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Recognizing Perspectives on Community Reentry From Offenders With Mental Illness: Using the Afrocentric Framework and Concept Mapping with Adult Detainees

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Abstract

By using concept mapping techniques and incorporating the Afrocentric framework, the study demonstrated that people with mental illnesses, when asked and provided the means to participate, can engage in meaningful identification of their needs, service conceptualization and prioritization. They provided 13 service area needs that included 104 indicators of their success when returning to the community. The identification of these indicators of success is helpful to program developers so that they can address the challenges of the consumer and move offenders with mental illness toward independent living. Implications of the findings for social workers and public health professionals working in the corrections field were explored and discussed.

Keywords

offenders with mental illness; community reentry; Afrocentric social work; concept mapping

The Bazelon Center for Mental Health Law (2000) reported that 10 to 30 percent of inmates in local detention centers require mental health treatment. This special population represents many different demographic characteristics (Bazelon Center, 2000; Bazelon Center, 2001; Harrison & Karberg, 2003; Hill, 2000; Stephan 2001). However, there is a clear overrepresentation of persons of color, particularly African Americans (Stephan 2001; Substance Abuse and Mental Health Service Administration, 1995). Of the estimated 700,000 persons serving time in jails midyear 2002, 40% of inmates were African American, with a similar proportion of that requiring care for mental health concerns (Harrison & Karberg, 2003; Lamb & Weinberger, 1998; Pastore & Maguire, 2000; Stephan 2001).

Though scholars have recommended that consumer voices be acknowledged in their recovery (Acosta & Toro, 2000; Glass and Arnkoff, 2000; Ridgeway, 1988; Schiele, 2000), there is still a disconnect between the goals and objectives of the participants of community reentry programs and the views and perspectives of those who try to help them (Acosta & Toro, 2000). At times, wide differences exist between the needs and preferences for services and supports (Campbell, 1998). Given that almost half of the inmates in jail are African American, a 5 to 1 incarceration rate compared to Whites (Harrison & Karberg, 2003), it is essential for their needs to be acknowledged and enforced in practice. These clients may then have a better chance of receiving the necessary services to successfully live in the community.

Chissell (1994) noted that the development of mind, body, and spirit (a social element) is the hallmark of reaching a state of optimal health. With this interconnectedness in mind, the recovery process of offenders with mental illness (OMI) should focus on developing and fortifying foundations in all areas of living and not just have the objective of stopping recidivism to denote a success, as most jail programs do now. This framework is particular to the principles of the Afrocentric paradigm (see Graham, 1999; Mbiti, 1970; Schiele, 1996; 1997), highlighting that if one part of the system is faltering, it will continue to struggle until other parts facilitate its recovery. It is significant to note that these principles are considered universal and can be utilized to address the development of all groups of people.

The author believes that by developing programs with client-centered outcomes based on social work values and strengthened with an Afrocentric framework, OMI could increase their social networks, social supports, and overall health, ultimately enhancing their quality of life. Accordingly, the primary question that guided this research was: What does successful community reintegration mean to an offender with mental illness? The objective included identifying the outcomes and occurrences persons receiving jail-based mental health care considered successful once they returned to the community. The study crystallized the events that this group determined to signify that they are doing “okay” in the community. It also revealed whether or not the voices of OMI, consumers, were being heard or if the program staff established the major goals and outcomes for the participants independently. The research clarified several issues: 1) indicators of successful reentry for inmates with mental health needs; 2) service areas that will help the consumers remain in the community; and 3) if there is a congruency of ideas regarding outcomes between the consumers that were in jail, the persons that are experiencing the social and mental health issues, and the professional staff, the persons that are hired to service them.

Methodology

There were two phases to the study. The initial focus captured the qualitative perspectives of 30 offenders with mental illness in an urban detention center regarding successful community reintegration (Hatcher, 2007). The participants developed 104 statements, ultimately grouping them into 13 service areas, describing events that they believed to be important in their transition. For this stage of the study, the researcher examined the significance of the indicators and the extent of agreement regarding the expectations for successful reentry between the inmate groups and the jail mental health staff. Specifically, answers to the following questions were sought:

1. Which indicators of success do they think are most important?
2. Which indicators of success do they think are most feasible?
3. How do the staff ratings of indicators compare to the inmates?

Research Design

The study utilized concept mapping, a mixed methods design, with the inmates and staff of an urban adult detention center to ascertain the meaning of successful community reentry and the significance of the indicators. Concept mapping has been utilized in various mental health planning and evaluation settings (Trochim, 1989a). There are diverse ways to develop concepts, such as a simple drawing of one’s ideas or drawing ideas after discussing and clarifying a major concept with others (Novak & Gowan, 1984; Rico, 1983). This study employed the method developed by William Trochim, which combines a structured focus group process with statistical analysis, multidimensional scaling (MDS) and hierarchical cluster analysis. It visually depicts critical relationships among ideas generated by a group

and is considered a useful tool for theory development and measurement with persons who are consumers of the psychiatric community (Dumont, 1993; Trochim, 1989b; Trochim, Cook, & Setze, 1994).

Sampling

This research was intended to provide an opportunity to identify, incorporate, and strengthen consumer perspectives in the correctional mental health service delivery system. The population for this study was inmates receiving mental health treatment in a District of Columbia jail, an urban adult detention facility that houses an average of 1600 inmates daily. While the District is demographically comprised of 60% African American, 31% Caucasian and 8 % Hispanic citizens (US Census Bureau, 2000), the jail population consists, on average, of 93% African Americans, 3% Hispanics, and 2% Caucasians (DC Department of Corrections, 2003), an unbalanced representation of the city's population. All conceptual data came from inmates (consumers) receiving mental health services via the described correctional facility.

Three groups were selected for participation in this study. The first group included OMI who were housed in the mental health unit. They were identified and classified to that section because of the inmates' self-report or staff member's referral or because a community agency relayed mental health information regarding a diagnosis of schizophrenia or schizoaffective disorder, bipolar disorder, or depressive disorder; and because the staff person determines that it is in the inmate's best interest to be housed on the special unit. From sampling the entire mental health unit, twenty-two of the twenty-seven (81%) available detainees (those cleared to interact with a visitor) agreed to participate. The second group consisted of ten additional inmates with mental health needs housed in the general population unit. Overall, thirty-two inmates consented to the study. Considering dropouts and court dates, a total of thirty OMI (twenty-two men and eight women) completed the concept mapping activities.

The inmate sample consisted entirely of people of color—90 percent of the inmate sample reported that they were African American, two were Native American (7%), and one was Hispanic (3%). The mean age of the participants was thirty-nine years old ($SD = 11.6$), with a range of twenty to sixty-two years. The mean age for first mental health treatment was twenty-five years old ($SD = 9.4$), with a range of twelve to forty-seven years. Fifty-three percent reported a current diagnosis of schizophrenia, 17 percent bipolar disorder, and 10 percent a depressive disorder. Seventeen percent reported they did not know their mental health diagnosis, and three percent denied having a mental health diagnosis. Almost all participants (83%) reported a problem with substance use.

The third group consisted of eleven staff participants, sampled based on purposiveness, the staff being assigned as permanent personnel to the mental health units, and convenience (the availability of the worker during the study). All the staff member participants were African American, 73 percent were female, 54 percent were mental health counselors in the jail, 18 percent were psychiatric nurses, 18 percent were correctional officers, and nine percent were substance abuse counselors.

Data Collection

Each group met separately for this process. A focus statement was used to guide the generation of statements as to identify indicators of successful community reintegration for offenders with mental illness. The statement was operationalized as: "Generate statements that describe specific things that indicate a successful community reentry for you." In conducting the focus group, the focus statement was further specified as: "What one thing

describes a successful return to the community for you?” This was asked repeatedly to generate as many “one things” as possible.

Participants in each of the three groups were then asked to rank the statements on 1) importance of achieving and 2) feasibility of obtaining. Concepts Systems software was utilized to analyze the data from the 41 participants.

Concept Mapping Rating Results

Drawing heavily on the ideals of interdependence between the client and the researcher to develop programs for practice, the researcher initiated the study to explore the consumer’s voice and see if there were any additional avenues of services for reentry being requested by OMI aside from the standard institutional outcomes. OMI generated 104 statements that described a successful community reentry (Hatcher, 2007). The statements were then grouped into the following 13 clusters (service areas): criminal justice, educational, employment, faith-based, healthy relationships, housing, independence, quality of life, recreational, social responsibilities, transitional health care, transitional social services, and volunteer. The entire list of 104 statements is available from the author. The concept map and resulting pattern matches were developed to facilitate answering the following research questions:

Which indicators of success do they think is most important?

Participants rated each of the 104 indicators of success statements. The importance ratings included a Likert-type response scale where 1 = not at all important, 2 = somewhat important, 3 = important, 4 = very important, and 5 = extremely important. The 1 to 5 rating data was averaged across persons for each item. These averages ran from 2.10 to 4.38.

By examining the indicators (statements) individually, the top five ranked statements of importance were: knowing about free/low cost resources; not homeless; keeping self clean; having medical services; and not having jail record follow you. The list also provided details of needs beyond the basic needs of food and water (nourishment). Statements such as “showing family that you can do better”; “doing what you are supposed to do”; “having a positive frame of mind” and “being the best that you can be” were also rated as very important. It appears that participants wanted the basic areas of living addressed, as well as focusing on how to integrate themselves into the community, tenets of the framework of this study and means to facilitate their ascension into a successful life.

The five lowest ranked statements of importance included:

- going to the museums;
- going out to eat;
- going to the movies;
- able to take people out; and
- maintain/get back personal belongings

Four of these statements dealt with consumers socializing and developing relationships with others. Based on the principles from the Afrocentric framework, it would seem that these items would have been ranked much higher- supporting the assumption that developing social liaisons is very important. Though they were considered important enough to mention in the brainstorming session, participants generally ranked them in the “somewhat important” category. Participants indicated that these recreational options were not as important as developing transitional services and building their independence. Thus,

program managers should not make this area the primary objective of a program. However, because it was noted in the brainstorming session, some attention should be placed on it for optimal development.

Which indicators of success do they think is most feasible?

The researcher entered the ratings for feasibility as completed by the 41 participants for each of the 104 indicators of success statements. The ratings consisted of a Likert-type response scale where 1 = not at all easy, 2 = somewhat easy, 3 = easy, 4 = very easy, and 5 = always easy. The 1 to 5 rating data was averaged across persons for each item. These averages ran 1.68 to 3.38.

The highest ranked statements regarding feasibility were: keeping self clean; good grooming; and religious freedom. Participants felt that practicing good hygiene was not only important but easiest to do out of all of the measured outcomes when reintegrated into the community. Participation in faith-based activities was also ranked as the easiest things to do upon release from jail. One participant indicated that he had a “church-home” where the members supported him and were ready to help him find a job when he got out. He also stated that he would be attending a support group at the church as well. These ranked statements support the African-centered assumptions that spiritual development and connections to people in the community are essential. This finding is timely in that faith-based services are no longer viewed as an informal avenue for community mental health treatment and resources and more federal funding has been designated for these institutions. This philosophy shift may affect and solidify the emphasis on the optimal health focus held by Afrocentric social work practitioners and public health workers.

The indicators of success that were ranked least easy to achieve once back into the community included criminal justice based and independence focused items. Participants noted that the hardest thing to do once released was “not having jail record follow you” and “making court payments.” They stated that wherever they went for services, there would be barriers because of the criminal history, not so much their mental health. Stereotypes of trouble-maker and ex-con would be used to label them and hinder their receipt of service. The other least easy statement- no payee for checks (someone that signs for their checks)- dealt with their independence, which was also tied to the perceptions of how people thought of them. The statements ranked the hardest are correlated with the amount of control that the consumer has over his/her life. The identification of these particular indicators of success is helpful to program developers so that they can address the barriers of having a jail record negatively affect the consumer and move OMI toward independent living.

Pattern Matching Results

Pattern matching methodology compares, both visually and statistically, one group’s ratings pattern directly with another (Trochim, 1996). It always involves two patterns and is done at the level of cluster ratings. In other words, it compares the patterns that results from the measurements taken at the statement level, aggregated within each cluster. The measurements for this study are the importance ratings and the feasibility ratings. Sharply angled lines suggest a “disconnect” between groups on that theoretical rating; horizontal lines suggest agreement. Along with the visual angled lines, each pattern match generates a correlation coefficient that describes the strength of the relationship or match between the two groups- values near 0 indicate the absence of a match; values close to either pole indicate stronger matches.

How do the staff ratings of indicators compare to the inmates?

Importance Rankings—The first pattern match compared the importance ratings of the inmate group with the importance ratings of the staff group. The rating sheet listed each statement followed by a Likert-type response scale where 1 = not at all important, 2 = somewhat important, 3 = important, 4 = very important, and 5 = extremely important. Figure 1 provides an illustration of the resulting concept ladder graph. The left axis represented the inmates' ratings of importance for the 13 clusters, ordered by their rank, and the right axis represented the staff's ratings. Inmate participants' highest ratings were 3.89, with staff participants' highest ratings being 3.86. The resulting correlation coefficient, $r = .95$, indicated high agreement between these two groups. That is, the correlation .95 is approaching one, which denotes that it is approaching the presence of a perfect match on how the two groups think regarding the importance of each of the 13 clusters.

When comparing the ranking of the clusters on the vertical axes for importance, many of the clusters were ranked similarly. Quality of life indicators of success ranked highest among inmate participants. They indicated that events such as being in a clean environment, having plans to look forward to, and adding positively to surroundings were the most important aspects of returning to the community for them. In other words, statements related to the interconnectedness in the community and their spiritual/social development were ranked as essential to OMI. Staff participants thought that quality of life issues were important as well, ranking it fourth from the top; however, criminal justice indicators were rated as the highest importance for this group.

The strongest cluster disconnect appeared to be the criminal justice cluster, the top cluster for the staff group and the fourth from the top for the inmate group (see Table 1). This is an example of where program managers and coordinators focus on institutional outcomes, traditional program goals, as the primary indicator of the inmate's success. There was also a large disconnect for transitional health care indicators, e.g., taking medications, keeping appointments with doctors, individual counseling.

Overall, the ratings of indicators of success for the inmate group and the staff group were very similar and almost a perfect match. In reviewing Figure 1, the lines that connect the two axis on the pattern match were virtually horizontal. There was very little disconnect dispelling the belief that staff and program participants have different views of what is important when returning to the community successfully. Both groups also ranked recreational activities as the lowest events that needed attention upon release.

Feasibility Rankings—The second pattern match compared the feasibility ratings of the inmate and staff groups (see Table 1). The rating sheet listed each statement followed by a Likert-type response scale where 1 = not at all easy, 2 = somewhat easy, 3 = easy, 4 = very easy, and 5 = always easy. The first column, representing the left axis, represented the inmates' feasibility ratings of the 13 clusters and the second column, the right axis, represented the staff's ratings. The resulting correlation coefficient, $r = .78$, indicated a strong agreement between these two groups. That is, the correlation .78 was approaching zero one, which indicated that it is approaching the presence of a perfect match on how the two groups think regarding the feasibility of the 13 clusters. The ratings for inmate participants ranged from 3.21 to 2.23 and the staff participants ratings ranged from 2.82 to 1.95.

It is noteworthy to mention that there were differences in the strength of the correlations for importance and feasibility. There was a much stronger agreement, .95, regarding the importance of the indicators than on how easy it would be to achieve the indicators of success. Both groups noted that faith-based activities would be the easiest for OMI to obtain;

quality of life indicators of success were also ranked the same by both groups, the second easiest. Similarly, both groups perceived obtaining employment and independence to be the most difficult areas to achieve once released. As indicated previously, these areas of control that seemed to be out of reach for the offenders with mental illness would be an area of high concern for program managers. There is a need, based on the framework of this study, to facilitate this development area for the consumer.

The consensus ended with the aforementioned areas. Table 1 displays the disconnect between feasibility ratings for recreational activities, with inmates believing it would be easier than the staff members. Inmate participants also noted that housing would be an area that would be a challenge for them to achieve, however staff participants noted that it would not be as difficult as the inmates rated.

Because of the higher disconnect between the feasibility ratings, attention may need to be directed to how programs prepare offenders with mental illness to achieve these indicators of success. It may be that staff members of reentry programs believe that the events they want the members of these programs to complete may not be as easy as they think. Again, it goes back to being client-centered and starting where the client is when developing goals in the treatment plan and assessing them.

Within Group Rankings—To explore within group differences, it is central to look at how each group rated both of the reentry service areas (clusters). One of the secondary pattern matches created examined how the inmate groups rated the clusters on importance and feasibility together. With $r = -.38$, there was very little match or agreement with the ratings. The quality of life indicators were thought to be both very important and very feasible, but other clusters were rated as important but not rated as easy to obtain in the community. Housing was rated near the top of the importance scales for inmates, but near the bottom of the feasibility scale. Figure 2 shows a comparison of the two axes. The pattern match indicated that though offenders with mental illness perceive certain service areas to be important to their reentry into the community, they do not believe it will be as easy for them to obtain those services. These ratings may be based on “user experience” that have them jaded and not perceiving much feasibility; this would certainly be a conceptual and procedural emphasis for program developers.

Staff participants also rated both the importance and feasibility of the indicators of success in the community (see Table 2). As in the inmate group, there was very little agreement regarding how integral the reentry cluster was and how easy it was to obtain, $r = .13$. However, there was much less of a disconnect in the rating of a service area’s importance and its feasibility. Staff tended to rate the items as very important and also rated them as feasible, but not as easy.

The fact that staff also is aware of feasibility issues should indicate that services will be changed, but considering the feasibility comparisons, staff do not think it is “as hard” as the inmates do. Unless more knowledgeable service providers become more active in the criminal justice institutions, this fundamental difference of perspectives will continue to be one of the barriers that offenders with mental illness face.

Social Work and Public Health Implications

As mentioned previously, most jail-based reentry programs tend to focus on institutional outcomes and other agency-based measures, e.g., no arrests, no hospitalizations, no homelessness to determine success. These goals are needed in the recovery and stabilization of the offender with mental illness being released from jail, however there are other

important factors that the current programs do not monitor or concentrate on. With an attempt to explore beyond the standard, the Afrocentric paradigm was utilized as the foundation of this research because of its convictions to seek and provide optimal health to individuals. Optimal health was defined as addressing all areas of living for a person- the physical (body), as well as the social (spirit) and mental (mind) aspects of a human being. It is considered a comprehensive approach to service delivery for clients.

From the findings, we see that there are discrepancies in how jail service providers think certain outcomes and resources can be obtained and how OMI, clients of the community mental health system, perceive the ease of obtaining those outcomes. For social work and public health professionals to become essential figures within the system that delivers services to persons with mental illness in detention centers, the professions must adopt an expanded view of practice. Adhering to the Afrocentric framework, they should 1) acknowledge the difficulty of achieving these indicators of success and 2) create objectives and goals that facilitate the process of reintegration into the community. The statements provided by the inmate participants highly support the ideals of:

- the interconnectedness value of the paradigm;
- the emphasis on spiritual development and growth to decrease social welfare problems; and
- the affective approach to knowledge is epistemologically valid.

Further examination of the responses from the participants also strengthens the argument for training practitioners to “start where the client is”, an African-centered value as well as familiar social work precept. The inmates in this study stated that program staff think that the only thing that they need to focus on is them getting their medications and not coming back to the jail; the inmates noted that there are other areas of living that need attention as well if they want to feel successful and “like everyone else.” Some of the statements (indicators of success) were not ones administrators and staff would expect to hear, e.g., wanting spirit to be lively, wanting to take others out, wanting to achieve status of no payees for checks.

Practitioners, policy makers, educators, and researchers must recognize that the subjective experiences of people with severe and persistent mental illness are important in formulating an effective response. By incorporating clients into this study, we learn that just referring the standard (limited) mental health resources from jail is not enough for OMI to survive in the community. Services were requested that were directed toward their desire for independence, faith and spiritual development, health and social service needs, education and social obligations. Based on these findings, this population wants optimal health care, a consummate provision of services that cater to all aspects of their lives, which requires the best emotional health, physical health, intellectual health, and spiritual health awareness.

Though there were challenges in conducting this study in an adult detention center, it provided a voice to those clients, while in one of their most oppressive surroundings. By including more experiential learning and internships in criminal justice agencies, we can re-introduce this option of service and expertise to more of our students to facilitate the understanding of the needs of our clients in their dual roles- as mental health client and criminal justice inmate.

Conclusion

Many people with mental illness are at a great risk for displacement within the community. In 1999, Ditton reported that 14 percent and 22 percent of African American and white

inmates with mental illness, respectively, were detained in local jails. By 2006, these numbers had increased considerably to 64 percent and 72 percent (James & Glaze, 2006). Once the need for the optimal health, a comprehensive mind, body, spirit focus, of OMI is acknowledged and enforced in practice, these clients will have a better chance of receiving the necessary services to successfully live in the community.

By using concept mapping techniques and incorporating the Afrocentric framework, the study demonstrated that people with mental illnesses, when asked and provided the means to participate, can engage in meaningful identification of their needs, service conceptualization and prioritization. They provided 13 service area needs that included 104 indicators of their success when returning to the community. The things that they are “supposed to do” range from following up with the formal (and expected) mental health service and criminal justice focus to building positive social, familial and spiritual relationships. The identification of these indicators of success is helpful to program developers so that they can address the challenges of the consumer and move OMI toward independent living. Special attention must be placed on 1) providing consummate care and 2) developing tools to alleviate access barriers. Innovative capacity building methods and appropriate service delivery are critical in offering this much needed client-centered practice approach.

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Figure 1.
Comparison of Inmate and Staff Responses- Importance Rankings

Figure 2.
Comparison of Inmate Responses- Importance & Feasibility Rankings

Table 1

Relative Pattern Ranking of Clusters by OMI and Staff

Importance Rankings		Feasibility Rankings	
OMI	Staff	OMI	Staff
Quality of Life (3.89)	Criminal Justice (3.86)	Faith-based (3.21)	Faith-based (2.81)
Social Responsibility	Transitional Health Care	Quality of Life	Quality of Life
Housing	Quality of Life	Volunteer	Transitional Social Services
Criminal Justice	Social Responsibilities	Transitional Health Care	Volunteer
Employment	Transitional Social Services	Recreational	Transitional Health Care
Transitional Health Care	Housing	Transitional Social Services	Educational
Healthy relationships	Employment	Healthy Relationships	Healthy Relationships
Independence	Healthy Relationships	Criminal Justice	Housing
Transitional Social Services	Independence	Social Responsibilities	Criminal Justice
Educational	Educational	Educational	Independence
Faith-based	Faith-based	Independence	Social Responsibilities
Volunteer	Volunteer	Housing	Employment
Recreational (2.39)	Recreational (2.48)	Employment (2.23)	Recreational (1.95)
	$r = .95$		$r = .78$

Table 2

Within Group Pattern Ranking of Clusters by OMI and Staff

OMI Rankings		Staff Rankings	
Importance	Feasibility	Importance	Feasibility
Quality of Life (3.89)	Faith-based (3.21)	Criminal Justice (3.86)	Faith-based (2.81)
Social Responsibility	Quality of Life	Transitional Health Care	Quality of Life
Housing	Volunteer	Quality of Life	Transitional Social Services
Criminal Justice	Transitional Health Care	Social Responsibilities	Volunteer
Employment	Recreational	Transitional Social Services	Transitional Health Care
Transitional Health Care	Transitional Social Services	Housing	Educational
Healthy relationships	Healthy Relationships	Employment	Healthy Relationships
Independence	Criminal Justice	Healthy Relationships	Housing
Transitional Social Services	Social Responsibilities	Independence	Criminal Justice
Educational	Educational	Educational	Independence
Faith-based	Independence	Faith-based	Social Responsibilities
Volunteer	Housing	Volunteer	Employment
Recreational (2.39)	Employment (2.23)	Recreational (2.48)	Recreational (1.95)
	$r = -.38$		$r = .13$