

Community Participation Among Individuals with Serious Mental Illnesses Leaving Jail

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Abstract Studies have found that higher levels of community participation are associated with a number of positive outcomes such as increased recovery and quality of life. People with serious mental illnesses (SMI) leaving jail face a number of barriers that limit their ability to participate in community activities. In this paper we examine whether the combined experience of mental illness and recent discharge from jail furthers the community isolation that is already experienced by individuals with serious mental illnesses. This analysis found that people with SMI recently released from jail had significantly lower levels of community participation in terms of overall number of community participation days and activities, number of time spent in activities individuals identified as important, and on measures of sufficiency related to the time spent engaged in these activities. Community participation is a key component of community re-integration for people with SMI leaving jail. The results of this study show that services for people with SMI leaving jail need to include

interventions that foster engagement in community based activities.

Keywords Community participation · Mental illnesses · Incarceration

Introduction

Community integration is a central goal of mental health policy and a unifying concept in the public mental health system [1–3]. The definition of community integration has been shaped in recent years by legislation and judicial decisions. Simply put, community integration is “the opportunity to live in the community, and be valued for one’s uniqueness and abilities, like everyone else.” [4, p 1]. When community integration is successful it should result in increased natural engagements with non-disabled individuals in domestic life, interpersonal life, education and employment, and community and civic life [5].

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The focus on community integration in the public mental health system has led to the development of a broad range of services and supports that are designed to help people with serious mental illnesses live successfully in community based settings [3]. However, the concept of community integration extends beyond where a person lives to include opportunities for meaningful levels of participation in all aspects of community life. Community participation has been examined among community mental health participants [6] and greater community participation is associated with higher scores on recovery, quality of life, and meaning of life measures [7, 8].

While community participation and community integration for those with serious mental illnesses involved in community mental health services is beginning to be understood, much is yet to be learned about the community participation of persons with serious mental illnesses after release from incarceration. Yet this is an important area of study because the lower ages and lower level of educational attainment found among people involved in the criminal justice system could impact their community participation patterns [9]. It is also likely that the experience of incarceration will impact individuals' political, economic, psychological, and social selves. For instance, individuals involved in the criminal justice system often experience a restriction in rights such as being able to vote, receive public assistance, live in public housing, retain parental rights, serve on juries, and hold certain jobs [10, 11]. Additionally, formerly incarcerated people often face barriers when looking for employment [12], which significantly impacts community integration. The experience of leaving jail or prison has also been associated with high risk of substance use, self-harm, psychological distress, and stress related health conditions [13–15]. It is possible that these experiences could be accentuated among those who also have serious mental illnesses, adding further to a sense of isolation and lack of hope that could heighten the low rates of community participation that have been found in this population.

In this study we explore how the experience of a recent incarceration and release from jail contributes to community isolation among people with serious mental illnesses. To examine this issue we assess the community participation patterns of individuals with serious mental illnesses after a recent release from jail and compare them to community participation patterns from a sample of people with serious mental illnesses receiving services in community based settings. Specific hypotheses include (1) the amount of time spent participating in community activities; (2) the number of community participation areas identified as important and the amount of time spent engaging these activities; and (3) ratings of the sufficiency of the time spent engaging specific community participation areas will

all be greater for individuals in the community sample of person with serious mental illnesses as compared to the sample of people with serious mental illnesses recently released from jail.

Methods

Community participation patterns for people with serious mental illnesses are drawn from two sources. First is data from a prospective, longitudinal study of the community participation experiences of a cohort of people with serious mental illnesses after their release from a large county jail. This study took place in a large city in the Northeastern United States between November 2010 and November 2012. The second source is a community based sample of people with serious mental illnesses that is derived from four studies of people with serious mental illnesses engaged in community based mental health services, which took place between 2008 and 2013 in the same geographic region as the jail. All research was approved by the institutional review board at the universities where the research was conducted.

Sample

The sample in this study is composed of two groups. The first group includes 38 individuals who completed the 6 month interview for a study of jail reentry among people with serious mental illnesses. Individuals in the jail study were all 18 years of age or older; and had a diagnosis in the schizophrenia spectrum, or an affective disorder which included diagnoses of major depression, bipolar disorder, dysthymia and cyclothymic disorders, generalized anxiety, panic disorder, or PTSD as determined by the Mini-International Neuropsychiatric Interview (MINI; [16]). Individuals were enrolled in the jail study while they were incarcerated in a county jail. Their community participation patterns were assessed 6 months after their releases from jail.

The second group includes 453 individuals with serious mental illnesses who were recruited for four separate studies that took place in community mental health service settings, located in the same geographic region as the county jail. Two of these studies examined the test-retest and inter-method reliability of the Temple University Community Participation measure (TUCP; $N = 239$), and two studies recruited individuals to participate in randomized, controlled trials of a self-directed care intervention and supports provided by a Center for Independent Living (CIL; $N = 220$). All of the participants in the community based sample were 18 years of age or older. They all had a primary diagnosis in the schizophrenia-spectrum (DSM 295.xx) or major affective disorder (DSM 296.xx) as determined by service provider records.

Measure

Community participation was measured in both the jail and community based sample by the Temple University Community Participation Measure (TUCP) [3]. This measure examines participant's self-reported levels of participation in 26 different community-based activities over the past 30 days. The TUCP asks participants to indicate the following (1) the number of days in the past 30 days that they participated in each of the 26 areas; (2) whether participation in each was important to them; and (3) whether they felt they participated in each area enough, not enough, or too much. This information is then used to create several aggregate indices of community participation. These indices include two measures of overall levels of community participation (the total number of participation days across all 26 areas of community participation; and the total number of different participation areas individuals engaged in at least once during the past 30 days); two measures of importance (the total number of participation days spent engaged in activities that participants identify as important to them, and the total number of different participation areas that individuals engaged in over the past 30 days that they identified as being important to them); and two measures of sufficiency (the total number of community participation areas that individuals identify as important and rated themselves as engaging in "enough", and the total number of community participation areas that individuals identify as important and rate themselves as engaging in "less than enough"). Each of the aggregate indices that examines number of participation days have scores that range from 0 to 780 (30 days \times 26 participation areas) and indices that examine participation areas have scores that range from 0 to 26. Recent research has found the measure to be reliable and valid [3, 17].

Analysis

Independent samples *t* tests and Chi square analyses were used to test for differences in socio-demographic characteristics between the jail and community based samples. Then independent *t* tests were used to compare the average scores on each TUCP item and aggregate index for people in the jail and community samples. Welch's *t* tests [18], which account for the unequal sample sizes and variances for the two groups, were used to determine whether the jail sample scores on the community participation indices differed significantly from those found in the community based samples.

Results

Table 1 presents comparisons of the socio-demographic characteristics of the jail sample and community sample. There were statistically significant differences in the average age of participants in the two samples (t [d.f. = 46.17] = 4.09, $p = .0002$) with the jail sample being, on average, about 7 years younger than participants in the community sample ($M = 39.50$, $SD = 11.84$ vs. $M = 47.19$, $SD = 9.67$). Analyses also found that there were statistically significant differences between the groups based on educational levels with almost half of the jail sample not completing high school and 69% of the community sample obtaining a high school degree or higher, and fewer individuals in the community sample identifying as never married (63 vs. 82%).

Table 2 presents the community participation rates for the jail and community groups. This table includes assessments of the aggregate indices for overall participation rates and time spent participating in community activities that participants identify as important. Analyses of overall levels of community participation for the jail and community groups yielded statistically significant differences. Individuals in the jail group had an average of 30 fewer days of community participation, which is about one-third less than those in the community sample, and four fewer community-based activities than individuals in the community based group, which was almost 50% fewer activities.

The two groups also differed in terms of the amount of time they spent engaged in community activities they identified as personally important. Individuals in the community group identified a broader range of participation areas as being important to them (8.96 vs. 5.08) and spent an average of 30 more days participating in community activities that they identified as important as compared to individuals in the jail group. The asterisks in Table 2 identify the two community activities that the largest percentage of participants in the jail group endorsed as being personally important and the carets identify the two activities that the largest percentage of participants in the community group identified as being personally important. The asterisks and carets show that some similarities and differences are present in the community participation areas that the two groups identify as personally important. For example, running errands is one of the activities that both groups identified as being personally important (92% of jail group and 89% of community group). However, in the jail group, work for pay was the other community participation activity that the largest percentage of participants identified as being personally important (92% of the jail group vs. 73% of the community group), while for the community group,

Table 1 Socio-demographic characteristics for community and jail samples

	Jail		Community		Chi Square Test		
	N = 38		N = 453		DF	Value	p Value
	N	%	N	%			
Gender							
Male	25	65.79	184	40.62	2	9.12	0.01
Female	13	34.21	268	59.16			
Transgender	0	0.00	1	0.22			
Race^a							
Black	27	71.05	311	68.81	1	0.08	0.77
White	7	18.42	113	25.17	1	0.86	0.35
Native American	3	7.89	26	5.78	1	0.28	0.60
Asian	1	2.63	4	0.89	1	1.05	0.31
Pacific Islander	0	0.00	5	1.11	1	0.43	0.51
Other	0	0.00	19	4.22	1	1.67	0.20
Ethnicity							
Hispanic	3	7.89	17	3.78	1	1.51	0.22
Education Level							
Less than high school	18	47.37	138	30.46			
High School graduate or GED	15	39.47	178	39.29	2	6.69	0.04
Beyond high school	5	13.16	137	30.24			
Marital Status							
Never married	31	81.58	285	63.33	1	5.11	0.02
Married	3	7.89	39	8.63	1	0.02	0.88

^a Percentages may not add up to 100% because an individual could select more than one category

shopping was the other community participation activity that the largest percentage of participants identified as being personally important (94% of the community group vs. 84% of the jail group).

When ratings of the sufficiency of time spent engaged in the two activities that the largest percentage of participants in each group endorsement as being personally meaningful we see further differences between the two groups. The majority of participants in the community group indicated that they spent enough time engaged in both of the community participation areas that the largest percentage of participants identified as being personally important, with 56% of participants in the community group indicating they spent enough time shopping, and 60% indicating they spent enough time running errands. Measures of sufficiency for the jail group indicated that 58% of participants in the jail group felt they spent enough time running errands. However, only 21% of participants in the jail group indicated that they spent enough time engaged in work for pay.

Discussion

When levels of community participation are examined it is clear that individuals in the community group fare better on all measures (overall levels of community participation,

importance, and sufficiency), which is in line with this study's hypotheses. Participants in the jail group, who were recently released from jail, reported significantly lower levels of community participation days overall. Participants in the jail group also reported participating in a restricted range of community activities as compared to participants in the community group. Yet, despite engaging in fewer community-based activities, the high frequency community participation areas for both groups were the same (taking public transit, running errands, and shopping at a grocery). This suggests that when given the opportunity to engage in community activities the two groups spend their time doing very similar things.

When the community participation priorities of people with serious mental illnesses living in the community are compared to those who have recently been released from jail, some similarities are found here as well. For example 92% of participants in the jail group and 87% of the community group indicated running errands was a community based activity that was personally important. However, the groups differed on the other community participation area that the largest percentage of participants identified as being personally important, with 92% of participants in the jail group selecting work for pay and 94% of the community group selecting shopping.

Table 2 Participation days for community and jail samples

Variable	Community			Jail			<i>t</i> Test		
	N	Mean	SD	N	Mean	SD	<i>t</i>	DF	<i>p</i>
Go shopping ^b	455	8.75	8.74	38	5.76	8.44	2.09	43.90	0.04
Go to a restaurant for coffee shop	455	5.07	7.93	38	3.53	7.56	1.20	44.08	0.24
Go to a church synagogue or place of worship	455	2.90	5.08	38	1.08	1.96	4.59	87.60	0.00
Go to a movie	455	0.45	1.37	38	0.05	0.23	5.35	346.10	0.00
Go to a park or recreation center	455	2.93	6.23	38	2.97	7.02	-0.04	42.02	0.97
Go to a theater of cultural event	455	0.58	2.47	38	0.05	0.23	4.33	489.16	0.00
Go to a zoo botanical garden or museum	455	0.21	0.96	38	0.03	0.16	3.57	337.91	0.00
Go to run errands ^{a, b}	455	8.96	9.70	38	5.45	8.73	2.36	44.98	0.02
Go to a library	455	1.96	4.70	38	0.68	1.97	3.28	78.78	0.00
Go to watch a sports event	455	1.00	2.90	38	0.16	0.55	5.21	285.94	0.00
Go to a gym	455	1.52	4.43	38	0.79	3.36	1.25	48.42	0.22
Go to a barber shop beauty salon nail salon spa	454	0.94	1.36	38	0.24	0.54	6.51	84.61	0.00
Use public transportation	455	15.09	11.80	38	8.18	10.98	3.70	44.45	0.00
Go to a 12-step group for mental health issues	454	3.74	7.11	38	2.21	4.86	1.79	51.33	0.08
Go to a 12-step group for substance use problems	455	3.03	6.63	38	2.42	5.58	0.63	46.20	0.53
Go to another type of support group	453	0.91	3.50	38	0.89	4.89	0.02	40.24	0.99
Go to a consumer-run organization	454	3.12	6.30	38	2.29	4.87	0.98	48.01	0.33
Go to a social group in the community	453	0.96	3.39	38	0.13	0.66	4.28	270.16	0.00
Work for pay ^a	455	1.95	5.53	38	2.50	6.84	-0.48	41.14	0.63
Go to school to earn a degree or certificate	455	0.96	3.73	38	0.00	0.00	5.48	454.00	0.00
Take a class for leisure or life skills	454	0.71	2.87	38	0.47	1.83	0.72	53.64	0.47
Participate in volunteer activities	454	3.48	7.30	38	1.63	5.26	2.02	49.79	0.05
Get together in the community or attend an event with family or friends	454	1.65	3.65	38	1.74	5.24	-0.10	40.06	0.92
Entertain family or friends in your home or visit family or friends	453	5.55	7.98	38	4.39	7.86	0.87	43.65	0.39
Go to a community fair, community event or activity	453	0.62	2.10	38	0.08	0.27	5.01	435.28	0.00
Go to or participate in civic or political activities or organizations	453	0.36	2.02	38	0.21	0.84	0.91	79.73	0.37
TUCP: Total number of participation days	453	77.60	53.62	38	47.95	52.73	3.33	43.67	0.00
TUCP: Total number of participation areas	453	9.69	4.32	38	5.58	5.18	4.76	41.43	0.00
TUCP: Total number of participation days in areas considered important	453	73.05	52.22	38	43.08	48.96	3.61	44.37	0.00
TUCP: Total number of participation areas considered important	453	8.96	4.22	38	5.08	4.91	4.72	41.72	0.00

^a Activities that the largest percentage of participants in the jail group endorsed as being important to them personally

^b Activities that the largest percentage of participants in the community group endorsed as being personally important to them personally

One of the central components of community integration is the opportunity to engage in community activities that are personally meaningful or important to an individual. Therefore the fact that almost all of the participants who were recently released from jail endorsed “work for pay” as a personally meaningful activity, yet only 21% felt they were able to spend enough time engaged in this activity illustrates an important point of engagement and intervention for people with serious mental illnesses incarcerated in jails and possibly prisons.

The results of this study show that services for people with serious mental illnesses leaving jail need to include interventions that foster engagement in community activities generally. Employment activities are a high priority for

people with serious mental illnesses at the point of release, and thus represent an important starting place for interventions in this area. This focus makes sense in light of the fact that people with serious mental illnesses work hard to find the material and economic supports that they need to live in the community after release from jail [19]. Yet, most do not receive help in this area from reentry programs which focus their services on linking individuals to mental health services and the public assistance programs such as Supplemental Security Income (SSI) and Medicaid that are needed to pay for their treatment [19].

This research suggests that interventions that facilitate paid employment are a necessary component of interventions for people with serious mental illnesses after release

from jail. However, employment based interventions alone, will not address all of the community participation needs identified in this research. Therefore, interventions in this area need to also foster connections to the fuller range of community and neighborhood resources available to people with serious mental illnesses after release, as these resources and activities could act as important protective factors in the community re-integration efforts of people with serious mental illnesses after their release from jail.

Limitations

This study contributes to our knowledge of the community participation patterns of people with serious mental illnesses after they leave jail. Comparing the results of this study with those derived from a large community sample strengthens the results of this study. The small size of the jail sample warrants caution in comparing to the community based sample and generalizing the results of this study, however, this study provides an important first step in determining which community activities are important to those with mental illnesses leaving jail. It is also important to note that at least some of the people in the community sample are likely to have had contact with the criminal justice system at some point in their lifetime. As contact with the criminal justice system becomes more ubiquitous for those with mental illnesses, this information needs to be collected in community-based samples of mental health service users, just as information about substance use and homelessness histories are now more routinely collected. However, the low rates of utilization of mental health services after incarceration, combined with the lengthy wait times for community mental health services minimizes the chances that people in the community based sample were recently released from jail. It is also important to note that the research presented here examined community participation at a single point in time. The differences in community participation found between the two groups in our study could be caused by a number of factors including their differences in education levels or age, as well as release from jail. Therefore further research needs to engage methodologies that are capable of isolating the impact of specific factors on community participation rates.

Lastly, a significant limitation of this study is the inability to examine how the two groups in this study might have differed on a number of important clinical characteristics. For example, due to the preliminary nature of this research we were unable to examine how clinical factors such as type of mental illness, age of onset of illness, the duration or severity of participants' mental illness, or the presence of co-morbid conditions

such as personality disorders or other personality traits differed between the two groups. Therefore, the potential impact of these factors on community participation could not be assessed in this study. It is possible that these clinical characteristics could differ between the two groups in this study in ways that impact community participation. It is important that future research on community participation among people with serious mental illnesses examine the impact of this broader range of clinical issues.

Given the small sample and the exploratory nature of the study, the goal of this research was to begin to examine the community participation patterns of justice-involved persons with serious mental illnesses and look at how they compare to those of people with serious mental illnesses generally. Yet, these preliminary findings have the potential to inform best practices and guide future research about interventions that aim to increase community participation among justice involved people with serious mental illnesses. Therefore, further research is needed on community participation among justice involved people with serious mental illnesses, in other geographic areas, and at various stages of involvement in the criminal justice system.

Conclusion

Prison and jail are extreme experiences that create social isolation and reinforce separation from usual helpful contacts such as friends and family members. The results of this research suggest that like the general population of people leaving jails and prison, people with serious mental illnesses face heightened levels of detachments from social engagement and participation in social life, in the initial months after their release from jail. These experiences appear to intensify the social isolation low levels of community participation that are present among people with serious mental illnesses generally. Our hope is that research will continue to examine the community participation needs of people with serious mental illnesses after their release from incarceration to create a more comprehensive picture of what supports are needed to facilitate community participation for individuals with serious mental illnesses generally, and those who are released from jail or prison.

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