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Life After: Examining the Relationship Between Socio-behavioral Factors and Mental Health among African American Ex-Offenders

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Abstract

Mental health problems are three times higher among prisoners than the general population. After release, reentry barriers and other factors can exacerbate mental problems. This study of 250 African American ex-offenders examines the relationship between socio-behavioral factors and mental health. Independent variables included self-reported health, alcohol use, employment, and history of mental problems before prison. Covariates included the number of immediate family with mental problems and the number of serious conflicts with family members or friends. Analyses revealed that men who had serious conflicts, used alcohol more often, reported less than excellent health, and not employed were more likely to report being troubled by mental problems. Family mental health history was not statistically significant. The current study adds to the literature by identifying selected factors associated with the mental health of African American male, ex-offenders. Findings from this study can inform interventions to address mental health issues and reduce recidivism.

Keywords

reentry; ex-offenders; mental health; African American men; Black men

Introduction

Approximately 18% of all U.S. adults experienced a mental health problem in 2014 (Center for Behavioral Health Statistics and Quality, 2015). Among correctional populations, the most recent data estimate that mental health problems are more than triple the general population. Prisoners with mental health problems are more likely to be repeat offenders and

to have committed their offense under the influence of alcohol or other drugs in comparison to prisoners without any mental health problems (Baillargeon et al., 2009).

Racial Disparities in Mental Health Risk

African Americans represent the largest incarcerated racial group (35%), despite comprising 13% of the general population (Carson, 2016; U.S. Census Bureau, 2015). Additionally, research has shown that African American males serve longer sentences for similar offenses committed by White males, especially in cases involving drugs (Mitchell, 2005). Racial disparities, such as these, continue after release and manifest into critical barriers to reentry for African American men including disenfranchisement, difficulty in earning and maintaining employment, and health (Roberts, 2004; Smith & Hattery, 2010). As a result, formerly incarcerated persons must depend significantly on family and/or friends to provide financial assistance and living arrangements. Those that do not have adequate support and opportunities including employment may experience alcohol and drug-related problems, exacerbated health issues, and limited access to mental health services that could lead to rearrests and reconviction (Cobbina, Huebner, & Berg, 2012; Cooke, 2005; Freudenberg, Daniels, Crum, Perkins, & Richie, 2005; Xanthos, Treadwell, & Holden, 2010). Few studies have examined socio-behavioral factors and mental health among such a group at high risk to experience these issues. Therefore, the purpose of this study is to examine the relationship between socio-behavioral factors and mental health of drug-using, African American men, one year after release from a state prison.

Need for Prison-based Mental Health Services

Higher rates of mental health problems among the incarcerated population may be due to the use of correctional facilities as a perceived feasible alternative for mental health treatment facilities. Lamb and Weinberger (2005) explain that this phenomenon occurred as a result of: 1) deinstitutionalization, otherwise known as a reduction in state hospital beds in lieu of short term, community-based mental health services; 2) lack of access to services to adequately address mental health problems; 3) non-violent offenses committed by persons with mental health problems, along with the subsequent increase in the correctional population over the past four decades; and 4) a reduction in the interest to maintain community mental health programs and funding. In efforts to address mental health care, state and federal correctional facilities conduct mental health screenings and assessments at intake, may offer counseling and therapy, and may provide treatment with psychotropic drugs. Beck and Maruschak (2001) reported that maximum or high-security state facilities were more likely to implement policies on mental health to provide these services than minimum-security state facilities. However, most prisoners are incarcerated in minimum to medium-security facilities (Stephan, 2008). A low priority on mental health policies and services in minimum to medium-security correctional facilities could explain why only 34% of state prisoners reported receiving treatment for their mental health problems during incarceration (James & Glaze, 2006). Fewer federal prisoners (24%) and jail inmates (17%) reported receiving treatment for mental health problems during their incarceration (James & Glaze, 2006).

Moreover, prisoners who may need mental health services could be overlooked. For example, women prisoners and White prisoners reportedly have more mental health problems than men or prisoners of other races (Ditton, 1999; James & Glaze, 2006). However, race-based negative stereotypes could lead to underdiagnosing, lack of appropriate assessments, and less offers for mental health services for African American prisoners (Thompson, 2005). Cultural norms, such as negative attitudes of mental health held by family and friends, and fear of stigma could also result in the underreporting of mental health service needs among African American men (Holden, McGregor, Blanks, & Mahaffey, 2012). Potential missed opportunities may result in African American men going untreated or undertreated while incarcerated and experiencing the same or exacerbated mental health problems after incarceration.

Barriers to Access Health Services

Once released, former prisoners often face many barriers toward fully integrating back into society. Financial support (and employment), access to health care, and housing are all significant barriers former prisoners must overcome after release (Visher, Naser, Baer, & Jannetta, 2005). Former prisoners with mental health problems often face additional significant socio-behavioral factors that serve as barriers to their integration back into society including: alcohol use or dependency, other drug use, and unemployment (Ditton, 1999; James & Glaze, 2006; Visher, Naser, Baer, & Jannetta, 2005). The sum of these barriers plus the stigma of being an ex-offender increases their need to depend on family and other members of their social support networks.

Social Support Networks

Mental health is directly associated with social support received from family and friends (Nurse, Woodcock, & Ormsby, 2003; Wallace et al., 2014). Therefore, the relationships between a formerly incarcerated individual and their network of family and peers are paramount to their successful reentry. Culturally, African Americans have established networks of extended family and friends for strength and support. These networks are used to cope with racism and oppression and to deal with issues in times of crisis (Hines and Boyd-Franklin, 2005). The members of these networks or “kinship bonds” (Hines and Boyd-Franklin, 2005, p. 88) typically consist of immediate and extended family, friends, neighbors, and other people such as “uncles, aunts, big mamas, boyfriends, deacons, and preachers” (White, 2004, p.7). In addition, these networks serve as a critical role in providing support for recently released ex-offenders who return home with several needs but lack access to and availability of resources (Drakulich, Crutchfield, Matsueda, & Rose, 2012).

Visher, Kachnowski, La Vigne, and Travis (2004) described that many ex-offenders depend on family for emotional support, financial support, and housing needs. However, Visher and colleagues (2004) also described that negative relationships with family members may contribute to an ex-offender’s decision to engage in substance abuse and return to criminal behavior. For example, a negative relationship could be defined as having a family member with a history of justice involvement or who has an alcohol or substance use disorder.

Overall, the conditions of the community in which former prisoners return to (e.g. levels of employment, crime, availability of resources, and family dynamics including the relationships with family members and availability of social networks) have a significant role in protecting against or contributing to recidivism (Hipp, Petersilia, & Turner, 2010; Kubrin, Squires, & Stewart, 2007; Reisig, Bales, Hay, & Wang, 2007).

Present study

The conceptual model of individual transitions from prison to community (Visser and Travis, 2003) informs the direction of this study and serves as a relevant and applicable framework. In this framework, the reentry process was examined as interactions between four dimensions (individual characteristics and circumstances, relationships with family, community characteristics, and state policies) and across four periods of time (pre-incarceration, during incarceration, immediately after release, and months and years after reintegration). This study focused on socio-behavioral factors and mental health issues in three of the four dimensions and three of the four time periods. Specifically, this study examined associations between individual factors (current and prior health, receipt of mental health care during incarceration, alcohol use, and employment) and family and community factors (history of mental health problems in immediate family and conflict with family and members of social network) across periods prior to, during, and after incarceration (see Figure 1).

The present study provides insight on the significance of these factors in relation to experiencing mental health problems. The main research question for the present study is: Are individual socio-behavioral factors and family and community issues associated with the mental health of African American ex-offenders? We hypothesized that men who had history of mental health problems, did not receive care for mental health problems during incarceration, reported their current health as poor, did not have any current employment, and engaged in frequent alcohol use would be more likely to experience mental health problems after incarceration compared to men who did not have those experiences. We also hypothesized that men with family members who had a history of mental health problems and had a serious conflict with their family or friends would be more likely to report mental health problems after incarceration compared to men who did not have those experiences.

Methods

Participants

Data were collected from 661 drug-involved men from four Kentucky State correctional facilities as part of a larger project examining health and health service utilization (e.g., Hiller et al., 2009; Leukefeld et al., 2006; Narevic et al., 2006; Webster, Mateyoke-Scrivner, Staton, & Leukefeld, 2007). The inclusion criteria for the original study consisted of participants that self-reported drug use at least 3 times per week during the year prior to incarceration, had no past or current charges of murder or rape, were soon to be released, and had an interest in participating in the study. For this study, secondary data analyses were performed including only men who self-identified as African American and completed a follow-up interview, $N = 250$. Descriptive characteristics of the study sample are presented

in Table 1. The mean age was 33.8 years with an average of 11.7 years of education that ranged from 7th grade to four years of college. Additionally, participants spent about 66 months incarcerated in their lifetime.

Procedure

The study was approved by the University Institutional Review Board and state Department of Corrections. Informed consent was obtained by research study staff from eligible participants who agreed to voluntarily complete two interviews. Interviews were conducted face-to-face in a private setting by trained researchers at two points: 1) baseline – while incarcerated and 2) follow-up – approximately one year after release from a correctional facility. Each interview lasted approximately two hours and included questions that covered topics of general health, mental health, substance use, and family and social relationships and support. Participants received \$50 compensation for completing each interview.

After the baseline interview, research staff maintained regular contact with participants through their release and return to the community. Participants were contacted using methods that included mailed letters, phone calls, and/or home visits. Follow-up interviews were scheduled approximately one year after incarceration and conducted similarly to baseline interviews, face-to-face with trained research staff.

Measures

The following measures were selected for this study.

Dependent variable

Mental health problems: Mental health problems were measured utilizing one question from the Psychiatric Status subscale of the Addiction Severity Index (ASI), 5th edition. The ASI is widely used and has been shown to be a valid and reliable instrument among incarcerated and formerly incarcerated populations (McLellan et al., 1992). Participants were asked, “How much were you troubled or bothered by any psychological/emotional problems in the past 30 days (you were on the street)?” Responses were coded on a Likert scale from: 0 = “not at all” to 4 = “extremely”. For this study, mental health problems were defined as: 1) a current psychological or emotional problem; 2) a recent history (past 30 days) of receiving treatment or overnight stay in the hospital; or 3) a clinical diagnosis from a mental health professional.

Independent variables

Self-reported health: Participants were asked “Would you describe your health since your (baseline) interview with us as...?” Responses were re-coded on a Likert scale from 1 = “fair or poor” to 4 = “excellent”.

History of mental health problems: History of mental health problems was assessed with one self-reported measure that asked “Have you (even if no treatment was sought) experienced nervous or mental health problems such as nerves, stress, anxiety, depression, manic depression in the year prior to your last incarceration?” Responses were either 0 = “no” or 1 = “yes”.

Mental health care during incarceration: Participants were asked “Did you receive care for mental or nervous problems during your incarceration?” Responses were either 0 = “no” or 1 = “yes”.

Alcohol use: Participants were asked “Which best describes your pattern of alcohol use since the last interview?” This question assessed alcohol use one year since release. The original question included twelve categories measuring use “never in large amounts”, “sometimes in large amounts”, and “usually in large amounts”. In effort to reduce the number of categories and better explain the pattern of alcohol use, this measure was recoded with the following responses: 0 = “did not use”, 1 = “1–2 times/month”, 2 = “1–2 times/week”, 3 = “3–5 times/week”, and 4 = “almost every day”.

Employment: Participants were asked “In your last 30 days on the street, did you receive money from employment (net income)?” Responses were either 0 = “no” or 1 = “yes”.

Covariates—Demographic information including age, years of education, and lifetime length of incarceration were assessed in follow-up interviews and included as potential covariates in the bivariate and multivariate analyses. Covariates also included the number of immediate family members who experienced mental health problems and the number of serious conflicts with family members or friends. The number of serious conflicts was a composite measure constructed by summing scores from a series of dichotomous questions that asked, “Have you experienced serious problems in getting along with the following people since your last interview?” The list of people included: “mother,” “father,” “brothers or sisters,” “sexual partner or spouse,” “children,” “other relatives,” “friends,” “neighbors,” and “co-workers.”

Analytic Plan—The current study was conducted by performing a secondary data analyses of information collected during follow-up interviews. Spearman’s rho correlation coefficients were computed to assess the relationships between the study outcome and independent variables and demographic information (see Table 2). Age, years of education, and length of lifetime incarceration were not statistically significantly associated with how much the participants endorsed being troubled or bothered by psychological or emotional problems. An ordinal logistic regression analysis was performed to determine to which extent do the factors men face after release from prison (e.g. health, alcohol use, serious conflict with family and social networks, employment, previous history of mental health, receipt of mental health services during incarceration, and family history of mental illness) increase the odds of being troubled by psychological problems. Tolerance and variance inflation factors were satisfactory, indicating no multicollinearity between the independent variables. The data also met the proportional odds assumption. SPSS Inc. PASW (Predictive Analytics Software) Statistics 22.0 software was used to conduct all analyses.

Results

The results of this study support the first hypothesis and some of the second hypothesis; only family mental health history was not statistically significantly associated with how much the participants endorsed being troubled or bothered by psychological or emotional problems.

Almost 29% of the participants reported being “slightly” to “extremely” troubled or bothered by psychological problems (See Figure 2). Additionally, 20% reported experiencing mental or nervous problems in the year prior to incarceration. However, only 37% described being in excellent health (See Figure 3). About 72% of the sample reported using alcohol since their release and 70% reported receiving money from employment. More than 40% reported having a serious problem with at least one person in their family or social circle. Lastly, less than 10% had one or more immediate family members with current or history of mental problems.

Results from the ordinal logistic regression are presented in Table 3. The ordinal logistic model improved the ability in predicting the outcome ($-2 \text{ Log Likelihood} = 328.10$) compared to the intercept only model ($-2 \text{ Log Likelihood} = 432.81$) that did not factor in the independent variables ($\chi^2(12) = 104.72, p < .001$). According to the Nagelkerke R^2 , 41% of the variance was explained by the dependent variable. Men who reported being in very good health were 3.74 times more likely (95% CI, 1.55 to 9.07) to be troubled by psychological/emotional problems than men who reported being in excellent health, Wald $\chi^2(1) = 8.54, p < .01$. Men who reported using alcohol almost every day were 4.63 times more likely (95% CI, 1.58 to 13.50) to be troubled by psychological emotional problems than men who reported no alcohol use, Wald $\chi^2(1) = 7.85, p < .01$. For every unit increase in serious conflict with a family member or friend, men were 2.01 times more likely (95% CI, 1.53 to 2.65) to be troubled by psychological/emotional problems, Wald $\chi^2(1) = 24.80, p < .001$.

Additional results examining individual factors continue below. Men who did not receive money from employment were 2.04 times more likely (95% CI, 1.04 to 4.01) to be troubled or bothered by psychological or emotional problems than men who did receive money from employment, Wald $\chi^2(1) = 4.33, p < .05$. Men who experienced mental problems in the year prior to incarceration were 3.86 times more likely (95% CI, 1.79 to 8.32) to be bothered by psychological or emotional problems within a year of release, Wald $\chi^2(1) = 11.87, p < .01$. Lastly, men who received care for mental or nervous problems during incarceration were 8.43 times more likely (95% CI, 3.20 to 22.16) to be bothered by psychological or emotional problems within a year of release, Wald $\chi^2(1) = 18.65, p < .001$.

Discussion

The current study examines associations between individual variables and family and community characteristics among drug-using African American male, ex-offenders. Approximately 29% of these men self-reported having any mental health problems. Overall, our findings suggest that receiving mental health services during incarceration, alcohol use, and having a serious conflict with members of a social support system are significant factors associated with the mental health of ex-offenders. Furthermore, a lack of employment, having a prior history of mental health problems, and less than excellent levels of self-described health are also significantly associated with the mental health of ex-offenders after release.

Mental Health

As expected, men with a history of mental health problems were more likely to be bothered by psychological or emotional problems within a year of release. However, only 10% of the men reported receiving mental health services while incarcerated (Table 1). The importance of examining this relationship was to highlight the disparity in persons receiving mental health services while incarcerated and the potential missed opportunity of correctional facilities to address the mental health needs of prisoners (James & Glaze, 2006). In our study, more than one-fifth of the sample had a history of mental health problems but only half of those men endorsed receiving mental health care services during incarceration (see Table 1). There was also a significant association for experiencing problems after release among those whom received mental health care services. These findings could be explained by the potentially negative effects of incarceration itself on mental health (Birmingham, 2003; Willmott & Van Olphen, 2005). Men could possibly leave prison with mental health problems that were not addressed adequately or at all; or problems that have become far worse than before they entered a correctional facility. Therefore, these issues stress the importance of connecting persons leaving incarceration to help resources and reentry programs that include a focus on mental health.

Strategies to address these issues should include community diversion programs with individualized mental health treatment, especially for non-violent offenses. One example is the implementation of mental health courts, like drug courts, which utilize a therapeutic approach to recommend tailored mental health treatment and monitoring for offenders with mental health problems in place of traditional charging and sentencing to incarceration (Steadman, Davidson, and Brown, 2001). Evaluations of mental health courts on the west coast and in the southeastern part of the U.S. found that they were effective in reducing the re-arrest and conviction for new charges among justice involved persons with mental health problems who completed the programs (McNiel and Binder, 2007; Moore and Hiday, 2006). Strategies should also include establishing standards for the quality of and access to mental health care services within correctional facilities and ensuring continued access to treatment and other resources for reentry. In addition to providing linkages to care for former inmates, efforts should include providing information and education to the family or support systems of the former prisoners.

Employment

There was a similarity between the percent of men who reported having mental health problems (29%) and the percent of men who did not receive money from employment (30%). The important implications of this observation may be that stable employment among formerly incarcerated African American men could be associated with reduced stress and decreased mental health problems, and could also be associated with reduced criminal activities and risk for recidivism (Freudenberg et al., 2005; Sneed, Koch, Estes, & Quinn, 2006). Visser and colleagues (2004) suggest that many ex-offenders who were successful in finding employment used their network as resources. In addition, Williams and Latkin (2007) found that just having members of one's network who were employed was associated with a lower likelihood of self-reported drug use among African American adults in high-risk communities. However, as many ex-offenders depend on their family networks for

resources, especially those with mental health problems, some families place expectations on them to find employment and contribute financially (Barrenger and Draine, 2013). These expectations can exacerbate mental health problems for those who are unsuccessful in finding work and “drive them” to engage in illegal criminal activity to earn income (Barrenger and Draine, 2013, p. 155).

Alcohol Use

Alcohol use was found to be significant in our ordinal logistic regression model. Similarly, findings from other studies suggest that alcohol use is often associated with mental health problems and should be considered when managing strategies to address mental health (James & Glaze, 2006; Wilson, Draine, Hadley, Metraux, and Evans, 2011). In addition, our finding regarding the association of one’s social network with the mental health of ex-offenders has been described in other studies. For example, Barrenger and Draine (2013, p. 168) indicated that “social disorganization” amongst family and community can affect the mental health and increase the risk of recidivism. Curtis and Schulman (1984, p. 524) also described these networks as “necessary components in future programs and services” for ex-offenders in efforts to ensure their success and reduce their risk of recidivism.

Limitations

There are several study limitations that should be noted. First, the data collected was self-reported and subject to recall bias. Second, the study only used follow-up data. There is a potential that the socio-behavioral factors examined could be the effect of persons experiencing mental health problems as much as they could be the cause. However, the study design did not allow us to determine causality. Mental health problems were measured on an ordinal scale and do not allow us to assess the differences between being slightly and extremely troubled. Another limitation is that participants were enrolled using convenience sampling. The sample represents a small group of African American men (drug-users) from one southern U.S. state and findings cannot be generalized for all justice-involved African American males. In addition, the size of the study sample may have contributed to an underestimation of the relationship between the dependent and independent variables.

The implications of the current study limitations inform the direction for future research examining mental health. This study identified the significance of specific socio-behavioral factors related to mental health problems among formerly incarcerated African American men, a group that is overrepresented in the correctional population but persistently underrepresented in research studies. There remains a need to utilize a longitudinal design to identify the causal relationship between mental health and socio-behavioral factors such as substance use, relationships with family and social support systems, and employment. In addition, future studies should examine the relationship between the living conditions of correctional facilities and quality of services offered during incarceration with experiences of mental health. Currently, correctional institutions have the discretion to adopt correctional health care standards developed by the American Public Health Association, the National Commission on Correctional Health Care, or the American Correctional Association, or choose not to utilize any of the three (Stern, Greifinger, & Mellow, 2010). Despite whether an institution has adopted correctional health care standards, prisoners may have limited

access to health care services or the services received may be substandard (Lines, 2006; Wilper et al., 2009). This issue could contribute to the lack of mental health services sought by persons during incarceration and after release.

Conclusion

The findings from this study add to the literature examining formerly incarcerated African American male prisoners. As there are cultural factors that could influence how mental health problems are identified by individuals and health professionals among African American, male ex-offenders (Perrin et al., 2014), future studies are needed that focus specifically on the mental health of this population. These factors include the dependency of African American men on their families and communities to survive after incarceration, as well as the need to protect the health of the community to which they return (Freudenberg, 2001; Freudenberg et al., 2005; Hattery & Smith, 2014). Incorporating the significant socio-behavioral factors found in this study into the reentry process, along with developing policies to reduce barriers to gaining employment and receiving government assistance, could be critical to identifying and addressing mental health problems and reducing recidivism for African American men.

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Figure 1.
 Conceptual Model of Individual and Social Factors that Contribute to Successful Reentry.
 Adapted from Visser, C. A., & Travis, J. (2003). Transitions from prison to community:
 Understanding individual pathways. *Annual Review of Sociology*, 29(1), 89–113.

Figure 2.
How troubled or bothered (are you) by psychological problems?

Figure 3.
Description of health since baseline interview

Table 1Descriptive sample characteristics (formerly incarcerated African American men, $N = 250$).

	<i>M</i>	<i>SD</i>	<i>Range</i>	<i>%</i>
Age (years)	33.81	8.87	20–66	
Years of education	11.68	1.50	7–17	
Length of lifetime incarceration (months)	65.95	51.67	3–264	
How troubled or bothered by psychological problems?	.75	1.32	0–4	
Description of health since baseline interview	2.84	1.08	1–4	
Mental or nervous problems in year prior to incarceration	-	-	-	20
Received care for mental or nervous problems during incarceration				10
Pattern of alcohol use since release	-	-	-	
Did not use				28
1–2 times/month				21
1–2 times/week				18.5
3–5 times/week				18.5
Almost every day				14
Paid employment since release	-	-	-	70
No. of family or social circle you have a serious problem with	.45	1.01	0–6	
No. of immediate family with mental illness	.11	.37	0–3	

Note. M = mean; SD = standard deviation

Table 2

Bivariate correlations matrix among study variables

	1	2	3	4	5	6	7	8	9	10
1) How troubled or bothered by psych problems	-									
2) Age	-.03	-								
3) Years of Education	.07	.20**	-							
4) Length of Lifetime Incarceration	.00	.50**	.24**	-						
5) Description of health since baseline interview	-.25**	-.17**	.15*	.01	-					
6) Pattern of alcohol use since baseline interview	.22**	-.15*	-.08	-.20**	-.00	-				
7) No. of family or social circle you have a serious problem with	.27**	-.04	.02	-.04	-.10	.10	-			
8) No. of immediate family with mental illness	.23**	.03	.07	.05	-.21**	.06	-.03	-		
9) Mental or nervous problems in year prior to incarceration	-.32**	-.09	-.21**	-.13*	.16*	-.01	.05	-.37**	-	
10) Received care for mental or nervous problems during incarceration	-.36**	-.14*	-.03	-.16*	.19**	-.00	.10	-.44**	.33**	-
11) Paid employment since release	-.17**	.17**	.18**	.21**	.19**	-.11	-.03	-.06	-.01	.03

*
 $p < .05$ **
 $p < .01$

Table 3

Ordinal logistic regression examining psychosocial/emotional problems ($N = 242$)

Model $\chi^2(12) = 104.72^{***}$, Nagelkerke $R^2 = .41$

Variables	OR	95% CI	β	SE	Wald χ^2
Description of health since baseline interview	3.74**	1.55–9.07	1.32	0.45	8.54
Pattern of alcohol use since baseline interview	4.63**	1.58–13.50	1.53	0.55	7.85
No. of family or social circle members you have a serious problem with	2.01***	1.53–2.65	0.70	0.14	24.80
No. of immediate family with mental illness	1.15	0.53–2.50	0.14	0.40	0.12
Mental or nervous problems in year prior to incarceration	3.86**	1.79–8.32	1.35	0.39	11.87
Received care for mental or nervous problems during incarceration	8.43***	3.20–22.16	2.13	0.49	18.65
Paid employment since release	2.04*	1.04–4.01	0.72	0.34	4.33

Note. OR, odds ratio; CI, confidence interval;

* $p < .05$

** $p < .01$

*** $p < .001$