

Navigating Dual Systems: Mental Health and Criminal Justice

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9:00AM - 1:30PM



Disclosures

- No conflicts of interest to report
- No financial disclosures to report

Agenda

- Criminal Justice
- Correlation Between Criminal Justice
 - and Mental Health
 - Correctional Officers
- Intervention Strategies

Learning Objectives

- Identify two proficiencies in current literature related to individuals who are involved in both the justice system and have mental health issues.
- List three stressors that correctional officers go through while on the job, and ways that their lives are impacted.
- Apply two intervention strategies learned from this training and integrate them into your own clinical practice.
- Identify two stigmas related to mental health diagnoses.
- This training is meant to be interactive and look for **bolded** words

Implicit Bias

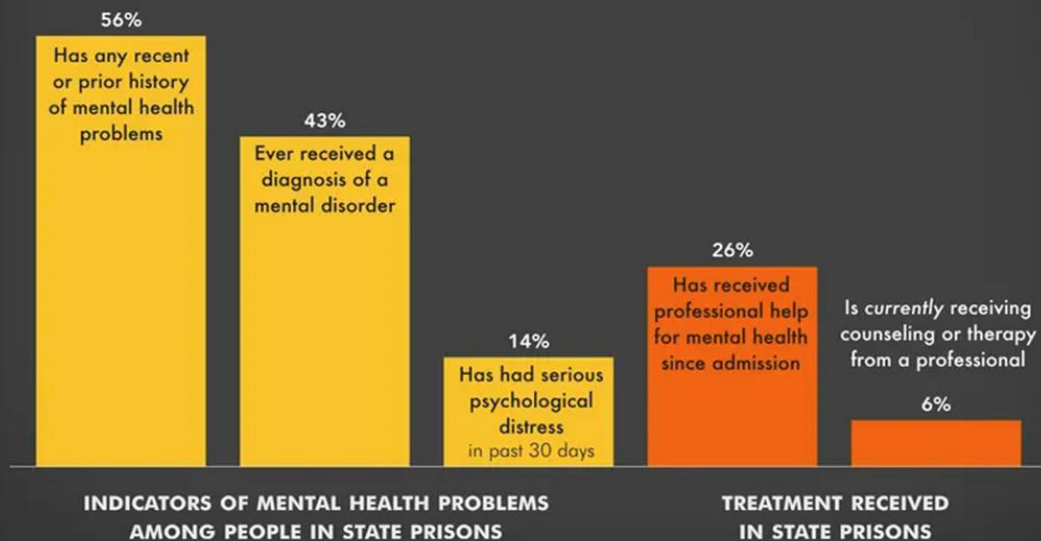
- Defined
 - Unconscious favoritism toward or prejudice against people of a particular ethnicity, gender, or social group that influences one's actions or perceptions.
 - Oxford English Dictionary (2026)
- Implicit bias exists in everyone. However, in healthcare, implicit bias can lead to unequal health outcomes. It's important to have an understanding of implicit bias, how it manifests in healthcare at the individual and systems level, and how to reduce the effects of implicit bias.
 - NIMH (2026)
- As we discuss the intersection of mental health and criminal justice, how might implicit bias impact this population?

Why This Topic?

- ✦ Why is the intersection between criminal justice and mental health important to discuss?
- ✦ As clinical psychologist who has a subspeciality as a correctional psychologist, this topic is very dear to me.
 - What is the worst thing you can do to someone?
 - “Finding God in jail/prison”
 - Yes, but why there?
 - “I’m going to make sure they feel me...”

Over half of people in state prisons report mental health problems, but only 1 in 4 has received professional help in prison

Percentage of people in state prisons nationwide who have indicated a recent or past mental health problem, compared to the percentage who have received any professional help since admission to prison



Let's Discuss

- According to the Bureau of Justices Statistics' report, over half of people in state prisons report mental health problems.
- Mr. Alley with Eli Whitney in 8th grade.
- My boss indicated there “are not enough mental health professionals to help everyone who needs it...”
- Maybe it does not matter if it's not happening to you...
 - NIMBY
 - The movie “The Platform” where you care only when you are on the lower floors...

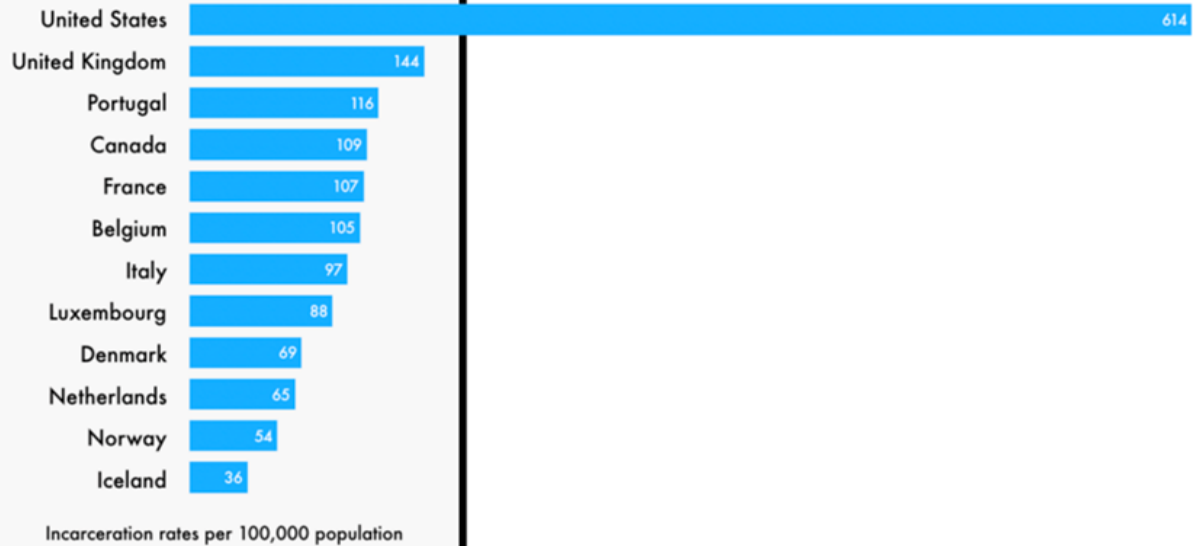
Criminal Justice



► “It’s not a justice system...it’s a criminal legal system...there is no justice...”

INCARCERATION RATES

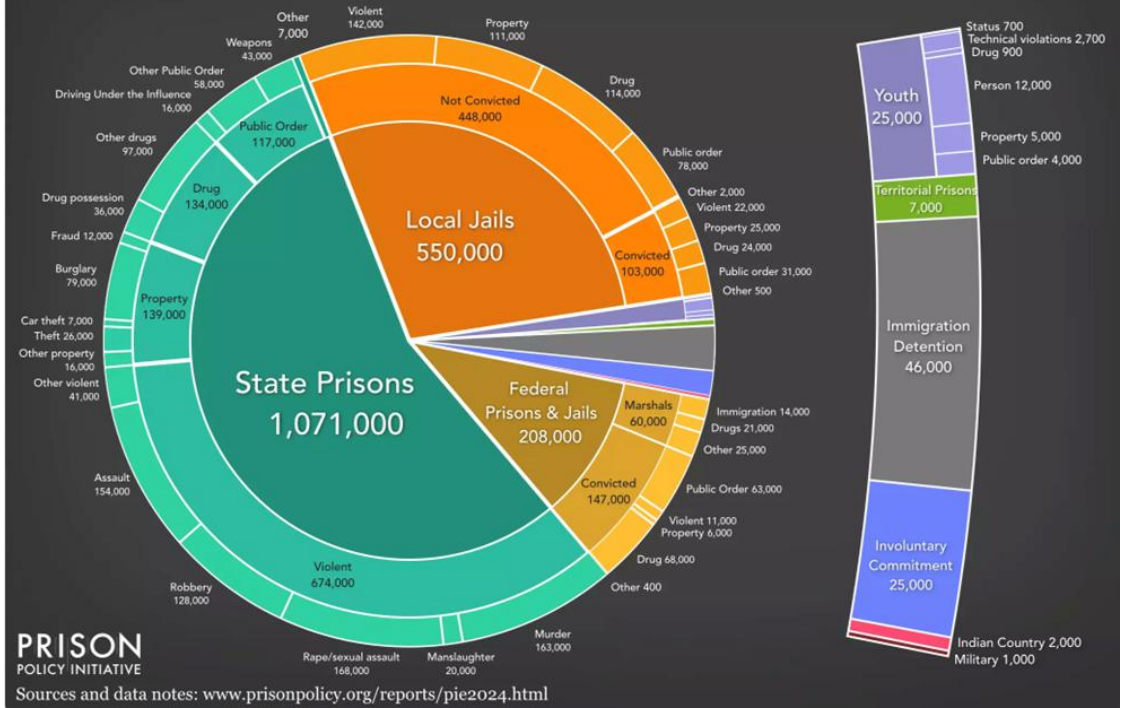
AMONG FOUNDING NATO COUNTRIES



Source: <https://www.prisonpolicy.org/global/2024.html>

How many people are locked up in the United States?

The U.S. locks up more people per capita than any other nation, at the staggering rate of 583 per 100,000 residents. But to end mass incarceration, we must first consider *where* and *why* 1.9 million people are confined nationwide.



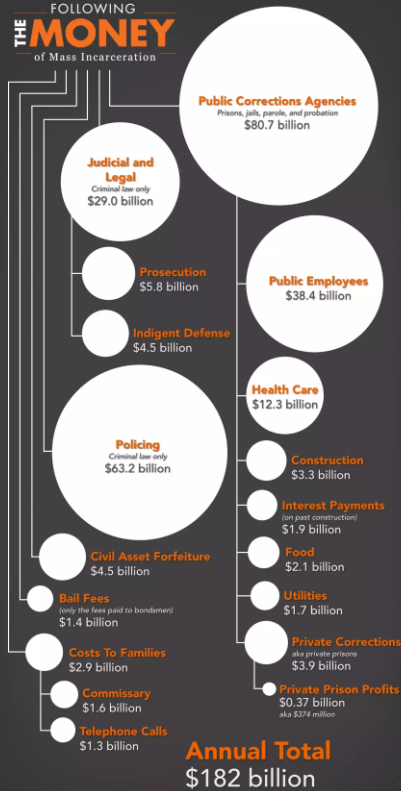
Current Issues in Criminal Justice



Where is the Funding?

- According to the Bureau of Justice Statistics, the United States spends \$81 billion a year on mass incarceration.
- Overall, the Federal Bureau of Prisons (BOP) was funded at \$8.7 billion (in 2023), an increase of \$582.6 million, or 7% more than the fiscal year 2022 enacted level, and includes funding for programs to allow prisoners to reenter society successfully as well as communications and security upgrades and other maintenance and repairs in federal prison facilities.
- The US Department of Justice (2024)
 - Research shows that inmates who participate in correctional education programs have 43% lower odds of returning to prison than those who do not, and that every dollar spent on prison education saves four to five dollars on the costs of re-incarceration.

FOLLOWING
THE MONEY
of Mass Incarceration



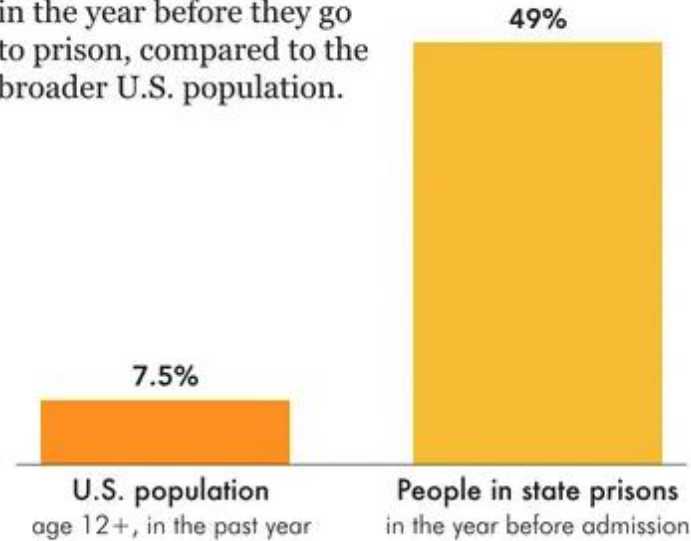
Except for private prison profits, this graph only includes costs of more than \$1 billion a year. All figures are based on the most recent available.

Prison Policy Initiative, January 2017. Sources: <https://www.prisonpolicy.org/reports/money.html>

Are substance use disorders more prevalent in justice-involved individuals?

Substance use disorders are much more common among people in state prison

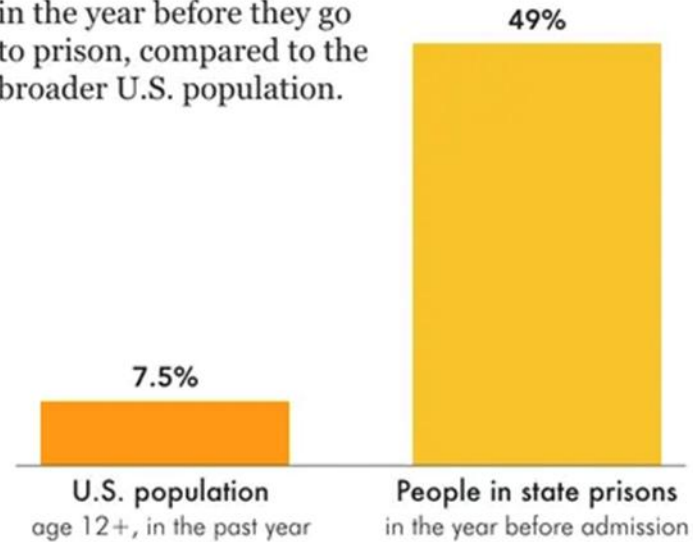
in the year before they go to prison, compared to the broader U.S. population.



Sources: Bureau of Justice Statistics' *Alcohol and Drug Use Reported by Prisoners* Table 6 and SAMHSA's *Key Substance Use and Mental Health Indicators in the United States* Table A.21B (for 2016)

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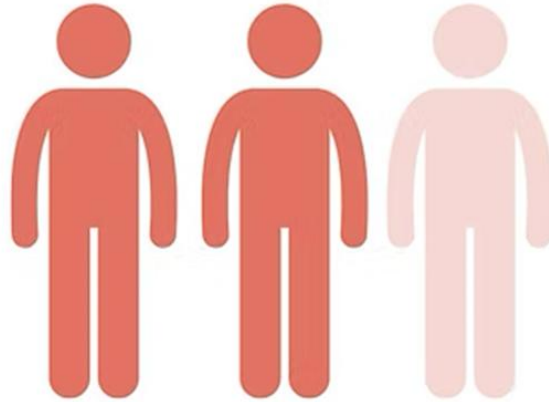
Sources: Bureau of Justice Statistics' *Alcohol and Drug Use Reported by Prisoners* Table 6 and SAMHSA's *Key Substance Use and Mental Health Indicators in the United States* Table A.21B (for 2016)

Lack of Collaboration

- They say it takes a village, but we rarely use the village.
- “Collaboration is widely acknowledged as essential in managing justice-involved individuals, yet fundamental differences in goals, values, and methods exist between mental health and criminal justice professionals.”
 - Lamberti (2016)
- These differences can directly affect recidivism rates. For example, research by Solomon and Draine (2001) has shown that involving probation officers in mental health treatment can result in increased threats of jail and increased use of incarceration as a sanction.
- The authors concluded that this enforcement-oriented approach to collaboration, which uses mental health professionals primarily to report infractions, “significantly enhances the coercive interactions between officers and their clients.”

Addressing Collaboration Issues

- To address this challenge, specialized mental health court, probation, and parole programs have emerged as new models of community supervision designed to “integrate roles, rules and relationships between the two systems.”
 - Lamberti (2016)
- Justice-involved individuals should be engaged in each step of the collaborative process. Collaborating mental health and criminal justice staff can begin by engaging their mutual clients around a common goal—to be healthy and free from criminal justice involvement.
- “An approach that pairs evidence-based treatment with accountability under close supervision for offenders with psychiatric or substance use disorders could be more effective at promoting public health and safety than either treatment or supervision alone.”



***The rate of recidivism in the USA is
70% within 5 years of release***

Source: <https://backgroundchecks.org>

First Step Alliance (11/26/2023)

Recidivism

- Formerly incarcerated people often return to neighborhoods that are often in highly disadvantaged areas, with their own threats to mental health recovery and risk factors for recriminalization.
- Such circumstances can remain even for people who are successfully linked to services, since those services often cluster in the same neighborhoods where people first encounter determinants of criminalization, such as networks of substance use, violence and, for women, abuse and sex work.
- These circumstances can contribute to the “revolving door” effect of rapid recriminalization for those with mental health problems or mental illnesses, especially if restrictions on housing and employment that stem from having been justice involved make it difficult to remain engaged with treatment.
 - Mental Health Commission of Canada (2020)

Correlation of Mental Health & Criminal Justice

- ↳ How America's criminal justice system became the country's mental health system
 - Vox (2026)- Digital Media Company



What does it mean to be “locked up?”

- ↳ Even if jails were suitable therapeutic environments, complex mental health needs take time to address, and stays in jail are both generally short and can have unpredictable lengths due to releases as determined by the courts; this reduces the efficacy of mental health interventions unless there is continuity in the community.
 - Mental Health Commission of Canada (2020)
- ↳ Segregation and Isolation
 - It is not uncommon for incarcerated people with mental illnesses or expressing symptoms of a mental illness to be placed in segregation or solitary confinement. They will experience segregation and solitary confinement far more often than their counterparts without a mental illness. Segregation is, according to the literature, the most common institutional response to a mental illness, particularly suicidal ideation, even though the safety and mental health of incarcerated individuals with mental illnesses is often significantly compromised by isolation and segregation.

Why Me?

- ↓ People with severe mental illness are often more visible to the police due to their greater visibility in public spaces.
- ↓ They are also often perceived as a risk and a threat to public safety, which not only reinforces stigmatizing attitudes toward people with severe mental illness, but also increases their risk of being apprehended.
- ↓ Some people with mental illnesses may enter the criminal justice system without a diagnosis because they come from communities where stigma, in combination with limited access to health services, reduces rates of awareness and help seeking.

Mental Health Staff

- ✚ In Canada, correctional mental health care is consistently understaffed and has very high turnover rates.
- ✚ Vacancy rates are high in federal and provincial institutions, hovering around 8.5 per cent overall and around 30 per cent for specific roles (such as psychologist).
- ✚ Specifically, substance use, suicide risk, and adjustment problems (mental health problems caused by entering incarceration) occupy the mental health staff who are available, leaving other serious problems under-detected and under-treated.

Prevalence of Mental Health Issues

- Mental Health Commission of Canada (2020) stated
 - “For many critical observers today, jails and prisons have become places of confinement where people with mental health problems and illnesses can be hidden from view. Researchers and policy makers agree that people who live with mental health problems and illnesses are overrepresented in criminal justice systems, in Canada and globally.”
 - Symptoms of trauma and experiences of verbal, physical, emotional, or sexual abuse have not always been recognized as part of mental health care needs that should be subject to assessment, but recent research indicates that histories of trauma and abuse among justice-involved persons outpace these experiences in the community.
 - Persons with mental illnesses who are also experiencing homelessness are among the subgroups of homeless persons who are more likely to encounter the criminal justice system, specifically because they are often charged with misdemeanor nuisance offences and offences related to maintaining their survival.

Predictors of Justice Involvement

- Incarcerated persons with severe mental illness are less likely to be granted full parole; when they are paroled, they are less likely to be able to adhere to the terms of their probation and parole, leaving them susceptible to re-arrest or reincarceration.
- The most significant predictors of continued justice involvement include:
 - Lack of referral to services.
 - A high degree of administrative burden on the person (such as meetings or conditions with which to comply).
 - Housing supports are recognized as a necessary factor in the prevention of continued justice involvement for people with mental health problems and illnesses.
- Many scholars and experts also attribute the increasing overrepresentation of priority populations in the criminal justice system to a series of concurrent and significant reductions in funding for community-based social services and programs proven to be effective within correctional settings.

Correctional Officers



Mental Health of Correctional Workers

- Johnston, Ricciardelli, & McKendy (2022) completed research entitled “Improving the Mental Health of Correctional Workers.”
- Structural barriers persist in preventing correctional staff from accessing treatment and support—barriers that may result in more prolonged and pronounced symptoms.
- Provincial and territorial correctional employees (N = 870) in Canada.
- Findings consistently indicating higher prevalence rates among correctional workers relative to the general public and other public safety groups.
 - (Jaegers et al., 2019; Lerman et al., 2021; Regehr et al., 2019; Stadnyk, 2003).
- In the state of Washington, James and Todak (2018) found correctional workers have a PTSD prevalence equal to Iraq and Afghanistan veterans and more than police.

Stress & Environment

- Why, exactly, does correctional work take such a toll on mental health?
- Operational stressors in correctional work, for example, factors related to carrying out one's job (Denhofet al., 2014), are complex and varied.
- Over the course of their career, the majority of correctional workers will encounter potentially psychologically traumatic events, including violent incidents, death, self-injury, and other situations involving harm (Barry, 2017; Boudoukha et al., 2011; Viotti, 2016; Walker et al., 2017).
- Illustratively, James et al. (2017) found that approximately one quarter of correctional workers regularly experienced serious threats to themselves or their families, nearly half witnessed their colleagues endure a serious injury via assault by an incarcerated person, and over half witnessed an incarcerated person die.

Stress & Environment Cont.

- Following incidents, correctional workers may be involved with all the administrative procedures and/or inquiries that ensue, and must often continue to work in the very atmospheres where they have experienced traumatic incidents (Barry, 2017).
- If not treated effectively, to withstand these potentially psychologically traumatic stressors and working realities, correctional workers may become desensitized or hypervigilant and alert to danger at all times (Ricciardelli et al., 2018).
- Negative perceptions of the work environment and organization can serve as a source of stress (Finney et al., 2013), research indicates that perceptions of organizational support can have a positive impact on the well-being of correctional workers (Lerman et al., 2021).

Access to Services

- The potential psychological trauma to which one is exposed, as well as long-term mental health erosion, may also be normalized in the work environment, or “part of the job” (Carleton, Afifi, et al., 2020; Ricciardelli, Carleton, Mooney, & Cramm, 2020).
- Work injuries may not only be invisible; they can also be insidious, cumulating over time rather than presenting instantly.
- Accessing treatment may only become an option when the severity of mental health struggles is no longer tolerable, as noted by Gurda (2019) in a study of barriers to treatment-seeking among U.S. correctional officers.

Barriers to Treatment

- Gaps in organizational supports and service options are another barrier to the treatment of mental health conditions among correctional workers.
- Within the work environment, gaps in mental health intervention can include minimal debriefing following exposure to critical incidents, and lack of adequate access to on-site mental health resources, counseling, and treatment (Botha & Pienaar, 2006; Brough & Williams, 2007; Finney et al., 2013; Keinan & Malach-Pines, 2007; Willemse, 2021).
- There remains a lack of correctional-specific mental health interventions. The gap in effective and timely support can potentially exacerbate the effects of potentially psychologically traumatic and violent incidents on correctional workers. It may even contribute to the development of mental disorders such as PTSD—a disorder and its comorbidities that is prevalent among correctional workers
 - (Alavi et al., 2021; Finney et al., 2013; Genest et al., 2021; Norman & Ricciardelli, 2021; Regehr et al., 2019; Ricciardelli & Carleton, 2021; Ricciardelli et al., 2018).

Ways to Intervene

- Perceived organizational support (POS) refers to how staff feel supported and valued by their employer, which can influence outcomes at the employee level (such as job satisfaction and mood) and factors influencing the organization (such as employee commitment, performance, and behavior; Eisenberger et al., 1986; Rhoades & Eisenberger, 2002; Sun, 2019).
- Lerman et al. (2021) found that “the more positively officers perceive supervision and management, as well as the quality and availability of stress management training, the less likely they are to report mental health issues” (p. 182). Thus, organizational structures that are perceived to reflect concern and appreciation for staff may mitigate the impacts of other types of occupational stressors.
- The need for a model that is responsive to correctional-specific work stressors, available easily and immediately (i.e., in the aftermath of an event), and comprehensive and continuous so as to adequately and sufficiently respond to the complexity of occupational stress injuries.

Poll

- ↳ What are barriers to correctional officers receiving mental health care?
 - The pervasive societal stigma surrounding mental health.
 - Cumulative and ongoing nature of potentially psychologically traumatic event exposure in correctional work.
 - Gaps in organizational support and service options.
 - All of the above

Discussion

(please place your response in the chat)

- ↳ What is an optimal outcome after training correctional officers regarding the mental health needs of incarcerated persons?
 - **Stigmatizing attitudes decreased, and perceived knowledge of mental illness and its management improved.** (this can be removed and the answer displayed later)

*****CONFIRM IF THIS IS OKAY TO BE USED AS A DISCUSSION POST**

A stack of seven colorful books in shades of blue, green, pink, purple, blue, and orange, arranged in a slightly offset manner. A black horizontal bar is overlaid across the middle of the stack, containing the title text.

INTERVENTION STRATEGIES



What Strategies Have Not Worked?

- Relying solely on punitive measures
- Using one-size-fits-all approaches
- Fostering stigma
- Ignoring criminogenic needs
- What are others?

What Strategies Do Work?

- ↳ Livingston's (2009) review of minimum standards and best practices in correctional mental health and substance use services remains an important milestone in synthesizing evidence on models of care:
 - Screening on intake and referral to assessment as needed
 - Treatment services, matched with levels of need
 - Suicide prevention
 - Transitional services before and after release from custody
 - Community-based services during supervision and reintegration

- ↳ Regarding correctional officers, although on-site options are not without challenges (e.g., retaining privacy), the suggestion that mental health services should be on-site reflects a perceived connection between work events and mental health—challenging the sentiment that personal mental health is a private matter (Gurda, 2019; Johnston et al., 2021).

- ↳ Recognition of this connection is also particularly notable in an environment where mental health remains stigmatized (Ricciardelli, Carleton, Gacek, & Groll, 2020; Ricciardelli, Carleton, Mooney, & Cramm, 2020).

Preventing Criminal Recidivism Through Mental Health and Criminal Justice Collaboration

~Lamberti, 2016

TABLE 1. The process of mental health and criminal justice collaboration for justice-involved adults with serious mental illness

Mental health activities	Criminal justice activities
Engagement	
Discuss available treatments and services with client	Discuss legal stipulations and conditions with client
Assessment	
Conduct psychosocial assessment	Conduct criminogenic risk and needs assessment
Planning and treatment	
Plan treatments and services Provide treatment	Plan supervision method and frequency Provide supervision
Monitoring	
Monitor adherence to treatments and services Submit progress reports to criminal justice partner	Monitor adherence to legal stipulations and conditions Review progress reports with mental health partner
Problem solving	
Consider therapeutic options Present recommendations to criminal justice partner	Consider rewards and graduated sanctions Discuss alternatives to punishment with mental health partner
Transition	
Discuss transitional supports with client	Discuss termination of supervision with client

Women-specific Interventions

- ↓ In the article “A Scoping Review of Correctional-Based Interventions for Women Prisoners with Mental Health Problems” researched by Hidayati et. al (2023), they identified correctional-based interventions for women prisoners with mental health problems, specifically to determine the types of correctional-based interventions, the types of mental health problems experienced by women prisoners, and the effectiveness of the interventions.
- ↓ The inclusion criteria used were the year of publication (2000-2023), full-text articles in English, and the study sample was women prisoners with mental health problems.

Findings

↓ The results showed that the correctional-based interventions given to women prisoners with mental health problems included:

- Yoga, which combines mind and body;
- Seeking Safety, which was a manual CBT model;
- Transactional Analysis (TA) training program to enhance communication, relationships, and personal well-being;
- Transcendental Meditation (TM), a simple technique to reduce mental stress;
- Acceptance and Commitment Therapy (ACT) teaches the ability to accept painful or unwanted emotions;
- Trauma Effect Regulation to reduce post-traumatic stress disorder (PTSD)
- **Which intervention method is not recommended to be used with justice-involved individuals?**
 - Humiliation and shame

Brainstorming New Strategies

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. These shapes are primarily located on the right side of the frame, creating a modern, dynamic feel. A thin, light gray line also extends from the bottom right towards the center.

Questions?

The background features a white space with abstract, overlapping green geometric shapes on the right side. These shapes include various shades of green, from light to dark, forming a complex, layered pattern. A thin white line also extends from the bottom right towards the center.