More than Mental Disorder: Toward a Situated Understanding of Recidivism and Risk

by Leah Jacobs

School of Social Welfare
University of California, Berkeley
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Individuals with serious mental disorder diagnoses (SMD) are grossly overrepresented in jails and prisons, returning to custody more often and more quickly than their non-diagnosed counterparts. This paper delineates two distinct approaches to understanding how these individuals enter carceral revolving doors, one which views them as criminalized patients and one which views them as high risk/need offenders, arguing each is limited in its ability to explain how individuals with SMD come to be carceraly involved and presents results from a qualitative pilot study (n=24) to narrow this gap. The study inductively builds from the experiences of carceraly-involved individuals with SMD, asking: what are the events and circumstances precipitating arrest and how do they contribute to carceral involvement? The paper takes a first step toward an alternative, participant-informed framework for understanding the overrepresentation of individuals with SMD. Results indicate carceraly-involved individuals with SMD are risk-exposed agents whose carceral involvement is related to early institutionalization, varying mental states of deliberation and intoxication, interpersonal conflict, and life circumstances punctuated by socioeconomic marginality. Conceptually, findings indicate risk is best understood as accumulative, interactive, dynamic, and across individual and structural levels of analysis, with early and frequent institutionalization, social and economic exclusion, and the criminalization of drug use contributing to risk.
People with untreated serious brain disorders … are often incarcerated with misdemeanor charges but sometimes with felony charges as a result of behaviors caused by their psychotic thinking.
- Treatment Advocacy Center (n.d.)

The problems posed by so-called “mentally ill offenders” are complex. They result from a confluence of social, legal, political and clinical issues.
- Fisher, Silver and Wolff (2006, p. 16)

I. Introduction

Between 1972 and 2008 the incarceration rate in the United States quintupled, making the nation a world leader in imprisonment and incurring what former Attorney General Holder named “immeasurable fiscal and social costs” (Petersilia, 2008; U.S. Sentencing Commission, 2014). Policy makers are now eager to shrink the nation’s bloated prisons and jails, but face a multitude of challenges. Re-arrested more often and more quickly than their relatively well counterparts (Baillargeon et al., 2010; Cloyes et al., 2010), carcerally-involved individuals with serious mental disorder diagnoses (SMD)¹ comprise one sub-group challenging decarceration efforts.

Individuals with SMD represent penal subjects around which much uncertainty and controversy circulates. In the absence of a nationally representative or methodologically sound assessment of prevalence, best estimates indicate one out of every seven men and one out of every three women in jail has a SMD (Steadman et al., 2009). Such rates are approximately three times greater than those found in the general population (Kessler et al., 2001; Teplin, 1990). Despite widespread belief that the prevalence of mental disorder diagnoses in jails and prisons has increased in the latter 20th and 21st centuries there is no longitudinal data that indicates these rates have risen disproportionate to the overall increase in incarceration.

While prevalence remains murky, even less is known regarding the life circumstances of carcerally-involved individuals with SMD. A federal survey of inmates suggests those with self-reported mental health problems are less likely to be employed, have functional families, or have

¹ Commonly defined by psychiatric epidemiologists (Kessler, Chui, Demler, & Walters, 2005) according to the Diagnostic and Statistical Manual of Mental Disorders-IV-TR (American Psychiatric Association, 2000) as major depressive disorder, depressive disorder not otherwise specified (NOS), bipolar disorders, schizophrenia spectrum disorder, schizoaffective disorder, schizophreniform disorder, brief psychotic disorder, delusional disorder, and psychotic disorder NOS. I make no claim as to the etiology, pathology, validity or reliability of these diagnoses.
stable housing prior to incarceration (James & Glaze, 2006). The contribution of such economic and social marginality has been extensively explored among the general offender population (e.g., Cloward & Ohlin, 1960; Pettit & Western, 2004), yet little attention has been afforded to the role of such marginality in contributing to carceral involvement among individuals with SMD (Draine, Salzer, Culhane, & Hadley, 2002).

I identify two divergent bodies of literature emerging since the 1970s seeking to explain how individuals with SMD come to be overrepresented in jails and prisons. The first approach, utilized by practitioner advocates, relies on notions of deinstitutionalization and criminalization, and seeks enhancement of mental health treatment participation as its goal (e.g., Abramson, 1972; Torrey, 1995). In contrast, the second approach, proposed largely by academic experts, focuses on identifying criminogenic risk/need factors with the goal of reducing the probability of re-arrest (e.g., Bonta & Hanson, 1998; Skeem, Manchak, & Peterson, 2011). Some scholars have explored the empirical limitations of the existing literature on this phenomenon (see for example, Fisher et al. (2006) and Prins (2011) for reviews). However, to date, the social construction of these two dominant approaches remains unexamined, leaving questions regarding their motivating forces, gaps, and the implications of both. Furthermore, despite recognition of the important contribution of the subjectivities of those who commit crime and who are punished to understanding penal phenomena (Halsey, 2007; Schinkel, 2014; Sexton, 2015), the lived experiences of carcerally-involved individuals with SMD are curiously omitted in the two existing approaches.

This paper takes a critical lens to these two interpretations of the ways in which individuals with SMD come to be deeply entrenched in carceral systems, identifying the actors involved in constructing these theories, their evidentiary bases, and implications. In addition, the study takes one step toward demystifying the circumstances under which individuals with SMD come to cycle in and out of criminal justice systems. Inductively building from the experiences of carcerally-involved individuals with SMD, the study asks: how do these individuals describe the proximal and distal events and circumstances precipitating arrest and how do these events connect to carceral involvement? I begin by unpacking and complicating the two approaches taken to understanding carceral involvement among individuals with SMD and their conceptions of risk. Then I describe the study design, site, and sample. Next, I discuss major interview themes: institutionalization and risk accumulation, mental states and risk processes, conflict and
risk dynamics, and socioeconomic marginality and risk structures. I also consider the practical and conceptual implications for an alternative framework that is situated in experiences of incarceration among individuals with SMD.

II. Conceptualizing the Penal Subject

Social problems come to be valued and defined not from some essential meaning or significance, but through collective processes of definition and prioritization (Blumer, 1971). Similarly, shifts in criminology and penology reflect more than their practical utility or empirical validity, reflecting cultural, religious, scientific, demographic, political, and economic specificities (Allen, 1981; Foucault, 1975; Hannah-Moffat, 1999; Simon, 2013). I contend such processes and specificities are embedded in conceptualizations of the carceral overrepresentation of individuals with SMD and their characterization. In the past forty years, two conceptualizations, each employed by particular actors with unique stakes and justifications, have and continue to compete in defining the problem of overrepresentation and the subjecthood of individuals with SMD.

A. Criminalized patients

Explanatory models employing “deinstitutionalization” and “criminalization” frameworks have long dominated conversations regarding the disproportional representation of individuals with SMD in jails and prisons (e.g., Abramson, 1972; Lamb, 2015; Torrey, 1995). Proponents argue that the closing of state mental hospitals beginning in the mid-1950s and ultimately leading to the release of 90% of those institutionalized (i.e. deinstitutionalization; Segal & Jacobs, 2014), resulted in a significant number of individuals with SMD entering communities without adequate mental health services or housing. Subsequently, in the absence of resources, symptoms increased and impairment led to criminal behavior, non-normative and disruptive behavior became “criminalized,” or arrest became a “compassionate” means of providing shelter, food, or care (Abramson, 1972; Mechanic, 2007). At their core, these conceptualizations present the subject as a psychiatric patient, one who became criminalized due to structural forces, which deprived him of services and punitively responded to his unmet needs.

The maintenance of the criminalized patient subject is a crucial element for professional legitimization of the architects of this first approach to explaining overrepresentation of incarcerated individuals with SMDs, who largely take the position of mental health practitioner-
advocates. Psychiatrist Marc Abramson drew on observations of rising rates of arrest among individuals with SMD in California to coin the now popular term “criminalization of mental illness” (1972). Abramson represented a body of professionals recently disempowered by increasingly restrictive psychiatric commitment laws, which diminished their capacity to force hospitalization (e.g. the Lanterman-Petris-Short Act). Subsequently, advocacy groups comprised of practitioners and family members of individuals with SMD (e.g. the National Alliance of the Mentally Ill) have used deinstitutionalization and criminalization frameworks in efforts to advocate for increased funding for psychiatric services, as well as a return to strong psychiatric commitment laws. The Treatment Advocacy Center presents this position well in the epigraph, arguing that problems in the brains of individuals with SMD lead to psychotic symptoms, which then lead to criminal activity when treatment is not received.

In recent years, empirical investigations have undermined several elements of the criminalized patient approach, including the role of inadequate access to mental health services, police bias, and symptoms in driving arrests. Neither psychiatric hospital closures nor spending on psychiatric services regularly predict arrest rates (Erickson et al., 2008; Markowitz, 2006), while much of the association between overall psychiatric hospital bed availability and arrest rates appears moderated by a city’s rate of homelessness (Markowitz, 2006); observations of police encounters do not indicate enhanced probability of arrest for individuals who present as having some kind of mental health problem (Engel & Silver, 2001); and, finally, several studies now suggest that symptoms are directly and clearly involved in only about 8 to 15 percent of arrests among individuals with SMD (Junginger et al., 2006; Peterson, et al., 2010; Peterson et al., 2014). Despite questionable empirical basis, the intuitive appeal of inferring a causal relationship between decreasing rates of psychiatric institutionalization and increasing rates of incarceration in the general population has proven a powerful rhetorical tool for proponents seeking to justify increased investment in psychiatric services. As U.S. criminal justice policy makers seek decarceration possibilities, practitioner-advocates are chiming in, maintaining their focus on the criminalized patient subject and asking to “bring back the asylum” to solve overincarceration (Sisti, Segal, & Emanuel, 2015).

B. High risk/need offenders

The last decade has brought a shift in how the carceraly involved are conceptualized, moving away from “predators” in need of containment toward “transformative risk subjects”
with respective “risk/needs,” and hope of rehabilitation (Hannah-Moffat, 2005; Russell & Carlton, 2013). During this period, policy makers seeking to decrease incarceration rates among those with SMD have called upon academic experts from criminology and psychology to inform their work. In return, these experts have adopted the notion that decarceration depends on recidivism reduction and that such reduction must be informed by research that identifies modifiable recidivism risk factors in populations at greatest risk of re-arrest (e.g., Andrews & Bonta, 2010). Thus, the risk/need approach has utilitarian appeal; risk is assessed and used to simultaneously direct and legitimize intervention. Because these academic experts view policy makers as their primary audience, however, their scope is limited to what is perceived as practically intervenable within political and fiscal constraints. Typically, these factors are individually endogenous (Russell & Carlton, 2013). This scope becomes further limited by their alignment with the post-positivist tradition, which emphasizes experimentation or “potential outcomes” testing (Rubins, 2005) to establish causality. Together, constrained by audience and epistemology, only risk factors perceived as modifiable and amenable to available intervention, measurement, and testing, can possibly be causally linked to recidivism (e.g., Monahan & Skeem, 2014). In turn, the transformative risk subject is one that comes to be incarcerated because of individual dynamic (i.e., modifiable) risk factors (i.e., “criminogenic needs”; Hannah-Moffat, 2005).

I suggest proponents of this approach view individuals with SMD as a risk/need sub-population; a sub-population high in risk/need and requiring transformation. Contrary to proponents of the criminalized patient approach, proponents of the high risk/need offender approach argue that the lack of association between change in symptom scores and recidivism is an indicator that symptoms are not causally related to recidivism and are thus unworthy of substantial focus as risk factors or transformative efforts (Skeem et al., 2011). In turn, Skeem and colleagues argue the majority of individuals with SMD are overrepresented in carceral systems not directly because of psychiatric symptoms, but instead due to a concentration of other risk factors likely shared with the general offender population. These shared risk factors remain “unknown,” however, and the lack of existing discrete and quantifiable data on these unknown factors makes them unamenable to experimental or potential outcomes quantitative research. In some cases, this gap in knowledge has led to the suggestion that these unknown factors are an investigatory dead end because they are actually “unobservable” (e.g., Frank & McGuire, 2011).
Thus, the experimental and potential outcomes designs and deductive quantitative approaches of the risk/need offender approach have helped clarify the role of independent dynamic variables measured at discrete points in time (e.g. symptom ratings) in contributing to risk, but much remains unclear regarding the role of other “social, legal, political and clinical issues” in contributing to carceral involvement (Fisher et al., 2006, p. 16).

C. Toward a new conceptualization

Kelly Hannah-Moffat (1999; 2005) waxes a number of critiques against the risk/need logic, drawing attention to the way in which need is constrained by what is viewed as modifiable, the obfuscation of sociostructural factors, and the privileging of expert conceptualizations of risk factors. She explains:

Correctional interventions are prioritized according to what is pragmatic, rather than what may be meaningful to the offender but ‘unachievable’, because interventions hinge on broader social and structural inequalities, or gaps in services. Categorical definitions of risk/need discredit, exclude, and co-opt alternative interpretations of offender needs... Individuals are positioned as potential recipients of predefined services, rather than as active agents involved in processes of self-identifying needs. (p. 43)

To some degree the goal of this paper is to develop an alternative framework for identifying the risk/needs associated with re-arrest among carcerally-involved individuals with SMD. However, cautioned by Hannah-Moffat, I proceed by anchoring this new conceptualization in the first-hand experiences and self-articulated needs of these individuals. I contend these perspectives can contribute to a richer conceptualization of the factors and processes contributing to incarceration and seek to reconstitute the risk/need logic by looking beyond risk factors perceived by experts as modifiable or intervenable. In doing so, I also consider structural or historical factors as indicated by interviewee narratives. Building on empirical evidence that questions the role of symptoms, treatment availability, and police bias, I ask: what factors and processes described by individuals with SMD help us understand their elevated risk of carceral involvement?

III. Approach and Methods

This study seeks to bring to light the circumstances through which individuals with SMD are arrested, documenting factors and processes illustrated by their testimonies and previously unobserved in the scholarly literature. The inductive approach used here focuses on identifying
the events leading to arrests, as described by individuals with SMD. By using such an inductive approach, I remove the primacy of factors perceived as worthy of investigation in previous scholarship. Instead, I privilege the factors most salient to individuals with SMD. While other studies have utilized deductive methods to analyze reports of arrest circumstances in order to determine whether or not symptoms were involved (e.g. Junginger et al., 2006; Peterson et al., 2010), these studies do not provide detail on the general circumstances of arrest as described by participants. This study provides detail on the current and past circumstances of these individuals, providing the context necessary for better understanding factors contributing to arrest and allowing risk to be temporally proximal, distal or cumulative. In the absence of other observational research, such information can only be garnered via first hand reports. In turn, this study lays the foundation for larger scale, prospective longitudinal or ethnographic research. In addition, by working from the perspectives of individuals with SMD, findings are unobscured by the filters of professional expertise, instead offering implications for interventions relevant and palatable to those carcerally-involved.

To identify the salient proximal and distal events and circumstances precipitating arrest, as experienced by individuals with SMD, I draw on two analytic approaches- phenomenological and grounded theory (Benner, 1994; Charmaz, 2006). Taking the position that experience constitutes knowledge fundamental to understanding social problems and that individuals with SMD are contextually situated relational actors and experts on their own worlds, I draw upon Interpretive Phenomenology (Benner, 1994) to describe the essence of carceral involvement. Because theorizing necessitates a degree of abstraction beyond this description, I employ Constructivist Grounded Theory (Charmaz, 2006) to contextualize, compare, and reconstruct meaning from participants’ experiences and to understand how carceral involvement relates to the historical and immediate contexts in which arrests occur. Each approach is operationalized below as I describe the study site, data, analysis, and sample.

A. Study Site

I conducted fieldwork in a large social service organization. Located in the urban center of a large West Coast city, the organization provides services to a significant proportion of the city’s adults with SMD. Social workers and other counselors deliver case management and psychotherapeutic services. Most service recipients are indigent, and services are largely funded through county, state and federal support. The study sample includes individuals from a subdivision of this organization, which provides services to individuals with SMD who are also
carcerally-involved (i.e. are currently under community or mental health court supervision, or have histories of incarceration). Clients typically receive services at the organization’s main office where all data were collected. Individual and group services are provided in small meeting rooms, and staff and client volunteers maintain a larger “drop in” space where events are held, free lunches are served, and clients may spend unstructured time.

The city where this organization is situated is known as rich in innovative social services. The city is known for using alternatives to sentencing, utilizing community supervision or specialty courts more frequently than other cities in the state. The city’s embrace of the “rehabilitative model” of corrections in some ways presents an optimal case, one in which participants would be more likely to receive supportive social services than in communities where a more punitive ethos dominates or where services are lacking. However, an extreme shortage of affordable housing also makes this city an environment in which homelessness is a major vulnerability for members of socially and economically precarious groups.

B. Data Collection

Data were collected from July to December of 2013, as one component of a larger ongoing study. Data collection included 24 interviews (20 “client” and 4 “staff”) and memos containing descriptive and meta-observations of interviewees and interview procedures. I drew on data from the four staff interviews and memos primarily to contextualize and triangulate data gleaned from the client interviews. Memos were also used to analyze my own role in the research process. Comprising the primary data for this study, client interviews were semi-structured and averaged one hour and fifteen minutes. After demographic and life history questions, I asked initial (open-ended), intermediate (focused), and closing (analytic) questions (Charmaz, 2006), to elicit detailed descriptions of recent incarceration events and interpretation of these events. The sample size was selected to permit detailed analysis of individual experiences, while facilitating the connection of these details to the broader life history and context within which these experiences occur for each interviewee and across interviewees.

I used purposeful (typical and criterion) sampling strategies (Palinkas et al., 2013). Enrollment criteria for the study required that participants be current clients of the organizational study site, that they had at least two unique arrest experiences, and that at least one arrest occurred within the past two years. Client status was used as a proxy for having a serious mental disorder diagnosis, since program eligibility is dependent on this criterion. The requirement of at least two arrests was used to identify criminologically “typical” carcerally-involved individuals.
with SMD, since an estimated 85% of individuals with SMD are re-arrested (Cloyes, Wong, Latimer, & Abarca, 2010). Time since last arrest was kept within the last two years to facilitate recollection and promote collection of data with current relevance. Participants were recruited on an “opt in” basis, with study information disseminated through case managers, announcements at meetings and therapy groups, and a drop box located in the organization’s waiting room. Interviews were digitally recorded and transcribed.

Acknowledging the difference between myself, as researcher, and participants, as research subjects, and the power imbalance inherent in that relationship, I made efforts to create a sense of reciprocity and to diminish this imbalance (Mills, Bonner, & Francis, 2008). These efforts were not limited to, but included providing opportunity for participants to ask me questions about myself prior to the interview, stressing the importance of their perspectives and experiences in the introduction to and throughout the interview, and asking interviewees if they thought I failed to ask any important questions at the end of the interview. Few interviewees asked additional questions about me in the beginning of the interview, but often interjected questions later as the interview proceeded, suggesting a greater degree of comfort and sense of equality developed during the interview. Interviewees often provided additional detail at the end of the interview, also indicating a sense of ease and openness in explaining I had missed something or that they wanted to elaborate on an earlier point.

C. Sample

The sample is demographically similar to the local county jail population with respect to ethnoracial identity and gender (see Table 1 for self-reported demographic, social, and diagnostic characteristics). The diagnostic profile of participants also reflects that of the organization within which fieldwork was conducted, with the exception of one atypical participant (Celia) who reported having no known diagnosis. One interviewee was excluded from the analysis due to difficulty attuning to the interview, bringing the total sample to 19 client participants.

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2 In order to maintain confidentiality, pseudonyms are used.
D. Analysis

I analyzed interview transcripts using Dedoose, qualitative data analysis software. Using the Grounded Theory technique of line-by-line coding and drawing from the phenomenological tradition, I first used codes to stay as close as possible to participant descriptions of arrest events, including both material elements and ascribed meanings. I then used memoing, focused coding, and theoretical coding. Throughout this process I moved back and forth from line by line detail to the overarching interviewee’s history, expressed identity, and current experience, noting themes that transcended these levels. Subsequently, data were organized within and across cases in accordance with Miles and Huberman’s (1994) data visualization strategies. These tables permitted identification of patterns against which I could test my thematic observations. Finally, I used these tables to identify exemplars (i.e. quotes capturing essential elements of experiences) and paradigmatic cases (i.e. contextualized descriptions of experiences that represent overarching themes) (Moustakas, 1994).

I engaged in reflexive practice throughout data collection and analysis. First using Moustakas’ (1994) approach of bracketing, I examined my beliefs about the research aim and study participants, and related my positionality (including gender [female], race [white], sexual identification [queer], and class position [working class, but upwardly mobile by virtue of educational attainment, with occupational history as a social worker]) to these beliefs in a journal. I then discussed bracketed beliefs in the context of my social location with other members of the research team who were conducting a separate analysis within the broader study. Bracketed beliefs existed in relation to one another. My previous experience as a social worker combined with my scholarly predilection for critical theories on psychiatry and

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3 This study was made possible with the thoughtful contributions of research assistants Sequoia Giordano, MSW, and Guadalupe Barron Vargas.
criminology; I believed symptoms would influence the narratives conveyed, and questioned the justness of imprisoning individuals with SMD. These orientations were noted as such, and their relationship to interview questions and interpretation of the data were examined by the team. Ultimately, these beliefs were challenged by the data presented, indicating the appropriate reconstruction of my own beliefs in light of findings. Finally, research team members were also asked to review cases and examine the congruence between codes and interview narratives. I reanalyzed incongruent cases and discussed them with the other researchers until we reached mutual clarity on interpretations.

IV. Findings

Detailed narratives of recent arrest experiences were analyzed to provide an understanding of the events immediately preceding arrest and contexts under which arrests occurred, while descriptions of past life experiences were analyzed to better understand the longer term processes and paths leading to carceral involvement (see Figure 1). Arrest was defined for participants as “the last time you were detained in the local County jail.” Interviewees commonly centered arrest narratives on an illegal act, the accusation of an illegal act, or a community supervision violation. In alignment with previous research utilizing official arrest records (Raphael & Stoll, 2013), arrests were most often related to conflict (e.g. assault), substance use (e.g. intoxication, possession), or property (e.g. shoplifting). I find carceral involvement is related to early institutionalization, varying mental states of deliberation and intoxication, interpersonal conflict, and life circumstances punctuated by socioeconomic marginality. Findings also indicate risk is best understood as accumulative, interactive, dynamic, and transcending individual and structural levels of analysis. Findings are presented according to each of these substantive and conceptual themes, though they are not mutually exclusive.

Figure 1. Common historical factors, arrest events, and arrest contexts by interviewee
A. “My life has been corrupted”: Institutional webs and risk accumulation

A majority of interviewees discussed long histories of involvement in criminal justice systems and frequent arrests, with most reporting between 10 and 16 arrests, and one-third reporting more than 16 arrests. Arrests became a common aspect of life for those cycling in and out of custody, leading to a normalization of carceral involvement; those with frequent arrests described their experiences with insouciance, stating “once in a while I’ll get arrested,” “I get these [arrest] incidents confused,” or “[I get arrested] just for a day or so, here or there. Not too much,” while the minority of interviewees with few arrest experiences described their arrest as “a shock” or “the worst thing that ever happened.” Those frequently returning to custody demonstrated their carceral expertise, at times explaining in great detail the procedures of arrest and the physical conditions of the jails in which they had been detained, mentioning by name the police, correctional officers, and jail staff with whom they interacted. Such familiarity also translated into recognition by police on the streets or by jail staff. As interviewees explained, chronic system involvement was a “jacket,” worn within and outside jail walls.

More than half of interviewees reported a first arrest in adolescence. For these participants, involvement with the juvenile justice system became one component in a series of
institutional experiences, spatially and socially disconnecting them from existing contexts as they cycled from one juvenile facility to another. As Nick described:

> When you’re in juvenile hall they send you to the county that you live in, and that county sent me to that group home in [a West Coast city]. That county also sent me to a group home in [a second West Coast city]. They sent me to [a third West Coast city] to a boys’ home. And then they sent me, at the end, to a boys’ home in [a fourth West Coast city].

Such cycling occurred between and within youth justice and mental health systems, and ultimately their parallel adult systems. Eric, involved in the County Mental Health Court at the time of our interview, explained his experience in these systems, “I was in a mental health facility and I ran away from it. I think I was 14 or 15 [years old]. So they put me in a juvenile detention facility because I refused to go back [to the mental health facility].” Aligning with the high risk/need argument that mental health services alone fail to prevent incarceration (Skeem et al., 2011), arrest experiences occurred during periods of mental health service receipt, with one-third of interviewees describing arrest events concurrent with participation in counseling or residential programming. Thus, access to mental health services did not preclude arrest, and instead youth and adult psychiatric and justice systems intersected and overlapped. This spinning of the institutional web was illustrated in service provider interviews, which often detailed intersystem collaboration as a key component to their work.

> Juvenile justice involvement not only facilitated adult carceral involvement by creating pathways to adult systems, but also via exposure to traumatic experiences in early detainment. Such trauma promoted criminogenic adaptive responses, including defensiveness and violence. Nick, a Salvadoran man in his 50s, reported his first arrest was for “incorrigible truancy.” Offering clarification, he explained he wasn’t “antisocial,” he just preferred “riding motorcross bikes” to attending school. Nick’s earliest memory of juvenile hall, however, had “taught [him] violence.”

> The first time I was in [juvenile hall] I remember … [there was another youth] he was watching TV and … I asked him, “do you want to watch this?” And he said, “no.”… I put [a show] on that he wanted to watch. And then … this other guy, bigger, comes up and grabs me by the throat, and tells me: “If you ever change that channel again, I’m gonna’ break your Adam’s apple.” So I take it that I did it out of fear… I went to the pool table, and grabbed the pool stick, and broke it over his head. And then… I found out, I
think that I liked [violence]. I seen how effective it could be. You know, the use of violence, and doing it so quick, and weapons, that it actually started motivating me.

Similarly, Tony, a middle-aged man of Chinese, Polish, and Latino descent explained, “My life has been corrupted by going to jail and prison.” He went on to describe how juvenile hall contributed to this corruption.

Tony: Well, looking back I would say [juvenile hall] built the foundation to become not only a future criminal, but a future institutionalized person.

Leah: How so?

Tony: The influences… and the dynamic with the us versus them... with the police and the counselors and the prison guards and jail guards. [Juvenile Hall is] a small example of the bigger world of jail...Eventually, it gets ingrained in you. Now, if I walk down the street and a cop rolls by, he can see instantly; I try not to look like a person that's been to prison or jail.

Tony did not implicate his diagnosis or symptoms of schizophrenia in shaping his arrests or life experiences, but instead felt the violence and systems of stratification learned via early and extensive system involvement combined with deprivation of educational and employment opportunities to dramatically shape his development. Such early institutional experiences contribute to the accumulation of risk, becoming embodied and shaping trajectories, behaviors, and identities.

B. “In my right mind, I won’t do nothing illegal”: Mental status and risk interactions

Three mental statuses characterized interviewees’ arrest experiences – deliberation, intoxication, and, less commonly, psychiatric symptoms. Most frequently, interviewees described taking logical, deliberate actions during the events preceding arrest. Deliberate actions included premeditation, acts of arrest avoidance, and choosing to surrender or cooperate with authorities. Tony described premeditation in the events preceding his last arrest. Pragmatically, he explained, “I had some people that I owed some money to, and so I went to [street name] and I thought I was going to get over on a tourist or something.” While attempting to steal a camera out of a car, Tony realized he had gained the attention of the police. He initially tried to avoid apprehension by leaving the scene, but ultimately cooperated, informing me “it isn’t usually wise to resist [arrest].” Eric, a white man in his early 30’s, diagnosed with bipolar disorder, reported his last arrest occurred when he relapsed and used crack cocaine, violating the terms of his
community supervision and residential substance abuse treatment program. He explained,

I could’ve skipped it [court], but I don’t want to have a warrant. So, I showed up to court and [I knew] they were going to remand me into custody, but I just wanted to get it over with. I showed up that Thursday and they put me back into custody, which I figured they would.

Eric informed me that he had planned ahead, bringing his psychotropic medications with him to court in the hopes he would be allowed to bring them in the jail once remanded into custody. While Tony and Eric expressed agency and logical thinking in terms of surrender or cooperation, others deliberately attempted to avoid arrest.

Michael, an African American man in his early 40s, illustrates intentional arrest avoidance below.

Leah: Just so I’m clear about what happened…you were drinking in public, and [the police] pushed you down, and gave you a citation for drinking in public?
Michael: Yes. Well, I ran.
Leah: Why did you run?
Michael: I wanted to make them chase me… I used to fuck with the police. I hated them with a passion. It was fun fucking with them. I have some police that used to hang out with me on the corner, but I was like, ‘man, you can't hang out with me here on the corner. You're fucking up my business. I’m trying to sell dope and drink beers.’

Thus, for a small number of interviewees, such as Michael, arrest avoidance was partially motivated by an antagonistic relationship with the police. Instead of isolated responses to incidents of criminalization, such antagonistic relationships developed over time, a product of the “us vs. them” dynamic Tony previously described.

Intoxication was nearly as common a descriptor of mental status during arrest events as deliberation, with interviewees frequently discussing its negative influence on conflict navigation and judgment. For Sam, an African American man in his late 50’s diagnosed with major depressive disorder, substance misuse was connected to interpersonal conflict and violence. He detailed what happened preceding his last arrest:

I was getting high with a female friend and we were smoking crack and drinking vodka and we got angry, and I ended up hitting her with the drawer from a dresser, and she got cut with a knife. I
don't know who called the police – somebody in the building. I was, at the time, in a program and I was living in an SRO.

In describing the circumstances leading to this arrest, Sam explained he was surrounded by negative social influences, dependent on drugs, and “always trying to think of something to get some drugs, or to get some food, shelter…always scheming something.” He explained, “I couldn't stop using drugs… I just couldn't stop. I tried everything and, at that time, I’d been in a lot of programs and dropped [out of] rehabs.” After being prompted on multiple occasions to take psychotropic medications, upon his last release from jail he thought, “what can I lose if I [try] medication?” Sam reported the medications helped curb his drug use, suggesting a relationship between his depression and substance misuse.

In addition to the association between intoxication and conflict, substance misuse was also often the backdrop for attempted theft. Nick, who previously described his experience in juvenile hall, illustrated the role of intoxication in promoting theft and enhancing the likelihood of detection and conflict during his last arrest.

I was arrested at some type of Home Depot or something, for being too intoxicated. Because that’s the only time I get arrested, ‘cause I get sloppy and don't care who's looking or how long I’m in a store. But, I think I got detained first by security in there, and we got into a little argument or something.

Nick viewed his substance use as facilitating his detection during arrest, but not as the core of his problems. Easily disappointed in people and quick to anger, he explained he would “lose control until it’s too late… get so upset or angry, black out,” and drink or do drugs. “I don’t even know I'm doing [something I shouldn’t be doing], like I’m a different person… I mean you always got control to some degree, but...” Trailing off, Nick suggested these issues remained a challenge, with his difficulty controlling or tolerating his emotions facilitating his substance misuse, and in turn his arrest.

While interviewees such as Nick indicated the interconnectedness of intoxication and mental anguish, few interviewees directly discussed emotional states or psychiatric symptoms as a component of their arrest experience. Two individuals became upset in the face of stressful circumstances of provocation preceding their arrest, while three individuals described symptoms or made a direct connection between their diagnosis and illegal activity or arrest. I asked Bob, one such participant, “What do you think was going on for you on those occasions [when you
were arrested]?” A Latino man in his late 40’s, diagnosed with schizophrenia, Bob responded plainly: “I was going crazy.” Bob otherwise had a difficult time piecing together and conveying the events of his arrest. Thus, in circumstances where symptoms are involved, confusion or dissociation also occurred, making it difficult to identify symptoms or fully recall events.

In sum, these findings add deliberate action to substance misuse, a previously identified risk factor (Bonta et al., 1998), as common precipitants to arrest. While deliberation is constrained by the circumstances of each interviewee, premeditation, cooperation or avoidance also indicate the degree to which most participants are agentic; interviewees were not simply objects subject to the immediate whims of their symptomatology, as advocate practitioners of the criminalized patient approach imply. While symptoms alone appear as a direct driving force for a minority of the arrests described, pinpointing their exact role is challenging. Symptoms interact with and are easily overshadowed by intoxication and may impair one’s recall. Thus, in addition to risk accumulating, it also results from complex interactions between social circumstances and mental states, with symptoms potentially facilitating arrest via substance misuse and other sociostructural factors (e.g. stigmatizing treatment, physical exposure, etc.).

C. "And we got in a disagreement": Interpersonal conflict and risk dynamics

Interpersonal conflict was among the most common precipitants of arrest. Of these conflicts, half occurred with an individual familiar to the interviewee, such as a friend, family member, or partner. For some interviewees, navigating social dynamics was a general challenge. Nick, for example, reported constant disappointment with people, which in turn would trigger his substance misuse and engagement in illegal activity. He also identified his sister as supportive, but avoided contact with her due to the shame he felt from “things [my family] has seen me do.” As a result, Nick now distanced himself. Thus, for some, the shame associated with criminal activity presented a barrier to connection with positive supports.

Generally, however, interpersonal conflict with members of the interviewee’s social network represented a moment during which dynamic relationship patterns reached a climactic moment of dysfunction. For example, romantic relationships lent themselves to both companionship and conflict. In particular, when substance misuse was involved, conflict negotiation became impaired. In three arrest experiences described, men were in SRO hotels with a romantic partner. While misusing drugs or alcohol, an argument erupted. When a nearby
individual, the partner or interviewee, called the police, the police resolved the conflict by arresting the interviewee. Unlike Sam who previously described “getting high” with his girlfriend when an argument broke out, the other two interviewees denied the legitimacy of the accusations brought against them and explained that the charges were dropped or never officially filed.

Given social networks were often constituted by other individuals who faced similar social and economic challenges, such conflict seemed unavoidable. Across narratives, interviewees’ networks seemed concentrated with individuals who also possessed little social or human capital, facing addiction, health, or mental health problems; Sam’s girlfriend was also “getting high”; Dan, a man arrested after losing patience and drunkenly threatening his uncle, described his uncle as “crazy.” Charles, one of the men who reported a misunderstanding with a girlfriend preceding his arrest, attributed his carceral involvement to a pattern of dating women “from programs.” When I asked what made it hard to stay out of jail, Charles explained:

Charles: [What made it] hard to stay out of jail? Getting together with these two girls, with girls who had real mental health issues…
Leah: And how about now, what do you think will help you stay out of jail?
Charles: Oh, I’m not getting involved with anyone with severe mental health [problems]…
Leah: So what do you think changed your thinking about that?
Charles: Because this was the second time that I got together with someone with severe mental illness and this happened… I wish I had never gotten intimate with her. I wish we had just kept it on the friend level. It was the drinking though. It happened while we were drinking.

Another interviewee explained plainly, “being around the wrong people, associating myself with the wrong people” made it hard to stay out of jail. Thus, conflict with partners and family commonly preceded arrests, but is best understood within the broader social landscape of interviewee networks and past experiences.

With the exception of what might be considered a “random act of violence,” interpersonal conflicts occurring between interviewees and strangers typically arose during attempted or alleged theft, or after provocation. During thefts or alleged thefts, participants described being intoxicated and either accused of or attempting to shoplift. Upon detection, an argument would
ensue with a store employee, resulting in the notification of police, and arrest. In contrast to conflicts with store employees, conflicts resulting from some kind of unsolicited provocation by a stranger did not involve substance misuse. Dana, a white woman in her late-30’s diagnosed with bipolar disorder, had spent most of her adult life living on the streets, years made visible by extensive facial tattoos. She described to me her experience of provocation.

There was a woman and she said, “You gotta get off my steps,” and I said, “Can you just wait a minute, so I can catch my breath?” ’Cause I was homeless. And she started yelling, and then she started taking a picture of me. I’m a homeless person and she’s taking a picture of me with her camera. And I said, “You can’t do that. You’re not allowed to take pictures of me.” I started getting upset and then the cops came and arrested me and put me in jail for it.

Adolfo, a man of Latino and African American descent in his mid-30’s diagnosed with schizophrenia, provides another example of such provocation. Below, he described how a group of youth misidentified and attacked him prior to his arrest.

Adolfo: I got off the bus because I didn’t want anything to do with [the disruption on the bus], but then the kids started following me around. I didn’t want them following me. I wanted them to leave me alone. From there, the crowd was getting bigger and bigger, and then the police came.

Leah: So, you [got on the bus with] the person who assaulted the girl and [the youth] thought you were associated [with him], so they followed you off the bus?

Adolfo: Yeah.

Leah: And [the youth] assaulted you?

Adolfo: Yeah, they tried to. They were trying to aggravate me. I had a hammer in my bag. I took out the hammer and told everyone to get back away from me. They were picking up rocks and throwing them at me...

Leah: Why did you have the hammer in your bag?

Adolfo: I was homeless at the time and usually I could use it to open up doors to apartment buildings and stuff.

Leah: Was [the hammer] also kind of for protection?

Adolfo: No.

Ultimately, for both Dana and Adolfo, the social status and material conditions of homelessness, combined with perceptions of their defensive behavior as threatening, facilitated arrests.
In sum, supporting research indicating much of the association between violence and SMD is explained by stressful life events and impaired social support (Silver & Teasdale, 2005), conflict appears here as a common precipitant of arrest for individuals with SMD. These findings also indicate individuals with SMD do not necessarily represent the motivating party in such circumstances; no clear pattern of a “perpetrator” or “victim” role emerged. In circumstances where conflict arose with members of their social network, the conflict occurred as part of a pattern of dysfunction. While the partners and family members involved were often described as either “crazy” or as mutually intoxicated at the time of the incident, interviewees also often acknowledged their personal role in conflict, indicating the capacity to take responsibility. When combined with alcohol or drugs, interviewees’ abilities to communicate, navigate this dysfunction, or tolerate the other actor’s behavior became compromised. One interviewee illustrated the dynamic nature of risk, explaining “What makes it hard for me is when I get to using a drug with a person instead of using it alone.” Aside from incidents during which an interviewee was publicly intoxicated and perceived as attempting to steal something, conflict occurring with strangers also unfolded dynamically, with provocation and defensive responses characterizing these circumstances. The bases for such dynamics extended beyond these dyadic interactions, stemming from social and economic exclusion and interviewees’ relative powerlessness.

D. “We get it bad”: Risk and the constraints of marginality

Interviewees’ arrest experiences are more completely understood when placed in their economic circumstances and when discussed in relation to elements of identity. Socioeconomic circumstances, marked by homelessness and neighborhood conditions concentrated with disadvantage, commonly facilitated arrests by contributing to stigma, triggering substance misuse, and presenting surveillance. As Dana and Adolfo’s experiences illustrated, the material conditions of homelessness and the social stigma attached to being homeless enhanced vulnerability to provocation. When asked what she thought made it hard for her to stay out of jail, Dana responded:

Dana: I think [being homeless] makes it a bit harder [to stay out].
Leah: How so?
Dana: Just because you don’t really have anywhere to go. You know, when you’re upset or sad and have no place to go, you tend
to draw bad attention to you and the cops come.

Nick, who had been arrested while intoxicated in Home Depot, experienced homelessness as a risk factor for substance use, and in turn arrest. Released from jail late at night, he went “straight to the liquor store” in the absence of anywhere else to go.

Often housing interviewees and the sites of arrest, SRO hotels were spatial indicators of social worth, negatively impacted mental health, and were magnets for police surveillance. As Tony explained, “[The SROs] are a wreck in and of themselves. It's just really scumbag places, a bunch of corruption – weird, wacky stuff in there. It's filthy. There are bed bugs. It's a very low, low way.” Jared, a white man in his early 30s, who reported multiple mental disorder diagnoses, described one SRO hotel in which he lived after reentering the community from jail and its effect on his mental health:

The pest control is a joke…there was a chunk of my closet missing and my room was exposed to the interior of the building, which was full of mice. I would literally have acute panic attacks every day because I'd put on my shoe and mice would jump out. It literally led me to not be able to sleep because I could hear things in the walls. It led me to be psychotically delusional… To this day, I still hear things that aren't there because of these mice.

Jared was also one of two interviewees whose last arrest occurred during a neighborhood police sweep. On the streets at the time, he explained, “The police just stopped everybody… throughout the [neighborhood] ... anybody who looks even slightly suspicious...[the police] do what's called a ‘roundup.’ The jail was so packed that the booking was taking place outside and it took almost two days for me to be processed.” While Jared perceived his drug dependence as fueling his engagement in a variety of illegal activities, his “suspicious” appearance and homelessness in an area of targeted policing also facilitated his detection.

Such circumstances provide meaning to Adolfo’s sentiment that “there were times when… going to jail was like a vacation.” In addition to triggering substance misuse and exacerbating mental health problems, for some such social and economic marginality diminished motivation to avoid arrest or the substance misuse that facilitated arrest. Eric explained how housing instability reduced his ability to and interest in avoiding arrest: “I’d get out [of jail] and get into a mental health program, but those are only usually three to six months. Then you finish and you're like, ‘what now?’” In the past, with few alternative opportunities and few reasons to
abstain from substance misuse or criminal activity, Eric would return to custody. In contrast, when Eric and I spoke, however, he felt hopeful about his current ability to avoid relapse and re-arrest, explaining:

Now that I have my own place, it’s different. It's on [street name], so it's not the Taj Mahal, but I've got it set up nice with my TV and my guitar. It's very comfortable, so I actually feel like I have a home now… When I was homeless or in a program, I didn't have anything. Now, I have a dog and an apartment. I have nice things. You don't want to lose them. Before, I mean, I didn't want to go to jail, but it wasn't as big of a motivator to stay out. I mean, what did I have to lose? Sleeping on the street another night?

In the presence of living conditions that provide some quality of life, avoiding arrest and the changes Eric needed to make to do so became more desirable.

“Having a place to go,” as Eric put it, that would reduce involvement in illegal activity or arrest, not only pertained to housing but also spaces that would afford safety and structured daily activity. No participant reported an arrest that took place while participating in any kind of meaningful daily activity, and only two interviewees reported missing such activity as a result of an arrest. In contrast, when asked what might have helped them stay out of jail, more than half of all participants identified having a safe place to spend time or employment (see Table 2).

Table 2. Self-reported criminogenic needs

<table>
<thead>
<tr>
<th>Criminogenic Need</th>
<th>Count*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Support</td>
<td>12</td>
</tr>
<tr>
<td>Daily activity/Work</td>
<td>11</td>
</tr>
<tr>
<td>Housing</td>
<td>8</td>
</tr>
<tr>
<td>Sobriety</td>
<td>7</td>
</tr>
<tr>
<td>Self/Maturity</td>
<td>7</td>
</tr>
<tr>
<td>Mental health care/Medications</td>
<td>6</td>
</tr>
</tbody>
</table>

*Including multiple responses per participant

Opportunities to develop the human capital or social skills necessary to escape such marginality seemed absent from the lives of interviewees. Frequent and extended periods of early institutionalization deprived some interviewees of the ability to develop general life and employment skills. Tony, for example, reported a six-year period of desistance from crime, during which he gained the support of a spiritual community and managed to “get clean.” After “coming up on some really stressful things, [like] becoming a father and all that,” however, Tony relapsed and recidivated. He explained, “I missed a lot of life because of time in institutions, so
a lot of things that people learned to do long ago for me is like brand new.” Thus, the low socioeconomic status many individuals with SMD experience (Frank & Glied, 2006), appears to be at least partially maintained by institutional involvement and the accompanying deprivation of real-world learning opportunities for individuals deeply entrenched in carceral systems.

In contrast, reporting little previous involvement with criminal justice or mental health systems and prior financial stability, Celia was an atypical interviewee. A woman in her late 30’s, Celia emigrated from Columbia ten years prior to our interview. Arrested after an argument with her husband, Celia was connected with a residential program upon her release from jail. She described the criminogenic circumstances within which she found herself.

Leah: Did [jail staff] connect you to a hotel?
Celia: Yes, they sent me to a hotel, provided by them.
Leah: Okay, and how was that?
Celia: Um, bad…Basically, for somebody who doesn’t smoke anything—I don’t do any drugs—and those hotels like that, everybody smokes, everybody is doing drugs. Yeah, it’s just kinda scary. And it is really dirty, smelly. The living conditions are bad, bad, bad, bad, bad.

When Celia and I spoke, she was homeless and trying desperately to find housing and regain custody of her daughter, both of which she’d lost during her detainment. Acting as a foil to the other interviewees, Celia seemed swept up in both carceral and mental health systems, illustrating the powerful capacity of the carceral to spur swift downward socioeconomic mobility following arrest. In the absence of significant social and cultural capital, a single arrest could diminish one’s social status significantly.

While Celia described relatively stable circumstances prior to her arrest, she was also made vulnerable to arrest and downward mobility by factors such as her limited English proficiency, which impaired her ability to communicate with police, and her gendered work as a homemaker. Indeed aspects of identity, in addition to class and disability status, enhanced vulnerability. Gender was explicitly discussed by both female and male interviewees in relationship to arrest experiences, and gendered patterns of experience emerged. Three out of the

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4 While one interviewee suggested the racial bias of a judge might have facilitated his entry into the juvenile justice system as a youth, no clear pattern in arrest experiences emerged by ethnoracial identity. A separate analysis of interviewees’ detainment experiences did vary by ethnoracial identity, with interviewees describing jail as highly stratified along ethnoracial lines.
four women arrested described physical vulnerability during their arrest, with Dana explaining, “I thought the guy police officer did it on purpose to make me, a woman, feel trapped.” Celia was overwhelmed with fear when police raided her home, forcing her out of the shower at gunpoint. On the other hand, male interviewees, with their generally longer carceral histories, saw arrest as partially motivated by gendered police bias. Dmitry, a man of Native American descent in his early 30’s, felt targeted based on his gender, explaining:

Dmitry: Me and my girlfriend got in an argument and a fight. She locked me outside of the room. I pounded [the door], even though she was twice my size literally... definitely twice my size at this point, but they had to remove one of us and, of course, who is at fault? Always the male; it always falls on the male.

Leah: Do you know who called the police?

Dmitry: I did.

Leah: And you called the police because she locked you out of the room?

Dmitry: And was aggressive.

Thus, while women expressed a sense of physical vulnerability during arrest, men experienced bias, which placed them in the position of “perpetrator.”

Sexual identity also placed interviewees in unique positions of vulnerability. For example, Jeff, a Latino gay man in his early 30s, diagnosed with schizophrenia, described juvenile hall as “traumatic” and explained how this traumatic institutional experience was shaped by his identity as a young gay man. Jeff’s early experiences of manipulation by staff in juvenile detention seemed to replicate itself later in life; he had been “kicked out” of a residential substance abuse program the day before we spoke. When I inquired about Jeff’s expulsion from the program, he relayed his experience being sexually harassed by one of the staff members and a failed attempt to address the issue with other staff at the program. Jeff saw the “structure and sobriety” of his residential program as key to avoiding arrest, and thus expressed a tense dependency on systems that he also experienced as abusive. In contrast to class, gender and sexual identity, and supporting findings from observational research (Engel & Silver, 2001), no interviewee perceived bias during arrest pertaining to his or her psychiatric diagnosis.  

Ultimately, both economic conditions and elements of identity beyond disability status, shaped

5 Similar to ethnoracial identity, interviewees experienced differential treatment while detained based on their psychiatric status.
conditions for and experiences of arrest.

V. Limitations & Discussion

Looking across interviewee arrest experiences and their contexts displays a rich image of the immediate factors contributing to arrest. Most participants framed arrests as the direct result of some kind of illegal activity, as involving some enactment of logical thought processes and behaviors, as involving substance misuse and social conflict, and as occurring against the backdrop of symbolic (i.e. stigma; e.g. looking “suspicious”) and material (i.e. poverty; e.g. homelessness) conditions promoting arrest. Emotions and mental health problems were directly indicated in a small number of experiences, but also seemed to interact with substance misuse or provocation in contributing to arrests. Looking across the historical and social contexts of these experiences sets this image to motion, illustrating how risk of carceral involvement resulted not from any single factor or event, but was accumulative, unfolding via complex interactions and social dynamics and enhanced by structural influences of institutionalization, drug and substance misuse criminalization, inadequate provision of subsidized housing, and economic and social marginalization.

This study draws on self-report data from a small sample of carcerally-involved individuals with SMD. By relying on self-reported arrest experiences, findings capture the perspectives of those interviewed, which may change over time and in relationship to who they are being shared with, and may or may not align with the perspectives of other observers. In addition, the study design is not conducive to statistical generalization, and the sampling strategy runs the risk of “creaming,” including perspectives from only the highest functioning individuals with SMD.

Interview data are not without their limitations. However, the approach used here allows a unique glimpse into the events and contexts surrounding arrests from the perspective of those most closely involved. While such perspective is largely missing in the academic literature, this study adds to a small body of research relying on interviews with individuals with SMD about their experience with police officers or treatment (e.g., Watson, Angell, Morabito, & Robinson, 2008; Watson, Kelly, & Vidalon, 2009), and with criminal justice actors regarding their experiences with individuals with SMD (e.g. Borum, Deane, Steadman, & Morrisey, 1998; Epperson, 2013; Wells & Schafer, 2006). In the absence of such perspectives, an incomplete
vision of carceral risk, and policies and interventions irrelevant to the needs of carcerally-involved individuals as they see them, endure. While transferable only to other individuals and locations under similar conditions, the small sample size allowed for detailed analysis of previously unrecorded processes related to the carceral involvement of individuals with SMD. In the absence of longitudinal and ethnographic work, this study’s illumination of the ways in which individual, social, and contextual factors relate to arrest is theoretically useful. Finally, creaming seems unlikely given three-quarters of participants reported receiving either Supplemental Security Income or Social Security Disability Insurance, criteria for which are stringently determined by level of dysfunction, and participants represented approximately 20% of service recipients in the City’s largest provider of services to this population, a program that enrolls only individuals considered at significant risk of reincarceration. Furthermore, given the dynamic nature of SMD, degree of functioning at the time of interview may have little relevance to one’s condition at the time of arrest.

Developing an understanding inclusive of the perspectives of individuals with SMD allows for a more complete vision of risk/need, building an understanding of arrest risk and informing our understanding of how policies and interventions resonate or fail to resonate with the needs of carcerally-involved individuals as they see them. This study’s findings take one step toward a participant-informed approach to understanding the circumstances under which individuals with SMD come to be overrepresented in carceral systems, voicing “competing needs claims” often “silenced in a risk/need logic” (Hannah-Moffat, 2005, pg. 43), and informing relevant and palatable interventions for reducing carceral involvement among this population. Findings support the role of criminal activity (Peterson et al., 2014), and substance misuse and its interaction with mental health (Baillergeon et al., 2010) in precipitating arrest. In general, substance misuse played a significant role in the lives of interviewees and was commonly associated with arrests, through both its effect on mental status and the illegality associated with illicit substances; for three-quarters of interviewees substance misuse fueled theft and social conflict, compromised the ability to avoid or navigate detection, prompted illegal drug procurement and possession, or violated community supervision terms. Findings also add to a body of literature that places interpersonal conflict (Silver, 2002), impaired social networks (Silver & Teasdale, 2005; Skeem et al., 2009), and social and economic marginality as demarcated by stigma, homelessness, joblessness and surveillance (Hiday, 1995; Silver, 2000; Watson et al., 2008) in the black box of criminogenic risk for this population.
To some degree, these findings undermine the criminalized patient approach and theories of deinstitutionalization and criminalization, which argue symptoms lead directly to re-arrest and that in the absence of mental health treatment individuals with SMD are at enhanced risk of re-arrest. Instead, findings indicate criminal activity is most often deliberate or in response to some interpersonal conflict, re-arrest commonly occurs amidst receipt of behavioral health services, and institutionalization has iatrogenic repercussions. When implicated, psychiatric symptoms are most often indirectly connected to arrest, contributing over time to social and economic exclusion or promoting substance misuse. These findings provide some support for the high risk/need offender approach and the general risk model proposed by Peterson and colleagues (2010; 2014), who suggest symptoms directly contributed to arrest for a small proportion of individuals with SMD. Support for the general risk model, however, is limited, as this study’s findings also indicate the exact role of symptoms in leading to arrest is difficult to disentangle from intoxication or emotional responses to stressful events. Peterson and colleagues’ model is based on a low proportion of interviewees reporting clear involvement or lack of involvement of symptoms in arrest. Their exclusion of cases where the role of symptoms could not be clearly ascertained likely undercounts cases in which symptoms had some role. Future research involving observations of everyday events and the transitional moments preceding arrest could shed greater light on this relationship. Finally, the participant-informed approach delineated here differs significantly from the high risk/need offender approach in that it necessitates risk be understood both longitudinally and structurally, indicating individual and modifiable risk factors amenable to quantification and experimentation are but one component of criminogenic risk/need.

These findings have important practical and conceptual implications. First, as suggested by Skeem and colleagues (2011), interventions developed to address the general criminogenic needs of individuals at risk of recidivism also have application to individuals with SMD. In addition, access to behavioral health care remains a necessity, given that for some of these individuals, mental health problems play a direct role in arrests, for others mental health problems play an indirect role, substance misuse is heavily implicated, and participants viewed social support from service providers as generally helpful. Such services alone, however, are highly unlikely to meet the array of challenges interviewees faced.

Community reentry approaches relevant to the needs identified by this population will also consider social, vocational, and environmental interventions. Mental health service
providers should consider the interpersonal relationships in the lives of carcerally involved individuals with SMD, recognizing these individuals are often involved in romantic relationships and connected to family systems. Although seldom available within existing public mental health funding systems, results indicate service recipients would benefit from couples or family therapy and assistance in assessing the deleterious and supportive relationships in their lives, developing and refining communication skills, navigating conflict, and overcoming shame. In addition, programs that provide opportunities for meaningful daily activity, while building social and vocational skills, align with results indicating that arrests occur in the absence of these skills and activities. While access to housing was also a critical element to reducing risk of arrest for interviewees, the degree to which such access reduces risk of arrest appears highly dependent on the nature of that housing and the neighborhood context in which that housing exists. Such results are congruent with previous research indicating the environmental conditions of SRO hotels can be traumatogenic (Knight et al., 2014). Appropriate housing models will vary based on the individual, with those with long histories of substance misuse and unclear commitments to sobriety more appropriate for harm reduction-based approaches, and those without substance misuse challenges or commitments to sobriety more appropriate for abstinence-based housing. The effect of such housing is optimized when located in environments that enhance quality of life. Finally, because early institutionalization contributes to the accumulation of risk, secondary prevention strategies that present alternatives to early institutional involvement and maintain opportunities to develop human capital are fundamental to decreasing carceral entrenchment for this population.

Participant narratives also necessitate three conceptual shifts for understanding carceral involvement for individuals with SMD. First, descriptions of arrests and life histories highlight the importance of viewing these individuals as more than their diagnostic labels. Defining individuals with SMD as a “high risk population” based on diagnostic status may actually work to obscure factors causally relevant to arrest (i.e., substance misuse, inadequate access to housing), while simultaneously reifying stigmatizing notions of inherent deviance. To better understand their system involvement, these individuals should instead be recognized as holding intersectional identities (i.e., gender, sexuality, and ethnoracial), all of which influence risk in addition to disability status. Second, these narratives demonstrate the way in which risk is not best understood as an isolated independent variable, but as accumulative and unfolding through complicated multivariate processes and dynamic interactions. Findings support Frank and
McGuire’s assertion that “the full effect of mental illness on crime goes beyond a contemporaneous causal relation” (2010, p. 3), and also support consideration of life course approaches to understanding risk (Fisher, 2006). SMD itself manifests dynamically, at one moment in time relating directly to arrest, at other moments interacting with common risk factors, and having varying effects on opportunities and relationships over the life course. Finally, findings indicate that risk is not individually determined, and suggest criminologists also consider multi-level models of risk, such as the “risk environment” framework proposed by Rhodes (2009) and used in public health scholarship (Knight et al., 2014); the extreme degree of social and economic marginalization experienced by interviewees stresses what John Stuart Mill (1848/1909) referred to as the “vulgarity” of failing to consider the “[effects] of social and moral influences upon the human mind.” The participant-informed, stakeholder situated, conceptualization of risk for carceral involvement among individuals with SMD avoids such vulgarity by calling for research that looks beyond the individual, to ways in which policies and interventions can diminish sociostructural barriers to avoiding carceral entrenchment and enhance quality of life.
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