identified factors, such as a lack of drug treatment courts and community-based mental health services that lead to increased recidivism rates among offenders in rural areas (Hibbard, 2022).

Research Questions

To gain a better understanding of the impact of access to mental health services for justice-involved minority offenders in rural areas from the perspective of mental health professionals, this research study was guided by the following research questions:

RQ1: How do mental health providers feel the lack of services for minority offenders impacts their ability to reintegrate back into the community successfully?

RQ2: What are the perceptions of mental health providers about factors that prevent minority offenders from accessing mental health services during reintegration?

Theoretical Framework for the Study

The theories that were used as a theoretical framework for this qualitative study included the intersectional theory and the strain theory. Exploring the concepts of both theories for this study assisted in explaining how the inaccessibility to mental health services impacted minority offenders' successful reintegration.

A theoretical framework for examining the impact of justice-involved minority offenders accessing mental health is provided by the intersectional theory. Intersectionality has become a widely used theoretical framework in criminal justice and disability studies (Olmos et al., 2022). The intersectional theory describes the mutual process of marginalization and exclusion associated with minority population groups. Continued criminal behavior, due to the marginalization and exclusion of minority offenders in rural areas enhances recidivism. Marginalization and discrimination in mental health services contribute to higher oppressiveness among this population when compared to non-minority ethnic groups (Batastini et al., 2022). Faulty assumptions, such as being labeled as a high risk to society, have also been identified as a factor that increases inequitable treatment (e.g., lack of fair wages and employment opportunities) among this population. However, the employment of the intersectional theory combined with the perspectives of mental health professionals who provide services to minority offenders in rural areas aided in identifying potential target issues for reforming policies/procedures that should be implemented for addressing unfairness. Furthermore, the framework of the intersectional theory relates to the study approach as well as the research questions because its concepts aided in explaining how contributing factors,

such as social inequality and injustice, adversely impact minority offenders as well as society (Olmos et al., 2022; Wen et al., 2023).

Another theory employed to address the impact of access to mental health services among minority offenders in rural areas was the general strain theory. The general strain theory asserts that individuals who experience strain/stress resulting from the lack of resources or opportunities often resort to criminal behavior (Robinson, 2022; Broidy & Agnew, 1997). Conflicts involving not having the means to achieve goals, such as an inability to secure employment, and housing, as well as challenges associated with accessing mental health services, contribute to recidivism. Adverse treatment by society (e.g., biases and stigmatization) also plays a factor in recidivism. The general strain theory was essential for exploring how unfilled reentry needs, such as inaccessibility to mental health services, impacted the offender post-imprisonment as well as society. Therefore, utilizing this theory to ground this qualitative study served as a blueprint to examine these factors that helped to identify issues minority offenders in rural areas faced when accessing mental health services. This theory, in addition to the perspective of mental health professionals who counsel minority offenders in rural areas, aided in providing an understanding and potential explanation of the complexity of the deviance-producing strain. Furthermore, the framework of the general strain theory related to the study approach and research questions, because its concepts have the potential to aid criminal justice administrators in identifying barriers (e.g., lack of mental health providers) that need to be addressed as well as its impact on offenders in rural areas (Liu et al., 2022).

Nature of the Study

The nature of this study followed a systematic qualitative research approach. Traditionally, qualitative methods have been identified as important for exploring phenomena in research studies (Ranaweera, 2024). Unlike quantitative research methods, which involve using numbers to represent data, researchers may utilize qualitative approaches, such as in-depth interviews to investigate phenomena. For this qualitative study, the employment of (one-on-one) in-person, semi-structured, and in-depth interviews as a primary method was employed to examine the impact of access to mental health services for minority offenders. More specifically, it entailed exploring the barriers and factors (e.g., shortages of mental health providers) in rural areas that prevent Florida minority offenders from accessing mental health services (Gullslett et al., 2021). The targeted population for this study included collecting and analyzing data from experienced mental health professionals who provided counseling services to minority offenders in rural areas. The rationale for including mental health professionals in rural areas is because obtaining insight from these professionals has the potential to aid policymakers with identifying positive factors that minimize criminal behaviors as well as negative factors that impact Floridian minority offenders' post-incarceration. Furthermore, qualitative research is an appropriate method for examining access issues to mental health services, and interviewing mental health professionals can potentially provide an in-depth look at what factors impede minority offenders (Hendren et al., 2023; Sarfraz et al., 2021).

Definitions

For this qualitative study, concise definitions and terms were applied for understanding/ explaining the impact of access to mental services among minority offenders in rural areas.

Criminal justice system: Criminal justice systems are agencies that are responsible for protecting the lives of citizens and properties (Paye, 2024).

Criminogenic Needs: Crime producing factors that attributes to recidivism. Research suggests that factors, such as low-self-esteem, anti-social behavior, and family dysfunction increases reentry (Lawrence & Yelderman, 2022)

Discrimination: The targeting and unfair treatment of a group (i.e., minority offenders) based on social class, gender or ethnicity (Mussig & Okrug, 2024).

Implicit biases: Occurs when the human mind automatically and unintentionally reacts to groups (e.g., minority offenders) in negative ways (Stoever, 2024).

Incarceration: Confining an offender to a correctional institution, such as a jail or prison, as a form of punishment for committing a crime(s) (Dorsey, 2024).

Mental health: A state of mental well-being that enables one to cope with life's stressors, an ability to realize potential and make decisions. However, circumstances, such as the impact of inequality, injustice, and discrimination can increase the risks of mental health issues among offenders (World Health Organization, 2022).

Minority: An ethnicity or race that is non-dominant (e.g., African American or Latino) when compared to majority ethnic groups (e.g., Caucasians) in society (Pugh, 2024).

Recidivism: Refers to a relapse in criminal behavior after release from imprisonment or where an intervention has taken place for a previous crime (Duff, 2024).

Reentry: Justice-involved offenders returning to communities after being released from a criminal justice institution (Salters, 2024).

Rehabilitation: Aims to improve one's skills, opportunities, and capacity. For instance, aiding someone with addictive behavior, such as substance abuser's ability to live a normal and productive lifestyle (Foresburg & Douglas, 2022).

Reintegration: An offender's transition from a correctional institution back into communities (Mathlin et al., 2022).

Rural areas: Rural areas refer to communities having small population densities between 10,000 and 49,000 personnel (Ellis, 2023; McAlexander et al., 2022).

Stigmatization: Stigmatization can be defined as having negative or false beliefs about an individual. Minority offenders with mental health issues often experience stigmatization based on having a low socioeconomic status which prevents people of color from accessing mental health care services (Jauch et al., 2024).

Assumptions

This qualitative study aimed to address the impact of access to mental health services for minority offenders from the perspectives of mental health professionals. Addressing access issues among this population in rural areas is complex. However, the assumptions, perceptions and experiences of mental health providers who counsel minority offenders in Florida's rural areas can aid in informing state-wide strategies, which can potentially reduce inaccessibility to mental health services. Previous research

suggests that it is essential for researchers to include philosophical assumptions in research work (Ainslie et al., 2023). Including research assumptions for this study aided in exploring barriers (e.g., delayed mental health services) that prevent minority offenders from accessing mental health services.

There were several assumptions regarding this research study. There were assumptions that all mental health professionals were honest and transparent when providing information about minority offenders. It was assumed that most of the insight offered by mental health professionals primarily focused on the negative factors (e.g., treatment provider shortages) which increased recidivism. Conversely, it was assumed that less concentrate on the positive aspects, such as the offender successful reintegration into rural areas. An additional assumption was that the information (e.g., data) gathered was current/relevant to the study. Furthermore, the sample size employed in this qualitative study was assumed as adequate for providing the information needed. Employing research assumptions for this study aided in making informed decisions throughout the research process, such as maintaining the mental health professional's confidentiality and approaches that minimize biases. Therefore, including assumptions into the context of this study was necessary for potentially assisting the offender from relapsing and engaging into deviancy. Findings also led to positive social change and criminal justice policy changes (Appel et al., 2020).

Scope and Delimitations

Scope and delimitations in research refer to the boundaries that define what information is included/excluded in a study and the corresponding rationale for making

such decisions (Magnanti, 2024). The appropriateness of scope/delimitations in research can also assist researchers in narrowing down the study and ensuring relevancy. The specific aspect of the research problem that was addressed in this qualitative study were barriers and factors that contribute to minority offenders' inaccessibility to mental health services in rural areas from the perspectives of experienced mental health professionals.

Participants used for this study were mental health professionals in rural areas who are currently providing services to minority justice involved offenders. The topic was chosen because the perspectives of mental health professionals who provide treatment services to minority offenders can assist in countering criminal behavior among offenders. Including mental health professionals who have experience counseling offenders in rural areas aided in providing better insight associated with access issues among offenders. Furthermore, the aspect of this study has the potential to reduce the severity of barriers the offender faces (e.g., limited resources and jurisdiction issues) resulting from an inaccessibility to treatment services in rural areas (Scanlon et al., 2024). Alternatively, the geographical location for this study focused exclusively on rural areas in Florida's panhandle.

A narrow focus regarding the population and geographical location made the topic more manageable. However, a narrow focus on these components could have prevented an understanding of how access issues impact other offenders, such as non-minority offenders residing in large geographical locations. Another delimitation with this study was the time period. Although there was an expectancy that the mental health professionals would participate in the study, time constraints may have prevented these

professionals from participating. Furthermore, the time period may also have impacted the study findings, because policies, societal attitudes, and economic conditions vary over time (Santoshi et al., 2023). Mental health professionals in the Deep South region of the United States have different cultural perspectives compared to those in the northern regions. Therefore, perspectives about barriers and factors contributing to recidivism among mental health providers in different states may not foster a collaborative culture when treating diverse populations (Gant, 2024).

Limitations

There were several potential limitations about this qualitative study. The possible limitations for the scope of this qualitative study were that mental health professionals who counsel minority offenders living in Florida's rural areas may not reflect the perspectives of all mental health professionals in other states. Therefore, perspectives about access issues from mental health professionals working in rural jurisdictions were used in this study. Another limitation was that the insight provided by these mental health professionals only included minority offenders. As a result of limiting this study to minority offenders, is that it may not have presented issues that non-minorities faced (Dorsey, 2024).

This study could be transferable to similar locations and populations but not transferable or generalizable to others. Transferability refers to the extent to which findings and interpretations from a study can be applicable and relevant to other contexts beyond the specific research context (Stalmeijer et al., 2024). More specifically, this study has the potential to be transferred to other rural jurisdictions where minority

offenders reside, whereas targeting populations, such as offenders living in metropolitan jurisdictions, can potentially prevent the transferability and generalizability of findings. Alternatively, biases from the researcher were managed by adhering to ethical protocols/standards, conferring with the Institutional Review Board, and consulting with Walden's University Chairperson when questions or concerns arose. Another limitation of the study is generalizability. Due to the size and location of the participant's sample selection, the ability to generalize the findings in other jurisdictions/locations were limited. Furthermore, these stated limitations also aided in minimizing potential ethical violations and strengthening outcomes regarding transferability and dependability (American Psychological Association, 2018; Saldana, 2021).

Significance

This qualitative study is significant in that it examined the impact of access to mental health services among minority justice-involved offenders. The potential implication for social change is that its significance provided additional insight into barriers preventing the offender from successfully reintegrating into communities. Mental health professionals residing in Florida's rural areas who counsel minority offenders were interviewed in person to learn more about potential barriers contributing to recidivism rates (Robinson, 2022; Scott, 2023). Exploring the perspectives of experienced mental health professionals regarding offenders' inaccessibility to services has the potential to enact positive social change. Insight from the viewpoint of mental health professionals has the potential to advance knowledge and information about treatment services issues that impact minority offenders. This study's significance can potentially assist criminal

justice administrators in implementing intervention programs necessary to aid in the facilitation of successful reintegration.

Perspectives of mental health professionals also have the potential to assist with improving mental health services by addressing the identified issues. Furthermore, the insight from these mental health professionals aided in creating awareness and targeting initiatives, such as helping offenders in crisis connect to outreach programs, in addition, community partnerships that facilitate crime prevention programs. Addressing how access issues impact the offender, and society can assist with improved mental health services in rural jurisdictions. Insight from mental health professionals also aided in creating awareness and targeting initiatives that should be used for addressing access issues related to the offender (Johnson, 2024).

Summary

The inaccessibility to mental health services for justice-involved minority offenders is an overwhelming issue for not only minority justice-involved offenders. Still, it is also a socioeconomic concern in rural jurisdictions. The prevalence of barriers to accessing mental health services among justice-involved minority offenders has contributed to the overrepresentation of people of color in U.S. prison systems. Inaccessibility to mental health services among this population can develop from a range of issues. Inconsistencies in U.S. mental health systems pose major challenges for offenders seeking successful reintegration. Barriers, such as a lack of treatment services, homelessness, and the lack of family support can also prevent the offender's ability to reintegrate back into rural jurisdictions successfully. Although the prevalence of the

stated obstacles impacts the offender, the perspectives of experienced mental health professionals assisted with identifying barriers and factors that contribute to recidivism rates among this population. Identifying mental health professionals who were most knowledgeable about barriers aided in providing insight into treatment service issues. This insight, combined with initiatives, such as early intervention, connections to treatment services in rural jurisdictions, and partnership with community outreach programs can potentially aid in changing the trajectory of criminal behavior among people of color. Furthermore, findings from the study can assist in facilitating practices that aid in targeting criminogenic needs for rehabilitating offenders and their successful reintegration (Abdul et al., 2024; Santoshi et al., 2023).

Chapter 2 presented an examination of literature and research strategies. As the qualitative researcher, I reviewed the dissertation topic, problem, and purpose statement that aided in identifying factors leading to access barriers to mental health services among minority offenders residing in rural areas. Furthermore, the databases and key terms used to gather pertinent research were identified. To aid in grounding this qualitative study, the theoretical framework of the intersectional theory, in addition to the general strain theory, assisted in understanding/explaining how inaccessibility to mental health services impacts minority offenders residing in rural jurisdictions.

Chapter 2: Literature Review

Introduction

Inaccessibility to mental health services is an ongoing problem in the United States. The prevalence of barriers to mental health services among justice-involved minority offenders has contributed to the overrepresentation of people of color in U.S. criminal justice systems. The problem examined during this qualitative study was the impact of access to mental health services among minority offenders in Florida's rural areas. The lack of access to treatment services is a problem that not only impacts people of color people but also impacts the criminal justice system and the community.

Mental health services are scarce in rural areas when compared to large metropolitan regions, preventing the offender from successfully reintegrating into communities. Research suggests that over 60 percent of rural Americans live in mental health provider shortage areas (Morales et al., 2020). It is also estimated that approximately 75 percent of U.S. non-metropolitan areas lack treatment services for minority offenders with mental health issues. Other unmet needs for this population include culturally competent mental health providers and a lack of resources (e.g., financial and family support) that often impede successful re-entry. Despite the severe nature of access issues that target minority offenders, there is a lack of research on this topic (Jaramillo, 2024). Mental health issues associated with rural minority offenders are an understudied research topic that needs further exploration.

This study explores existing research literature gaps by focusing on barriers and factors that prevent the offender from accessing treatment services. Examining the

prevalence of barriers and factors that impact minority offenders from accessing mental health services from the perspectives of experienced mental health professionals aided in identifying inequities among offenders. Mental health professionals who counsel minority offenders residing in Florida rural areas provided insight into how inaccessibility to treatment services impacts minority offenders as well as communities. Furthermore, this insight can aid criminal justice decision-makers in implementing future policies/laws that should be employed for improving mental health services, minimizing recidivism, and strategies that promote recovery for the offender (Gunasekaran et al., 2024).

The purpose of the qualitative study was to examine the impact of access to mental health services among rural justice-involved minority offenders from the perspectives of mental health professionals. People of color in rural areas with mental health issues are often confronted with numerous barriers when accessing treatment services. The inability to overcome barriers arising from inaccessibility to treatment services impacts offenders, the offenders' families and communities.

Minority offenders are subjected to higher rates of access issues when compared to non-minority ethnic groups because their frequency with the criminal justice system is more significant when compared to non-minority groups. African American males are expected to recidivate four times more in a lifetime when compared to Caucasian males (Ellsworth, 2024). As a result of barriers and factors (e.g., delays), offenders cannot access treatment services on time and therefore often recidivate.

The complexity of this topic has contributed to a gap in literature among rural offenders with mental health issues. Minority offenders in rural areas' access to mental health services has been understudied, resulting in a lack of information about not only the barriers but also the impact on the successful reintegration of this population (Balzarini et al., 2024). However, exploring the perspectives of experienced mental health professionals who provide services to rural minority offenders aided in identifying these barriers. It can potentially assist in minimizing recidivism rates among this population. The insight provided by the service providers can be used to identify barriers and factors contributing to recidivism.

Exploring the perspectives of mental health professionals who provide services to minority offenders in Florida rural jurisdictions can help inform criminal justice professionals and service providers in facilitating best practices that should be used when treating justice-involved minority offenders. Furthermore, the insight gained from the mental health professionals can also be utilized for enhancing fairness and broader changes in treatment services that can aid in increasing the targeting of criminogenic needs for the offender (Zhang et al., 2023).

This chapter reviewed the research strategies used to locate articles for this study. Additionally, this chapter presented research that has examined the impact of access to mental health services among justice-involved minority offenders. The literature review is presented to better understand the overall impact of the lack of appropriate mental health services on the offender, their family, and the community. The utilization of the current literature review that aligns with this research topic aided in establishing the

relevance of problems that impact the offender and communities. The topics used in this literature review aided in explaining offender's ability to access mental health services include the General Strain Theory, History of U.S. Reentry Treatment Services, Urban and Rural Treatment Services. Additionally, this literature review also previewed gaps in previous research literature, the importance of mental health professionals, and the social implications associated with access issues.

Literature Search Strategy

The literature research was conducted using the following databases, phrases, and websites. The following databases were used: Criminal Justice, EBSCO; Google Scholar; JSTOR; ProQuest; PsycINFO; PubMed; SAGE; Semantic Scholar, Walden University Library, and the World Health Organization. Additional websites and databases used for this literature review included the Bureau of Justice, the Florida Department of Corrections, the National Alliance on Mental Illness, and the National Institute of Justice.

The following key words and phrases were used: *African American justice-involved offenders; African Americans offender access to mental health services; Marginalized; Marginalized groups; Mental health providers for ex-offenders; Mental health services; Minority offenders; Offender access to mental health service; Offender mental health issues; Recidivism/recidivating; Reentry intervention; Rehabilitation; Rural areas; Perspectives of mental health professionals; Rehabilitation; Treatment services, and Underserved communities.*

Theoretical Foundation

One way to examine barriers/factors, such as limited access to treatment services among people of color, is by using a theoretical framework that aligns with the dissertation topic and problem statement. The theories used for this study included intersectional theory and general strain theory. The intersectional theory and the general strain theory aided in establishing the foundation to examine how inaccessibility to mental health services impacts the offender, the criminal justice system, and communities. Intersectional theory examines how mutually exclusive ethnicity, gender, and social class impacts minority populations (Gueta, 2020).

Intersectional theory was first developed in 1989 by legal theorist Kimberle' Crenshaw (Potter, 2020). Intersectional theory and its concepts are derived from Black feminist scholarship and the critical race theory. Theorist Crenshaw's development of the intersectional theory aided in providing an examination of how discriminatory acts and oppressiveness toward people of color contribute to social inequality. Research suggests that the categories of race, gender, social class, and oppression are not separate in terms of social identity (Sally, 2024). Crenshaw also theorized that these factors are interconnected. She theorized that these factors do not act independently but intersect and shape each other. Crenshaw's examination of intersectionality created a compelling perspective on defining social identities. For example, expressing the experience of a male minority offender cannot be understood solely from the perspective of being a minority male or an offender. However, it must be viewed as a combination of both identities. Extant research also suggests that the relationship between mental health issues

and sentencing will differ not only by race and gender but based on both identities (Piatkowska et al., 2024)

Intersectional theory can aid in setting the foundation for examining social identities such as ethnicity, disability status, and gender among rural minority offenders. Using the intersectional theory as a qualitative approach aided in examining criminogenic needs (e.g. lack of educational and housing opportunities) that impedes offenders in rural areas from successful reintegration (Helmly, 2024). Access issues hurt the offender's mental, social, and economic wellbeing after being released from prison institutions. The lack of treatment services has a lasting impact on the offender, the offender's partner, and family. People of color (e.g., African Americans) face more significant challenges than non-minority ethnic groups when accessing treatment services. This highlights the necessity for considering race and social class when addressing inequalities among minority offenders (Beckett & Goldberg, 2022; Nguyen et al., 2024).

Despite the barriers that pose challenges for rural offenders, intersectional theory aided in grounding this study because identifying barriers such as the inaccessibility to mental health services for minority offenders can assist criminal justice administrators in examining practices that negatively impact people of color, the criminal justice system, and communities (Lateef et al., 2023; Potter, 2020). Intersectional theory also assisted in grounding this qualitative study because its concepts have the potential to provide an examination of barriers and factors that contribute to recidivism rates among minority offenders. Furthermore, intersectional theory has the potential to examine how multiple

dimensions of identity intersect with social inequalities that create obstacles instead of opportunities for the offender (Donely & Johnson, 2024).

General Strain Theory

The use of the general strain theory was also essential for this qualitative study. This theory aided in understanding how the lack of treatment services impacts the offender, the offender's family, and communities. The framework of the general strain theory aided in explaining how barriers/factors (e.g., lack of treatment service and providers) make it challenging for offenders to refrain from engaging in criminal activity after release from imprisonment. Research literature also suggests strains developing from an offender's ability to maintain employment and lack of family and community support during reintegration contributes to recidivism (Liu et al., 2022).

General Strain Theory was developed in 1992 by theorist Robert Agnew (Carey, 2021). However, original concepts about strains derived from the previous framework of theorist Robert Merton. The general strain theory can be used for exploring a variety of criminal behaviors, including Florida's rural minority offenders' inaccessibility to treatment services. Strains in criminology refers to criminal behaviors/deviancy caused by an individual's inability to achieve goals. Strains can lead to criminal behavior resulting from negative emotions (Agnew, 2012). Offenders' inability to achieve goals can generate negative emotions and therefore, cause the offender to engage in criminal behavior. Lack of resources, such as limited or delayed treatment services in rural jurisdictions, insufficient income, and lack of family structure could potentially cause offenders to re-offend.

Research suggests that strains in rural areas increase reintegration challenges for the offender (Zaragoza, 2024). Rural strains arising from stigmatization/biases because of having a criminal history can subject minority offenders to even more significant setbacks when reintegrating back into communities in comparison to the general population. Minority offenders residing in rural jurisdictions facing limited access to treatment services coupled with a lack of employment and housing opportunities enhance financial strain. Adverse reactions from the community's lack of support can discourage the offender from seeking intervention services (Weisheit, 2022; Zaragoza, 2024).

Although theorists Merton and Agnew shared similar perspectives about how strains contribute to deviancy, Merton's perspectives primarily focused on strains associated with criminal behavior among marginalized/disadvantaged communities. Conversely, Agnew revised the strain theory and provided additional insight into how strains can potentially impact all individuals. Strains impact ethnic groups or social classes differently. Extant research suggests that strains contribute to higher rates of deviancy among minorities in low socioeconomic communities when compared to non-minority ethnic groups residing in upper socioeconomic communities (Scott et al., 2020). Strains in rural jurisdictions disproportionately impact people of color. Disproportionate treatment of minority offenders can lead to higher recidivism among these people when compared to non-minority populations. However, general strain theory and its concepts assisted in understanding Florida's rural minority offender's experiences regarding inequality when accessing mental health services (Akers, 2009).

There is a need for research that can assist in understanding barriers/factors contributing to rural minorities' ability to access mental health services in Florida's panhandle. General strain theory aided in examining how strains impact the offender (Peck, 2011). This foundation aided in examining criminogenic needs, such as intervention services and timely access to mental health providers that can assist in minimizing recidivism rates among minority offenders. The impact of strains (e.g., understaffed treatment providers) could lead to frustration or anger and, therefore, cause offenders to resort to criminal activity. However, the framework of intersectional theory aided in identifying barriers and factors that prevent rural offenders from accessing treatment services and the offender's ability to reintegrate back into communities successfully (Keels, 2024). Furthermore, general strain theory assisted in grounding this qualitative study because its concepts aided in countering recidivism rates and lack of treatment services in rural areas associated with minority offenders. Employing general strain theory in this qualitative study also aided in identifying ethnic-specific strains (e.g., African Americans) that impact Florida rural offenders and communities (Zavala et al., 2021).

Literature Review Related to Key Variables

There is an increasing need for access to mental health services among minority offenders in rural areas of the United States. Nonetheless, minority offenders' abilities to access mental health services in rural areas of the United States remains problematic. Although much progress has been made with previous and current decision-makers about enhancing treatment services and rehabilitating the offender, such methods overall have

not yielded favorable outcomes (Duff, 2024). Accessing mental health services in some states can be challenging for uninsured offenders, with high costs and a lack of health insurance coverage. Minority offenders in rural areas in the Deep South are particularly prone to limited access to treatment services. Research suggests that Florida is listed as one of the worst States in terms of accessing mental health care, along with Alabama, Georgia, Mississippi, South Carolina, and Texas (Cartagena et al., 2021). However, policy/lawmakers in rural areas of the Deep South have not prioritized methods for expanding treatment services among rural minority offenders.

Limited treatment services impact this population and communities in myriad ways. Lack of rural mental health services, unequal access to these services, in addition to a lack of funding, impacts the offender as well as communities. Offenders in rural jurisdictions are often limited to mental health services that impact their abilities to reintegrate back into communities successfully. A disproportionate number of individuals lacking mental health treatment services are people of color residing in rural areas. The lack of rural mental health professionals in addition to underfunded treatment service continues to burden the offender and communities (Kingson, 2024).

History of U.S. Reentry Treatment Services

Historically, offenders in the United States with mental health issues have been impacted by barriers resulting from the lack of reentry treatment services (Alom, 2024). Access issues regarding reentry treatment services stemmed from the 17th century. Research studies suggest that the misunderstanding of offenders' unusual behavior (e.g., mental health issues) and lack of treatment services in the past subjected offenders to

harsh and inhumane conditions. Offenders with mental health issues that were considered dangerous to communities were socially isolated and placed in mental health institutions for security purposes. Offenders with mental health issues who had committed major crimes (e.g., robbery) were imprisoned and held without treatment. Medical practices such as blood/digestive cleansing were used to wash evil spirits out of deviant offenders' bodies. Conversely, offenders who had committed minor crimes were usually cared for by family members. Unethical and inhumane practices about offenders with mental health issues lasted decades later (Kendler et al., 2022).

During 1752, Quakers, a group of advocates in Philadelphia, aided in reform efforts, which resulted in changing practices that treated offenders unfairly. This reform perspectives initiated by the Quakers, proposed that offenders with mental health issues could be treated with dignity and respect as opposed to harsh punishment. These reform efforts facilitated the opening of treatment services throughout the United States. Contributions of the Quakers led to the opening of the first treatment services in Kentucky, New York, and Virginia (Alom, 2024; Kendler et al., 2022). By the late 1800s, each state had treatment services that could house nearly 500,000 individuals. Additional contributions, including the American Asylum Movement in 1843, led by social advocate Dorethea Dix, also contributed to fairness/equity among offenders. Dix's perspectives on unethical practices in the criminal justice system and the overcrowding of offenders with mental health issues in jails/prisons had a positive impact on changing the ways these offenders should be treated. Her contributions led to changing practices in previous

mental health institutions and assisted in expanding 32 U.S. hospitals that focused on enhancing reentry treatment services (Alom, 2024).

Urban Treatment Services

Innovative methods in Tennessee, such as the Men of Valor (MOV) and the perspectives of mental health professionals, have aided in countering mental health inequalities among minority offenders reintegrating into urban areas. Developed by the Nashville, Tennessee Task Force in 2014, the MOV aims to identify barriers that should be used to minimize recidivism. MOV is a free 12-month treatment service that assists offenders in reintegrating back into communities successfully. MOV is a faith-based service that includes classes on biblical values and morality. Extant research suggests that faith-based services can have a positive impact on the offender and have the potential to counter recidivism rates (Zampella et al., 2024). Since its implementation, MOV has contributed to reducing recidivism rates among urban Nashville offenders reentering communities to nearly 75% compared to the state's average which is approximately 50%. Stakeholders (e.g., criminal justice administrators) envision the second MOV treatment service now available in Knoxville, Tennessee, will aid in further countering recidivism rates.

The MOV offers one-on-one (in-person) professional mental health counseling to formerly justice-involved offenders. Additional reentry benefits offered by the MOV include employment placement/opportunities, anger management, and one-on-one mentoring services for offenders reintegrating back into communities (Zampella et al., 2024). The specialized benefit of the MOV is that its housing facility can house up to 30

justice-involved offenders. The benefits of employing treatment services such as MOV in Tennessee's urban area have also reduced recidivism rates. Since its implementation, a second MOV treatment service has been opened in Nashville, Tennessee, which has the potential for minimizing recidivism rates throughout the state.

The availability of reentry treatment services in California is essential for reducing recidivism rates. California's dense population is estimated to have the highest number of residents in the United States. Research studies suggest that approximately 39 million individuals reside in California, and nearly 6% of these residents are impacted (e.g., stigmatized) by having a mental health issue (Jacob, 2024). However, California also ranks number one in the United States regarding reducing recidivism. A critical factor contributing to California's success rates regarding reducing recidivism is the employment of reentry treatment services. Practices such as connecting offenders to reentry treatment services (e.g., mental health professionals) are essential for identifying criminogenic needs that are used to identify barriers associated with access issues.

Between 2023 and 2024, California spent an estimated \$112 million on male reentry services (Anderson et al., 2023). There are 13 different reentry treatment services throughout the state that provide support to offenders' post imprisonment, including halfway houses, job assistance, and recovery addiction for offenders. Urban offenders residing in Los Angeles, Sacramento, and San Diego continue to benefit from reentry services. Research studies suggest that offenders who participated in reentry treatment services recidivate approximately 60% less than offenders lacking access to these

services. The California Department of Corrections has approval to also expand six additional reentry treatment services throughout the state by the end of 2025.

Policy/lawmakers anticipate that expanding treatment services (e.g., mental health professionals) across the state will also aid in successful reintegration (Higuera et al., 2021). Research suggests other ways to reach underserved communities subjected to service access issues (e.g., lack of transportation) is by employing appropriate treatment providers services (Rekerdres & Giggie, 2022). As an alternative to imprisonment, the expansion of reentry treatment services has the potential to aid offenders successfully reintegrate back into communities. Research suggests treatment provider services in urban areas/jurisdictions are making great strides, particularly associated with marginalized offender's abilities to access treatment services (Maha et al., 2024; Zampella et al., 2024). Barriers/factors that prevent the offender from accessing timely and ongoing treatment services can make a huge difference in whether the offender successfully reintegrates into the community upon release from prison institutions.

Transitional and reentry treatment services are important factors that have aided the offender in successfully reintegrating back into communities. Offenders' inability to access treatment services prompted U.S. policy/lawmakers to reform reentry intervention programs. This awareness contributed to the implementation of the Assertive Community Treatment (ACT) program, which aids in reducing recidivism rates among offenders with mental health issues. ACT was developed by psychologist Leonard I. Stein, and his colleagues, Ann Test, Arnold J. Marx, Deborah J. Allness, William H. Knoedler at the Mendota Mental Health Institute during the early 1970s (Zampella et al., 2024). ACT is a

long-term outreach treatment service that has aided many minority offenders in Florida with reintegrating back into communities successfully. The benefits that people of color can gain from utilizing the ACT program is that its methods provide support by aligning these people with mental health professionals in community (outpatient) settings instead of restrictive/formal treatment services offered in hospital settings. This flexibility has assisted homeless individuals as well as substance abusers encountering Florida's criminal justice system (Cuddeback et al., 2020; Zampella et al., 2024).

Research studies suggest that Florida has one of the highest rates regarding the implementation of successful reentry treatment services. Currently, 13 reentry treatment services are operating in Florida. These programs have assisted offenders upon reentry to facilitate living a crime-free lifestyle (Zaragoza, 2024). Conversely, the State of Alabama ranks first nationwide for having the most reentry treatment services. For example, Alabama has a total of 19 reentry treatment services and ranks fourth in the nation regarding success rates. Extant research suggests criminal justice and health care practices that target the expansion of treatment services programs (e.g., Prep Center and Reporting Center) can assist in minimizing recidivism (Alabama Bureau of Pardons & Parole, 2024).

Reentry treatment services implemented by Alabama, such as ACT, contributed to reducing recidivism from 30% to 4% in 2023. Furthermore, 35 states, including the Deep South (e.g., Florida) have implemented ACT as a practicable treatment service. Research suggests that ACT is cost effective, and less expensive than traditional types of community-based care (Trane et al., 2022). Furthermore, ACT is widely accepted by

consumers and families. This treatment service is offered to Floridian offenders receiving Medicaid post-released from prison institutions. Eligible Medicaid offenders are also not required to pay a copayment, and the treatment services are unlimited (State Health Facts, 2022; Zaragoza, 2024).

Rural Treatment Service Issues

Underfunded mental health services in rural U.S. areas negatively impact minority offenders as well as the communities. Unmet mental health needs stemming from lack of funding is a factor that can impact the offender for an unspecified amount of time. There is an urgent need to improve treatment services for rural minority populations. Many offenders with mental health issues often go without treatment services, particularly in rural areas (Laroo et al., 2022). Underfunded treatment services contribute to delayed care for offenders, which can last for 12 months or longer. Furthermore, barriers such as a lack of funding contribute to increased recidivism rates among minority offenders. Other key related barriers, including substandard treatment services (e.g., untrained mental health professionals), also compound challenges for the offender (Gao, 2024).

Currently, an estimated 35 million adults in the United States are reported as having a mental health issue (Federal Bureau of Prisons, 2023). Many of these individuals include minority offenders residing in rural areas where treatment services are scarce. Limited treatment services in rural areas pose challenges that prevent minority offenders from accessing mental health treatment (Raver et al., 2024; Zaragoza, 2024). Delayed intervention, due to mental health professionals' shortages in addition to uninsured offenders contributes to rural offenders experiencing longer wait times to be

seen by mental health providers. Inaccessibility to mental health services in U.S. rural jurisdictions also prevents opportunities for the offender to connect with mental health professionals who counsel offenders in crisis and therefore impedes successfully reintegration back into communities.

Additionally, factors such as the lack of employment combined with long travel distances to treatment services can also pose challenges for rural offenders after release from imprisonment. These issues can be overwhelming, specifically for Florida rural minority offenders needing treatment services (e.g., intervention and rehabilitation) in marginalized communities. Inaccessibility to reentry treatment services can also subject people of color to higher adverse outcomes (e.g., inequities) when reintegrating back into communities. However, criminal justice/mental health practices that target criminogenic needs, such as community-based programs and well-staffed treatment services can assist rural offenders residing in Florida from encountering the judicial system (Cuddeback et al., 2020; Rekerdres & Giggie, 2022).

Florida Rural Treatment Service Issues

Research suggests that an estimated 640,000 U.S. offenders return to communities each year, and barriers such as the lack of access to reentry treatment services is a key factor that contributes to offenders returning to prison institutions (Goger et al., 2021). Reentry treatment services are an important factor that can aid offenders in transitioning from prison institutions and back into communities successfully. Early intervention treatment services are essential for preventing the offender from engaging in criminal behavior, which can ultimately reduce recidivism. Reentry treatment services refer to

intervention services/programs, such as mental health services, that can assist the offender from reoffending. The employment of (in-person) one-on-one mental health professionals is important for assisting Florida offenders with managing mental health issues associated with illicit drug or alcohol abuse. Furthermore, mental health professionals who counsel offenders use treatment services to assist offenders with managing stress, anxiety, depression, and trauma after imprisonment (Lebrun-Harris et al., 2022; Smith, 2024).

Approximately 400 treatment services in Florida offer mental health services to offenders in crisis (Shrader et al., 2023). Despite the availability of treatment services offered throughout the state, the lack of mental health professionals, unreliable transportation and lack of family support (e.g., financial resources) present barriers that prevent the offender from accessing treatment services. Extant research studies suggest that Florida ranks 40th in the nation in terms of accessing mental health services. Key related factors (e.g., low socioeconomic status and lack of healthcare insurance) contribute to approximately 60% of Floridians going without intervention/rehabilitation services (Mental Health America, 2024; Shrader et al., 2023). The inaccessibility of timely and continuous treatment services increases the probability for the offender to recidivate, which is higher in comparison to offenders receiving intervention services. Furthermore, minority offenders living in Florida rural jurisdictions lacking health insurance are also prone to reoffending, and this issue continues to impact offenders as well as communities.

Minority offenders reintegrating back into Florida rural communities face challenges accessing mental health providers due to the inability to acquire health insurance (Mongelli et al., 2020). Approximately 90% of offenders residing in Florida do not have health insurance after being released from prison institutions. Based on yearly income, offenders are not always covered by health insurance (e.g., Medicaid) when applying for treatment services. Marginalized offenders with low household incomes make high health insurance rates unaffordable. Therefore, these offenders are often denied access to mental health professionals and ongoing intervention that can assist offenders from encountering the criminal justice system.

Additionally, inconsistencies across mental health providers can contribute to uninsured offenders unnecessarily moving between (e.g., provider hopping) mental health professionals after being released from prison institutions. Health insurance issues can also force uninsured offenders into using the emergency room out of desperation due to inaccessibility to treatment services (Alvarez, 2023; Coombs et al., 2022). Unaffordable health insurance associated with uninsured offenders also impacts criminal justice agencies. Research suggests that police officers are now acting on behalf of mental health professionals. While responding to mental health crisis situations police officers are transporting offenders who are unable to afford treatment services to the emergency room, which should be handled by mental health professionals (Gates & Mohiuddin, 2022).

Lack of access to treatment services creates uncertainty among offenders and the community regarding how criminal justice administrators are approaching this issue.

Practices such as criminal justice discharge planning are essential for aiding released Floridian offenders' abilities to access treatment services. Perspectives from the American Psychological Association (APA) also suggest that timely mental health discharge planning that facilitates follow-up appointments, transferring of medical records, and referrals, in addition to renewing/reevaluating prescribed medications, are important factors for successfully reintegration (American Psychological Association, 2018; Applebaum, 2020).

Additional key related factors, including early intervention, substance abuse misuse programs, and community support are also beneficial for reducing recidivism. However, barriers (e.g., lack of health insurance) continue to enhance reoffending and raise safety concerns among Florida's communities. The stigmatization/biases contribute to the mischaracterization of offenders with mental health issues as more dangerous to communities when compared to the general population, further preventing fairness among these offenders. Barriers/factors such as inequity and limited access to treatment services that impact rural minority offenders residing in northwest Florida also increases mental health issues (Santoshi et al., 2023).

Limited Rural Mental Health Providers

Inaccessibility to treatment services impacts rural offenders, due to limited mental health professionals. There is a shortage of mental health professionals in the United States, and this issue also impacts many offenders with mental health issues residing in Florida's rural jurisdictions. The prevalence of mental health professionals who treat offenders in U.S. rural areas has decreased over the years. Extant research suggests that

Florida has the fourth highest number of offenders with mental health issues, and the third highest state regarding mental health professionals' ability to treat offenders (Santoshi et al., 2023; Shrader et al., 2023). Shortages of mental health professionals in rural areas can discourage the offender from using treatment services. This issue puts vulnerable offenders lacking mental health treatment in harm's way and contributes to criminal behavior. In the past five years, recidivism rates in Florida have ranged between 21% and 25%. Approximately 85% of these offenders will return to communities without access to treatment services (Santoshi et al., 2023). Challenges with recruiting and retaining rural mental health professionals contribute to a shortage of these professionals. The shortages of mental health professionals in rural jurisdictions are high.

Approximately 10% of the mental health professionals in these areas are available to treat offenders. Shortages of rural mental health professionals not only impact the offender, but this issue also negatively affects and burden other mental health professionals working in the field. Mental health professionals are deployed outside assigned jurisdictions to fill the gap. Additionally, factors such as the lack of training to serve rural and minority populations, increased workloads combined with burnout contribute to shortages of mental health professionals (Gates & Mohiuddin, 2022).

Summary

The lack of mental health professionals in Florida rural areas negatively impacts minority offenders as well as communities. Unlike urban areas where there are more opportunities for the offender to access treatment services, accessing these services is challenging, due to limited mental health professionals working in Florida's rural areas.

Limited treatment services in rural areas are high and therefore contribute to criminal behavior that often prevents offenders from reintegrating successfully into communities. Underfunded resources, shortages of mental health professionals, and low socioeconomic status impacts rural offenders seeking treatment services. To combat access issues, decision makers in major metropolitan areas have resorted to innovative practices that have aided in enhancing treatment services. Practices such as the Assertive Community Training and Men of Valor programs in Alabama, as well as Tennessee urban areas, contributed to reducing criminal behavior.

Additionally, alignment with mental health professionals, criminal justice discharge planning, and community-based programs have also aided urban offenders in reintegrating back into communities successfully. However, criminal justice/healthcare administrators in Florida rural jurisdictions have not achieved success in terms of the ability to employ practices that assist offenders in successful reintegration. The lack of appropriate mental health professionals will continue to negatively impact rural offenders and communities unless decision-makers facilitate practices that should be used to rehabilitate the offenders (Shrader et al., 2023; Zampella et al., 2024).

This present study is essential for filling the gap about barriers/factors that prevent minority offenders residing in Florida jurisdictions from accessing treatment services. One gap in research literature that assisted in extending the knowledge in the discipline is the limited availability of mental health professionals in Florida areas. In the past, research scholars have primarily explored offenders' abilities to access treatment services in urban areas. Major themes developing from this research literature have the potential

to explain challenges (e.g., limited treatment services) that prevent minority offenders' abilities to access mental health professionals. Offenders residing in major metropolitan areas are often confronted with fewer challenges when accessing treatment services due to having more resources when compared to rural offenders.

Research studies suggest that the availability of reentry programs, early intervention practices, and affordable mental health professionals benefits the offender in terms of successful reintegration (Shrader et al., 2023; Victor et al., 2021). Nonetheless, research literature that extensively explores minority offenders' ability to access mental health professionals in rural areas has been understudied. The limited number of studies about minority offenders' abilities to access mental health professionals in rural areas contribute to a lack of understanding about this issue. However, using major themes developing from this dissertation topic to fill the gap in research literature assisted in examining the lack of access to mental health professionals among rural minority offenders.

Examining the perspectives of Florida mental health professionals who treat minority offenders in rural jurisdictions aided in filling the gap because the insight provided by these professionals has the potential for understanding barriers/factors that enhance criminal behavior among minority populations. Furthermore, the perspective of rural Florida mental health professionals assisted in explaining how the lack of treatment services, underfunded resources, and lack of community support negatively impact offenders as well as communities. There is a need to employ better practices that can aid

in rehabilitating rural minority offenders, and filling the gap in research literature about access issues is important for extending this knowledge (Howe, 2024).

In Chapter 3, to aid in understanding/explaining the literature, I examined the gap that aligns with the dissertation topic. I reviewed the problem and purpose statement that aided in identifying barriers that prevent minority offenders in rural jurisdictions from accessing treatment services. Additionally, I identified the research design and rationale for this study. To aid in understanding procedures for data collection, I explained the recruitment process as well as the instrument employed and used this information to assist in understanding factors that prevent rural minority offenders from reintegrating successfully into communities.

Chapter 3: Research Method

Introduction

Inaccessibility to mental health services is an ongoing problem in the United States that impacts not only justice-involved minority offenders, but this issue is also a socio-economic concern. The prevalence of barriers to access mental healthcare among justice-involved minority offenders has contributed to the overrepresentation of people of color in U.S. prison systems. Access barriers to mental health services, specifically for minority offenders residing in rural U.S. communities, experience higher mental health disparities when compared to the general population (Wells-Wilbon, 2021).

The purpose of this qualitative study was to examine the impact of access to mental health services for justice-involved minority offenders in rural areas from the perspective of mental health professionals. Identifying factors contributing to the offenders' lack of access to mental health services after release from correctional institutions were essential for potentially identifying solutions, such as expanding services areas for trained mental health professionals and connections to reentry programs in rural areas that should be employed for countering recidivism rates. Exploring perspectives of Florida mental health professionals who provide services to justice-involved minority offenders can also provide information to policymakers, which aided with identifying barriers to accessing mental health services that impact the recidivism of minority offenders in rural areas (Ku et al., 2024). Insight from these mental health professionals aided in understanding barriers and factors that prevent justice-involved minority offenders from accessing mental health services in rural areas.

This study's results addressed research gaps related to the impact of access to mental health services for justice-involved minority offenders in rural areas from the perspective of mental health professionals. In Chapter 3, to effectively achieve the objective, the literature gap that aligns with the study topic were presented. A qualitative methodological approach was chosen as the study design. This chapter outlines the research design and rationale, researcher's role, participants and recruitment process, data collecting strategy, instrumentation, data analysis, and justification for the current design. The final section of the chapter presented a discussion of the ethical procedures used in the study. This study was conducted by the parameters established by Walden University's Institutional Review Board (IRB) to ensure the ethical protection of research participants (Approval Number 03-21-25-1158600).

Research Design and Rationale

To gain a better understanding of the impact of access to mental health services for justice-involved minority offenders in rural areas from the perspective of mental health professionals, this research study was guided by the following research questions:

RQ1: How do mental health providers feel the lack of services for minority offenders impacts their ability to reintegrate back into the community successfully?

RQ2: What are the perceptions of mental health providers about factors that prevent minority offenders from accessing mental health services during reintegration?

The central concept of this qualitative study was to examine the impact of access to mental health services for minority offenders in rural areas from the perspectives of mental health professionals. Research suggests that rationales including (one-on-one) in-

person, semi-structured, and in-depth interviews as a research design have aided researchers in examining barriers associated with treatment services (Treloar et al., 2021). In-depth interviews in research refer to the researcher's ability to ask participants probing questions that can assist in understanding/explaining how access issues negatively impact the offender.

The rationale for choosing (one-on-one) in-person, semi-structured, and in-depth interviews during this qualitative study is that the insight mental health professionals provide about access issues can aid in countering criminal behavior among minority populations. Furthermore, the perspectives of mental health professionals who treat rural minority offenders can also provide valuable insight regarding how current criminal justice and healthcare administrators may enhance practices that should be used to rehabilitate recidivating minority offenders.

Utilizing this qualitative study approach assists in obtaining a deeper insight into the barriers that impact access to mental health services for justice-involved minority offenders in rural areas. The research involved semi-structured face-to-face interviews. This offered a chance to understand the phenomena being studied in context and gather detailed data. Collecting information from several sources helped the researcher triangulate and enhance the validity of the outcomes of this research. Utilizing a qualitative approach that emphasizes participants' experiences from their perspective is crucial in this research study.

Role of the Researcher

Researchers play an important role in identifying factors/barriers that prevent rural minority offenders from accessing mental health professionals. For this qualitative study, the role of a qualitative researcher involved interviewing mental health professionals who counsel minority offenders in Florida's rural areas. This qualitative study involved conducting (one-on-one) in-person, semi-structured, and in-depth interviews. To minimize potential biases, I maintained self-awareness of my potential biases, addressed them, and showed respect to every participant. To additionally minimize potential biases, I allowed participants to speak freely about the research topics without influencing their opinions, beliefs, and viewpoints. To confirm the research findings in this qualitative study, I remained objective, unbiased, and transparent when interviewing the participants. The use of analytic memos and reflexive writings to document research findings accurately was utilized. Additionally, I was unbiased when interviewing participants and did not allow personal beliefs or professional perspectives interfere with the data collection process.

Although there were no conflicts of interest by location or previous knowledge of or relationships with any participants, I remained cognizant of these research factors at all times throughout the study. I also engaged in continuous self-reflectivity by self-checking through journaling, debriefing with other professionals in the field, and reviewing notes to minimize and address any potential biases. Participant considerations were addressed by being transparent, maintaining confidentiality, obtaining informed consent,

safeguarding the analyzed data, and honoring a participant's right to withdraw from the research if necessary.

Additional ethical issues researchers may be confronted with during research studies were a conflict of interest. However, I did not receive any financial compensation when accessing rural mental health professionals during this research study that could negatively impact outcomes. Researchers' roles involving conflict of interest with the mental health professionals could also cast doubt regarding the researchers' motives, which can question the study's validity. However, the researcher's role that entailed following ethical protocols/standards such as protecting the mental health professionals from harm, were essential for making research findings trustworthy, credible, and reliable (McCombie et al., 2024).

The objective of this qualitative study was to examine barriers/factors that prevent minority offenders in rural jurisdictions from accessing mental health professionals. The targeted population for this study included mental health professionals who counsel rural minority offenders residing in Florida's rural areas. Identifying experienced and knowledgeable human research participants, such as mental health professionals, aided in exploring access barriers that prevent rural minority offenders from successfully reintegrating into communities (Ellis, 2023; Smith, 2023). Qualitative research is an appropriate method that can be used for replicating further research studies on rural minority offenders' ability to access treatment services because the insight mental health professionals provide about access issues can potentially lead to minimizing recidivism among this population.

Methodology

Participant Selection Logic

Research studies suggest that the employment of appropriate sampling strategies is essential for assisting researchers in collecting data on mental health professionals who counsel minority offenders. The sampling strategies that were employed during this qualitative study included purposive sampling to identify mental health professionals providing treatment services in Florida's rural areas. Purposive sampling in qualitative research refers to researchers intentionally selecting human research participants that can yield the most information about a phenomenon (Campbell et al., 2020; Pugh, 2024).

Utilizing purposive sampling with mental health professionals allowed me to access appropriate participants for this study. This provided the ability for the interview to elicit information from the participants that could potentially identify barriers that prevent minority offenders from accessing mental health services. The justification for using purposive sampling in this research study is appropriate for this qualitative study; it has the potential to identify and potentially increase understanding about access barriers that negatively impact minority offenders when reintegrating into communities after being released from prison institutions. Furthermore, purposive sampling with experienced mental health professionals was also suitable for answering the research study's questions. Procedures for recruiting participants included sending out emails inviting them to volunteer for this research study. I explained the purpose of the research study, the researcher's expectations, the estimated time to conduct the interview, and the incentives. Participants expressing interest in participating in this study were also emailed

consent forms. More specifically, the consent form included an introduction, the purpose/description of the research study, and the benefits and potential risks of participating in this study.

This qualitative study included six to 15 participants who were experienced mental health professionals who counsel minority offenders residing in Florida's rural areas. Using small sample sizes in previous research studies has proven sufficient for in-depth qualitative studies (Ellis, 2023; Johnson, 2024; Smith, 2023). Including an appropriate sample size in qualitative studies for data saturation can also yield reliable outcomes. Data saturation in research refers to the point at which no new themes or patterns emerge from participants.

For this qualitative study, interviews were conducted in person with mental health professionals who met the eligibility criteria for this research study. The frequency/duration of interviewing the mental health professionals continued until saturation was met. However, if I discovered that too few mental health professionals were recruited for this research study, I would have consulted with Walden's chairperson and the IRB for insight. Additional strategies, such as snowball sampling, hand-delivering or emailing flyers to service providers in Florida's rural areas detailing the nature of the study, were also employed to attract additional potential participants meeting the inclusion criteria (Smith, 2023).

Instrumentation

As the research interviewer, I was the data collection instrument during this qualitative study. Protocols for this research study encompassed semi-structured

interviews with mental health professionals. During the interview, a set of research questions I created that were approved by subject matter experts at Walden were used to gather data from the participants were analyzed to address the research questions (Appendix B). Utilizing open-ended and probing questions when interviewing the participants were also sufficient for providing identification, explanation, and understanding of the research topic. Furthermore, the interview protocols also included follow-up questions when appropriate, which allowed me to obtain clarity regarding how access barriers increase obstacles for the offender (Adeoye-Olatunde & Olenik, 2021; Delman et al., 2023).

Other data collection instruments that helped to validate research findings were the utilization of audio digital recording instruments (Borish et al., 2021; Renjith et al., 2021). For this qualitative study, I used an audio digital recorder to record the participants' interviews. The reputability of audio digital recording instruments has proven sufficient in research studies, because its technology allows the researcher to record and preserve participant interviews for later use and analysis.

Data Collection

Data collection in qualitative research involved gathering non-numerical information from research participants, such as insight or perspectives about a specific phenomenon (Saldana, 2021). Data collected from participants' responses during this research study were used to examine access barriers among minority offenders after release from prison institutions. More specifically, the targeted population for this study consisted of collecting data in-person from participants residing in northwest Florida's

rural areas. During the data collection process, a set of interview questions were employed to aid in a better understanding of this phenomenon.

During the research interview, I provided participants with a brief questionnaire that involved asking about their demographics, education, and background experience. Once the participants completed the questionnaire, I began the interview by asking the participants a set of open-ended questions about the research topics. The interview questions involved 12 open-ended questions that assisted in guiding the data collection process. Once the interview questions were presented to the participants, I allowed ample time for them to provide their responses and employed probing and follow-up questions to enhance the study findings. I anticipated that each participant interview would last between 45 and 60 minutes (Dorsey, 2024).

During this study, I was the data collection instrument for examining the phenomena related to access barriers. The frequency of data collection events involved follow-up interviews/questions to clarify the collected data. During this qualitative research study, I used a reflective journal and a digital audio recorder to keep track of the participants' responses. Interview audio recordings, transcripts, and files were stored on a password-secure thumb drive and is locked in a secure fire-resistant home safe for a period of 5 years per Walden University policy. Additionally, files, audio recordings, and transcripts will be deleted from all audio recording devices, computers and laptop devices that were used for recording, transcribing, and coding.

During the interview debriefing, I shared the main points and themes gathered from the perspectives of mental health professionals regarding access barriers. I asked the

mental health professionals to reflect on the themes, verify interpretations of the research questions, and asked whether there is context that requires adding or removing.

Following up with human research participants were also an important part of the research process. Therefore, I followed up with the mental health professionals by checking back to see whether additional insight about access barriers had evolved or remained the same since the initial interview. These research procedures aided in capturing the accuracy of the mental health professionals' perspectives.

Furthermore, I used a follow-up plan if more participants were needed for this research study. To resolve this issue, I immediately notified Walden's IRB for guidance. I also hand delivered additional flyers and sent emails to treatment service providers. These procedures allowed for attracting additional potential participants that met the inclusion criteria. I followed up with the mental health professionals by contacting those participating in the research by cellular telephone or Zoom meetings to discuss any concerns raised or recommendations suggested about the research study.

Qualitative research practices such as snowball sampling were also essential for accessing participants, particularly those living in hard-to-reach rural areas. Snowball sampling involves the researcher's ability to gather additional participants who may have insight into the research topic (Smith, 2023). For this qualitative research study, after initial invitations, I used snowball sampling by asking interview participants to recommend other potential mental health professionals having information about access barriers to treatment services. Identifying research participants such as mental health

professionals and integrating snowball sampling aided in understanding the complexities of access barriers.

Participants completing the interviewing process were notified via email within one week of being interviewed. I used in-person member checking to share transcripts with participants who have completed the interviewing process. Participants interested in receiving a copy of their interview transcripts were emailed a password-protected transcript within a few weeks after the interview was conducted. However, for participants expressing a desire to depart from the research study because they were no longer interested in participating in the study, their requests were granted.

Participants suspected of being traumatized by the research study were provided with contact information for mental health service providers in their jurisdiction. In the event participants were triggered by the research study, I would have assisted them by calling emergency contact number 911 if needed. I would have also assisted participants with contacting the 24-hour Life Management Center that provides services in the specific jurisdiction in Florida. The telephone number for these treatment service providers is 855-453-8985. Alternatively, participants needing immediate treatment services were provided with the 24-hour National Suicide and Crisis Hotline number, which is 988.

I followed up with the existing participants and ensured they had an opportunity to review the data collected during the interview. I provided participants with my contact information so they could further discuss the interview transcripts if needed.

Furthermore, I respected the rights of participants by protecting and ensuring the information provided to the researcher was kept confidential.

Risk/harm during this qualitative research study were expected to be minimal. I would have discontinued the interview if participants were suspected of being traumatized/triggered by the research questions. To minimize potential harm to participants, I ensured that a mental health therapist was available on the scene in the specified locations. Aligning participants harmed by research studies with mental health therapists aided in providing care and support to participants in need.

Upon approval from Walden's IRB, I sent out emails to the participants with consent forms so that they would understand the research study goals, benefits, and potential risks. The participants were informed that the research study was voluntary and that there were no consequences if they decide to withdraw from the study at any time. Additionally, I followed IRB protocols to obtain permission to collect data from the participants (Signorell et al., 2021; Tabe, 2024).

There were minimal risks when conducting this research study. However, measures were taken to minimize any potential triggers/trauma this research study may cause when interviewing participants. More specifically, mental health professionals disclose information about the research topic and reflecting on their experience when counseling minority offenders may involve processing feelings/thoughts about those experiences. As the research interviewer, I would have stopped the interviews anytime the participants were uncomfortable.

To protect the participant's confidentiality, I used pseudonyms instead of participants' names after transcribing data. Research suggests that the use of pseudonyms (e.g., modifying participant's names) is an appropriate ethical practice for maintaining participant's privacy during qualitative research (Lahman et al., 2022). I protected participants from harm by protecting their privacy and ensuring that sensitive information (e.g., names and contact information) shared with the researcher was kept confidential. Participant's names were not included in the transcripts. Instead, I used pseudonyms (e.g., P1, P2, P3) to identify the participants and to protect their confidentiality. As the research interviewer, I was the only individual that knew the identity of each participant related to the pseudonym, which added additional protection and confidentiality to the participants. Furthermore, I ensured that the transcripts, interview notes, reflective journal, and digital audio recorder were locked in a secure fire-resistant home safe. Additional procedures to protect confidentiality included ensuring that the updates on my laptop computer, such as the screen locking device and anti-virus protection, were working correctly (Salters, 2024).

To adhere to ethical boundaries, I made sure that any incentives, such as money or gifts offered to the mental health professionals for participating in this research study, were in accordance with Walden's IRB. Incentives for this research study included providing each participant with a \$25.00 Visa gift card. However, if providing incentives to the participants violated the treatment services policies, I would have violated those policies (Negrin et al., 2022; Salters, 2024).

Data Analysis Plan

For this qualitative study, one-on-one face-to-face semi-structured interviews were conducted with mental health professionals to gain insight into phenomena of access barriers. The interviews were recorded using a digital audio recorder, which aided in capturing the participants' responses. I maintained field notes to enhance the recorded and transcribed data. I established the credibility of the transcribed interview data by conducting in-person member checking with the participants, which confirmed the data's accuracy (Coleman, 2021).

In qualitative research, coding refers to the researcher's ability to identify or highlight participant's words or phrases that can be transcribed into quotations (Smith, 2023). More specifically, coding allows researchers to break down data collected from the interviews and into smaller units or ideas. The appropriateness of coding also serves as a tool that aids researchers in connecting data to specific research questions. I reviewed the participants' perspectives independently, noted potential ideas or suggestions regarding the research topic and questions, and compiled the data collected for interpretation. Furthermore, I divided the interview data into categories and subcategories to identify initial codes and themes during the coding process.

Emic coding procedures also have the potential for replicating this study. To assist with connecting data to the research questions, I employed emic coding, which involved analyzing and interpreting the data collected. Interpretations of the interviews were broken down into topics and organized according to the coding process. I manually coded the interview data and used Microsoft Word to categorize the codes. As the

research interviewer, I transcribed, interpreted, and ensured the accuracy of collected data. Additionally, I utilized Otter.ai software to aid in recording and transcribing participants' responses. Otter.ai is a data analysis software that allow qualitative researchers to digitally record participants responses, which can enhance transcriptions (Samuel & Wassenaar, 2024).

Connecting qualitative data to a specific research question(s) requires researchers to examine thick descriptions of data collected to understand participants' perspectives (Lim, 2024). During this qualitative research study, I employed axial coding to connect data to research questions by examining the participant's interview codes. Axial coding allows for identifying relationships and connections between codes to better understand the participants' perspectives. To aid in examining the interview codes, I developed categories and subcategories which allowed me to compare/contrast the codes for validating the participant's interviews. Furthermore, connecting participants interviews to research questions were useful for replicating this study which allowed for a better understanding of how to analyze and interpret qualitative data associated with recidivism. Additional qualitative practices such as triangulation can enhance research findings and trustworthiness (Lim, 2024).

Issues of Trustworthiness

Triangulation in qualitative research allows the researcher to compare multiple data sources, which can assist in increasing the trustworthiness of research findings. This research practice can contribute to establishing credible and valid outcomes because member checking, in addition to comparing perspectives from mental health

professionals, has the potential for identifying access barriers from different viewpoints. Furthermore, in-depth interviews with knowledgeable mental health professionals provided opportunities for validating insight about access issues during the data collection process.

Practices including credibility involves researchers' abilities to document participants responses/opinions accurately can also enhance research study findings. This endeavor entailed including an appropriate sample size in qualitative studies for data saturation. Data saturation in research refers to the point that no new themes or patterns emerge from participants. During this qualitative study, interviews were conducted in person with mental health professionals meeting the eligibility criteria for this research study. Interviewing the mental health professionals continued until data saturation was met.

Researchers can validate participants' interviews by establishing confirmability by being neutral, objective, and unbiased. Confirmability allows the researcher to remain transparent by documenting why decisions were made and validating participant data throughout the interviewing process. Establishing confirmability can also assist in preventing subjective research findings that contribute to discrediting the researcher's integrity. I used reflexivity to accurately document participants' responses regarding access barriers to minimize untrustworthiness. Reflexivity allows the researcher to reflect on data collected from participants, which can increase the trustworthiness of research findings (Ide & Beddoe, 2024).

Aligning participants' themes, patterns, and opinions with the collected data has the potential to enhance reflexivity. Reflecting on data collected from participants can provide more profound understanding about the phenomena. Conversely, omitting these research practices can limit real-world data and transferability (Ide & Beddoe, 2024; Olmos-Vega, 2022).

Transferability involves the researcher's ability to interpret and transfer qualitative research findings into other research literature. The concept of transferability of data allows the researcher to provide a thick description of collected data regarding how access barriers impact minority offenders. Research suggests that key factors such as thick descriptive data and variation in participant selection are also essential for understanding inequities among minority populations (Sankofa, 2022). Moreover, the applicability of transferability allows for validating outcomes, making it dependable for future research studies.

This study could be transferable to similar locations and populations but not transferable or generalizable to others. Transferability refers to the extent to which findings and interpretations from a study can be applicable and relevant to other contexts beyond the specific research context (Stalmeijer et al., 2024). More specifically, this study has the potential to be transferred to other rural jurisdictions where minority offenders reside, whereas targeting populations, such as offenders living in metropolitan jurisdictions, can potentially prevent the transferability and generalizability of this study's findings.

Dependability in qualitative research refers to the researchers' ability to replicate consistent research findings. To accomplish this endeavor, I kept an audit trail on how and when data was collected from the mental health professionals. I also analyzed and transcribed this data and maintained interview notes. Maintaining an accurate record of data collected during this research study also aided in minimizing confirmability, dependability, and reliability issues (Saldana, 2021).

Ethical Procedures

Before contacting potential participants, gathering any data, or conducting interviews, I obtained approval from Walden University's Institutional Review Board (IRB). Prior to data collection, all requirements, guidelines, and protocols set by the IRB were addressed. Potential ethical issues arising during this study were minimized by seeking advice from Walden IRB. Employing a qualitative research plan included an informed consent form and an ethics application detailing permission to recruit participants for this study. Informed consent forms providing information regarding potential risks and benefits associated with the research study were provided to individuals interested in participating in the research study. Initial contact with the participants was made by hand delivering invitation flyers to volunteers for this research study.

The invitation included an explanation of the purpose of the research study, the researcher's expectations, the estimated time to conduct the interview, and incentives. Participants expressing interest in participating in this study were provided with informed consent before the interview began. The consent form included an introduction, the

purpose/description of the research study, and the benefits and potential risks for participating in this study. I protected the participant's confidentiality by keeping their signed informed consent forms locked in a secure/ locked fire-resistant home safe. Participants stored data was also protected from potential confidential breaches by storing the data in a password-protected thumb drive. Utilizing these practices allowed me to secure/store participants information but restrict unauthorized users from accessing the data (Johnson, 2024; Tabe, 2024).

Understanding the roles as a qualitative researcher can aid in minimizing potential biases, mistrust, and harm to participants during the data collection process. Key factors, including participant selection, a credible data analysis plan, and reliable instrumentation, can assist in connecting coded data to the research questions. These practices also aided in ensuring the trustworthiness and transferability of collected data essential for replicating the study.

Findings from this qualitative study were disseminated to local and state agencies. Data dissemination in qualitative research is the sharing of data collected on participants and research findings that provide insight into a phenomenon (Johnson, 2024). Sharing this research study results with criminal justice and treatment service decision-makers can aid in implementing future policies/laws that should be employed for improving mental health services, minimizing recidivism, and strategies that promote recovery for the offender (Trial & Einsiedler, 2024).

Additional procedures such as data treatment in research involve the researcher's ability to protect and keep participant's data confidential is essential for countering

potential ethical issues. I protected participants' confidentiality by keeping their signed informed consent locked in a secure fire-resistant home safe. I further protected the participants data from potential confidential breaches by storing the data in a password protected thumb drive. This technology allows researchers to store/secure participant's data in a database but restricts unauthorized users from accessing the data (Johnson, 2024; Tabe, 2024).

As the interviewer researcher, I maintained possession of the data collected during this research study. The completed dissertation is available through public access. Conversely, data collected from the participants during this research study will be deleted/destroyed in accordance with Walden University IRB requirements. Participants' study data will be retained for a minimum of five years. This will be accomplished by storing the data in a password-protected thumb drive, along with keeping their signed informed consent form locked in a secure fire-resistant home safe, which aids researchers in protecting participants stored data (Resnick et al., 2024; Walden University Office of Research and Doctoral Services, n.d.).

To minimize harm/risks to participants, I remained cognizant of the potential ethical issues that could influence this study's research findings. Interviews were conducted in a neutral location conducive to participant privacy and comfort. Conducting interviews in the researcher's environment could raise ethical issues due to the researcher's inability to safeguard and maintain the participants privacy/confidentiality (Feroz et al., 2024; Tabe, 2024). Additional factors such as power differential or imbalances can raise ethical issues when interviewing participants. Power

differential/imbalance in qualitative research refer to the control the researcher has over participants that can comprise the outcome (Hopkins et al., 2024). Therefore, power-related barriers may reduce trust/rapport with participants and prevent them from responding honestly. Researchers' presence can also disrupt the interviewing process to a point where the participant may keep silent and not fully express opinions about a phenomenon.

This factor also often contributes to participants' lack of interest in participating in the research study (Schmid et al., 2024) and realizing the extent to which power differential/imbalance can prevent validating this research study findings. I remained self-aware of these potential ethical issues by balancing power and equity among the participants during the in-depth interviews. Furthermore, this qualitative study was designed to allow for openness, respect, and a range of participants' perspectives.

Conflicts of interest with research participants when conducting this qualitative research study were prevented by not having any personal or professional relationships with the research participants. The issue of conflict of interest challenges the researcher because participants residing in Florida's small rural areas may be acquainted with other participants volunteering for this research study. Therefore, conducting research studies in these jurisdictions could contribute to participants sharing information about the research topic. During this research study, I minimized potential conflicts of interest with participants by ensuring they understood the researcher's expectations. I also did not incentivize participants if doing so violated the treatment service policies (Taquette & da Matta Souza, 2022; Walden University Office of Research and Doctoral Services, n.d.).

Additionally, I did not influence or coerce participants because that alters the research findings, and the research goal was to obtain unbiased data. I disclosed data collected and did not accept money or gifts from any organization/entity that could influence the research findings. Furthermore, I also designed this qualitative study in a manner that facilitates impartiality, consistency, and fairness (Taquette & da Matta Souza, 2022).

Summary

Inaccessibility to mental health services is an ongoing problem in the United States that impacts not only justice-involved minority offenders, but this issue is also a socio-economic concern. This chapter outlined the research design and rationale, participants and recruitment process, data collection strategy, instrumentation, data analysis, and justification for selecting the current design. To examine the research gap related to the impact of access to mental health services for justice-involved minority offenders in rural areas from the perspectives of mental health professionals, a qualitative methodological approach was chosen as the study design. The employment of (one-on-one) in-person, semi-structured interviews with mental health professionals during this qualitative study was essential for obtaining a deeper insight into the phenomena. Furthermore, data saturation, purposive/snowball sampling, emic/axial coding, Outer.ai software, and triangulation assisted with data gathering as well as analysis.

Additional key factors that assisted in validating research findings were the researcher's roles. This included the researcher's ability to follow ethical standards/protocols, balancing power between the researcher and participants, in addition

to minimizing potential risk/harm to participants. During the data collection process, participant's confidentiality must be protected to prevent unauthorized access to their information. Confidentiality breaches were prevented by using pseudonyms, securing participant's transcripts, interview notes, reflective journals, and digital audio recording devices. Protecting participants' information was accomplished by ensuring updates on the researcher's laptop computer and anti-virus protection was working correctly. Furthermore, storing data in a password protected thumb drive also aided me in protecting participants stored data (Salters, 2024).

Ethical issues such as conflict of interest and coercing participants can reduce the integrity of the researcher. Offering incentives to participants that are approved by treatment service administrators, as well as demonstrating respect and consistency, can enhance the researcher's credibility and trustworthiness of the research study. In-person member checking and maintaining an accurate record of data collected during this research study, aided in addressing confirmability, dependability, reliability, and transferability issues. However, it was essential that the qualitative researcher remained objective, unbiased, and transparent when recruiting/interviewing participants. Otherwise, the research participants may lack interest and decline from participating in the research study.

Chapter 4 presented findings from this qualitative study regarding access barriers to treatment services among minority offenders residing in northwest Florida rural areas. Exploring perspectives from mental health professionals about minority offenders' inaccessibility to treatment service were used for data analysis. Identifying barriers and

factors associated with treatment services from the perspectives of mental health professionals who counsel Floridian minority offenders aided in understanding how inaccessibility to treatment service negatively impacts this specialized population. Insight from these professionals also has the potential to minimize recidivism among minority populations. Participants included in this research study shared perspectives about how access barriers negatively impact minority offenders after being released from prison institutions.

The stated research questions for this study guided the data analysis process. To enhance this study's research findings, participants were asked about obstacles that prevent minority offenders from accessing treatment services. Main points and emerging themes gathered from the perspectives of mental health professionals who treat minority offenders have the potential for identifying crucial factors that contribute to criminal behavior. The researcher's ability to validate research study findings about access barriers to treatment services in rural areas can assist in promoting fairness and equity, and countering recidivism among people of color. Therefore, Chapter 4 presented more in-depth information regarding the data collection analysis conducted, the findings of the study, and evidence of the trustworthiness of the study findings.

Chapter 4: Results

Introduction

The purpose of this qualitative study examined the impact of access to mental health services for justice-involved minority offenders in rural areas from the perspective of mental health professionals. Access to mental health services for people of color in rural areas is disproportionate when compared to non-minority offenders returning to major metropolitan areas (Ojha et al., 2023). Inaccessibility to mental health services impacts offenders' abilities to reintegrate into society successfully and contributes to increased recidivism rates. The lack of access to mental health services is also a socioeconomic issue that impacts communities (Williams et al., 2021).

The previous three chapters from this phenomenological qualitative research study presented background findings regarding access barriers minority offenders face when reintegrating into the community. Examining the impact of access barriers from the perspective of mental health professionals who counsel minority offenders in rural areas gained a better understanding of how the inaccessibility of treatment services impacts this population. Additionally, insight from these professionals assisted in identifying solutions, reducing recidivism, and enhancing re-entry programs essential for rehabilitating the offender.

Identifying factors contributing to the offender's lack of access to mental health services after release from correctional institutions is essential for potentially identifying solutions, such as expanding service areas for trained mental health professionals and connections to reentry programs in rural areas that should be employed for countering

recidivism. Exploring perspectives of Florida mental health professionals who provide services to justice-involved minority offenders can also provide information to policymakers, which can aid in identifying factors (e.g., lack of timely access) that impact recidivism rates of minority offenders in rural areas (Ku et al., 2024). Insight from these mental health professionals aided in understanding barriers and factors that prevent justice-involved minority offenders from accessing mental health services in rural areas. Furthermore, the information obtained through this study can also assist criminal justice decision-makers in addressing identified factors, such as a lack of community-based mental health services, that lead to increased recidivism rates among offenders in rural areas (Hibbard, 2022).

Chapter 4 presented the research design, data collection, and the analysis plan used to conduct this study. Gathering data on this research topic from the perspective of mental health professionals who counsel rural minority offenders provided a better understanding of the challenges this specialized population faces when accessing treatment services. Insight from mental health professionals aided in explaining how the lack of access to treatment services impacts minority offenders after being released from prison institutions.

Additionally, Chapter 4 presented the study findings, which included participants' demographic information, the setting used to conduct the study, and evidence of trustworthiness. These research practices, along with the participants' perspectives regarding inaccessibility to treatment services among minority offenders, aided in validating these research findings. As the qualitative researcher, I had no engagement

with the research participants prior to conducting the interviews for the study. I minimized my biases through self-awareness, showing respect, and allowing participants to share opinions about the research topic without coercion. I also remained objective and transparent when recruiting as well as interviewing participants. Furthermore, utilization of a qualitative approach and further examination of the research literature gap allowed me to obtain participants' perspectives regarding rural minority offenders' inability to access treatment services.

To gain a better understanding of the impact of access to mental health services for justice-involved minority offenders in rural areas from the perspective of mental health professionals, this research study was guided by the following questions:

RQ1: How do mental health providers feel the lack of services for minority offenders impacts their ability to reintegrate back into the community successfully?

RQ2: What are the perceptions of mental health providers about factors that prevent minority offenders from accessing mental health services during reintegration?

Setting

After receiving approval from the IRB, I hand-delivered flyers in northwest Florida's rural jurisdictions between May through June 2025 to recruit participants for this research study. Before interviewing participants, I provided them with informed consent forms explaining what the research study entailed and a set of research questions that were approved by subject matter experts at Walden University. Additional content in the informed consent form included my contact information if questions, suggestions, or recommendations arose about the study.

Six mental health professionals from northwest Florida's rural jurisdictions meeting the inclusion criteria for this study responded to the flyers and completed the interviewing process. The face-to-face interviews were conducted in a third-party neutral location. Prior to beginning the interview, the participants were informed that the study was voluntary, and that those expressing a desire to depart from the research study because they were no longer interested in participating in the study, their requests would be granted.

Furthermore, I explained to the participants that their signatures were required on the informed consent forms and that the research interview would be recorded. Participants were offered resources, such as free mental health services in their jurisdiction, if they felt they needed mental health services due to being triggered by the interview questions. However, none of the participants in the study reported being triggered by the research questions, and therefore, they did not require mental health treatment services.

Demographics

Requirements established by the IRB, which included a sufficient sample size and between six and 15 experienced mental health professionals for this research study, were met. However, utilization of six mental health professionals was sufficient for reaching data saturation. As a result, six female mental health professionals meeting the inclusion criteria were recruited to participate in the study.

Six (100%) of the participants were licensed mental health counselors with a master's degree. Three (50%) of the participants had a master's degree in mental health

counseling. Two (33%) of the participants had a master's degree in social work. One (16%) of the participants had a master's degree in forensic psychology.

Three (50%) of the participants were aged between 30 and 40 years old. Similarly, three (50%) of the participants were aged between 50 and 60 years old. Three (50%) of the participants' service years ranged from 3 – 10 years. Additionally, three (50%) of the participants' service years ranged from 21 to 30 years. Table 1 provides demographic information about the participants.

During the interviewing process, I ensured all participants met the study's inclusion criteria, which consisted of: a) possessing a bachelor's degree or higher in counseling, social work, clinical or health psychology, psychiatric nursing or psychiatry; b) Specializing in behavioral health fields including counseling social work, clinical or health psychology, psychiatric nursing or psychiatry; c) Additional participant's requirements included possessing a current license as a mental health professional.

Table 1*Participants' Profile*

Participant	Sex	Age	Education	Service (years)
1	F	37	Master's	7
2	F	56	Master's	14
3	F	57	Master's	31
4	F	30	Master's	10
5	F	30	Master's	3
6	F	57	Master's	31

Data Collection

Each participant's interview took approximately 40 minutes to complete. This duration allowed ample time for the participants to respond to the researcher's probing and follow-up questions. Before conducting the interviews, the researcher reviewed the informed consent with the participants and obtained their signatures on the consent forms. Furthermore, participants were informed that the research study was voluntary, their information would be kept confidential, and there would be no consequences if they decided to withdraw from the study at any time.

Data collection consisted of in-person one-on-one interviews with six mental health professionals who treat minority offenders residing in northwest Florida's rural areas. Participant interviews were conducted at a neutral third-party location, which

included a private room away from other patrons. The interview questions used to guide the data collection process can be located in Appendix B.

Each participant was presented with a brief questionnaire that involved asking about their demographics, education, and background experience. Participants were allowed ample time to complete the questionnaire, and once they completed it, a set of semi-structured and probing follow-up questions was employed to obtain the research data. Interviews were recorded using Otter.ai, a software tool that aided recording, transcribing, and organizing the participants' interviews. The speech recognition program in the Otter.ai software is not completely error-free and may occasionally misinterpret participants' responses due to their accent or dialect. This issue posed challenges when analyzing and interpreting the interview data. To address this issue, I compared each transcript to the audio files, which ensured the interviews were accurately recorded. During data collection, there were no unusual circumstances encountered.

In-person member checking was conducted, which consisted of having the participants review their transcripts before beginning data analysis. Prior to beginning in-person member checking, participants were advised they could make modifications to their transcripts if needed. For instance, asking participants to verify their transcripts for accuracy and advise whether their responses/opinions reflected the interview questions. Member checking with 70% of participants interviewed was conducted to verify the accuracy of their transcriptions. Other than requesting minor grammatical errors be modified, participants were satisfied with the transcripts being left in their original format.

Data Analysis

Data analyses were accomplished by reviewing the transcripts while listening to the audio recordings to ensure accuracy, which assisted in the identification of initial codes, emerging themes, and patterns. Identifying perspectives frequently shared by participants was also essential for dividing the data into categories and subcategories. Furthermore, highlighting different perspectives was beneficial for identifying initial codes and themes during the coding process. Throughout the data analysis process, inductive coding (non-numerical data) was used to move coded units to larger representations, including categories and themes. This approach allowed examining/interpreting themes, codes, and categories emerging from the data.

Coding as a tool in this qualitative study contributed to connecting participants' data to the specific research topic and questions. I manually coded the interview data and used Microsoft Word to categorize the codes. Utilizing this technique allowed for including participants' perspectives, which assisted with identifying themes and categories.

Employment of emic coding was used for examining the data. Emic coding, which involved my ability to analyze, connect, and interpret participants' data. Utilizing this tool to examine the data assisted in connecting the data to the research questions. Axial coding was used in addition to Emic coding. Employment of axial coding allowed for identifying relationships and connections between codes to better understand participants' perspectives. Furthermore, the ability to identify emerging codes assisted in highlighting the codes and assigning them to categories.

Responses from the volunteers participating in this qualitative research study resulted in a range of emerging major themes. Employing thematic analysis was essential in identifying themes emerging from the participants' perspectives. After reviewing the participants' perspectives independently, I organized and compiled the data collected for interpretation. This entailed repeatedly reading the interview transcripts, highlighting codes and themes recurring from the participants' perspectives. To further assist in identifying codes and themes, the codes and themes were divided into categories and subcategories. Quotes were used to identify words and phrases that indicated significance to the interview questions. Each participant interview was conducted as scheduled, and there were no discrepant cases during the collection of data.

During analysis, some of the codes that were used to analyze participants' perspectives on access barriers included "treatment services", "resources" and "support." Categories/subcategories emerging from the data analysis were offender issues and lack of treatment providers. Additionally, some of the key themes/subthemes emerging from participants included limited resources, lack of family/financial support, trust issues, and cultural/spiritual barriers.

Evidence of Trustworthiness

Qualitative practices such as triangulation can enhance research findings and trustworthiness (Lim, 2024). Triangulation was used to examine multiple data sources, which aided in identifying, understanding and explaining this phenomenon. This research practice also contributed to establishing credible and valid outcomes. To assist in increasing the trustworthiness of research findings, member checking was employed as

well as comparing perspectives from mental health professionals to identify access barriers from different viewpoints. The utilization of in-depth interviews with knowledgeable mental health professionals provided opportunities for validating insight about access issues during the data collection process. Furthermore, this research practice contributed to establishing credible and valid outcomes.

Credibility

Credibility of the transcribed interview data was established by conducting in-person member checking with the participants, which aided in confirming the data's accuracy. Minimizing potential biases, mistrust, and harm to participants during the data collection process aided in enhancing the credibility of the data. Key factors implemented to enhance credibility, including participant selection, a credible data analysis plan, and reliable instrumentation, assisted in connecting coded data to the research questions. These practices were also beneficial for ensuring the trustworthiness and transferability of collected data needed for replicating the study.

Transferability

Transferability refers to the extent to which findings and interpretations from this study can be applied to other contexts, settings, or populations beyond the specific research sample (Stalmeijer et al., 2024). Findings for participants volunteering have the potential to be transferred to other rural jurisdictions where minority offenders reside. All six participants included in this study had specialized education, training, and experience in counseling rural minority offenders. Participants' background experience and access to minority offenders allowed for deeper insight and broader contexts for future work.

Possessing these qualifications provides opportunities for other mental health professionals to share different perspectives about access barriers in rural areas. By contrast, findings from this research study may not be transferable to metropolitan jurisdictions. Offenders residing in major cities may encounter a different set of circumstances when accessing treatment providers. As a result of targeting these populations, findings from this research study may be unapplicable to such contexts or settings.

Dependability

Dependability in qualitative research refers to the ability to replicate consistent research findings. To accomplish this endeavor, I kept an audit trail on how and when data was collected from the mental health professionals. Utilizing an audit trail that included written notes assisted in understanding the participants' perspectives shared about the research topic. Data was analyzed and transcribed, and interview notes were maintained. Maintaining an accurate record of data collected during this research study also aided in documenting reliable and transparent data throughout the analysis process.

Confirmability

Researchers can validate participants' interviews by establishing confirmability by being neutral, objective, and unbiased. Confirmability allows the researcher to remain transparent by documenting why decisions were made and validating participant data throughout the interviewing process. Establishing confirmability can also assist in preventing subjective research findings that contribute to discrediting the researcher's integrity. I used reflexivity to accurately document participants' responses regarding

access barriers to minimize untrustworthiness. Reflexivity allowed me the ability to reflect on data collected from participants, which increased the trustworthiness of the research findings (Ide & Beddoe, 2024).

I remained cognizant of these factors at all times during the study and remained impartial, consistent, and self-aware of potential biases throughout the data collection process. Biases were minimized by allowing the participants to speak freely about the research topics without influencing their opinions, beliefs, and perspectives. Remaining objective and transparent when interviewing the participants assisted in confirming the research findings in this qualitative study. Using analytic memos and reflective writing to document the research findings accurately and not allowing personal or professional perspective to interfere with the data collection process were beneficial for confirming the research accuracy.

Considering research factors, such as potential conflicts of interest arising during the study, aided in minimizing potential biases. To counter potential biases, I engaged in continuous self-reflectivity through journaling, conferred with other professionals in the field, and reviewed notes that addressed potential biases. Additionally, maintaining confidentiality, safeguarding the analyzed data, protecting participants from harm, and respecting their perspectives were essential for establishing confirmability during the data analysis process.

Results

This qualitative study examined the impact of access to mental health services for justice-involved minority offenders in rural areas from the perspective of mental health

professionals. Results from this research study will be presented in this section, which addresses the research questions.

RQ1: How do mental health providers feel the lack of services for minority offenders impacts their ability to reintegrate back into the community successfully?

RQ2: What are the perceptions of mental health providers about factors that prevent minority offenders from accessing mental health services during reintegration?

Barriers to Treatment Services

Minority offenders are often confronted with a set of complex mental and behavioral challenges post-release. Inaccessibility to mental health services impacts offenders' abilities to reintegrate successfully into the community and contributes to increased recidivism rates. Previous and current decision makers have made much progress in enhancing treatment services and rehabilitating the offender. Yet, the lack of treatment services in northwest Florida's rural areas continues to pose challenges for minority offenders.

Two key themes emerged when examining the research data obtained from the participants regarding the impact of access barriers. The first theme that emerged was limited resources. The subthemes that are related to this key theme include: a) lack of mental health professionals; b) treatment provider shortages; and c) lack of access to medication. The second theme that emerged was a lack of support. The subthemes that are related to this key theme include: a) cultural/spiritual barriers; b) trust and social challenges; c) socioeconomic barriers; and d) institutional gaps.

Interview findings from participants indicated a range of barriers offenders encounter when accessing treatment services. Barriers such as a lack of access to mental health professionals impede the offender's ability to reintegrate into the community successfully. Inaccessibility to mental health professionals specializing in treating and caring for vulnerable offenders plays an important role in rehabilitating offenders' post-imprisonment. Gaps in treatment services and uncertainties about where to go for care decrease the ability to cope with mental health issues.

Theme 1: Limited Resources

Limited resources can have a significant impact on minority offenders reintegrating into rural communities. This population group often encounters obstacles when accessing mental health services. Offenders residing in rural communities suffering from mental health issues may need immediate treatment, and limited access to providers impacts offenders' ability to receive treatment. Barriers, such as limited access to mental health professionals, prevent offenders from being counseled and treated in a timely fashion.

Inaccessibility to mental health professionals impedes offenders from obtaining medications, referrals, and follow-up appointments needed for routine treatment. Limited access to these resources contributes to increased recidivism rates. Post-imprisonment, offenders impacted by limited resources may be faced with the same issues (e.g., pressure and temptation) that caused them to encounter the criminal justice system. Lack of needed resources, such as mental health professionals, makes it challenging for offenders to reintegrate into their communities successfully (Starks, 2025). Theme 1 focused on

how these barriers in rural jurisdictions can contribute to offenders' abilities to seek care. Identifying and highlighting how limited resources impact offenders seeking care from the perspective of participants was essential for understanding the issue.

After release from prison institutions, offenders lacking treatment are likely to revisit high-crime communities and reoffend. Limited access to treatment services is a socioeconomic issue that adversely impacts communities. Approximately 20% of Florida's state prisons are occupied by offenders with mental health issues. This costs the state an estimated \$25,000 annually to house each offender. Many offenders reintegrating back into communities recidivated within three years and returned to Florida's correctional facilities (Anderson, 2024; FDOC, 2024; van der Mark, 2025).

Limited resources, such as the lack of qualified mental health professionals in rural areas, oftentimes present significant challenges/obstacles for offenders seeking treatment during reintegration. Lack of mental health professionals in rural areas can discourage the offender from using treatment services, which can increase recidivism. As a result of this issue, approximately 85% of offenders returning to communities will likely recidivate without accessing treatment services (Santoshi et al., 2023). Mental health organizations are experiencing challenges retaining qualified mental health professionals, particularly in rural jurisdictions. This issue prevents ex-offenders residing in these areas from accessing treatment services. Attracting qualified mental health professionals by using incentives (e.g., sign-on bonuses and tuition reimbursement) and other benefits have not resolved treatment shortages.

Rural communities rely on a limited number of treatment providers, and high turnover rates create barriers when caring for offenders. Other issues arising from understaffed treatment providers, such as stress and fatigue, can cause these professionals to burn out. Many burned-out mental health professionals are leaving the field to work in the private sector, where there is less stress and more opportunities. Highly demanded and unfilled positions continue to create challenges for mental health professionals' abilities to care for offenders residing in underserved and rural communities (Ballout, 2025; Durst, 2025; McKennon et al., 2025).

In addition to the lack of mental health professionals, the issue of changes in mental health professionals is also a barrier that poses challenges for offenders. Frequent changes in mental health professionals contribute to poorer mental health outcomes and reduced quality of life for offenders reintegrating back into communities. Formerly-justice-involved offenders with mental health issues may require ongoing rehabilitative and intervention services needed for treatment. Constant changes in mental health professionals create obstacles for offenders to receive needed treatment. Offenders who are subjected to prolonged treatment are prone to commit crimes (e.g., disorderly conduct or theft) due to an inability to survive (Heim-Jones, 2025; Starks, 2025).

While fair compensation, supportive administrators, and a good work-life balance contribute to higher retention rates among mental health professionals, the issue of understaffing can result in an inability to retain them. Lack of mental health professionals impedes offenders' abilities to access treatment services. Access to community resources, such as mental health professionals, is essential for treating and caring for offenders.

However, formerly justice-involved offenders residing in rural communities are often impacted by a range of barriers that prevent access to these professionals (Pathaman et al., 2025).

Responses from three (50%) participants identified the lack of mental health professionals as an issue when counseling offenders. Participant 2 stated, "...without these professionals, offenders would not be counseled and treated properly...and when they are not receiving these services when they reintegrate back into the community, they may decompensate, and that's a big issue..." These perspectives revealed the significant challenges offenders faced with infrastructure barriers when seeking treatment. This reflected how the lack of access to mental health professionals impacts care delivery for offenders needing early intervention and rehabilitation services.

Participant 3 recounted,

we don't have a lot of people in the field...you just don't have enough people to serve the increased workloads we sometimes get here...clients in this area are having to travel to other counties to receive treatment...so that's how most of them are receiving treatment.

This insight revealed concerns mental health professionals have when working with understaffed mental health organizations and high caseloads. These responses also highlighted how gaps in infrastructure deterred offenders from seeking treatment for stability.

Additionally, Participant 5 highlighted, "offenders lacking insight from mental health professionals is like cancer...their symptoms will grow and grow...if clinically

depressed offenders are left untreated, their symptoms will exacerbate and that's a big factor." Faced with an inability to access treatment services can cause the offender to feel hopeless and it is challenging for them to refrain from recidivating. Unexpected changes in mental health professionals impact not only the offender, but also these professionals. An estimated 47% of the U.S. population resides in communities that are impacted by shortages in mental health professionals (Kaiser Family Foundation, 2022). The issues of increased workloads and reduced retention rates continue to overwhelm treatment providers assigned to rural jurisdictions. These perspectives reflected how the lack of access to qualified mental health professionals contributes to offenders' engaging in criminal activity and unsuccessful reintegration. Participants volunteering for this research study emphasized the importance of filling treatment services vacancies and how these efforts can assist offenders in accessing qualified mental health professionals. Recruiting and assigning these professionals to understaffed rural areas still pose challenges for mental health organizations. Participants highlighted how limited resources in rural jurisdictions negatively impact the reintegrating offenders, contributing to treatment provider shortages emerging.

Subtheme: Treatment Provider Shortages

Treatment provider shortages not only impact communities, but these shortages also present barriers for offenders seeking care. Offenders with mental health issues (e.g., substance abuse disorders) lacking access to treatment service providers are at higher risk of recidivating in comparison to offenders receiving care (Maganty et al., 2023). Provider shortages and unmet mental health needs result in inconsistencies in care. Disparities in

treatment providers, such as an inability to follow up with providers, contribute to offenders relapsing and reoffending.

Responses from two (33%) participants expressed how treatment service provider shortages in rural areas create barriers for offenders. Participant 5 indicated, "...in rural areas, there aren't many providers... so if we don't service a certain area, it leaves a catchment area...So it's hard to do teamwork to deal with different agencies."

Additionally, Participant 6 stated, "there are not enough providers...the hours of services for those that provide services are limited. So, if people work, they have a hard time getting an appointment. They can't afford to take off their job for the appointment."

Limited government funding and high staff turnover rates prevent the ability to provide adequate and appropriate services for offenders. As a result of these barriers, mental health professionals are likely to burn out and seek other employment opportunities, which further delays the ability to provide services for offenders (Maganty et al., 2023). Participants identified how treatment provider shortages in rural jurisdictions impacted offenders' access to needed medication.

Subtheme: Lack of Access to Medication

Issues, such as the lack of access to needed medication, present complex challenges for offenders during reintegration. Lack of access to needed medication can contribute to deviancy and, therefore, make reintegration challenging for the offender. Unaffordable health care insurance (e.g., Medicaid) is also common barriers that prevents offenders from receiving medication. Responses from three (50%) participants indicated how the lack of access to needed medication impacts the offender during reintegration.

Participant 1 expressed,

whenever we release them from like the state hospital, they may not be taking their medication ...and then they reintegrate back into the community, you know getting those services to be able to provide them medication...is usually a big issue. They get stable on their medication...they do well. They get back into the community, they stop taking their medication and start having those symptoms again.

Participant 3 shared,

a lot of the offenders that I work with have some type of mental illness, so if they can't get the medication, they start having the symptoms again. We have some people they may end up stealing, but that's one of the biggest things that I've seen is people off their medication is that they end up reoffending...so, it will be beneficial for them to have access to medication.

Acquiring timely and uninterrupted access to medication is essential for ensuring the health and well-being of offenders. Specifically, for offenders who are at risk of relapsing or recidivating.

Participant 4 recounted,

sometimes people either relapse or they stop taking their medication, so then they're either back into like a psychiatric facility, and then, of course, they get out of that, but then that kind of leads back to them doing criminal things. So, we set up certain programs like (JDP) jail diversion programs when they're coming back

into the community...and divert them back to make sure they're getting their medication.

High health care premiums impede disadvantaged offenders from obtaining needed medications for treating their mental health issues. Disadvantaged minority offenders residing in marginalized communities have less access to needed medications in comparison to non-minority communities having higher socioeconomic statuses. Limited access to needed medication can be minimized with the appropriateness of family/financial support, whereas a lack of support compounds challenges reintegrating offenders (Liu et al., 2022; Mongelli et al., 2020).

Theme 2: Lack of Support

Research findings suggest that offenders who are supported by families and financial resources are at lower risk of engaging in criminal activity and returning to correctional institutions in comparison to offenders receiving support (Buck et al., 2021). Responses from five (80%) participants identified a lack of support as a barrier that prevents successful reintegration.

Participant 2 expressed, having family members to support them is essential to accessing treatment services. They don't have people who can become a team for them. They are doing it strictly on their own, and they're by themselves, that's the only thing they want to do is try to seek help... Just having someone to say, hey, let's get up and do it as a team. The thing that I think that I feel that impacts them the most is their not being able to talk to someone.

Lack of needed support and financial resources can lead to increased mental health issues and an inability to become independent during reintegration. Instead of building new relations with non-criminals, offenders lacking support may reunite with friends who introduced them to illicit drugs and other criminal acts (Porter & Merdian, 2025).

However, Participant 3 shared, “lack of financial support often impacts minority offenders.” Noting that a lack of financial/family support, combined with low economic status, increases recidivism among this population.

She recounted,

service deliveries are different...and a lot of it is not based necessarily on race but on economic status. So, if you do not have good insurance or no insurance, a lot of times, your care is not the same as someone who does...and that happens across the board because of economic circumstances.

Responses from the participant described how a lack of financial resources further impedes disadvantaged offenders from accessing treatment services. Formerly incarcerated offenders have higher rates of being uninsured by health care systems in comparison to individuals without a criminal history. This shared perspective described how financial barriers impact offenders’ abilities to access treatment services. Lack of financial support systems compounds mental health issues, which increases the risk of the offender self-medicating, and enhances the risk of overdose for substance abusers who used illicit drugs before imprisonment.

Participant 4 emphasized how the lack of support can create obstacles for offenders when accessing treatment services.

She stated,

they may have a therapist or a psychiatrist on hand that they can talk to...

having a support system is really important. If they don't have anyone outside of their team or in their circle to motivate them to come in and get the services, that's when I would say the lack of support impacts them.

Participant 4 also stated,

once they're kind of on their own, a lot of people that I've witnessed don't feel they have support, whether it's family members or just mental health professionals...they either miss their appointments or they fall back into substance abuse.

This insight emphasized the importance of providing support to reintegrating offenders and connecting them to treatment services. Reconnecting offenders with mental health services after being released from prison institutions that lack a support system further burdens offenders. Lack of supportive resources presents barriers/obstacles that not only prevent access to care but also impedes the offender's ability to remain in care (Porter & Merdian, 2025). Ongoing support and encouragement can lead to successful reintegration among at-risk offenders. The appropriateness of support systems is useful for assisting eligible ex-offenders with accessing counseling and rehabilitation services, which in turn can reduce mental health issues caused by a lack of treatment.

Participant 5 emphasized the importance of offenders having access to a support system when returning to the community.

She implied,

so people need support whether they say they need it or not... having someone there to support them when they need it as well...having someone there to make sure they're doing what they need to do...coming back into a rural area with no support, that immediately builds a stack against them... so, lack of support is a barrier.

After release from prison institutions, social support is important for aiding the offender in achieving successful reintegration. Research suggests that the offender's ability to receive social support can assist in reducing negative emotions and, in turn, minimize criminal behavior (Buck et al., 2021). Many offenders lacking support typically fall back into previous lifestyles/patterns (e.g., deviancy) and reoffend during reintegration.

On the other hand, Participant 6 shared a different set of viewpoints about how the lack of support can create barriers for offenders. She emphasized, "so money is a barrier...money to pay for services. They cannot afford the out-of-pocket expenses for services." She also shared,

so I know it may sound simple, but a lot of people in the programs may not have the best environment at home. They may not have basic life skills, basic hygiene, how to clean themselves, how to dress, or how to use transportation.

Participants in the study highlighted how the lack of societal support systems provided deeper insight into how this issue prolongs care for the offender and increases recidivism. In addition to a lack of economic support, reintegrating offenders may encounter rejection from communities, discrimination, and stigmatization due to mental health issues.

Subtheme: Spiritual/Cultural Barriers

Cultural and spiritual barriers remain significant obstacles that can prevent minority offenders from seeking treatment services. Historically, culturalism and dependence on faith have served as a source of resiliency for some offenders facing challenges during reintegration. In many minority communities, cultural traditions and spiritual beliefs play an important role in the offender's decision to receive care. Instead of seeking mental health professionals for support during a crisis, the offender may decline such care and rely on spirituality (e.g., church support and prayers) to cope with their issues (Nguyen, 2020).

In addition to being confronted with cultural barriers, reintegrating offenders may face spiritual barriers that cause delayed access to treatment services. Specifically, minority populations may rely on spirituality and pray for guidance to cope with mental health issues instead of allowing mental health professionals to treat them. Responses from two (33%) participants recounted how cultural/spiritual barriers can adversely impact the offender.

Participant 4 emphasized, "a lot of offenders don't really believe in mental health...minorities always don't believe in getting help. Everything has to be prayed away...and we know that is not always the case. People need real help." Barriers such as community rejection, financial issues, and lack of employment may cause offenders to rely on spiritual guidance to reduce these stress-related issues rather than on mental health professionals. As alternatives to seeking professional counseling, overwhelmed

offenders may read the Bible, watch/listen to religious programs, or consult with church members during a crisis.

Participant 6 opined, “they accept the fact that they cannot take certain medications, and they just have to rely on other things like spirituality instead of medications.” Extant research studies showed that criminal behavior can be minimized by the offender’s ability to interact with communities sharing similar spiritual values and beliefs (Nyguen et al., 2024). Minority communities have a relatively high rate of religious involvement. Therefore, spiritually involved minority offenders are likely to resort to faith-based communities and refuse treatment services when confronted with a mental health crisis. However, refusing treatment from care providers can present many obstacles for reintegrating offenders.

Stigma. Stigmatization results in an estimated 50% of offenders overcrowding prison and jail systems which leads to mass incarceration (Buck et al., 2021). Stigma refers to the unfair treatment of an individual based on one’s opinions, emotions, or feelings. Responses from three (50%) participants recounted how stigma towards the offender prevented successful reintegration.

Participant 2 expressed,

offenders’ ability to walk in a store and not feel like they’re not being judged by having tattoos...offenders being judged by their appearance or by the clothes they’re wearing. Minority offenders feel that they have strikes against them...one, by the color of their skin...two by the way they talk.

She also stated, “some offenders are stigmatized for having ankle monitors... inmates getting out of jail and having to wear ankle monitors are judged, and those kinds of things impact them.” Stigmatized offenders are often rejected by communities, resulting from a misunderstanding about mental health issues and how they impact offenders. Lack of understanding about mental health issues contributes to the mischaracterization of offenders, such as perceiving them as more dangerous when compared to the general population.

Participant 3 shared,

there is stigma behind therapy...people easily take case management, but they don't want to say I'm in therapy. I don't need a therapist, I don't need that, but they want case management...and they use case management sometimes as a therapist.

Faulty assumptions can contribute to these people being stigmatized, insulted, criticized, and devalued despite their contributions.

Alternatively, Participant 5 expressed,

the police officers, once they see someone who is involved with the criminal justice system, they tend to, I guess, scope them out or be specific in targeting them because they're known, you know, known offenders. So, most of them have the mindset that they will reoffend and become targeted by the police.

Stigmatized by communities, mentally ill offenders may decline treatment and isolate themselves instead of seeking treatment. Stigma towards offenders with mental health

issues remains a significant barrier that prevents these people from receiving care (Habebe et al., 2025).

Treatment Refusal. Offenders' reasons for refusing treatment services after release from correctional institutions can derive from many factors. During reintegration, offenders can face many challenges, such as readjusting and coping with their mental health issues. The offender may feel they have addressed/resolved their issues during imprisonment and decline further treatment (Johnston, 2025).

Post-release from correctional institutions, access to treatment services for offenders needing care is essential for reducing recidivism. Alternatively, refusing treatment during reintegration can increase recidivism rates for offenders struggling with mental health issues. Offenders receptive to receiving care are less likely to encounter the criminal justice system and have better success rates when reintegrating into communities. Conversely, untreated offenders decompensate faster, engage in criminal activity, and recidivate more frequently.

Research suggests offenders with mental health issues are vulnerable to criminal behavior for approximately nine years after being released from correctional facilities (Nyguen et al., 2020). Access to specialized treatment services and early intervention are key factors for minimizing deviancy in at-risk communities. However, some offenders may refuse treatment due to having negative experiences (e.g., insufficient treatment) from providers or other issues. Responses from one (16%) participant opined on why some offenders may refuse treatment by service providers.

Participant 2 stated,

a lot of them don't get their mental health needs met because they don't want to take the time to come and actually sit down and have a conversation with someone. They think they're a macho man and I don't have a problem.

An inability to meet the needs and expectations when caring for offenders increases the lack of trust in treatment providers. This lack of trust contributes to many offenders spiraling out of control, engaging in illegal activity, and unsuccessful reintegration. Perspectives shared by Participant 2 on refused treatment were essential for understanding how this issue impedes the reintegrating offenders' ability to cope with mental health issues.

Subtheme: Trust and Social Challenges

Trust and social challenges remain significant challenges for offenders during reintegration. Mistrust or a willingness to seek care from service providers can range from a number of barriers/factors that impede care. Challenges of developing a new rapport with treatment providers, lack of consistency in care, and bad experiences with previous providers can discourage the offender from seeking care. Mental health professionals' abilities to establish trust within communities remain challenging, specifically in rural areas where vulnerable offenders exist (Pederson et al., 2025).

Trust Issues. After being released from correctional institutions, barriers such as financial instability, housing insecurities, lack of education, and job skills can discourage offenders from trusting the community. Discouraged by an inability to readjust and cope with community life, offenders may develop a lack of trust in service providers offering support to those in need. Substandard care, unprofessionalism, and other negative

encounters with mental health professionals impact successful reintegration. Responses from one (16%) reflected how trust issues impeded treatment among recidivating offenders.

Participant 1 stated,

whenever you have people that have like schizophrenia, bipolar disorder with psychiatric features, they often don't trust a lot of mental health professionals...so they're reluctant to get care. They have bad experiences before with other professionals, bad experiences in the jail or mental health facilities and they don't really trust anybody...so they get home and get off their medication and decompensate.

Although continued treatment is important for rehabilitating the offender, trust issues and an inability to cope with challenges during reintegration can lead to a disengagement with providers (Clisbee, 2025; Johnston, 2025). The participant's perspectives shared about trust and social challenges were essential for understanding how these issues impact the offender during reintegration.

Lack of Role Models. Continued rehabilitative services and access to appropriate role models can assist offenders in successfully reintegrating into communities. Research studies suggest that 33% of ex-offenders who participated in mentoring programs were less likely to reoffend (Lazzari et al., 2023). Offenders having access to role models with similar life experiences, such as mental health issues, incarceration, and addiction, are more likely to connect with the offender. Yet, offenders with mental health issues in rural

communities often lack the ability to access role models that can assist them in honing their skills and countering a crisis.

Access to experienced role models is essential for minimizing problematic behaviors that assist offenders in successful reintegration. Previously convicted offenders having similar mental health issues and negative encounters with the criminal justice system can consult with role models who also share these experiences. Responses from one (16%) participant identified a lack of role models as a barrier that impedes offenders from successful reintegration.

Participant 3 opined,

to have those role models, those people to engage with, you know...they had types of men's mentorship program or women's mentorship program, then they could help them, you know, work on skills that they may be didn't have ... they've been on medication for Attention Deficit Hyperactivity Disorder (ADHD) or something since they were children...so they struggle.

Guidance from skilled role models is important for encouraging and supporting offenders in navigating socioeconomic barriers. However, many offenders returning to communities face challenges coping with socioeconomic barriers such as homelessness, due to the lack of supported role models that can assist them in regaining self-fulfillment (Lazzari et al., 2023).

Lack of Coping Skills. Lack of coping skills can contribute to offenders' inability to make sound decisions during reintegration. Coping with challenges, such as struggles with accessing intervention programs, relationship issues, and lack of income,

decreases successful reintegration. Identifying factors related to the offenders who lack coping skills can aid in facilitating intervention programs essential for rehabilitating offenders (Roodbardeh & Navroodi, 2024).

Responses from one (16%) participant highlighted a lack of coping skills as a factor that contributes to recidivism.

Participant 6 recounted,

offenders gotta find something that's different than reoffending...rather than reoffending they need to find new coping skills to push past their way of thinking...and in the end, those people who develop new coping skills to cope with their issues...these people, seem like they have a better success rate when reintegrating back into the community.

This perspective reflected how the lack of coping skills impedes offenders' abilities to make appropriate decisions or resolve their mental health issues, which can enhance criminal behavior. Insight into this issue emphasized the importance of early intervention and rehabilitative programs that assist offenders in coping with issues during reintegration (Roodbardeh & Navroodi, 2024). While these practices are important for encouraging and supporting offenders in navigating through socioeconomic barriers, many offenders returning to communities face challenges coping with issues such as homelessness that prevent them from regaining self-fulfillment (Lazzari et al., 2023).

Socioeconomic Barriers. Socioeconomic barriers, such as homelessness, can impact offenders during reintegration. Limited access to housing in U.S. rural areas, specifically for offenders suffering from mental health issues, creates uncertainties about

having a safe place to live. Enhancing opportunities for offenders to access housing facilities after being released from prison institutions can aid in stabilizing their well-being and reducing encounters with the criminal justice system (Singer & Kopak, 2021).

Homelessness. An estimated 10% of offenders are homeless within months after being released from jail and prison institutions. Since 2023, there has been a 30% increase in homeless individuals residing in northwest Florida (Lazzari et al., 2023). Responses from three (50%) participants emphasized homelessness as a factor that impacts the offender.

Participant 2 expressed,

I had an offender tell me, today I go home in 18 days, and the state has not found me anywhere to live...well, what is the state going to do to help me find me somewhere to live after I am released from prison?

She emphasized, “the state has to put forth an effort to give offenders a place to live...instead of just offering them \$50.00 to live on once released.”

Homeless justice-involved offenders with mental health issues are at a higher risk of reoffending than individuals without mental health issues. Unsheltered and convicted offenders are often subjected to discrimination, which in turn can impede them from accessing Medicaid, employment, and housing facilities. Offenders’ personal/professional connections may be disrupted during imprisonment. Disruption in support and limited housing forces offenders to live outside and on the streets.

Participant 3 recalled,

one of the biggest barriers is housing, because housing is limited. So, if they can't turn to family, we have very few Assisted Living Facilities in this area. A lot of the ones we do have are older clients, or they want people who have more income. A lot of patients and people that I serve, they're getting Social Security...less than \$1000.00 a month, and out of that, the patient or client will only get \$50 something dollars for their own expenses. So, a lot of times they are resistant to that because they don't have a lot of extra spending money...housing in a big issue.

Research studies suggest that formerly justice-involved minority offenders make up the majority of the homeless population and experience homelessness at higher rates than non-minority communities (Ee & Zhang, 2022; Florida's Council on Homelessness, 2025). Disparate treatment of released minority offenders, such as unfairness and biases, contributes to homeless Floridian offenders being overrepresented in the criminal justice system. Homelessness is also a socioeconomic issue that impacts communities and contributes to offenders' increased encounters with law enforcement officials. Many homeless offenders are arrested for minor offenses such as trespassing, loitering, or living in parks.

Participant 5 emphasized,

sometimes it's a lack of housing...they don't have any place to stay and they're homeless...to provide them with housing support...the basic needs...if those things were taken care of, recidivism could be decreased, because a lot of people involved with the criminal justice system, they go back into a situation or

environment that got them in trouble. So, if nothing has changed in that environment, then nothing changes. So, to have them have an environment where they are set up for success instead of being set up for failure...like being thrown back into society, that could really break down the rates of recidivism.

Participants highlighting homelessness as a socioeconomic barrier underscored the adverse impact that it has on offenders residing in rural areas. This socioeconomic issue costs an estimated \$20 million annually to combat homelessness in northwest Florida's areas (Florida's Council on Homelessness, 2025). Lack of access to safe, stable, and affordable housing facilities, in addition to transportation issues, are ongoing issues that prevent many Florida offenders from successfully reintegrating into communities.

Transportation Issues. Lack of transportation is a socioeconomic barrier that adversely impacts the offender during reintegration. Formerly incarcerated offenders reintegrating back into rural areas are presented with a greater set of challenges/obstacles when accessing treatment than offenders residing in major metropolitan jurisdictions. Obstacles during reintegration, such as a lack of transportation services and long travel distances to treatment providers, create barriers for released offenders to access these professionals (Edmunds, 2025). Unlike large urban cities where access to public transportation services (e.g., buses and subways) is available to assist in transporting offenders to treatment services, offenders residing in rural areas have less access to these services.

Limited transportation in rural areas further impedes offenders from accessing treatment services, particularly those suffering from mental health issues. Transportation

options in these areas are typically scarce, and offenders lacking means of transportation (e.g., buses or Uber services) may be compelled to travel long distances for care. Long travel time and high transportation cost make it challenging for offenders to attend appointments, reduce treatment, and increase behavioral issues (Edmunds, 2025).

Responses from three (50%) participants recounted the lack of transportation as a barrier that prevents offenders from accessing treatment services.

Participant 2 recounted,

inability to have reliable transportation is a barrier...not having reliable transportation causes them not to want to go to treatment services in the area...if they can give them emergency transportation and get them to and from...or get it set up where they have transportation to get them where they need to go...I feel like that'll help them, and they won't feel like they're stranded.

Extant research suggests transportation services in rural areas are often limited (Edmunds, 2025). Offenders who are incarcerated for long periods of time may lack access to transportation services when returning to communities. Lack of transportation delays offenders from being treated by mental health professionals in a timely manner.

Participant 5 stated,

transportation factors contribute to offenders' inability to access treatment services in rural jurisdictions. Participant 5 also stated, "...a lot of them don't have cars, so they are not able to get to and from appointments. Treatment services are often far away...the offender may not be able to get there...so that

creates a barrier, because the offender has to travel...so lack of transportation does not benefit the offender.

Untreated offenders confronted with transportation barriers in rural areas are more susceptible to recidivating more frequently than offenders under the care of treatment providers in metropolitan areas.

Participant 6 emphasized,

so being that it's a rural area, we do not have a major transportation system, the bus, the trolley only goes down certain roads during certain times...Offenders cannot always afford Uber or Lyft in addition to having to pay for treatment services.

Transportation issues can further trigger/traumatize offenders by creating obstacles that prevent access to needed treatment services. Discouraged by the lack of transportation, newly released offenders may engage in criminal activity (e.g., drug possession) and decline pursuing treatment services in the future. Recurring insights on how the lack of transportation in rural areas adversely impacts offenders emphasized the importance of facilitating additional programs that enhance access to transportation services. Lack of access to treatment services deriving from transportation and unemployment issues continues to pose challenges for reintegrating offenders' abilities to receive care.

Unemployment. Unemployment is one of the most important indicators of recidivism. Formerly justice-involved offenders in the United States are unemployed 27% higher than the general population (Anderson, 2024; Clark, 2025; van der Mark, 2025). Socioeconomic barriers, such as unemployment, present myriad challenges for

unskilled offenders with mental health issues. Disparate treatment from employers and a lack of vocational training significantly impact reintegrating offenders, particularly within the first year. Minority offenders with mental health issues experience higher unemployment rates when compared to offenders without mental health issues.

The issue of unemployment presents myriad challenges/obstacles for offenders during reintegration. Lack of employment limits access to treatment providers for offenders who are unable to afford these services. Other challenges, such as maintaining skills they once had before imprisonment and inability to cope with mental health issues (e.g., substance abuse) decrease opportunities for the offender to obtain employment (Nolte-Troha et al., 2023). Lack of employment is an ongoing issue that impacts accessibility to treatment services. Insight from participants reflected how unemployment impacted offenders.

Responses from three (50%) participants identified unemployment as an obstacle that prevents offenders from accessing treatment services.

Participant 2 expressed,

not having a job is a barrier...their ability to get a job, their ability to hold a job...impacts them a lot, and it does make them feel some type of way by having those things in place when they go home. You have to get out and work for things...and that's a barrier because they feel like they have to have to make fast money...so they go back to doing what they were doing before, and they land back in prison.

Employers may be reluctant to hire unskilled/untrained formerly justice-involved offenders and mischaracterize them as high liabilities to organizations.

Participant 3 stated,

offenders coming back to communities and not having a job is a barrier...finding a job in rural areas is difficult. There aren't many employers in these areas...we may have only one major employer and depending on the nature of the crime committed, they're not eligible to work there.

Research studies suggest that many offenders with mental health issues reintegrating back into communities may lack the skills required for reentering the job market, which makes hiring offenders challenging (DeVeaux, 2022). Returning to unstable environments, such as temporary shelters or overcrowded residencies, further limits offenders' abilities to obtain employment. As a result of these obstacles, unemployed offenders may prioritize obtaining food and finding employment instead of focusing on their mental health.

Lack of employment contributes to increased mental health issues that expose offenders to criminal activity.

Participant 6 stressed,

being able to have gainful employment that's not surrounded by criminal activity can assist offenders in successful reintegration. So, a lot of males can get great jobs, but 50% or more are active illicit drug users. Hiring more people that look like minorities...bringing awareness to the fact that certain programs exist and the benefits of the programs...if you offered the same opportunities to every

single person with a drug-related charge or crime, this would benefit offenders. Participants sharing different perspectives on the issues of unemployment and how it impacts offenders emphasize the importance of increasing job opportunities for reintegrating minority offenders. Unequitable treatment when seeking employment still poses challenges for reintegrating offenders with mental health issues (Anderson, 2024).

Subtheme: Institutional Gaps

Institutional gaps, such as a lack of police training when responding to offenders with mental health issues, contribute to increased recidivism rates. Criminal justice systems are strained by an inability to keep up with upticks related to encounters with the mentally ill. In 2024, an estimated 20% of calls for service in northwest Florida involved individuals in crisis (Ramirez, n.d.). Police officers assigned to rural areas may lack specialized training when responding to a mental health crisis.

Lack of Police Training. Disparities in institutional gaps, such as a lack of police training when responding to the mentally ill, increase risks for the individual in crisis and law enforcement. Offenders with mental health issues are more likely to be injured from excessive use of force by law enforcement when compared to the general population. Specialized police training that targets appropriate skills for how to handle offenders with mental health issues can de-escalate situations, enhance the safety of those involved, and counter recidivism rates (Kamin et al., 2022).

Responses from one (16%) participant described the lack of police training as a contributing factor that can potentially increase recidivism rates among minority offenders.

Participant 5 stated,

there is not enough extensive training because when the officer come to the scene they already know that it's a Baker Act possibly happening ...when dealing with someone who is sane at the time, talking to them calmly, asking them to calm down could help de-escalate instead of escalating ...so more police training to be effective in dealing with those situations could help de-escalate the situation.

Research studies suggest that most service calls associated with mental health issues are minor disturbances, due to the offender not having someone to talk to or a place to go (Higgins, 2025; Nyland et al., 2024). Offenders in crisis, lacking understanding about the police officers responding to these incidents, may become defensive, which could escalate the situation. Police officers' abilities to remain calm and controlled can assist in de-escalating situations involving offenders in crisis. Lack of police training when encountering offenders with mental health issues impacts police officers' ability to assist offenders in getting appropriate treatment.

Other practices, such as self-referral police training, can assist law enforcement officers in better responding to mental health-related incidents. Self-referral police training provides law enforcement officers with needed skills for recognizing signs of mental illness, using proper de-escalation techniques, and offering treatment options that are available in the community to offenders. Employing these practices can help enhance the safety of all personnel involved. Despite criminal justice and mental health decision-maker efforts made to rectify the lack of police training when responding to incidents

involving the mentally ill, this issue continues to pose challenges for reintegrating offenders (Alternatives to Arrest, 2022; Higgins, 2025).

Lack of Education. Other challenges offenders face when returning to communities, such as a lack of education, increasing the probability of recidivism rates. An estimated 60% of Florida offenders reintegrating back into communities were reported to lack proper education (Anderson, 2024; Dross, 2024; Norvell, 2025). Many offenders encountered that Florida's criminal justice system lacked a General Educational Development (GED) or a high school diploma.

Uneducated offenders with mental health issues are more likely to reoffend due to inaccessibility to educational programs needed for successful reintegration. Providing educational and training programs that allow the offender to develop skills needed during reintegration can enhance their mental health and well-being. Furthermore, accessibility to educational/training programs can improve the offender's literacy and quality of life, whereas limited access to education programs impedes offenders' ability to succeed in communities.

Responses from two (33%) participants identified offenders' lack of education as a factor that impacts recidivism.

Participant 3 recounted,

so, one of the things is education...educating them about the illness...another thing that we see is a lot of offenders have difficulty reading and writing...

How can they understand how to fill out an application for a job? How can they be prepared for a job interview?

Recidivism rates, specifically experienced by minority male offenders lacking an education, are higher than non-minority groups. Historically, African American communities have faced barriers when accessing quality education. Enrollment in underfunded schools, understaffed teachers, and inadequate programs often contribute to offenders engaging in criminal activity after being released from correctional facilities. (Brown, 2022; Okon, 2025).

Participant 6 stated,

so education, lack of education in the minority community about programs and services that's offered, and how your loved ones can receive treatment instead of going to prison...so education and awareness at the grassroots level of making offenders aware these options are beneficial for accessing treatment.

Access to educational and vocational programs specifically among rural offenders with mental health issues are often limited. Lack of education is an ongoing issue that negatively impacts offenders. These participants' perspectives emphasized the importance of enhancing fair/equitable educational opportunities for offenders residing in rural and marginalized communities.

Summary

Lack of access to mental health services is an ongoing problem in the United States that impacts not only justice-involved minority offenders, but this issue is also a socio-economic concern. This chapter outlined the research setting, demographics, detailed information about the data collection and data analysis process; it also provided detailed information that aided in validating trustworthiness in the study. Furthermore,

this study examined the impact of access issues from the perspectives of six mental health professionals who counsel justice-involved minority offenders residing in northwest Florida's rural areas.

This qualitative research study was guided by two research questions. I collected data through in-person semi-structured interviews. The data was analyzed to identify themes and subthemes. Triangulation was used to examine multiple data sources, which aided in identifying, understanding, and explaining this phenomenon. This research practice also contributed to establishing credibility, transferability, dependability, and confirmability. To assist in increasing the trustworthiness of research findings, I employed member checking and compared perspectives from mental health professionals to identify access barriers from different viewpoints.

During this qualitative research study, I used the Otter.ai program to transcribe participants' interviews, but manually coded data using Microsoft Word. This aided in categorizing/connecting the data to the topic necessary for identifying themes emerging from the interview questions. Findings from this study identified a range of barriers and factors that impact offenders' access to mental health professionals in rural jurisdictions. Participants included in this research study shared perspectives on how inaccessibility to treatment services impeded offenders' successful reintegration. Insight into access barriers from the perspective of mental health professionals was essential for gaining a better understanding of the phenomenon while addressing the research questions. Two key themes emerged when examining the research data obtained from the participants regarding the impact of access barriers. The first theme that emerged was limited

resources. Within this key theme, subthemes of lack of mental health professionals, treatment provider shortages, and lack of access to medication emerged. The second theme that emerged was a lack of support. Within this key theme, subthemes cultural/spiritual barriers, trust and social challenges, socioeconomic barriers, and institutional gaps emerged. These barriers/factors remain problematic for offenders residing in U.S. rural areas and impact their ability to reintegrate successfully into the community. In Chapter 5, I explained the study's findings, described limitations, recommended suggestions for future research, and provided implications associated with this study.

Chapter 5: Discussion, Conclusion, and Recommendations

Introduction

The purpose of this qualitative study was to examine the impact of access to mental health services for minority offenders from the perspective of rural mental health professionals. While research studies on this topic are scarce, examining this issue through the perspectives of professionals who counsel reintegrating offenders aided in understanding how inaccessibility to treatment services impacts offenders. Findings from this research study reflected how access barriers to treatment services can present a range of challenges/obstacles that prevent minority offenders from successfully reintegrating into communities. Offenders residing in non-metropolitan jurisdictions face greater challenges when accessing treatment services compared to those residing in major urban areas, where there is greater access to providers (Victor et al., 2021).

Treatment services in rural communities are often limited, which delays offenders' ability to receive timely and ongoing care. Lack of access to treatment services contributes to reintegrating offenders encountering the criminal justice system more frequently than offenders under the care of treatment providers (Victor et al., 2021). This research study examined the gap by identifying barriers/factors related to formerly justice-involved offenders residing in northwest Florida's rural areas that impede re-entry.

A qualitative methodology was employed to gain a deeper insight into how inaccessibility of treatment services adversely impacts offenders as well as communities. By conducting one-on-one interviews with experienced mental health professionals, I

was able to identify challenges/obstacles offenders faced when accessing treatment services after being released from prison institutions. To assist in accomplishing this endeavor, emerging themes/patterns were identified from the participants' perspectives. The Otter.ai program was used to record, transcribe, and organize participant interviews. After reviewing the participants' perspectives independently, the data were organized, compiled, and manually coded for interpretation.

The study examined the various barriers/factors that impacted offenders from access to rural treatment services. Participants included in this study identified a lack of mental health professionals, treatment provider shortages, lack of access to medication and lack of support, as barriers that prevented reintegrating offenders from accessing treatment services. Offenders confronted with these limited resources post imprisonment were reported by participants as experiencing increased mental health issues (e.g., risk of overdose) and an inability to become self-sufficient, which delayed treatment. In addition to being subjected to systemic shortages and infrastructural gaps that affect care delivery for offenders, participants identified cultural/spiritual barriers as a contributing factor that prolonged care for reintegrating offenders.

Participants emphasized that some offenders resorted to spirituality and church members in the community when dealing with a crisis rather than consulting with treatment service providers. Lack of trust in mental healthcare systems stemming from bad experiences, such as substandard treatment from providers, was identified by participants as a barrier that contributed to offenders' refusing care. In terms of

stigmatization, participants reported that stigma toward offenders led to offenders being mischaracterized and rejected from communities, which further impedes needed care.

As a result of these complex barriers, many offenders lacking access to skilled role models are unable to cope with social challenges during reintegration. A lack of coping skills can lead to offenders declining needed care, engaging in criminal activity, and experiencing frequent encounters with law enforcement (Roodbardeh & Navroodi, 2024). Participants identified a lack of coping skills as a factor that contributed to recidivism. To counter social challenges during reintegration, some participants reported offenders found that relying on resiliency and praying was more effective when coping with social challenges than consulting with mental health professionals.

Trust issues arising from bad experiences (e.g., inadequate treatment) with mental health professionals contributed to offenders' reluctance to openly discuss issues with these professionals. Cultural/spiritual barriers in addition to socioeconomic barriers also presented significant challenges for reintegrating offenders' ability to access treatment services in rural areas. Participants described homelessness, transportation issues, and unemployment as obstacles that prevented offenders from obtaining needed care post-imprisonment. As a result of being confronted with these socioeconomic barriers, reintegrating offenders may refuse treatment and prioritize addressing these issues for survivability (Johnston, 2025).

Institutional gaps, such as a lack of police training when responding to offenders in crisis, burden offenders and impact responding officers. Lack of appropriate skills needed to handle offenders with mental health issues can lead to escalating these

situations, which places both the offender as well as law enforcement officials at greater risk of becoming injured. Insufficient police training also contributes to the disparate treatment of offenders, and offenders lacking appropriate care will likely relapse and engage in criminal behavior (Kamin et al., 2022).

Participants detailed accounts on how social challenges including a lack of education impacted offenders transitioning into communities. Findings revealed that many uneducated offenders residing in northwest Florida reoffend arising from inaccessibility to training and educational programs. Lack of access to these programs was identified by participants as a major barrier that resulted in increasing offenders' mental health issues and enhancing recidivism. These findings align with the scope of the study, which highlighted participants' recollections on how inaccessibility to rural mental health professionals negatively impacted reintegrating offenders. Participants detailing perspectives on the phenomenon also provided a deeper understanding of how access barriers to treatment services negatively impacted communities.

Interpretations of the Findings

The research study examined the impact of inaccessibility to rural mental health professionals and how it presented challenges related to formerly justice-involved minority offenders. Participants in the study highlighted how the lack of access to mental health professionals negatively impacted the reintegrating of offenders and communities by sharing perspectives on the phenomenon. Literature review highlighted how limited resources, such as a lack of mental health professionals and shortages in treatment service providers affect care delivery for offenders after being released from correctional

facilities (Starks, 2025). Experienced mental health professionals who counsel offenders residing in northwest Florida's rural area provided additional insight into access barriers by reflecting on how inaccessibility to treatment services presented overwhelming challenges/obstacles that impeded offenders' successful reintegration.

Participants described how formerly justice-involved offenders who were left untreated led to the enhancement of offenders' mental health issues and increased encounters with the criminal justice system. Limited access to mental health professionals makes it challenging for offenders to reintegrate into communities successfully. Offenders lacking care and post-imprisonment needed medication are likely to revisit high crime areas and reoffend. Many offenders released into communities necessitate immediate and ongoing care to assist in stabilizing their mental health. Offenders lacking such care, particularly substance abusers, are at high risk of overdosing and inaccessibility to treatment service providers can compound their mental health issues.

In addition to struggling with an inability to remain drug-free, offenders may resort to using or selling illicit drugs, which contributes to their returning to the jail/prison system. Discrimination, rejection, and stigmatization from communities arising from having a criminal history further compound mental health issues for offenders during reintegration. Disparate treatment of offenders result in unfair employment and housing opportunities that cause offenders to resort to criminal activity (e.g., theft and burglary) that enhances recidivism. Many offenders who lack sufficient treatment from mental health professionals recidivate through Florida's correctional facilities each year. Recidivism rates among offenders with mental health issues are

expected to increase unless additional practices, such as expanding treatment service providers and diversion programs in rural communities, are employed, which can assist in changing this negative trajectory among offenders (FDOC, 2024; Florida Department of Corrections, 2022).

Socioeconomic barriers not only impact the reintegrating of offenders but also treatment service professionals working in this capacity. Mental healthcare systems are burdened by an inability to retain skilled treatment service providers caring for offenders transitioning into communities. High turnover rates and frequent changes in mental health professionals contribute to these professionals' experiencing burnout. Uncertainties about decision-makers' ability to fill understaffed and vacant positions lead some treatment providers to leave mental health care systems and seek other employment where there are better opportunities (Maganty et al., 2023). Limited access to rural treatment providers and gaps in infrastructure remains problematic for at risk formerly justice-involved offenders and communities strained by these issues. These research findings aligned with the participants' recollection of barriers/factors that contributed to offenders' inability to access early intervention and ongoing rehabilitation for recovery. Perspectives shared by participants assisted in broadening previous research studies by providing a deeper understanding of how the lack of access to mental health professionals impeded offenders' successful reintegration.

Cultural/Spirituality

Findings from this research study provided deeper insight into access barriers among minority populations by examining cultural and spiritual barriers that impede

these offenders from receiving needed care. Culturalism and spirituality were contributing factors that discouraged some formerly justice-involved offenders from seeking treatment services. Historically, culturalism and dependence on church leaders have served as a sense of resiliency, particularly for reintegrating minority offenders residing in underserved communities (Nguyen, 2020). These findings aligned with previous research literature by identifying barriers/factors that impede formerly justice-involved minority offenders from accessing mental health professionals.

Findings from the research study highlighted that some reintegrating minority offenders found that relying on community church members and prayer for support was more effective when dealing with barriers (e.g., unemployment and homelessness) than entrusting mental health providers. Previous research studies suggest that religion and spirituality are beneficial for assisting offenders in coping with mental health issues, such as anxiety or depression (Wright & Mhonde, 2022). Faith-based services that include teaching classes on biblical values and morality can have a positive impact on offenders. Employment of such services is useful for providing the offender with a sense of purpose and belonging when faced with uncertainties during the reintegration.

Although participants' perspectives revealed that some reintegrating offenders benefited from relying on spirituality/religion when faced with complex social challenges, declining timely and ongoing intervention services can significantly impact offenders during a crisis. Delayed access to treatment services enhances offenders' mental health issues and contributes to their engaging in criminal activity. Reintegrating

offenders who are left untreated is more likely to commit crimes (e.g., disturbance of the peace) than offenders under the care of treatment providers.

Previous research suggests that many offenders who are left untreated with mental health issues return to Florida's correctional facilities within the first three years of being released into communities (Anderson, 2024; FDOC, 2024; van der Mark, 2025).

Offenders lack of needed care and social support leads to increased negative emotions, which in turn impact recidivism. Limited access to treatment services that provide needed medication for the offender not only impedes stabilizing the offender, but it also can prevent the offender's ability to have stable relationships necessary for functioning in communities.

Prayer and spirituality have the potential to assist the offender with coping with stress-related situations, such as lack of financial support, relationship issues, and rejection from the community post-imprisonment. However, praying and resorting to community spiritual leaders for comfort/guidance when facing social challenges, cannot entirely serve the offender in the capacity of specialized mental health professionals. Insight from participants demonstrated how cultural and spiritual barriers discourage reintegrating minority offenders from seeking care when transitioning into communities.

Stigma

Stigma toward offenders remains a major obstacle that prevents many reintegrating offenders from accessing treatment service providers, particularly among marginalized and disadvantaged minority populations. Many offenders who are stigmatized by communities result in disparate treatment and overrepresentation of these

offenders in U.S. prisons/jails (Buck et al., 2021). This issue contributes to the overcrowding and mass incarceration of offenders. Findings from this research study align with the literature review on how stigmatization significantly impacts offenders' ability to receive equitable/fair treatment when reintegrating into communities. As described by participants in the study, stigma which involves unfair treatment of an individual based on one's opinion, emotions or feelings prevents offenders from seeking needed care.

Stigmatization of formerly justice-involved offenders with mental health issues contributes to a host of obstacles that prevent offenders' successful reintegration into communities. Stigma towards ex-offenders impedes the offender's ability to access equitable employment opportunities once released from correctional facilities. Contributing factors, such as the offender's lengthy criminal history and lack of an appropriate education, further stigmatize the offender and impede their ability to reestablish themselves when re-entering communities.

Research studies suggest that ex-offenders who are not confronted with community stigmatization have better chances of obtaining meaningful employment and are less likely to reoffend (Baldry et al., 2025). By contrast, offenders facing stigma from communities have fewer opportunities to receive fairness from employers, which leads to increased recidivism rates. Formerly justice-involved minority offenders suffering from mental health issues are prone to even greater disproportionate treatment when obtaining employment than non-minority ethnic groups (Baldry et al., 2025). Employers may find mentally ill offenders too risky and unstable to fulfill organizational needs.

Offenders anticipating stigma may cope with social challenges through social isolation and a reluctance to receive care. Other offenders may avoid potential stigma and discrimination by not disclosing their criminal history and involvement with the judicial system. Rejection from communities causes some offenders to take such risks, even if doing so leads to later termination, which results in increased unemployment rates among mentally ill offenders. Despite efforts made by past and current criminal justice/healthcare administrators to counter stigma and inequality among disadvantaged offenders, such efforts have merely assisted in enhancing fair treatment related to these offenders. Ineffective practices that lead to the stigmatizing/labeling of offenders indicate that more efforts are needed to help reintegrate offenders access equitable and fair employment opportunities.

Other social challenges arising from stigmatization that prevent successful reintegration are the offender's lack of access to fair and equal housing opportunities. Securing safe and affordable housing facilities is key to minimizing criminal behavior and enhancing successful reintegration. Yet, many offenders become homeless for an unspecified amount of time due to community stigma. Housing barriers and offenders residing in marginalized communities' compound mental health issues for recidivating offenders. The social exclusion of homeless offenders who are also addicts causes these offenders to be rejected by landlords, which leads to recidivism and strains the judicial system.

Many homeless offenders with mental health issues are often incarcerated for committing minor crimes, such as theft and unlawful camping. Stigmatization and the

mischaracterization of the mentally ill result in an overrepresentation of these offenders in correctional institutions. Homeless offenders with mental health issues and substance abuse disorders are four to six times more likely to reoffend than the general population (Baldry et al., 2025; Gaba et al., 2022). Insecure housing significantly impacts on the offender's mental and physical well-being, which can cause increased levels of drug and alcohol dependency.

Lack of understanding criminogenic needs, particularly for homeless offenders is an ongoing issue that negatively impacts offenders' and communities. Overall, criminal justice/ healthcare systems efforts made to address housing issues, such as discharge planning, intervention services, expanding re-entry and diversion programs in non-metropolitan jurisdictions have merely countered limited access to housing for reintegrating offenders. Unsuccessful reintegration related to homeless offenders will likely continue unless decision-makers facilitate practices that include minimizing stigma toward offenders and enhancing equitable housing opportunities for struggling offenders (Baldry et al., 2025; Gaba et al., 2022).

Theoretical Framework

Two theoretical frameworks were used to establish the foundation for this research study. These frameworks were the intersectional theory and the general strain theory. Combining these frameworks was useful for examining barriers/factors related to treatment issues among rural reintegrating minority offenders. Intersectional theory and its concepts highlight how discrimination and oppressiveness towards people of color contribute to social inequality, whereas the general strain theory focuses on criminal

behavior resulting from these offenders' inability to receive fairness (Helmly, 2024; Sally, 2024).

The intersectional theory and the general strain theory were utilized to ground this study. Inaccessibility to rural mental health providers impacts reintegrating offenders' mental, social, and economic well-being, aligning with these theories. Participants shared perspectives on criminogenic needs and emphasized how it adversely impacts offenders' ability to successfully reintegrate into communities. Barriers, such as a lack of access to mental health services, unemployment, and homelessness align with the intersectional theory and the general strain theory, because they focus on strains that assist in understanding obstacles that impede offenders' ability to successfully reintegrate into communities. Participants recounted how a lack of access to needed medication underscored the significant impact strains have on offenders during reintegration. Offenders faced with an inability to cope with overwhelming social challenges, such as unemployment, housing issues, and lack of an appropriate education may discourage them from seeking care post-imprisonment.

Participants emphasized that offenders who refrained from seeking care from treatment providers were a result of stigmatization, cultural/spiritual barriers, and a lack of access to employment. An inability to cope with such barriers/factors impedes offenders from transitioning into communities successfully. Participants recounting how the offender's inability to obtain "gainful employment" supersede needed care. Similarly, participants expressing how unemployed offenders' inability to support themselves post-imprisonment contributes to offenders engaging in criminal behavior, such as "making

fast money” rather than being subjected to biased employers. An inability to cope with anticipated social and infrastructure challenges illustrates why some reintegrating offenders may refuse needed treatment services.

Employment issues, stigma toward offenders, and spiritual/cultural barriers align with the concepts of intersectional theory and the general strain theory. Reintegrating offenders’ inability to cope with access barriers that cause offenders to resort to criminal behavior revealed the connection between these theories. Participants emphasized offenders’ need to “push past their way of thinking” when it comes to criminal behavior by allowing mental health professionals to intervene which reflected how lack of coping skills impacts offenders. On the other hand, some religious offenders decline treatment from providers and rely on spiritual beliefs when coping with a crisis. As highlighted by participants, although some reintegrating offenders found spirituality beneficial for their circumstances, barriers to needed treatment can result in a host of mental health issues.

Participants identifying barriers, such as stigma toward offenders that particularly impacted minority offenders residing in marginalized/underserved communities further revealed the connection between the intersectional theory and the general strain theory. Responses from participants highlighting how offenders who are judged by their appearance contributed to the mischaracterization of these individuals, aiding in understanding the phenomenon. Participants shared perspectives indicated how faulty assumptions and stigmatizing offenders result in unfairness among these offenders.

Stigma toward offenders leads to them being rejected by communities including law enforcement officials which compound mental health issues and increases risk

among vulnerable offenders. Reintegrating offenders faced with the issues of stigmatism and labeling often contribute to offenders declining needed care. As a result of significant barriers, offenders may be unable to cope with the complexity of social challenges causing them to relapse, reoffend, and have greater encounters with law enforcement than offenders receiving treatment. These barriers emphasized the significant impact that a lack of access to treatment providers has on offenders when transitioning into communities.

Limitations of the Study

The limitations of trustworthiness that appeared to emerge while conducting this qualitative research study mostly derived from mental health professionals who counsel minority offenders residing in northwest Florida's rural areas. Limitations for the scope of this study are that its narrow focus on offenders residing in rural jurisdictions may not reflect all mental health professional perspectives who counsel offenders in other states. Reintegrating offenders residing in rural communities presents a different set of barriers when accessing treatment services than offenders residing in major metropolitan areas (Dorsey, 2024).

One limitation of the scope of this research study is that it included only minority offenders. Limiting the study by only allowing these mental health professionals to provide insight on how access barriers impact minority offenders may not present issues that non-minorities face. Reintegrating offenders residing in rural areas has fewer opportunities to access treatment providers than offenders having a higher socioeconomic status (Balzarini et al., 2024; Dorsey, 2024). Rural communities are often underserved

when it comes to providing sufficient care to marginalized and disadvantaged offenders post-imprisonment. In addition to being confronted with limited resources, reintegrating offenders are often faced with discrimination, stigmatization, and unfairness which further prolongs offenders' ability to obtain needed treatment.

Findings from this research study could be transferable to similar locations and populations but not transferable or generalizable to others. In qualitative research, transferability refers to the extent to which findings and interpretations from a study can be applicable and relevant to other contexts beyond the specific research context (Stalmeijer et al., 2024). Due to the size and location of the participant's sample selection, the ability to generalize the findings in other jurisdictions/locations is limited. More specifically, this study could be applied to other rural jurisdictions where minority offenders reside, whereas targeting populations, such as offenders living in metropolitan jurisdictions, may prevent the transferability and generalizability of findings.

Potential biases on my part as the qualitative researcher also posed a limitation. To minimize potential biases throughout this study, I remained cognizant of the potential ethical issues that could influence this study's research findings. To assist me in accomplishing this endeavor, I conducted research interviews in a neutral location that was conducive to the participants' privacy and comfort (Taquette & da Matta Souza, 2022). Additionally, I obtained unbiased data by not influencing or coercing participants, which could have altered the research findings. Other practices, such as in-person member checking, adhering to ethical protocols/standards, conferring with the Institutional Review Board, and consulting with Walden's University Chairperson when

questions or concerns arose were beneficial for minimizing biases. These stated limitations also helped countered potential ethical violations and enhance outcomes regarding trustworthiness (American Psychological Association, 2018; Saldana, 2021).

Recommendations

Several recommendations warrant further research on this topic. The study primarily focused on the overwhelming challenges/obstacles minority offenders faced when accessing mental health professionals' post-imprisonment. However, the sample size utilized to examine treatment service barriers is limited to rural mental health services. Countering barriers to treatment services among offenders reintegrating into major metropolitan areas may require different approaches to care. Utilizing research practices that entailed a more diverse and larger population could further increase the generalizability of the findings. In addition to increasing the sample size, targeting experienced mental health professionals who counsel non-minority reintegrating offenders residing in major urban jurisdictions could provide essential further insight into this topic. These professionals' ability to treat a wide range of offenders could provide valuable insights to offenders in crisis.

Another approach warranting further research, such as obtaining perspectives from additional mental health professionals who counsel reintegrating offenders in other states could provide better understanding on this topic. These professionals were experienced at understanding barriers/factors that impede offenders' successful reintegration. Findings for the research study revealed barriers, such as limited access to mental health professionals and treatment provider shortages in rural jurisdictions playing

major roles in reintegrating offenders' inability to receive care. Connecting offenders with timely access to providers, criminal justice discharge planning, and community-based programs from the perspectives of different mental health professionals can further assist in rehabilitating offenders.

Openness to allowing additional mental health professionals to share perspectives/recommendations that can assist in identifying other factors such as lack of criminogenic needs, and how it impacts reintegrating offenders, is key to regaining self-fulfillment. These perspectives warrant the expansion of treatment services and rehabilitative programs in marginalized/underserved communities. Institutionalizing these practices could benefit offenders struggling with social challenges, including a lack of financial support, unemployment, and homelessness, during reintegration.

Being receptive to insight provided by treatment service professionals is essential for examining how disparate treatment adversely impact people of color residing in rural communities. Further research is warranted to examine barriers, such as unequal access to treatment providers stemming from underfunded treatment services in rural areas. Lack of appropriate rural mental health professionals continue to negatively impact offenders and communities. Treatment service providers working in non-metropolitan areas counsel diverse communities where struggling offenders reside. These professionals were experienced in providing many useful recommendations that are essential for reforming current criminal justice and healthcare practices, which can improve offenders' care. Knowledgeable mental health professionals having insight into unfair/inequitable

treatment among particularly minority populations can have a positive impact on offenders' mental, social, and economic well-being.

Implications

Implications for Positive Social Change

Findings from this research study provided deeper insights and a better understanding of the impact of inaccessibility to rural mental health professionals related to minority offenders. Insight from mental health professionals who work with reintegrating offenders in northwest Florida's rural jurisdictions revealed how the lack of access to treatment services adversely impacts offenders' and communities. These professionals presented potential implications for positive social change that can assist criminal justice and healthcare decision makers in enhancing practices for vulnerable reintegrating offenders.

Practices recommended by mental health professionals who are experienced with treating and counseling rural minority offenders' post-imprisonment are useful for identifying inequities among people of color. Dissemination and sharing pertinent information from the perspectives of mental health professionals on disparate treatment of formerly justice-involved minority offenders residing in underserved/marginalized rural communities with criminal justice and healthcare administrators has the potential for reducing increased recidivism rates among this population. Offenders residing in non-metropolitan areas are at a disadvantage when seeking care from treatment providers compared to offenders in major urban jurisdictions where there are greater resources.

Partnering with key stakeholders at the offenders, local and state levels can help minimize negative outcomes related to offenders' inability to access rural treatment providers. Lack of access to rural mental health providers can generate a range of barriers that impede successful re-entry. Barriers stemming from shortages in treatment providers can result in an inability for reintegrating offenders to receive timely care and needed medication. Confronted with limited resources, offenders may be incapable of coping with overwhelming social challenges transitioning back into communities. Offenders significantly impacted by an inability to receive sufficient care may be discouraged by the process and lose trust in treatment providers. Instead of seeking needed care, offenders may prioritize obtaining employment and housing facilities for their own survival. Inaccessibility to mental health professionals in rural areas strain offenders and communities. Offenders left untreated are prone to increased mental health issues, which lead to increased recidivism rates.

Community support, conjunction with early intervention and ongoing treatment, plays an important role in enhancing the offender's ability to reintegrate successfully into the community. Implementing these recommended initiatives and facilitating practices that target criminogenic needs for rehabilitating offenders can assist in their successful reintegration. Practices that included connecting offenders to substance abuse programs, and partnerships with community outreach programs also has the potential for changing the negative trajectory of criminal behavior among minority populations.

Theoretical Implications

Findings from this qualitative study provided deeper insights into theoretical implications for understanding access barriers to treatment services among minority populations. For this research study, the employment of intersectional theory and general strain theory was utilized to examine how the lack of access to rural mental health professionals impacted the reintegrating of minority offenders. Exploring the concepts of both theories aided in the identification of barriers/factors that prevent offenders' ability to successfully reintegrate into communities.

The intersectional theory was an appropriate theoretical framework for examining the intersection of criminal justice and disability studies (Olmos et al., 2022). In this research study, perspectives of the intersectional theory highlighted how the marginalization and exclusion of minority populations enhance criminal behavior that led to increased recidivism rates among minorities. Marginalization and discriminatory acts toward people of color result in these offenders encountering law enforcement more frequently than non-minority populations. Communities may mischaracterize ex-convicts with mental health issues as irresponsible, uneducated, and aggressive, which contributes to the stigmatization of these offenders.

Stigma surrounding mental health, particularly in marginalized and underserved communities, impacts the reintegrating offenders' ability to cope with their mental health issues. Formerly justice-involved offenders with mental health issues experiencing community stigma and discrimination prevent offenders from obtaining equal access to needed care. Stigma related issues result in reduced mental health treatment, delayed

access to providers, and higher death rates (Habebe et al., 2025). Reintegrating offenders prone to such circumstances may discourage offenders from seeking treatment providers and forces them to rely on culturalism/spirituality as a coping mechanism.

These social challenges are essential for understanding why some formerly justice-involved offenders may decline needed care and resort to engaging in problematic behaviors, despite the potential benefits treatment services offer. Reluctance to adequate care and relying on culturalism/spirituality as alternatives to mental health treatment can impede the offender's ability to cope with social challenges and manage negative emotions. Theoretical implications from the research study provided a better understanding of how inaccessibility to treatment services adversely impacts reintegrating offenders as well as the burdens it presents to communities.

The general strain theory provided further insight into how limited access to mental health professionals impacts formerly justice-involved offenders. Findings from this research study revealed barriers/factors that contributed to the offender's inability to obtain needed care. Strains deriving from limited access to mental health professionals, unaffordable healthcare insurance, and lack of access to needed medication prolongs treatment for offenders after being released into communities (Caldwell, 2025). Delivery of care, particularly among minority populations, is disproportionate, which delays needed and ongoing treatment.

In addition to dealing with an inability to access treatment service providers, offenders may also be impacted by homelessness that significantly strain offenders during reintegration. Socioeconomic barriers, such as homelessness can overwhelm and

strain disadvantaged offenders to a point where they may be incapable of reestablishing themselves after being released from correctional institutions. Lack of a social support system necessary for assisting offenders with managing strain(s) stemming from homelessness increases the likelihood of these offenders reoffending. To cope with an inadequate societal support system, many homeless offenders often return to familiarized high crime areas and surround themselves with ex-convicts who also suffer from mental health issues. While homeless offenders may find comfort/solace by interacting and communicating with ex-convicts, who share similar life experiences, revisiting high-crime areas can pose additional challenges for at-risk offenders. Many offenders are substance abusers and strains from homelessness further impact offenders' ability to remain abstinent from alcoholic beverages and illicit drugs, which contributes to these offenders recidivating.

Other challenges/obstacles deriving from societal strains, such as a lack of transportation, impede the reintegrating of offenders from accessing treatment service providers. Formerly justice-involved offenders may experience challenges with not only having their driver's license renewed/reinstated, but also being able to afford reliable transportation needed for treatment, which further compound offenders' issues. Strains related to transportation issues among ex-offenders needing ongoing care and intervention discourages many offenders from seeking care. Limited access to transportation can lead to negative behaviors, which cause frustration, depression, and anxiety that contributes to criminal behavior (Agnew, 1992; Lewis, 2025). Offender's inability to cope with social challenges, such as transportation issues when transitioning

into communities may attempt to address these circumstances by consuming illegal substances.

In addition to dealing with a lack of transportation to access treatment service providers, offenders may also be impacted by unemployment issues that significantly strain offenders during reintegration. Research suggests that successful reintegration is a common problem in the United States, due to limited employment opportunities (Garcia, 2021; Lewis, 2025). Offenders strained by socioeconomic barriers can generate negative emotions that cause them to become disappointed and frustrated with the employment process. An inability to cope with unemployment issues and being strained by a lack of support and financial issues influences some offenders to react negatively. To cope with societal strains, mentally ill offenders may be inclined to engage in criminal activity that results in a higher frequency of these offenders being imprisoned.

Practical Implications

Findings from this qualitative research study highlighted the urgency for practical implications that addresses the impact of inaccessibility to mental health professionals related to offenders reintegrating into rural areas. Access issues to treatment service providers, particularly among offenders transitioning to marginalized non-metropolitan jurisdictions who are subjected to discrimination and stigmatization impede successful reintegration. Inequitable treatment, along with insufficient care, can cause offenders to have a lack of trust in the mental healthcare system. Complexities of these issues impede offenders' ability to access early and ongoing needed care after being released from correctional facilities. Recommendations, such as creating awareness and targeting

practices that enhances care delivery for the mentally ill, could assist in minimizing stigma/inequities toward this disadvantaged people. These informed decisions can aid criminal justice/mental healthcare systems in identifying barriers and factors that impede access to treatment services, which in turn can assist in enhancing criminogenic needs (e.g., employment and educational opportunities) necessary for countering issues related to offenders' unsuccessful reentry.

Another perspective on practical implications that can aid criminal justice stakeholders in countering increased recidivism rates among mental ill offenders is by enhancing training for law enforcement agencies responding to incidents involving offenders in crisis. Criminal justice administrators' collaboration with mental healthcare systems can minimize the excess use of force during encounters with the mentally ill. Lack of specialized training when dealing with offenders in distress often result in serious injuries or death to the offender as well as law enforcement officials responding to the scene.

Insufficient police training related to mentally ill offenders contribute to the mass incarceration of this population, who are imprisoned at higher rates than offenders without a serious mental health condition. Many offenders suffering from mental health issues will likely become victimized post-imprisonment, due to their vulnerability, which further causes them to engage in risky behaviors. Sharing results from this research study with current criminal justice and healthcare leaders can help reduce the criminalization and overrepresentation of mentally ill offenders imprisoned in U.S. prisons/jails.

Treatment service providers in rural communities are often limited to reintegrating offenders, and these research findings can assist decision makers in filling infrastructure gaps that can yield favorable outcomes for struggling offenders. Frequent turnover rates among treatment service providers assigned to rural areas contribute to shortages in these professionals, and an inability to appropriately care for offenders needing immediate care. Practices that include providing resources to underfunded and understaffed treatment provider services in non-metropolitan jurisdictions can help connect offenders to needed care in a timely fashion. Implementing these initiatives will be beneficial in assisting the offender in their recovery, reducing the likelihood of deviancy, and decreasing recidivism rates among these offenders.

Conclusion

In conclusion, the purpose of this qualitative research study was to examine the impact of inaccessibility to treatment services for minority offenders residing in northwest Florida's rural areas. Perspectives of mental health professionals who counsel offenders residing in these areas provided a deeper understanding of how access barriers to treatment services negatively impacted the reintegrating offenders. Examining offenders' inability to access treatment service providers from the perspective of mental health professionals provided additional insight into understanding how this issue also adversely impacts non-metropolitan communities.

Lack of access to treatment services impacts reintegrating offenders mental, physical, and socioeconomic well-being. Many offenders transitioning into communities after post-imprisonment struggle with an inability to receive early and ongoing mental

health care necessary for stabilization. The issues of limited resources, gaps in infrastructure, treatment providers shortages, and lack of access to needed medication compound issues for vulnerable offenders, necessitating immediate and ongoing consistent care. In addition to being subjected to social challenges, many offenders in crisis must contend with stigmatization, disparate treatment, and rejection from communities after imprisonment, which can lead to social isolation. The totality of these negative experiences discourages many reintegrating offenders from trusting treatment providers and therefore reduces the probability of them seeking early intervention/rehabilitation for recovery.

The framework of this qualitative study was grounded in the intersectional theory and the general strain theory. Concepts of the intersectional theory provided deeper insights into how the marginalization of exclusion of minority offenders with mental health issues impacts their successful reintegration. On the other hand, the framework of general strain theory describes how lack of access to rural treatment providers creates significant strains that offenders may be unable to manage on their own. Frameworks of these theories revealed factors that contributed to offenders engaging in criminal behavior and barriers that prevented offenders from successfully transitioning into communities.

Lack of access to mental health professionals can present overwhelming challenges/obstacles for offenders aiming to regain self-fulfillment and a sense of purpose during reintegration. Barriers, such as homelessness, unemployment and lack of transportation forces many offenders to resort to criminal behavior. Offenders presented with such dire circumstances will likely decompensate/relapse and encounter the criminal

justice system frequently unless there is intentional intervention to change the trajectory. Targeting practices that facilitate the expansion of treatment service providers in rural areas, connecting and reintegrating offenders to diversion/mentoring programs, and enhancing opportunities for them to receive fair employment and housing opportunities has the potential for reducing strains on the offender, the community, and the criminal justice system. While lack of access to rural mental health professionals remains problematic, concerted efforts at the offender's, local, and state levels can assist in enhancing treatment services for at-risk offenders.

References

- Abdul, S., Adeghe, E. P., Adegoke, B. O., Adegoke, A. A., & Udedeh, E. H. (2024). Mental health management in healthcare organizations: Challenges and strategies—A review. *International Medical Science Research Journal*, 4(5), 585–605. <https://doi.org/10.51594/imsrj.v4i5.1157>
- Adeoye-Olatunde, O. A., & Olenik, N. L. (2021). Research and scholarly methods: Semi-structured interviews. *Journal of the American College of Clinical Pharmacy*, 4(10), 1358–1367. <https://doi.org/10.1002/jac5.1441>
- Agnew, R. (1992). Foundation for a general strain theory of crime and delinquency. *Criminology*, 30(1), 47–87. <https://doi.org/10.1111/j.1745-9125.1992.tb01093.x>
- Agnew, R. (2012). When criminal coping is likely: Extension of general strain theory. *Deviant Behavior*, 34(8). <https://doi.org/10.1080/01639625.2013.766529>
- Ainslie, M., Corvini, M., & Chadbourne, J. (2023). Assumptions, perceptions, and experiences of behavioral health providers using telemedicine: Qualitative study. *JMIR Formative Research*, 7, Article e48232. <https://doi.org/10.2196/48232>
- Akers, R. L. (2009). *Criminological theories: Introduction, evaluation, and application*. Oxford University Press.
- Alabama Bureau of Pardons & Paroles. (2024). *Reentry Alabama plans to remove barriers to reentry; Drastically reduce recidivism for a stronger state*. <https://paroles.alabama.gov/2024/08/29/reentry-alabama-plans-to-remove-barriers-to-reentry-drastically-reduce-recidivism-for-a-stronger-state/>

- Alom, M. J. (2024). The role of management information systems in the history of mental health care for prisoners in the USA. *Journal of Business and Management Studies*, 6(2). <https://doi.org/10.32996/jbms>
- Alternatives to Arrest. (2022). *Alternatives to Arrest*. <https://www.theiacp.org/alternatives-to-arrest>
- Alvarez, C. (2023). *A comparison of Florida and New York health policy approaches to the 2022 Mpox outbreak* [Master essay, University of Pittsburgh]. D-Scholarship @ Pitt. <http://d-scholarship.pitt.edu/id/eprint/44722>
- American Psychological Association. (2018). *Publication manual of the American Psychological Association* (7th ed).
- Anderson, A., Fox, R., Rigaud, J. Witherell, W., & Adams, A. (2023). Reentry and transition into college life: A study of formerly incarcerated individuals in southern California. *Journal of Human Behavior in the Social Environment*, 34(2), 268–289. <https://doi.org/10.1080/10911359.2023.2244019>
- Anderson, S. (2024). *Examining vocational training in Southwest Florida Corrections: Analysis of the rehabilitation path and reduced recidivism* [Doctoral dissertation, University of Wisconsin Stout]. MINDS@UW. <https://minds.wisconsin.edu/bitstream/handle/1793/85606/2024andersons.pdf?sequence=1&isAllowed=y>
- Appel, O., Stephens, D., Shadravan, S., Key, J., & Ochoa, K. (2020). Differential incarceration by race-ethnicity and mental health service status in Los Angeles

County Jail system. *Psychiatric Services*, 71(8), 843–846.

<https://doi.org/10.1176/appi.ps.201900429>

Appelbaum, P. S. (2020). Discharge planning in correctional facilities: A constitutional right? *Law & Psychiatry*, 71(4), 409–411.

<https://doi.org/10.1176/appi.ps.202000084>

Arneil, B. (2023). Colonialism versus imperialism. *Political Theory*, 52(1), 146–176.

<https://doi.org/10.1177/00905917231193107>

Auguste, E., Bowdring, M., & Galan, C. A. (2023). Psychology’s contributions to anti-blackness in the United States within psychological research, criminal justice, and mental health. *Perspectives on Psychological Science*, 18(6), 1282–1305.

<https://doi.org/10.1177/17456916221141374>

Baldry, E., Graffam, J., Hardcastle, L., Rowe, S., Dowse, L., Giles, M., & McGillivray, J. (2025). “Where is the second chance?” Compounded stigma and other factors impacting ex-prisoner employment. *The Howard Journal of Crime and Justice*.

<https://doi.org/10.1111/hojo.12619>

Ballout, S. (2025). Trauma, mental health workforce shortages, and health equity: A crisis in public health. *International Journal of Environmental Research and Public Health*, 22(4), Article 620. <https://doi.org/10.3390/ijerph22040620>

Balzarini, T. K., Kuzmickus, D., Nation, R., Swaby, M., & Ingram, K. (2024).

Examination of factors that influence rural residents’ beliefs regarding justice-involved persons with a mental illness. *Journal of Crime and Justice*, 48(3), 390–405. <https://doi.org/10.1080/0735648X.2024.2374740>

- Batastini, A. B., Jones, A. C. T., & Pringer, S. M. (2022). Why correctional service providers and researchers should focus on intersectionality and recommendations to get started. *Volume 49*, Issue 6. <https://doi.org/10.1177/00938548221074369>
- Beckett, K., & Goldberg, A. (2022). The effects of imprisonment in a time of mass incarceration. <https://www.journals.uchicago.edu/doi/full/10.1086/721018>
- Borish, D., Cunsolo, A., & Harper, S. L. (2021). Moving images, moving methods: Advancing documentary film for qualitative research. *International Journal of Qualitative Methods*. <https://doi.org/10.1177/16094069211013646>
- Braveman, P., & Dominguez, T. P. (2021). Abandon “Race.” Focus on racism. *Frontiers in Public Health, Volume 9*. <https://doi.org/10.3389/fpubh.2021.689462>
- Broidy, L., & Agnew, R. (1997). Gender and crime: a general strain theory perspective. *Journal of Research in Crime and Delinquency, Volume 34*, Issue 3. <https://doi.org/10.1177/0022427897034003001>
- Brown, L. M. (2022). The Effects of Education on the Recidivism Rates of African American Parolees: A Qualitative Phenomenological Study Doctoral dissertation, Northcentral University. <https://www.proquest.com/openview/95a25724d667ff93668309b24fe9ab20/1?pq-origsite=gscholar&cbl=18750&diss=y>
- Buck, K., Cochran, A., & Tucker, S. C. (2021). The facilitators and barriers faced when transitioning back into the community following a prison sentence. *Volume 66*, Issue 10-11. <https://doi.org/10.1177/0306624X211013518>
- Caldwell, L. G. (2025). Examining the impact of reentry programs on the employability

of African American ex-offenders entering the workforce in the state of Michigan.

<https://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=19374&context=dissertations>

Campbell, S., Greenwood, M., Prior, S., Shearer, T., Walkem, K., Young, S., Bywaters, D., & Walker, K. (2020). Purposive sampling: Complex or simple? Research case examples. *Journal of Research in Nursing*, 25(8), 652-661.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7932468/pdf/10.1177_1744987120927206.pdf

Carey, B. (2021). Agnew's general strain theory: Context, synopsis, and application.

<https://www.uis.edu/sites/default/files/2021-12/Blake-Carey-Agnew.pdf#:~:text=Agnew%20constructed%20general%20strain%20theory%20by%20building%20upon,actual%20means%20of%20achieving%20those%20Aspirations%20%28Merton%2C%201938%29>

Cartagena, G., Ferguson, E., & Waxenberg, L. (2021). Establishing independent and integrated student-run behavioral health clinics to address mental health disparities in Gainesville, Florida. <https://doi.org/10.59586/jsrc.v7i1.241>

Clark, Y. (2025). A phenomenological qualitative study exploring employer hiring practices involving ex-offenders.

<https://www.proquest.com/openview/4b8b915dad04718ea5883300007151c9/1?pq-origsite=gscholar&cbl=18750&diss=y>

Clisbee, K. (2025). California prison reentry service providers' views on rehabilitation and its impact on recidivism.

<https://www.proquest.com/openview/7c8dc8c798161c8d4a0d042c3af9ac65/1?pq-origsite=gscholar&cbl=18750&diss=y>

- Coleman, P. (2022). Validity and reliability within qualitative research for caring sciences. *International Journal of Caring Sciences*, 14(3).
<https://oro.open.ac.uk/81588/1/Coleman%20Validity%20and%20Reliability.pdf>
- Coombs, N. C., Campbell, D. G., & Caring, J. (2022). A qualitative study of rural health care providers' views of social, cultural, and programmatic barriers to healthcare access. National Library of Medicine. *National Center for Biotechnology Information*. <https://doi.org/10.1186/s12913-022-07829-2>
- Cuddeback, G. S., Simpson, J. M., & Wu, J. C. (2020). A comprehensive literature of Forensic Assertive Community Treatment (FACT): Directions for practice, policy, and research. *International Journal of Mental Health*, Volume 49, Issue 2.
- Delman, J., Arntz, D., & Cather, C. (2023). Using community-based participatory research to conduct a collaborative needs assessment of mental health service users: Identifying research questions and building academic-community trust *Volume 25*, Issue 5. *Health Promotion Practice*.
<https://doi.org/10.1177/15248399231171144>
- DeVeaux, M. (2022). Not just by rates of recidivism: How NYC black men define success after prison. *Journal of Offender Reintegration*, 61(5), 223-244.
<https://doi.org/10.1080/10509674.2022.2081648>

- Deyrup, A., & Graves, J. (2022). Racial biology and medical misconceptions. *The New England Journal of Medicine*. Volume 386, Number 6. DOI: 10.1056/NEJMp2116224
- Donley, S. B., & Johnson, M. (2024). *Intersectional Experiences and Marginalized Voices: Research Analysis, and Praxis*. Taylor & Francis.
- Dorsey, M. D. (2024). A qualitative examination of higher education's transformative impact on incarcerated students.
https://etd.ohiolink.edu/acprod/odb_etd/ws/send_file/send?accession=frank1707677834232016&disposition=inline
- Dross, M. M. (2024). Education through incarceration: Access to education Florida's prisons.
<https://www.proquest.com/openview/885ee4d73644c1c72b31ae7cd56c7d4e/1?pq-origsite=gscholar&cbl=18750&diss=y>
- Duff, M. R. (2024). Evidence-based leadership practices of reentry program leaders to reduce recidivism among African American women.
<https://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=16702&context=dissertations>
- Durst, J. A. (2025). Alternative solutions for leadership to attract qualified behavioral health professionals in rural areas.
<https://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=19329&context=dissertations>. <https://doi.org/10.1080/00207411.2020.1717054>

- Edmunds, T. (2025). A call to action for transport justice: Exploring transportation disadvantages faced by justice-impacted individuals reintegrating into rural communities.
https://scholarscompass.vcu.edu/cgi/viewcontent.cgi?article=1103&context=murp_capstone
- Ee, M. & Zhang, Y. (2022). Homelessness and crime in neighborhoods. *Crime & delinquency*, 70(8), 2195 - 2218. <https://doi.org/10.1177/00111287221140835>
- Efird, C. R., Wilkins, C. L., & Versey, H. S. (2024). Whiteness hurts society: How whiteness shapes mental, physical, and social health outcomes. *Journal of Social Issues*, 80(1), 53-59. <https://doi.org/10.1111/josi.12598>
- Ellis, K. S. L. (2023). Re-entry re-imagined: Paving a pathway for success.
<https://www.proquest.com/openview/da60b0c1e5aeaa27c14af0b669434aa3/1?pq-origsite=gscholar&cbl=18750&diss=y>
- Ellsworth, W. (2024). Redefining rehabilitation: Evaluating the Washtenaw County pre-plea diversion program.
https://scholarship.claremont.edu/cgi/viewcontent.cgi?article=4736&context=cmc_theses
- Federal Bureau of Prisons (2023).
https://www.bop.gov/about/statistics/statistics_inmate_age.jsp
- Feroz, A. S., Hussaini, A., & Seto, E. (2024). Feasibility and ethical considerations for conducting online versus in-person interviews for qualitative study. *Preventive*

Medicine Research & Reviews, Volume 1, Issue 6. DOI:

10.4103/PMRR.PMRR_197_24

Florida's Council on Homelessness. Annual Report (2025).

<https://www.myflfamilies.com/sites/default/files/202507/Florida%20Council%20on%20Homelessness%20Annual%20Report%202025.pdf>

Florida Department of Corrections (2022). Florida prison recidivism report: Releases from 2008 to 2019.

<https://pubapps.fdc.myflorida.com/pub/recidivism/RecidivismReport2021.pdf>

Florida Department of Corrections. (2024). *Quarterly recidivism report*.

<https://fdcmmedia.ccplatform.net/content/download/32160/file/Quarterly%20Recidivism%20Report%202024-Q3.pdf>

Forsberg, L., & Douglas, T. (2022). What is criminal rehabilitation? *Criminal Law and Philosophy, Volume 16*. <https://doi.org/10.1007/s11572-020-09547-4>

Fry, C. E., McGuire, T. G., & Frank, R. G. (2020). Medicaid expansion's spillover to the criminal justice system: Evidence from six urban counties. *RSF: The Russell Sage Foundation Journal of the Social Sciences, 6*(2), 244-263.

<https://doi.org/10.7758/RSF.2020.6.2.1>

Gaba, A., Shaffer, P. M., Pinals, D. A., Drawbridge, D., & Smelson, D. (2022). Racial and ethnic differences in behavioral health, criminal legal system involvement, and service needs among health court participants: Implications for service delivery. *Psychological Services, 19*(4), 637. DOI: <https://dx.doi.org/10.1037/ser0000669>

- Gant, C. K. (2024). Behavioral health professional's perception of anxiety disorders amongst African American clients.
<https://scholarworks.uno.edu/cgi/viewcontent.cgi?article=4425&context=td>
- Gao, R. P. (2024). Mental Health Services Act of 2004: A policy analysis.
<https://www.proquest.com/openview/73caa65934cf1c944c824f89824b88ce/1?pq-origsite=gscholar&cbl=18750&diss=y>
- Garcia, M. (2021). Inmate reintegration programs and their effect on income (Doctoral dissertation, PhD Thesis, California State University, Northridge).
- Gates, A., & Mohiuddin, S. (2022). Addressing the mental health workforce shortage through the resident physician shortage reduction Act of 2021. National Library of Medicine. *National Center for Biotechnology Information*.
<https://doi.org/10.1007/s40596-022-01604-5>
- Goger, A., Harding, D. J., & Henderson, H. (2021). Rethinking prisoner reentry. *Volume 20*, Issue 4. <https://doi.org/10.1177/15365042211060738>
- Gregorian, L. (2023). Efficacy of the Medicaid Program in addressing mental health concerns. <https://scholarworks.calstate.edu/downloads/ww72bj97t>
- Gueta, K. (2020). Exploring the promise of intersectionality for promoting justice-involved women's health research and policy. *Health & Justice. Volume 8*, Article 19. <https://doi.org/10.1186/s40352-020-00120-8>
- Gullslett, M. K., Kristiansen, E., Nilsen, E. (2021). Therapists' experience of video consultation in specialized mental health services during the COVID-19 pandemic: Qualitative interview study. <https://doi.org/10.2196/23150>

- Gunasekaran, S., Tan, G. T. H., Shahwan, S., Goh, C. M. J., Ong, W. J., & Subramaniam, M. (2022). The perspective of healthcare professionals in mental health settings on stigma and recover – A qualitative inquiry. National Library of Medicine. *National Center for Biotechnology Information*. <https://doi.org/10.1186/s12913-022-08248-z>
- Habeb, M., Ciobanu, A. M., Magdalena, A., Al-Ani, M., Mottershead, R. (2025). Stigma in mental health: The status and future direction. *Volume 17*, Issue 6. <https://www.proquest.com/openview/82aed4acb7561b3cef0ce5203dcd64c1/1?pq-origsite=gscholar&cbl=2045583>
- Hancock, K. (2024). Justice-involvement and access to mental health care. *Crime & Delinquency*. <https://doi.org/10.1177/00111287241242479>
- Heim-Jones, T. (2025). A phenomenological study examining the effects of restrictive factors on previously incarcerated individuals' chances of recidivism. <https://digitalcommons.liberty.edu/cgi/viewcontent.cgi?article=8017&context=doctoral>
- Helmly, V. (2024). The intersection of aging, health, & correctional systems: exploration of experiences, approaches, & policies using a person-centered framework. https://scholarworks.gsu.edu/cgi/viewcontent.cgi?article=1091&context=aysps_dissertations
- Hendren, K., Newcomber, K., Pandey, S. K., Smith, M., & Summer, N. (2022). How qualitative research methods can be leveraged to strengthen mixed methods

research in public policy and public administration? *Public Administration Review*, 83(3). <https://doi.org/10.1111/puar.13528>

Hibbard, P. F. (2022). Adult drug treatment courts and community-level drug possession arrests. *Volume 70*, Issue 6-7. <https://doi.org/10.1177/00111287221131496>

Higgins, G. (2025). From Punishment to treatment: Addressing mental illnesses to reduce recidivism. <https://dukespace.lib.duke.edu/server/api/core/bitstreams/c0052436-01f6-4510-9201-2b893d5013df/content>

Higuera, K., Jensen, G., & Morton, E. (2021). Effects of the Male Community Reentry Program (MCRP) on recidivism in the state of California.

https://www.georeentry.com/wp-content/uploads/Stanford_MCRP_Report.pdf

Hopkins, I., Verlander, M., Clarkson, L., & Jacobsen, P. (2024). What do we know about sharing power in co-production in mental health research? A systematic review of thematic synthesis. <https://doi.org/10.1111/hex.70014>

Howe, J. A. (2024). Understanding state of community operated juvenile programs in rural and urban communities throughout Kentucky.

<https://www.proquest.com/openview/800ce4ba143b5677c96e77c24bfae82a/1?pq-origsite=gscholar&cbl=18750&diss=y>

Ide, Y. & Beddoe, L. (2024). Challenging perspectives: Reflexivity as a critical to qualitative social work research. *Qualitative Social Work*, 23(4).

<https://doi.org/10.1177/14733250231173522>

Jacob, S. (2024), Down the road care: A discharge expansion program.

<https://www.proquest.com/openview/1863b5e4b781fd598897c8e093d5dec6/1?pq-origsite=gscholar&cbl=18750&diss=y>

Jaramillo, E. T. (2024). Placed-based strengths and vulnerabilities for mental wellness among rural minority older adults: An intervention development study protocol.

<https://doi.org/10.1136/bmjopen-2024-088348>

Jauch, M., Occhipinti, S., & Clough, B. (2024). A qualitative study into the relative stigmatization of mental health professionals.

<https://doi.org/10.1177/10497323241238618>

Johnson, R. D. (2024). The effectiveness of counseling juveniles and guardians as a measure of recidivism.

<https://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=16723&context=dissertations>

Johnston, J. K. (2025). The effectiveness of post release interventions for offenders found not guilty by reason of insanity with diagnosed mental illness: A critical analysis of the literature.

<https://www.proquest.com/openview/b053264d1554cccaf5a21694a8d323df/1?pq-origsite=gscholar&cbl=18750&diss=y>

Kaiser Family Foundation (2022). American Counseling Association.

<https://www.kff.org/other-health/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/>

- Kamin, D., Weisman, R., & Lamberti, J. S. (2022). Promoting mental health and criminal justice collaboration through system-level partnerships. *Frontiers in Psychiatry, Volume 13 – 2022*. <https://doi.org/10.3389/fpsy.2022.805649>
- Keels, M. (2024). Responding to the trauma that is endemic to criminal legal system: Many opportunities for juvenile prevention, intervention, and rehabilitation. *Annual review of criminology, Volume 7, 2024*. <https://doi.org/10.1146/annurev-criminol-022222-040148>
- Kendler, K. S., Tabb, K., & Wright, J. (2022). The emergence of psychiatry: 1650-1850. *American Journal of Psychiatry, Volume 179, Number 5*. <https://doi.org/10.1176/appi.ajp.21060614>
- Kingson, A. M. (2024). Cost-benefit analysis of the United States Mental Health relative to criminal courts for participants with mental illness. https://media.proquest.com/media/hms/PFT/2/TfGbZ?_s=bRBeuPwvTLWG%2BTYweRQsDQGflkE%3D
- Ku, B. S., Flores, F. J., Congdon, P., Yuan, Q., & Druss, B. G. (2024). The association between county-level mental health provider shortages areas and suicide rates in the United States during the COVID-19 pandemic. *General Hospital Psychiatry, Volume 88*. <https://doi.org/10.1016/j.genhosppsy.2024.02.012>
- Lahman, M. K. E., Thomas, R., & Teman, E. D. (2022). A good name: Pseudonyms in research. *Qualitative Inquiry, Volume 29, Issue 6*. <https://doi.org/10.1177/10778004221134088>

- Lateef, H., Ashford, J. B., & Cornett (2023). Sentenced Arizona juvenile lifers: A case study of the intersectionality of sentencing, race, and prison-misconduct profiles. *Child Adolescent Social Work*. <https://doi.org/10.1007/s10560-023-00934-z>
- Latoo, J., Mistry, M., Wadoo, O., Islam, S. M. S., Jan, F., Iqbal, Y., Howseman, T., Riley, D., Sura, D., & Alabdulla, M. (2022). Why mental health service delivery needs to align alongside mainstream medical services. *Asian Journal of Psychiatry, Volume, 71*. <https://doi.org/10.1016/j.ajp.2022.103053>
- Lawrence, T. I., & Yelderman, L. A. (2022). Attitudes toward substance use among females on parole: the effects of relationship quality between parole/probation officers and female offenders. *Psychology, Crime & Law*. <https://doi.org/10.1080/1068316X.2022.2155649>
- Lazzari, S., R., Franz, B., & Serin, R. C. (2023). Peer mentors as prison volunteers: Building bridges between institutions and communities. *International Journal of Offender Therapy and Comparative Criminology, Volume 69, Issue 5*. <https://doi.org/10.1177/0306624X231188416>
- Lebrun-Harris, Ghandour, R. M., Kogan, M. D., Warren, M. D. (2022). Five-year trends in US children's health and well-being, 2016-2020. *Archives of Pediatrics & Adolescent Medicine, 176(7)*. <https://doi.org/10.1001/jamapediatrics.2022.0056>
- Lewis, T. V. (2025). Factors related to employment of previously incarcerated individuals. <https://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=18945&context=dissertations>

- Lim, W. M. (2024). What is qualitative research? An overview and guidelines. *Australasian Marketing Journal*, 0(0).
<https://doi.org/10.1177/14413582241264619>
- Lindquist-Gantz, R., Mallow, P., Dean, L., Lydenberg, M., Chubinski, J. (2021). Diversion programs for individuals who use substances: *A review of the literature*. *Volume 51*, Issue 3. <https://doi.org/10.1177/00220426211000330>
- Liu, L., Lazazzara, G., & Meldrum, R. C. (2022). The nexus of violent victimization, mental health, and employment: Findings from a sample of post-incarcerated individuals. *Volume 38*, Issue 9-10. <https://doi.org/10.1177/08862605221130391>
- Maganty, A., Byrnes, M. E., Hamm, W., Wasilko, R., Sabik, L. M., Davies, B. J., & Jacobs, B. L. (2023). Barriers to rural health care from the provider perspective. *Rural and remote health* 23(2), 1 – 11. <https://doi.org/10.22605/RRH7769>
- M'Baye, B. (2021). The black intellectual tradition: Conceptions and misconceptions. *The European Legacy*, 27(2), 190-193.
<https://doi.org/10.1080/10848770.2021.1929302>
- Magnanti, L. Y. (2024). Phenomenological study of teacher leadership experience.
<https://digitalcommons.liberty.edu/cgi/viewcontent.cgi?article=6532&context=doctoral>
- Maha, C. C., Kolawoe, T. O., & Abdul, S. (2024). Transforming mental health care: Telemedicine as a game-changer for low-income communities in the US and Africa. <https://doi.org/10.30574/gscarr.2024.19.2.0188>

- Martin, B., Ali, M., Smith, L., & Alexander, A. (2023). The impact of mental health disparity and health services management of socioeconomically underserved populations in Virginia. *Journal of the National Society of Allied Health, Volume 20*.
<https://web.p.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=1&sid=5b76e63d-c151-4710-aac4-4d2c538fc7da%40redis>
- Mathlin, G., Freestone, M., & Jones, H. (2022). Factors associated with successful reintegration for male offenders: a systematic narrative review with implicit causal model. *Journal of Experimental Criminology, Volume, 20*.
<https://doi.org/10.1007/s11292-022-09547-5>
- McAlexander, T. P., Algur, Y., Schwartz, B. S., Rummo, P. E., Lee, D. C., Siegel, K. R., & McClure, L. A. (2022). Categorizing community factors and chronic disease across the United States. *Social sciences & humanities open, 5(1)*, 100250.
<https://doi.org/10.1016/j.ssaho.2022.100250>
- McCombie, C., Esponda, G. M., Schmidt, U., & Lawrence, V. (2024). Qualitative diary methods in mental health research. *European Psychologist*.
<https://doi.org/10.1027/1016-9040/a000511>
- McKennon, S., Fricke, S., & DeWitt, D. (2025). Well-being interventions for rural health professionals: A scoping review. *The Journal of Rural Health, 41(1)*, e12909.
<https://doi.org/10.1111/jrh.12909>
- Mental Health America (2024). Access to care ranking 2024.
<https://www.mhanational.org/issues/2024/mental-health-america-access-care-data>

- Mongelli, F., Georgakopoulous, P., & Pato, M. T. (2020). Challenges and opportunities to meet the mental health needs of underserved and disenfranchised population of the United States. National Library of Medicine. *National Center for Biotechnology Information*. <https://doi.org/10.1176/appi.focus.20190028>
- Morales, D. A., Barksdale, C. L., & Beckel-Mitchener, A. C. (2020). A call action to address rural mental health disparities. *Journal of Clinical and Translational Science*. <https://doi:10.1017/cts.2020.42>
- Mussig, S., & Okrug, I. (2024). Discrimination and civic engagement of immigrations in western societies. A systematic scoping review. *Journal of International Migration and Integration*. <https://doi.org/10.1007/s12134-024-01154-9>
- Negrin, K. A., Slaughter, S. E., & Olson, J. (2022). Successful recruitment to qualitative research: A critical reflection. *International Journal of Qualitative Methods*. <https://doi.org/10.1177/16094069221119576>
- Nguyen, A. W. (2020). Religion and mental health in racial and ethnic minority populations. A review of the literature. *Innovation in aging*, 4(5), igaa035. doi:10.1093/geroni/igaa035
- Nguyen, C. H., Dean, L. T., Jackson, J. W. (2024). Assessing mental health treatment receipt among Asian adults with limited English proficiency using an intersectional approach. *American Journal of Epidemiology*. <https://doi.org/10.1093/aje/kwae042>

- Nolte-Troha, C., Roser, P., Henkel, D., Scherbaum, N., Koller, G., & Franke, A. G. (2023). Unemployment and substance use: An updated review of studies in North America and Europe. doi: 10.3390/healthcare11081182
- Norvell, A. (2025). Prisoner re-entry into society and criminal justice social work practice. <https://www.proquest.com/openview/902b8f8896057693d3cab537b0187384/1?pq-origsite=gscholar&cbl=18750&diss=y>
- Nyland, J. E., Zhang, A., Balles, J. A., Nguyen, T. H., White, V., Albert, L. A., Henningfield, M. F., & Zgierska, A. E. (2024). Law enforcement-led, pre-arrest diversion-to-treatment may reduce crime recidivism, incarceration, and overdose deaths: Program evaluation outcomes. *Journal of Substance Use and Addiction Treatment*, 209458–209458. <https://doi.org/10.1016/j.josat.2024.209458>
- Ojeda, V. D., Parker, T., & Lister, Z. (2024). Access to healthcare among young adult probationers in a pilot health-focused reentry program. *International Journal of Offender and Therapy and Comparative Criminology*. <https://doi.org/10.1177/0306624X241240700>
- Ojha, M. U., Petra, M., Burek, M., Mahapatra, N. (2023). Accessing behavioral health services and the justice-involved: The significance of ecological considerations. <https://journals.shareok.org/jofsw/article/view/117/92>
- Okon, K. (2025). Contributing factors to recidivism among African Americans: A Systematic Literature Review. <https://scholarworks.calstate.edu/downloads/vq27zx71v>

- Olmos-Vega, F. M., Stalmeijer, R. E., Varpio, L., & Kahlke, R. (2022). A practical guide to reflexivity in qualitative research: AMEE Guide No. 149. *Medical Teacher*, 45(3). <https://doi.org/10.1080/0142159X.2022.2057287>
- Pathman, D. E., de Saxe Zerden, L., & Konrad, T. (2025). Job assessments and the Anticipated retention of behavioral health clinicians working in the U.S. health professional shortages areas. *BMC Health Services*, 25, 592 (2025). <https://doi.org/10.1186/s12913-025-12698-6>
- Paye, S. D. (2024). Criminal justice employees' perspectives on barriers to successful prosecution of sex crime against women: A qualitative study. <https://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=16757&context=dissertations>
- Peck, J. (2011). General strain theory, race, and delinquency. <https://digitalcommons.usf.edu/etd/3287>
- Pederson, A. B., McLaughlin, C., Hawkins, D., Felipe, A. J., Anglin, D. M., Yeung, A., & Tsai, A. C. (2025). Medical mistrust and willingness to use mental health services =among a cohort of black adults. =<https://psychiatryonline.org/doi/pdf/10.1176/appi.ps.20240016>
- Piatkowska, S., Sohoni, T., & Paige, B. (2024). Mental illness, focal concerns, and intersectionality: The relationship between types of mental illness, types of crimes, and race and gender in sentencing in state courts. *Journal of Criminal Justice*. Volume 93. <https://doi.org/10.1016/j.jcrimjus.2024.102227>

- Porter, C., & Merdian, H. (2025). Employability barriers to those with as sexual conviction. *In Developing and Implementing a Public Health and Criminological Approach to Tackling Sexual Abuse: Prevention, Treatment and Integration* (pp. 261-281). https://doi.org/10.1007/978-3-031-93634-0_13
- Potter, H. (2020). Intersectionality and criminology: Disrupting and revolutionizing studies of crime intersectional discrimination. *International Journal of Constitutional Law, Volume 18, Issue 2*. <https://doi.org/10.1093/icon/moaa039>
- Pugh, C. N. (2024). Mass incarceration: Racial disparity in the U.S. Criminal Justice System. <https://digitalcommons.liberty.edu/cgi/viewcontent.cgi?article=6809&context=doctoral>
- Ramezani, N., Breno, A. J., Mackey, B. J., Viglione, J., Cuellar, A. E., Johnson, J. E., & Taxman, F. S. (2022). The relationship between community public health, behavioral health service accessibility and mass incarceration. *National Library of Medicine. National Center for Biotechnology Information*. <https://doi.org/10.1186/s12913-022-08306-6>
- Ramirez, M. (n.d.) Officer's response to community mental health crisis. <https://www.fdle.state.fl.us/FCJEI/Programs/SLP/Documents/Full-Text/Ramirez,-Marcos-paper.aspx>
- Ranaweera, N. (2024). Beyond numbers: Embracing the depth of qualitative research in criminology. *International Journal of Qualitative Research*. <https://doi.org/10.47540/ijqr.v3i3.1346>

- Raver, E., Retchin, S. M., Li, Y., Carlo, A. D., Xu, W. Y. (2024). Rural-urban differences in out-of-network treatment initiation and engagement rates for substance use disorders. <https://doi.org/10.1111/1475-6773.14299>
- Rekerdres, C. M., & Giggie, M. (2022). Rural Populations. *Textbook of Community Psychiatry. American Association for Community Psychiatry.*
https://doi.org/10.1007/978-3-031-10239-4_48
- Renjith, V., Yesodharan, R., Noronha, J. A., Ladd, E., & George, A. (2024). Qualitative methods in health care research. National Library of Medicine. *National Center for Biotechnology Information. International Journal of Preventive* doi: 10.4103/ijpvm.IJPVM_321_19
- Resnik, D. B., Antes, A., & Mozersky, J. (2024). Should researchers destroy audio or video recordings? *Ethics & Human Research, Volume 46*, Number 2. DOI: 10.1002/eahr.500205
- Rice, S. M., Baker, D. G., Purcell, R., & Chanen, A. (2024). Offending behavior and mental ill-health among young people: Reducing recidivism requires integration with you mental healthcare. *National Library of Medicine. National Center for Biotechnology Information.* doi.org/10.7189/jogh.14.03001
- Robinson, L. V. (2022). A look at opportunities within correctional facilities in preparation of ex-convicts attaining employment: A qualitative case study. <https://www.proquest.com/openview/9fb8a357d773cadf0dd2b1dfa9b894bb/1?pq-origsite=gscholar&cbl=18750&diss=y>

- Roodbardeh, F. P. & Navroodi, S. O. S. (2025). A comparison of personality characteristics, perceived social support and interpersonal relationships in prisoners who successfully return to society and prisoners who reoffend. *Journal of Modern Psychology*, 5(1), 27 – 40.
<https://doi.org/10.22034/jmp.2024.487012.1123>
- Sabado-Liwag, M. D., Manlo-Pedro, E., Taggweg Jr, R., Bacong, A. M., Adia, A. Demanarig, D., & Ponce, N. A. (2022). Addressing the interlocking impact of colonialism and racism on Filipinx/a/o American health inequities: Article examines Filipinx/a/o American health inequities. *Health Affairs*, 41(2), 289-295.
doi: 10.1377/hlthaff.2021.01418
- Saldana, J. (2021). *The coding manual for qualitative researchers* (4th ed.). SAGE Publications Ltd.
- Sally, M. (2024). Intersectionality and the racial gender-binary. *The Gender Binary and the Invention of Race*. <https://www.taylorfrancis.com/chapters/oa-edit/10.4324/9780429351198-6/intersectionality-racial-gender-binary-ideal-markowitz-sally>
- Salters, R. K. (2024). Preparing to come home, not recidivate: Juvenile perceptions of the criminal justice system.
<https://scholarsjunction.msstate.edu/cgi/viewcontent.cgi?article=7182&context=td>
- Samuel, G., Wassenaar, D. (2024). Joint Editorial: Informed Consent and AI Transcription of Qualitative Data. *Journal of Empirical Research on Human*

Research Ethics. Volume 20, Issue 1-2.

<https://doi.org/10.1177/15562646241296712>

Sankofa, N. (2022). Participatory thick descriptions: a collaborative and reflective approach. *Qualitative Research in Psychology, Volume, 20.*

<https://doi.org/10.1080/14780887.2022.2090469>

Santos, J., Camplain, C., Pollitt, A. M., Baldwin, J. A. (2023). A formative assessment of client characteristics with missed appointments in integrated primary care services in rural Arizona. <https://doi.org/10.1111/jep.13939>

Santoshi, A., Li, S., Krivitsky, S., Diomidous, M., & Pemev. L (2023). An analysis of costs and solutions to high recidivism rates in Florida. *Journal of Student Research. Volume, 12, Issue 3.* <https://doi.org/10.47611/jsrhs.v12i3.5008>

Sarfraz, A., Sarfraz, Z., & Michel, G. (2021). Understanding and promoting racial diversity in healthcare settings to address disparities in pandemic crisis management. <https://doi.org/10.1177/21501327211018354>

Scanlon, F., Morgan, R. D., & Aceves, D. (2024). Implementing a treatment for people with serious mental illness in jail: A mixed-methods study of stakeholder perspective on feasibility and acceptability. <https://doi.org/10.1007/s10488-024-01380-4>

Schmid, E., & Garrels, V. (2024). Ethical pitfalls in research with young people: How can they be identified and addressed?

<https://doi.org/10.1177/11033088241254230>

- Scott, A. S. (2023). A phenomenological study of the lived experiences of African American males' challenges in post incarceration.
<https://digitalcommons.liberty.edu/cgi/viewcontent.cgi?article=6211&context=doctoral>
- Scott, D. A. I., Whiting, S., & Grosholz, J. (2020). Examining and expanding Latinx general strain theory. *Race and Justice, Volume 13, Issue 2*.
<https://doi.org/10.1177/2153368720930409>
- Shrader, C. H., Westrick, A., Vos, S. R., Perrino, T., Kanamor, M. J., Ter-Ghazaryan, D., & Stoler, J. (2023). Sociodemographic correlates of community behavioral treatment facility availability in Florida: A cross-sectional study. National Library of Medicine. *National Center for Biotechnology*. <https://doi.org/10.1007/s11414-022-09828-x>
- Signorell, A., Saric, J., Appenzeller-Herzog, C., Ewald, H., Burri, C., Goetz, M., & Gerold, J. (2021). Methodological approaches for conducting follow-up research with clinical trial participants: A scoping review and expert interviews. *Trials, 22*(1), 1–17. <https://doi.org/10.1186/s13063-021-05866-6>
- Singer, A. J., & Kopak A. M. (2021). Jail reentry and gaps in substance use disorder treatment in rural communities. *Corrections, 8*(5), 505-527.
<https://doi.org/10.1080/23774657.2021.1967816>
- Smith, A. (2023). Recidivism: Prison management's focus on the mental well-being of offenders.

<https://www.proquest.com/openview/c6c0870890fd5134408fbff410058673/1?pq-origsite=gscholar&cbl=18750&diss=y>

Smith, L. (2024). Youth mental health first aid training: Exploring implementation factors of delivering training in Florida schools.

<https://stars.library.ucf.edu/cgi/viewcontent.cgi?article=1412&context=etd2023>

Stalmeijer, R. E., Brown, M. E. L., & O'Brien, B. C. (2024). How to discuss transferability of qualitative research in health professions education. *The Clinical Teacher*. <https://doi.org/10.1111/tct.13762>

Starks, W. (2025). The challenges faced by postrelease offenders in rural Mississippi.

<https://www.proquest.com/openview/6bd865f1e41050116fc389a93f21a915/1?pq-origsite=gscholar&cbl=18750&diss=y>

State Health Facts (2022). Medicaid behavioral health services: Assertive Community Treatment. <https://www.kff.org/medicaid/state-indicator/medicaid-behavioral-health-services-assertive-community>

[treatment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D](https://www.kff.org/medicaid/state-indicator/medicaid-behavioral-health-services-assertive-community-treatment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D)

Stoever, J. K. (2024). Removing the bias of criminal convictions from family law. *Yale JL & Feminism*, 35, 1.

<https://openyls.law.yale.edu/bitstream/handle/20.500.13051/18394/Removing%20the%20Bias%20of%20Criminal%20Convictions.pdf?sequence=1&isAllowed=y>

- Tabé, B. (2024). Mental health provider shortage in rural communities.
<https://digitalcommons.liberty.edu/cgi/viewcontent.cgi?article=6359&context=doctoral>
- Taquette, S. R., & da Matta Souza, L. M. B. (2022). Ethical dilemmas in qualitative research: A critical. *International Journal of Qualitative Methods*.
<https://doi.org/10.1177/16094069221078731>
- Trane, K., Aasbrenn, K., Ronningen, M., Odden, Lexen, A., & Landheim, A. S. (2022). Flexible assertive community treatment in rural and remote areas: A qualitative study of the challenges and adaptations of the model. National Library of Medicine. *National Center for Biotechnology Information. Frontiers in Public Health, Volume 10*. <https://doi.org/10.3389/fpubh.2022.913159>
- Treloar, C., Stardust, Z., Cama, E., & Kim, J. (2021). Rethinking the relationship between sex work, mental health, and stigma: a qualitative study of sex workers in Australia. *Social Science & Medicine*, 268 (113468), 0277-9536.
<https://doi.org/10.1016/j.socscimed.2020.113468>
- Tremlin, R. C., & Beazely, P. (2024). A systematic review of offender mental health stigma: commonality, psychometric measures and differential diagnosis. *Psychology, Crime & Law, Volume 30*, Issue 2, 125-149.
<https://doi.org/10.1080/1068316X.2022.2072842>
- Trial, H., & Einsiedler, J. (2024). The future of research dissemination: Innovation in publishing formats. *MIT Science Policy Review, Issue 5*.
<https://doi.org/10.38105/spr.ex3016cqt0>

- U.S. Department of Health and Human Services (2023). Health Resources and Services Administration. Behavioral Health, Workforce, 2023.
<https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/Behavioral-Health-Workforce-Brief-2023.pdf>
- van der Mark, V. (2025). Best practices for community reintegration in the HKPR Region. Identifying barriers and best practices for justice-involved individuals.
<https://hsjcc.on.ca/wp-content/uploads/Best-Practices-for-Community-Reintegration-in-the-HKPR-Region-Identifying-Barriers-and-Best-Practices-for-Justice-Involved-Individuals-Mina-van-der-Mark-2025-04.pdf>
- Victor, G. A., Comartin, E., & Kubiak, S. (2021). Factors of recidivism among individuals with co-occurring conditions in rural mental health jail interventions. *International Journal of Offender Therapy and Comparative Criminology, Volume 66*, Issue 6-7. <https://doi.org/10.1177/0306624X211013521>
- Vinson, S. Y., & Dennis, A. L. (2021). Systemic, racial justice-informed solutions to shift “care” from the criminal legal system to the mental health care system.
<https://doi.org/10.1176/appi.ps.202000735>
- Walden University Office of Research and Doctoral Services (n.d). Tools and guide.
<https://academicguides.waldenu.edu/research-center/research-ethics/tools-guides>
- Weisheit, R. A., Peterson, J., & Pytlarz, A. (2022). *Research methods for rural criminologists*. <https://doi.org/https://doi.org/10.4324/9781003118657>
- Wells-Wilbon, R. (2021). Reclaiming our right to wholeness and wellness. In *Trauma and Mental Health Social Work With Urban Populations*.

- Wen, A., Gubner, N. R., Garrison, M. M., & Walker, S. C. (2023). Racial disparities in youth pretrial detention: a retrospective cohort study grounded in critical race theory. *Health & Justice, 11*(1), 14. <https://doi.org/10.1186/s40352-022-00203-8>
- Williams, N. D., Turpin, R., Akre, E. R. L., Boekeloo, B. O., & Fish, J. N. (2021). Disparities in mental health care among persons differing in sexual identity: Nationally representative findings. *Psychiatric Services, 73*(4). <https://doi.org/10.1176/appi.ps.202100045>
- World Health Organization (2022). Mental health. <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
- Wright, K. B., & Mhonde, R. D. (2022). Faith-based community members, family, and COVID-19: The role of family cohesion, family support, and spiritual support on quality of life, depression, and COVID-19 prevention behaviors. Library of Medicine. *National Center for Biotechnology Information*. doi: 10.3390/ijerph191912267
- Zampella, B., Talton, S., Lam, J., Khan, A., Bryant, T., & Kunz, M. (2024). Assertive community treatment as an alternative to incarceration for American pretrial detainees. *Internal Journal of Law and Psychiatry, Volume 94*. <https://doi.org/10.1016/j.ijlp.2024.101990>
- Zaragoza, B. A. (2024). Reentry roadblocks: Investigating the unique reintegration challenges of rural offenders. <https://scholar.utc.edu/cgi/viewcontent.cgi?article=2138&context=theses>

Zavala, E., Perez, G., & Sabina, C. (2021). Explaining Latinx youth delinquency: a gendered test of Latinx. *Race and Justice, Volume 14*, Issue 2.

<https://doi.org/10.1177/21533687211047931>

Zhang, F., Chen, Z. Xue, D., Zhang, R., & Cheng, Y. (2023). Barriers and facilitators to offering post-intensive care follow-up services from the perspective of critical care professionals: A qualitative study.

<https://onlinelibrary.wiley.com/doi/pdfdirect/10.1111/nicc.13002>

Appendix A: Letter of Recruitment

Subject: The Impact of Access to Mental Health services for Minority Offenders from the Perspective of Mental Health Professionals

Dear participant:

My name is Quentin E. Mills, and I am a doctoral candidate at Walden University conducting a research study on minority offenders' accessibility to treatment services. I respectfully request your participation regarding insight into barriers/factors that prevent offenders from accessing treatment services in your jurisdiction. This research study could assist offenders in accessing treatment services after release from prison institutions.

Research study participants' requirements include:

- (1) Achieved a bachelor's degree or higher in counseling, social work, clinical or health psychology, psychiatric nursing or psychiatry.
- (2) Specializes in behavioral health fields including counseling, social work, clinical or health psychology, psychiatric nursing or psychiatry.
- (3) Possess current license as a mental health professional.

Participation in this research study will include one-on-one, in-depth interviews with mental health professionals who counsel formerly justice-involved offenders. I anticipate the research interview will last between 45 to 60 minutes. The interview will be digitally recorded and without the use of video recording devices. Your participation in this research study is voluntary.

Please email me if you are interested in volunteering for this research study along with your availability during the months of January and February 2025. I will email you an informed consent form and confirmation of the interview once the consent form has been signed.

If you have any questions or concerns about the research study, please contact the Walden University Institutional Review Board. Thanks in advance for your time and consideration.

Respectfully,

Quentin E. Mills

Appendix B: Interview Questions

Research Questions:

RQ 1: How do mental health providers feel the lack of services for minority offenders impacts their ability to reintegrate back into the community successfully?

RQ 2: What are the perceptions of mental health providers about factors that prevent minority offenders from accessing mental health services during reintegration?

Interview Questions

1. In your experience working with minority offenders reintegrating into the community, what have you observed as barriers to treatment services in your jurisdiction?
2. How are offenders reintegrating back into your jurisdiction, getting their mental health needs met?
3. What factors do you believe contribute to offenders' inability to access treatment services in your jurisdiction?
4. How, if at all, does inaccessibility to treatment services impact offenders?
5. How can the offender's ability to access treatment services in your jurisdiction benefit or not benefit them?
6. What barriers do you feel impact successful reintegration?
7. What services can mental health providers employ to potentially help prevent/reduce recidivism?
8. Why do you feel existing practices provided by your treatment service are the most effective or ineffective?
9. What factors, from your perspective do you believe contribute to minority offenders having greater challenges/obstacles to accessing treatment services in comparison to non-minority populations?
10. What additional resources do you believe are needed that can assist offenders with accessing treatment service providers?
11. Regarding the population, what other ethnicities do you provide treatment services to?
12. What genders does your treatment services provide treatment services to?