

Developing Mental Health Interventions for Female Inmates Returning to Rural Communities

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Rural Mental Health Systems

- Underfunded
- Fragmented and stretched services
- Notorious for insufficient workforce capacity (i.e., provider shortages, inadequate training, etc.)
- Not easily accessible owing to several factors (i.e., cost, lack of insurance, transportation, stigma, confidentiality concerns, etc.)

Mental Health among Rural Women

- Literature is very limited, even though rural women comprise 30% of all women in the U.S.
- Rural women have less formal education, fewer job opportunities, and less access to insurance than men and their urban counterparts
- Economic disparities disproportionately affect rural women of color, who also struggle with racial and ethnic discrimination
- Women with mental illness rank among the most economically disadvantaged of all rural residents

Mental Health among Rural Women

- Rural women are at higher risk for mental illness than urban women, possibly owing to poverty and lack of access to community resources
- Rural women experience higher rates of:
 - Depression and related disorders
 - Substance use disorders
 - Violent victimization
 - Suicide

Mental Health among Rural Women

- Extant literature has underscored the importance of nonprofessional social supports, including family and friends, among diverse populations of rural women
- Nonprofessional social supports may protect against or contribute to mental health and substance use problems for rural women
- Mobilization of nonprofessional social supports and other resources within rural communities may lead to positive outcomes for rural women with mental health and substance use problems

Community Reentry in Rural Areas

- Socioeconomic stressors for rural residents with mental illness are intensified for rural women with incarceration histories, who are typically ineligible for government assistance programs
- Upon their release from prison, these women and their families enter an extreme life transition in which there are few rehabilitative resources, especially for those with mental illness
- Such women are at very high risk for recidivism, drug overdose, and suicide in the first few weeks following prison discharge

Critical Time Intervention (CTI)

- Nine-month, three-stage case management intervention that makes social ties the driving force of the community reentry process
- Forges and strengthens links within the community to professional (i.e., criminal justice personnel and mental health providers) and nonprofessional (i.e., family and friends) social supports
- Also motivates engagement in treatment through personal coaching, building problem-solving skills, and advocacy within community agencies

Critical Time Intervention (CTI)

- Featured in the President's New Freedom Commission Report and in the National Registry of Evidence-Based Programs and Policies
- Originally developed for individuals leaving homeless shelters and psychiatric hospitals
- Offers a potentially useful model for reentry services for persons leaving prison
- Has yet to be adapted for female inmates of diverse ethnicities, or for persons returning to resource-poor rural environments

The New Mexico Context

- Predominantly rural and largely impoverished
- Leads the nation in drug and alcohol induced death rates
- Ranks among states with the highest suicide, homicide, and accidental injury death rates
- Hispanic and Native American people comprise about 52% of the population; behavioral health disparities disproportionately affect both groups

Why Female Inmates in New Mexico?

- Current research largely focuses on African American and White women in urban areas:
 - Studies establishing high rates of mental illness and substance use disorder
 - Studies spotlighting reentry programs that address mental health and substance use
- New Mexico leads the nation in percentage of Hispanic female inmates and has among the highest percentage of Native American female inmates; many of these women are from and are likely to return to underserved rural communities

Specific Aims

1. Assess the role of mental illness in community reentry among Hispanic, Native American, and White women moving to rural environments from prison
2. Examine the role of social support in the reentry process, and determine strategies to strengthen and sustain the women's community connections and access to formal and informal helping resources

Specific Aims

3. Adapt and refine a data- and theory-driven social intervention (CTI) to address mental illness and community reentry needs and to decrease recidivism within this population

Aim 1: Study of Female Inmates

- Understand how mental illness and substance use shape women's lives and influence their reentry needs, especially their ability to maintain social ties that enhance access to community resources and reinforce integration
- Allow members of a marginalized population to define these needs rather than outside individuals, i.e., policymakers, criminal justice professionals, providers, and researchers

Study participants

- 96 female inmates will be recruited from the state's only prison for women
 - 32 Hispanic
 - 32 Native American
 - 32 White
- Women scheduled to return to “micropolitan” (population < 50,000) or “non-core” (population < 10,000) counties within 6 months of interview

Structured Assessment

- Demographic
- Criminal history
- Composite International Diagnostic Interview
- Norbeck Social Support Questionnaire
- Sheehan Disability Inventory (functional impairment)

Semi-Structured Interview

- Individual background factors
 - Pre-incarceration
 - Point of reentry into the community
- Perception of community and available resources
- Community reentry needs
- Intervention recommendations

Aim II: Study of Social Support

- Identify “make or break” aspects of interventions intended to promote community reintegration among rural female inmates with mental illness
- Develop strategies to leverage assistance from family and friends, professional supports in mental health and criminal justice institutions, and other resources in rural communities

Study Participants

- Professional social supports (n=48)
 - 12 state and county officials
 - 12 corrections department officials
 - 24 mental health and substance use providers
- Nonprofessional social supports (n=36)
 - 12 family and friends
 - 12 community members
 - 12 former female inmates

Semi-Structured Interviews

- Provision of formal and informal social support
- Perception of female offenders and inmates
- Perception of mental health issues and treatment needs
- Perception of community and available resources
- Community reentry issues
- Intervention recommendations

Aim III: Intervention Adaptation

- Adaptation of CTI requires careful attention to the particular service needs, cultural and gender issues, service system conditions, and formal and informal social support contexts relevant to specific populations and locations
- A comprehensive planning process that builds upon local perspectives is considered essential to successful translation of this intervention

Participatory Planning Process

- Convene advisory board
- Engage in logic model process
 - Review formative research findings
 - Identify and prioritize determinants
 - Review past and present CTI programs
 - Describe CTI implementation plan and theory

Participatory Planning Process

- Conduct focus groups to determine acceptability and barriers and facilitators to implementation
 - Current and former female inmates
 - Professional and nonprofessional social supports
- Refine intervention based on focus group input
- Develop process and outcome evaluation plan
 - FORECAST methodology

Anticipated products

- A kick-butt adaptation of an evidence-based model that may be applicable to rural incarcerated populations, and to other populations returning to settings where treatment resources are in short supply or otherwise difficult to access

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