

Social Cognitive Theory Approach to Mentally Ill Offenders and Recidivism Rates

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Background/Significance of Problem

- Recidivism = A return to incarceration within three years of the offender's date of release from a state correctional institution (IDOC, 2005).
- Mental illness within CJ system is highly prevalent. Individuals with mental illness are more likely to be affected by criminogenic behaviors (Ray, Sapp, et.al., 2016).
- Mental illness rate in jail and prisons = 14-16%, a rate 3-5x greater than the proportion of serious mental illness in the greater population (Ray, Sapp, et.al., 2016).
- Mentally ill offenders account for 21% of prison population in Indiana.
- Recidivism rate is higher than non-mentally ill offenders with a rate of 43.8% compared to 37.8% (IDOC, 2005).
- Not receiving adequate resources = increase in health problems, lack of medication, no reintegration processes, leading to high recidivism rates.

Target Population

The target population is mentally ill offenders with high recidivism rates in Northwest Indiana. Mentally ill individuals includes those diagnosed with schizophrenia, bipolar disorder, major depressive disorder, psychotic disorders, and schizoaffective disorders (Lewandowski, 2018).



What is needed?

- **Programs put in place to aid in the reintegration process for current and formerly incarcerated mentally ill offenders.**
- **Analyze theories to aid in facilitating community support change.**
- **Reduction in the recidivism rates among diagnosed mentally ill offenders in NWI.**

Program and Theoretical Approach Overview

The Recovery Works Program will be used in comparison to the Social Cognitive Theory in order to evaluate how access to community support systems and resources affects recidivism rates among mentally ill offenders.

Program Description

- HEA (House Enrollment Act) Recovery Works Program
- Goal = to provide necessary pre- and post-incarceration services to not only mentally ill offenders but those with substance abuse problems.
- Various Services: Re-Entry Funding, Community Funding, Recovery Residence Funding, Intensive Outpatient Treatment Funding, Discretionary Funding, Residential Treatment Funding, & Care Funding. (Policies and Procedures Manual, 2022)

Theoretical Model

- Social Cognitive Theory
- Addresses reciprocal determinism = human agency and environment interact and influence each other, leading to individual and social change
- 4 categories of social support: (1) emotional support (2) esteem support (3) informational support (4) instrumental support.
- Lack of social support in communities = higher risk of recidivism. (Glanz et al., 2015)

Details of the Recovery Works Program

Participants:

- Mentally ill offenders in NWI will participate in at least one of the programs embedded in the Recovery Works program, while meeting with probation officers and case workers.
- **Program Interventions:**
- **Re-Entry Services:** intended to be used while still incarcerated prior to being released into the community.
- **Community Services:** intended for individuals still involved in the CJ system but no longer incarcerated, are used to obtain insurance benefits, rehabilitation services (skills training and case management).
- **Recovery Residence Services:** provides residence certification to formerly incarcerated individuals.
- **Intensive Outpatient Treatment:** 3 hours per day, 3 days per week based on individualized recovery plans.
- **Discretionary Funding:** Used to provide phone cards for participant cell phones, birth certificates, driver's licenses, US Postal Services, and lockboxes for participant medication.
- **Why this is important:**
- Current and formerly incarcerated individuals will have access to support services in their community to aid in successful reentry into their community.
- This program provides knowledge, resources, and skills to adequately assist in the reintegration process, ultimately leading to a reduced recidivism statistic.

Objectives

HO: The Recovery Works program will reduce the recidivism rate of diagnosed mentally ill offenders in Northwest Indiana by 30% over 5 years of program implementation.

BO: 40% of participants in the RW program will utilize at least one of the following resources embedded in the program: Re-Entry Funding, Community Funding, Residence Funding, Intensive Outpatient Treatment Funding, Discretionary Funding, Residential Treatment Funding, and After Care Funding, monitored by the community case managers after 2 years of program participation.

EO: 80% of the TP who attend the case management meetings will self-report their knowledge of available community resources by the end of the session.

EO: 80% of the target population will increase their knowledge of recovery from mental disorders by evaluating the four major dimensions that support a life in recovery: Health, Home, Purpose, and Community. Participants will complete a post-program survey by the 5th week of the RW program to evaluate if goals were met upon completion of the program.



Conclusions

Strengths and Weakness

- Successful in impacting community support change
- Most applicable theory to address issue, based on the completion of the theory matrix
- Recovery Works program primarily targets low-level offenders
- Recovery Works program utilizes third party contracts to provide services (Lewandowski, 2018)

Policy and program implications

- Limited access to funding to support resources outlined in program = monetary funding to support with reintegration process
- Unable to monitor proper program implementation across NWI