Substance Use and Mental Health in Reintegration Programs

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Female Offender Treatment Employment Program

- At present time we have 58 clients
  - 21 are designated CCCMS/EOP
  - 17 are receiving individual services are not designated CCCMS
  - 65% of the total population are current receiving Individual therapy on top of group therapy, POC appointments and NA/AA meeting
6th Street

- Male residential program
  - 150 Male Community Re-entry Program (MCRP) beds
  - 50 STOP beds
  - 22% of clients receive MH services (10% are CCCMS)
Prevalence

- Approximately 1 in 5 adults in the U.S.—43.8 million, or 18.5%—experiences mental illness in a given year.¹
- Approximately 1 in 25 adults in the U.S.—9.8 million, or 4.0%—experiences a serious mental illness in a given year that substantially interferes with or limits one or more major life activities.²
- Among the 20.2 million adults in the U.S. who experienced a substance use disorder, 50.5%—10.2 million adults—had a co-occurring mental illness.⁸
Substance Use and Mental Illness

- According to SAMHSA, 26.7% of people with mental health issues abused illicit drugs in 2012. In the general public, only 13.2% of people abused drugs.

- Those who suffer from mental illness may attempt to self-medicate their symptoms via drug use. When these individuals abuse drugs, they may feel less anxiety, depression, or neuroses, albeit temporarily. When the individual is not high, the symptoms of their mental health issue return – oftentimes stronger than they were before.
Prevalence of Serious Mental Illness Among U.S. Adults (2015)

Data courtesy of SAMHSA

*NH/OP = Native Hawaiian/Other Pacific Islander
**AI/AN = American Indian/Alaska Native
# Mental Health and Incarceration

## Table 1. Recent history and symptoms of mental health problems among prison and jail inmates

<table>
<thead>
<tr>
<th>Mental health problem</th>
<th>Percent of Inmates in —</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Any mental health problem</strong></td>
<td>State prison</td>
</tr>
<tr>
<td>Told had disorder by mental health professional</td>
<td>9.4</td>
</tr>
<tr>
<td>Had overnight hospital stay</td>
<td>5.4</td>
</tr>
<tr>
<td>Used prescribed medications</td>
<td>18.0</td>
</tr>
<tr>
<td>Had professional mental health therapy</td>
<td>15.1</td>
</tr>
<tr>
<td><strong>Recent history of mental health problem</strong></td>
<td>24.3%</td>
</tr>
<tr>
<td><strong>Symptoms of mental health disorders</strong></td>
<td>49.2%</td>
</tr>
<tr>
<td>Major depressive disorder</td>
<td>23.5%</td>
</tr>
<tr>
<td>Mania disorder</td>
<td>43.2%</td>
</tr>
<tr>
<td>Psychotic disorder</td>
<td>15.4%</td>
</tr>
</tbody>
</table>


*In year before arrest or since admission.

*In the 12 months prior to the interview.
Table 2. Prevalence of mental health problems among prison and jail inmates

<table>
<thead>
<tr>
<th>Mental health problem</th>
<th>State prison Inmates</th>
<th>Federal prison Inmates</th>
<th>Local Jail Inmates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Any mental health problem*</td>
<td>705,600</td>
<td>56.2%</td>
<td>70,200</td>
</tr>
<tr>
<td>History and symptoms</td>
<td>219,700</td>
<td>17.5%</td>
<td>13,900</td>
</tr>
<tr>
<td>History only</td>
<td>85,400</td>
<td>6.8%</td>
<td>7,500</td>
</tr>
<tr>
<td>Symptoms only</td>
<td>396,700</td>
<td>31.6%</td>
<td>48,100</td>
</tr>
<tr>
<td>No mental health problem</td>
<td>549,900</td>
<td>43.8%</td>
<td>86,500</td>
</tr>
</tbody>
</table>

Note: Number of Inmates was estimated based on the June 30, 2005 custody population in State prisons (1,255,514), Federal prisons (156,643, excluding 19,311 inmates held in private facilities), and local jails (747,529).

*Details do not add to totals due to rounding. Includes State prisoners, Federal prisoners, and local jail inmates who reported an impairment due to a mental problem.
Social Statistics

- An estimated 26% of homeless adults staying in shelters live with serious mental illness and an estimated 46% live with severe mental illness and/or substance use disorders.⁹

- Approximately 20% of state prisoners and 21% of local jail prisoners have “a recent history” of a mental health condition.¹⁰

- 70% of youth in juvenile justice systems have at least one mental health condition and at least 20% live with a serious mental illness.¹¹
• Certain mental conditions are most likely to use abuse substances:
  ○ Antisocial personality disorders have a 15.5% abuse rate.
  ○ Bipolar disorder is next at 14.5%.
  ○ Anxiety disorders have a 4.3% abuse rate.

• The U.S. Department of Veterans Affairs indicates that more than **2 out of 10 veterans** who suffer from post-traumatic stress disorder (PTSD) concurrently have a substance abuse disorder.
Drugs can look like mental illness (*apart from causing/exacerbating it*)

For all drugs, come down can look like a depressive disorder
- Opiates or marijuana can also if client is just seen briefly but frequently due to physical effects

Amphetamines can look like bipolar (mania and come down)
- Sometimes amphetamines can look like schizophrenia

LSD, PCP, ‘sherm’ can look like schizophrenia
- Possibly marijuana depending on kind/cut
Substance Use & Mental Illness

- **Chicken or Egg**
- Do drugs cause mental illness or does mental illness lead to drug use
  - No straight answer
- **How mental illness leads to drug use**
  - Primarily symptom management
- **How drug use leads to mental illness**
  - Latent illness triggered
  - Permanent brain damage
  - Beliefs held about the world for too long
Mental Illness

- **Most common dx we see**
  - **Mood Disorders**
    - Major Depressive Disorder most commonly diagnosed
    - Can present with or without anxiety
    - How it typically presents and is managed in program
    - Barriers to treatment
  - **Bipolar Disorder**
    - Frequently diagnosed and medicated in prison population
    - Mood swings are often interpreted as bipolar
    - What a manic episode looks like (not just ‘not depressed’ or ‘in a good mood’)
    - How it typically presents and is managed in the program
    - Barriers to treatment
Mental Illness

- **Psychotic Disorders**
  - Schizophrenia most commonly diagnosed
  - Frequently diagnosed in prison population solely based on the comment ‘I hear voices’ (*but voices can be caused by other things, drugs etc, explained more later*)
  - How it typically presents and is managed in the program (particularly related to paranoia and command voices)
  - Barriers to treatment

- **Personality Disorders**
  - Narcissistic & Antisocial common in our population
  - How it typically presents in the program
  - Barriers to treatment
Residential Treatment

- Provides Unique Opportunities For Treating Co-Occurring Disorders
- Clinicians able to sooner identify changes in clients
  - Keeping to their rooms more (depression or perhaps hiding use)
  - Irritability, changed interactions with other staff and clients
- Benefit of other staff and/or clients sharing observations
  - Benefit of confirming whether behavior is an actual shift or whether client just presents different with different staff
- Able to check medication to see if relevant to behavior change
Residential Treatment

- 24/7 support after MH event/Relapse
- Modeling healthy behavior
- Repeated, prolonged exposure to interventions (Slow, creeping change has a chance)
  - Even if unwilling/resistant, still required to be in groups and have to hear information which can result in small shifts
  - Able to observe changes, successes, etc. in other clients and develop hope
  - Receive feedback from staff over time reinforcing change
  - Family therapy is applicable
Residential Treatment Unique Challenges

- Boundary challenges for therapists trained in a private practice model.
- Clients may stop by a great deal, sometimes just to say hi, you become comfortable especially when you genuinely like clients.
- They see much more of your personal life - interacting with other staff, overhearing conversation, observations, see you working late, know when you leave early, etc.
- Part of treatment benefit is clients experiencing staff as other than strictly clinical, feel like people rather than just a number, however if not careful clients may stop thinking of themselves as people receiving/needling treatment.
Individual Therapy

- Empower clients by helping them understand the WHY to their past behaviors
- Adverse Childhood Experiences
  - 5 personal experiences
  - 5 Family member challenges
- Clients are able to obtain a tailored treatment plan and reduce the feelings of ‘damaged’ or ‘broken.’
- They are able to gain an understanding of the consequences of lifetime exposure to abuse and violence
Individual Therapy

During individual sessions some of the main focus is on learning how to:

- Ask for help
- Develop trusting/ healthy relationships/ improve attachments
- Positive perspectives / attitude
- Gain awareness of thoughts and feelings
- Coping skills
- Healing from past trauma/ overcoming triggers
Family Systems Approach

- Intergeneration family therapy
  - Help clients gain in understanding of the impact of family dynamics
  - Help clients adjust to and grieve their old role in the family
  - Improve client’s chances of succeeding at the “Going Home Again” transition

- Essentially the program is a transitional program
Challenges of working with CDCR

- Different view of clients
  - CDCR focused on catching clients doing wrong
  - CDCR primarily concerned with containment
  - HR360 encourages clients opening up, trusting staff and program
  - HR360 focused on reinforcing positive rather than punishing negative
  - HR360 encourages clinically appropriate close relationships between staff and clients as foundation/motivation towards rehab. CDCR not so much.
Challenges cont.

- Restricted visits
- Restricted schedule (IRP, separate mealtimes)
- Limited possibilities for self-care – music, time alone, movies, getting out of the facility for social or recreational activities, etc.
- Roadblocks to family reunification
- Feel like in prison they had more freedom
  - TV in every room
  - Set rules across the board
• Only 41% of adults in the U.S. with a mental health condition received mental health services in the past year. Among adults with a serious mental illness, 62.9% received mental health services in the past year.\(^8\)

• African Americans and Hispanic Americans used mental health services at about one-half the rate of Caucasian Americans in the past year and Asian Americans at about one-third the rate.\(^{13}\)

• Half of all chronic mental illness begins by age 14; three-quarters by age 24. Despite effective treatment, there are long delays—sometimes decades—between the first appearance of symptoms and when people get help.\(^{14}\)
Strategies for Working with COD

- Therapeutic Alliance
- Manage Countertransference
- Monitor Psychiatric Symptoms
- Motivational Interviewing
- Contingency Management
- Cognitive-Behavioral Therapy
- Relapse Prevention Techniques
Additional Treatment Options

- Actors Gang
- Celebrating Families!
- Family Support Night
- Couples/Family Counseling
- Alumni connection (can call, stop in)
Factors in change – rehabilitation is possible!

- If clients find work, build at least one healthy supportive external relationship, and develop insight into their problematic behaviors, sustained change is definitely possible
- If clients are given ways to build confidence, self-respect and empathy they are more likely to want/be able to sustain change
- If clients feel valued and treated as individuals, more likely to be open to treatment
- If clients develop positive, trusting clinical relationships more likely to share vulnerabilities/fears
- Healthy attachment
References

References


