The Supervision of Persons with Mental Illness on Probation Supervision.

By

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A number of important issues concerning the mentally ill and criminal behavior have occupied researchers for a number of years. Predicting violent behavior among the mentally ill and identifying risk factors associated with violence have been the focus of a great deal of research. This literature is much too extensive to review here. The range of variables relating to violence is broad, including, but not limited to, childhood, family, and parenting factors; biological, psychological, neurochemical, and congenital differences; and the abuse of drugs and alcohol.1

In general, prior research suggests that the mentally disordered who are at risk for crime are likely to abuse alcohol or drugs and to have a history of childhood behavioral problems (Maughan, 1993; Robins, 1993). Furthermore, studies suggest that minor brain damage, often caused by pregnancy and delivery problems, appears to be strongly associated with violent behavior in adults but only in the presence of a genetic predisposition for a major mental disorder (Brennan, Mednick, & Mednick, 1993; Moffitt, 1984).

Studies on the determinants of violent behavior among the mentally ill have identified several factors correlated with violence for the purpose of creating prediction tools. The benefits of more accurate prediction are earlier intervention, better classification, and more effective treatment programs. However, the interaction of factors, the wide range of mental disorders, and the difficulties associated with measuring many of these factors, have made it nearly impossible to develop accurate and reliable models of prediction.

Another critical issue that has dominated this literature concerns the criminality of the mentally ill. Despite claims by mental health advocates that "people with mental illness pose no more of a crime threat than do other members of the general public" (National Mental Health Association, 1987), strong evidence suggests that this is not the case. In one of the best-designed studies to date, Link, Andrews, and Cullen (1992) found that mental patients had higher rates of violent and illegal behavior when compared to members of the general population. These differences could not be explained by sociodemographic or community context variables (e.g., differential police treatment). Other researchers, such as Taylor (1993), have reported similar findings. Even Monahan (1993), who argued previously that there was little relationship between crime and mental disorders, has begun to question his earlier conclusions.

Although studying the link between mental illness and criminal behavior is important, it can, as Hodgins (1993) points out, contribute to the stigma, rejection and fear of the mentally ill. Nonetheless, she also notes that "describing a problem is the necessary first step to solving it" (p ix).

For the correctional system, the issue of whether the mentally ill are more "dangerous" than members of the general public is not a particularly relevant question. I would argue that for mentally ill individuals who have been convicted of an offense, a more appropriate question is whether they pose more of a risk than other offender groups being supervised in the community.
Dangerous Compared to Whom?

The purpose of this chapter is to examine offenders with mental illness under correctional supervision in the community. Specifically, I present data that compares offenders with mental illness to other offender groups including, sex offenders, drug offenders, high risk offenders, and offenders being supervised on standard probation. Published research on mental illness among probation populations is limited, and comparative studies are virtually nonexistent. The data presented in this chapter are unique because they provide a picture of offenders with mental illness under probation supervision and compare them to other offender groups that are commonly supervised in the community. The primary question that I will address is whether offenders with mental illness on probation pose any more of a risk to the community than do other offender groups.

Correctional Crisis

- Across the country, states are experiencing significant increases in their prison populations. Recent figures released by the Department of Justice (1994) indicate that there are over 1.1 million individuals incarcerated in prison and nearly 500,000 in jail. Despite an unprecedented growth in new prison construction, most states still have shortages of prison space.

- The ever-increasing prison population still lags behind the probation population. Probation is the most widely used correctional sanction in the United States, with over 2.8 million adults under probation supervision and an additional 700,000 on parole (Department of Justice, 1994).

- Many states have turned to probation in attempts to alleviate the prison crowding crisis. For example, in 1978, Ohio introduced a probation subsidy program that offered local counties funding to reduce state incarcerations through pilot community corrections programs. The first county to take advantage of this program was Lucas County, which includes the City of Toledo. The original grant funded one intensive probation supervision unit designed to monitor prison-bound offenders. Over the years, Lucas County formed a variety of specialized probation units that target particular offender types, such as offenders with mental illness.

- In addition to Lucas County, there are now over thirty counties taking part in Ohio's Community Corrections Program. Among them is the largest county in Ohio, Cuyahoga, which includes the City of Cleveland. In 1985, Cuyahoga County started an intensive supervision program, which operates a Mentally Disordered Offender Unit.

- The aim of the Lucas County and Cuyahoga County programs is reducing the county incarceration rate without seriously increasing risk to the community. These two programs are the source of the data for this chapter.

Probation

- Probation agencies have always served a wide range of offender groups. In recent years, however, classification instruments have permitted them to use offender characteristics in order to focus on specific groups of offenders. In many of the larger probation departments, the result has been the development of specialized units, which have allowed probation departments to manage caseloads better and to increase services.

- The two most common criteria employed by probation departments to distinguish among offenders are risk and needs. Risk classification is commonly based on criminal history and
conviction offense. Offenders are usually classified for supervision into high-, medium-, or low-risk groups. Low- to high-risk offenders receive increasingly higher levels of supervision. The second type of classification system usually involves examining offender background characteristics such as, substance abuse history, psychiatric history, prior treatment, and social adjustment. This type of screening usually results in placing offenders into special units or treatment programs. These groups are often supervised by specially-trained staff. The most common probation units consist of programs for sex, substance abusing, and high risk offenders.

**Research Methods**

To address the question of whether mentally ill probationers with mental illness pose a greater risk to public safety than do other offender groups, data were drawn from the two probation departments described earlier: Lucas County and Cuyahoga County. These two probation departments each operate specialized units for various offender groups including offenders with mental illness.

The Lucas County Mentally Disordered Unit includes one probation officer who monitors about forty active cases. Cases are screened by the department and, when appropriate, an external psychiatric assessment is conducted. Offenders in this unit receive both outpatient treatment in the community as well as group counseling provided by the probation officer.

The Cuyahoga County Mentally Disordered Program is considerably larger, with three probation officers, a unit supervisor, and about 120 active cases at any given time. Offenders are screened and referred to the program from the court’s psychiatric clinic; the majority are diagnosed psychotic. According to the unit supervisor, many cases are also classified as bipolar affective and dual diagnoses. Clients are referred for treatment to a local outpatient counseling program.

Data from five probation groups are presented in this chapter; sex offenders, drug offenders, mentally disordered offenders, high risk offenders, and offenders on routine probation supervision. All offenders were felons. Data with regard to the drug, sex, and high risk offenders were drawn from Lucas County only. Data with regard to the mentally disordered units and the regular probation groups were combined from both sites. The sample size of each group was as follows: drug offenders, 121; sex offenders, 64; mentally disordered, 238; high risk offenders, 646; and regularly supervised probationers, 877.

Data from Lucas County included all of the offenders sentenced to these units from 1989 to 1993. A total of 76 mentally disordered and 424 regular probationers were form this site. The Cuyahoga County data included all of the offenders with mental illness supervised between April 1990 and April 1993. The regular probationers from both sites were randomly selected over a similar time frame as the cases in the special units. The average time under supervision was approximately 13.5 months for the mentally disordered group, 18 months for the sex offenders, 14.7 months for the drug offenders, 13.9 months for the high risk group, and 16 months for the regular probation group.

Information was gathered from the case files of the departments. The outcome indicators included arrests, convictions, technical violations, and offender status at the time of data collection. Offender status was used to create the variable "outcome," which was defined as success or failure. The success group included offenders released from supervision or still under supervision at the time data were collected. Failures included absconders and offenders whose probation were revoked because of new offenses or technical violations.
Results

Background Characteristics

Table 1 summarizes the background characteristics of the five groups, which were recorded at the time of admission to probation. These data indicate that the drug and mentally disordered groups had the highest percentages of females, 29% and 20%, respectively, whereas the sex offender group reported the lowest, 3%. A majority of probationers in the sex offender and high risk groups were white, and a majority of the mentally disordered, drug, and regular probationers were nonwhite. The sex offender group was the oldest whereas the high risk probation group was the youngest. The educational levels of the groups were similar, with the mentally disordered and the sex offender groups the most educated, and the high risk and regular probation groups the least educated.

A majority of probationers in all five groups were single; however, the mentally disordered group reported the highest percentage of single persons, 89%. A majority of probationers in all five groups, except the mentally disordered, also lived with their families. In terms of length of residence, the drug group had the least stable residence whereas the regular probation group had the most stable.

The sex offender sample was the only group to report a majority employed at the time of arrest (59%). Not surprising, the mentally disordered group reported the lowest percentage employed (18%). With regard to presentence investigation recommendations, a majority of offender in all five groups, except the drug and high risk groups, were recommended for probation. The mentally disordered group had the highest percentage recommended for probation (74%). Risk assessment data indicated that the high risk sample was the highest risk group, followed by the mentally disordered group. This finding is particularly interesting given the fact that the majority of the mentally disordered sample were recommended for probation.

Criminal History

The criminal histories of the five groups are presented in Table 2. The drug, high risk, and regular probation groups had a more extensive criminal history than the other two groups, especially the sex offender group. The high risk group had the highest percentage of persons with prior state commitments (33%), followed by the sex offender group (23%).

Special Problems

I examined the special problems of the five groups at program entry. This is an important consideration because these areas are likely to be used to select offenders into one of the units. These data are presented in Figure 1. As expected, the vast majority (89%) of the mentally disordered group had a psychiatric history. In contrast, the sex offender group was second with only 25%. Similarly, 47% of the mentally disordered group reported a prior suicide attempt versus 24%, 12%, and 11% of the high risk, drug, and sex offender groups, respectively.

A majority of offenders in all five groups had a history of drug use, ranging from a high of 100% in the drug group to a low of 59% in the sex offender group. A history of alcohol abuse was present in a majority of the drug, sex offender, and high risk groups (88% for drug and sex offender groups, and 84% for the high risk group), with the mentally disordered group reporting only 36%.
Services and Contacts Received

Four major service areas are presented in Figure 2: employment, mental health, substance abuse, and living arrangements. These data indicate that a majority of the drug offenders received employment services (70%), followed by the high risk (35%) and the mentally disordered (34%) groups. A majority of the sex offender and mentally disordered groups received mental health services, 82 and 80%, respectively. As expected, nearly all of the drug offenders received substance abuse treatment (96%). The percentage of those receiving living arrangement assistance ranged from a high of 36% for the drug group to a low of 1% for the regularly supervised probationers. Approximately one-fourth of the mentally disordered offenders received assistance in this area.

The average number of monthly contacts by the probation staff are shown in Figure 3. The average number of contacts per month for each group was: 5.1, drug; 4.6, sex; 4.1, mentally disordered; 3.3, high risk; and 1.3, regular.3

Arrests and Technical Violations

The data on arrests, convictions, and technical violations are presented in Figures 4 through 7. Figure 4 shows the percentage of offenders arrested and convicted for misdemeanors since being placed under supervision. The high risk group had the highest percentage arrested (33%), followed closely by the drug group (31%). The drug group had the highest conviction rate (27%). The sex offender group was third, with 23% arrested and 13% convicted for a new misdemeanor. The mentally disordered and regular probation groups were similar, each averaging 13% arrested and 7% and 8% convicted, respectively.

The data with regard to felony arrests and convictions are shown in Figure 4. Again, the high risk and drug groups reported the highest percentage of offenders who were arrested and convicted. The mentally disordered group reported the third highest percentage arrested (19%). The conviction rates for the sex, mentally disordered, and regular probation groups were almost identical at approximately 10%.

To examine the overall arrest and conviction rates for the five groups, the misdemeanor and felony data were combined and are presented in Figure 6. As expected, the drug and high risk groups led in both categories and the sex offender group was third. The rates of arrests and convictions for the mentally disordered group were almost identical to the regular probation group.

Finally, the data on technical violations are presented in Figure 7. Technical violations are typically filed when probationers violate special conditions of their probation. Although the filing of technical violations does not necessarily result in the revocation or termination of probation, it can be an important indicator of an offender’s ability to succeed under community supervision. Nearly half (45%) of the drug group had a technical violation filed against them, compared to only 23% of the sex offender group. The mentally disordered group had 44% with a technical violation compared to 41% for the regular probation group.

Probation Status

The data in Figures 8 and 9 indicate the probation status of the five groups: released or under supervision, revoked, absconded, and other. The sex offender and mentally disordered groups were more likely to be released or under supervision, 73 and 63%, respectively, and the
drug group was the least likely (38%). The drug group was more likely to be revoked (32%) and
to abscond (24%). The mentally disordered group reported 21% revoked and 16% absconded.

Probation status data were collapsed into two categories (success and failure) and are
presented in Figure 9. A majority of three groups were classified as successful: sex offender
(78%), mentally disordered (63%), and regular probationers (61%). The drug and high risk
groups reported more failures than successes.

Probationers with Mental Illness

Although predominately male, the mentally disordered group had a relatively higher
percentage of females, who typically are in their mid-30s with a high school education or better.
They are single and, compared to the other groups, less likely to live with their families and to be
employed at admission. They are likely to be recommended for probation and are generally
classified as high to medium risk. This group is likely to have been on probation previously, and
43% had prior felony convictions. They were selected for specialized supervision on the basis of
their psychiatric histories (e.g., 47% had attempted suicide). A majority had a history of drug use.
If arrested, this group was likely to commit a felony; however, overall, they were no more likely to
be arrested or convicted than the regular probation group and were less likely to be arrested or
convicted than the drug or sex offender groups. A high percentage had a technical violation, but
this was also true for every group except the sex offenders. Despite the technical violations for this
group, the majority were considered successes (i.e., they were not likely to abscond or be
revoked).

Caveats

A number of caveats should be noted concerning these data. First, they were drawn from
two probation departments in one state and are not necessarily representative of probation
departments elsewhere. Thus, the generalizability of these results is limited. Second, the
combination of cases from two probation departments also poses several problems. The selection
criteria used by these two departments varies and so do their policies and supervision practices.
These differences can affect technical violations, absconder rates, and probation outcomes. Size is
another factor that has to be considered. One department services a very large urban area whereas
the other operates in a midsize county. In addition, the treatment and service programs offered in
the counties also differ greatly, which can affect outcomes.

Another important limitation is the length of time under supervision for each group. The
mentally disordered group was under supervision for just over one year compared to sixteen
months for the regular probationer group. Time at risk can be an important factor in follow-up
studies. There are some groups, such as sex offenders (Furby, Weinrott, & Blackshaw, 1989) and
habitual drunk drivers (Langworthy & Latessa, 1993), that require a considerably longer follow-up
period to adequately gauge recidivism. Whether this is the case for offenders with mental illness is
not known at this time. Finally, the data related to arrests and convictions were limited to official
crime statistics. Self-report data were not available.

Conclusions

Despite these limitations, the data presented here can help to address a crucial question:
Does the supervision of offenders with mental illness in the community pose a greater risk than the
supervision of other offender groups? The answer appears to be, no. These data indicate that
offenders with mental illness are being supervised in the community without increasing risk to
public safety. Offenders with mental illness perform as well and often better than drug offenders, sex offenders, high risk offenders, and regular probationers. Given these findings, what are the implications for supervising offenders with mental illness in the community?

As mentioned previously, these two probation departments are not necessarily representative of other departments. On the other hand, there is no reason to believe that they are any different from the majority of midsize to large probation agencies across the country. Hence, the following implications for probation practices need to be considered.

Developing a specialized unit for offenders with mental illness on probation necessitates more than just the differential classification of offenders. It involves a philosophical shift from a generalist approach, which requires officers to handle a cross-section of cases irrespective of their special characteristics, to a specialized model, which requires officers to handle one type of offender in a specialized caseload.

Many probation administrators committed to the generalist philosophy claim that it is simply too expensive to start and operate specialized units, given the wide availability of community services. They also claim that, because of widespread staff shortages, it is more efficient to use generalized supervision strategies and to rely on available community resources to provide for offenders' special needs. They argue that to have community resources available, and not to use them, would be inefficient and ill-advised.

Advocates of specialized units maintain that community resources are not always available and community treatment agencies are not always willing to handle offenders. They also point to large caseloads and overwhelming paperwork and argue that specialized units can siphon off more difficult cases from the general caseloads. In turn, those involved in specialized units cannot only become experts in their particular area of supervision but can also become more familiar with community resources (Latessa, et al., 1979).

Another issue confronting probation agencies that want to develop specialized units for offenders with mental illness involves staffing, which includes recruiting and training personnel. The question is whether to recruit and train probation officers from within the department or to recruit specialized staff from outside the agency. Experienced probation officers are more familiar with probation in general and the problems associated with offender supervision. Yet, to train them to handle offenders with mental illness may be more costly and time consuming than recruiting staff who are already familiar working with these clients. Regardless of whether existing staff are used or new staff are recruited, on-going training is essential.

A final issue for probation agencies involves developing educational programs for both the criminal justice community and the larger public. An effective public relations strategy should include several features: (a) Articulating clearly the goals and objectives of the specialized unit for offenders with mental illness; (b) Keeping the law enforcement community informed about any problems or unique situations involving offenders in the unit; (c) Informing attorneys and mental health officials about unit goals, objectives, and operations; and (d) Making the community aware of the unit through public service announcements and other public relations activities.

For judges deciding on an appropriate sentence for offenders with mental illness, these data recommend community supervision. For probation departments deciding on the best way to manage this type of offender, it appears that specialized treatment and supervision is an effective strategy for caseload management. For mental health advocates and others who lobby on behalf of the mentally ill, these data provide support for community alternatives to incarceration. Finally, for policy makers and legislators, these findings indicate that the community supervision of offenders
with mental illness can be undertaken without increasing the risk to public safety, at least when compared to other offender groups who are being routinely released into the community.


2Those offenders still under supervision were classified as successes since they were meeting all the conditions of their probation at the time the data were collected.

3The contact data does not include group sessions or contacts by external treatment staff.

4It should be noted that each probation agency follows different guidelines for the filing of technical violations. Since data from two probation departments are being utilized it can explain some of the variation in these rates.

5Absconders are those offenders whose whereabouts are unknown. The “Other” category includes those offenders who transferred to another jurisdiction, dies while under supervision, and incarcerated on a previous charge.

6All of these groups are still under study and will be followed indefinitely.

7For some offender groups, such as sex offenders, official arrest and conviction data are generally considered inadequate measures of criminal behavior.
References


Table 1

Background Characteristics of the Drug, Sex, Mentally Disordered, High Risk, and Regular Probation Groups

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FIGURE
PSYCH ATR C & SUBSTANCE ABUSE HISTORY

YCH TO Y

SUICID ATT M T D UGH TORY ALCOHOL H TORY

DRUG
HIGH R K
REGULAR
Figure 2
Services Received

Legend:
- **DRUG**
- **S X**
- **H GH R SK**
- **R GULAR**
FIGURE 4

% Arrested/Convicted of a Misdemeanor

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<th>Arrested</th>
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<td>MENTAL DISORDER</td>
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<td>HIGH RISK</td>
<td>REGULAR</td>
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- Arrested:
  - DRUG: 31
  - HIGH RISK: 23
  - REGULAR: 13

- Convicted:
  - DRUG: 27
  - HIGH RISK: 13
  - REGULAR: 7
FIGURE 5
% Arrested/Convicted of a Felony

Arrested  Convicted

DRUG  SEX  HIGH RISK
MENTAL DISORDER  REGULAR
FIGURE 6
Total % Arrested/Convicted

Arrested

Convicted

DRUG
HIGH RISK
SEX
REGULAR
MENTAL DISORDER
FIGURE 7

% Charged with a Technical Violation

Tech Violation
FIGURE 8
Possible Status

[Bar chart with various categories and data points represented by different bars and symbols.]

- DRUG
- GH R K
- X
- M NTAL D ORD R
- REGULAR
FIGURE 9
Proba on Ou come

UCC

FAILUR

DRUG
GH R SK
X
REGULAR
MENTAL D SORD R

Sp d d Ab
Fd Rd Md kb Ud

1
78
41
46
1
22
7
3