

The Role of Mental Health in the Criminal Justice System

Mental health plays an extremely prominent role in the criminal justice system (CJS), and yet, insufficient mental health services and overall systemic neglect continue to persist in correctional facilities across the country. Research shows that mental illness often contributes to both performing criminal activity and entering the CJS, where the individual's illness is usually criminalized rather than treated (Cunha et al., 2023; Draine et al., 2007; Rhodes, 2007). This leads to discrepancies between the CJS and the health care system and results in many incarcerated individuals being deemed unworthy of access to treatment (Draine et al., 2007; Rhodes, 2007; Thompson, 2010). Furthermore, the prison environment itself has horrible effects on the mental health and well-being of the incarcerated, regardless of their pre-existing conditions (Cunha et al., 2023; Powell & Gayman, 2020). More specifically, the isolating and dehumanizing conditions of solitary confinement and supermax prisons have garnered attention for their detrimental effects on prisoners' mental health (Rhodes, 2007; Smith, 2006). These inconsistent and ineffective treatments then make it even more difficult for former inmates to reintegrate into society once released, and they undoubtedly contribute to the high rates of recidivism seen today (Cunha et al., 2023; Rhodes, 2007). Although the causes of these gaps in the mental health services provided are not yet fully understood, financial issues (Cunha et al., 2023), the system's priorities (Draine et al., 2007), and the natural limitations of the officers and officials in the facilities (Powell & Gayman, 2020) are all potential reasons.

The leading crisis of mental health in the CJS is the psychological impact of incarceration and isolation. Long-term imprisonment and solitary confinement significantly harms mental health, leading to depression, anxiety, and post-traumatic stress (Cunha et al., 2023; Smith, 2006). Supermax facilities, enforcing twenty-three hours of solitary confinement daily (Smith,

2006), see about 25 percent of prisoners experiencing mental illness due to their conditions (Rhodes, 2007). In the early 2000s, certain practices of solitary confinement, such as restricting access to communal activities and stripping inmates' rights, faced legal challenges for violating due process and the Eighth Amendment (Smith, 2006). Due to these strict environments and deprivation of human rights, isolation and confinement have become significant causes of psychological distress among prisoners. Rhodes explains that the punitive measures associated with intensive confinement include restrictions on movement and sensory stimulation, as well as exposure to echoing noise, constant light, and extreme dependence on staff. These conditions can heighten anxiety and paranoia and result in sleep disturbances, paranoid delusions, hallucinations, and depression (Rhodes, 2007).

Furthermore, societal constructions of gender roles contribute to the differing labels assigned to individuals based on their behaviors, which can lead to increased psychological distress. For instance, women exhibiting violence may be labeled as mentally ill and be treated accordingly, while men are often categorized as "criminal" and face disciplinary measures for similar behaviors (Thompson, 2010). Additionally, women tend to experience higher rates of psychiatric disorders, depression, and anxiety, whereas men are more prone to substance abuse and antisocial behaviors.

Ultimately, there is a significant demand for reform and humanization within the correctional system. With the major issues of overcrowding, we need to learn to adapt and ethically handle the incarcerated. According to Smith (2006), there's an urgent need to limit solitary confinement, most commonly used in supermax prisons. Smith further emphasizes severe psychological issues, such as anxiety, depression, and cognitive decline, which all undermine rehabilitation and violate basic human rights. The supermax prison model is

described as “technology of punishment,” stripping people of their humanity and social identity by extreme isolation and deprivation (Rhodes, 2007). Smith and Rhodes reveal how punitive environments can foster deterioration over recovery.

Overall, scholars also point out the impact of these conditions on correctional professionals, discussing that mental health services need to be offered to correctional officers due to secondary trauma and burnout faced from supervising those incarcerated daily. This reveals that a lack of institutional support leads to higher stress levels, undermines the officer's well-being, and negatively impacts the offender's well-being and outcomes (Powell and Gayman, 2020). Lastly, Thompson (2010) argues that reform demands confrontation of the structural social inequalities and social identities. Characteristics such as race, gender, and class shape how mental illness is perceived and handled within the correctional system. Together, all these studies demonstrate that the current correctional foundation dehumanizes rather than rehabilitates, clearly stating the need for a systemic change that prioritizes mental health and equality for all within and impacted by the system.

References

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