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## **AN INTERNATIONAL EXPLORATION INTO THE WORLD OF MENTAL HEALTH IN COMMUNITY CORRECTIONS<sup>1</sup>**

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### Abstract

The purpose of the current study was to conduct an initial international exploration into mental health in community corrections. The qualitative analysis revealed seven themes that highlighted many barriers and identified necessary building blocks for success for justice-involved individuals as they reintegrate into the community and on their path to desistance. These include meaningful collaboration, rapport, trust and an emphasis on housing and employment. Much depends on meeting the client where they are, as people go through the stages of adaptation at different times and speeds. Ultimately, despite different practices, participants agreed on the value of person-centered, community-integrated approaches.

*Keywords: Community corrections, mental health, international.*

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## Introduction

The importance of continuity of care and support for people transitioning from prison back into the community is widely understood, yet many individuals leave prison without the support of pre-release or throughcare programs (Clear & Byrne, 1993; Horn, 2004; Sirdifield, 2012). While organizing these programs is beneficial to the person going through the re-entry process, it is also in the best interest of the broader society to ensure an individual's health needs are met, the causes of re-offending are addressed, and that they are adequately prepared for this transition. Given that most persons in custody do return to the community, as outlined in the Trencin Statement, this is imperative (WHO, 2008, p. 5). To better understand the range of programs offered in community corrections, the International Association for Correctional and Forensic Psychology (IACFP) launched a project to map practices from around the world. Based upon the IACFP report on this project, "*Mental Health in Community Corrections: International Perspectives*", this paper will delve into the role of mental health services in community corrections and discuss the thematic findings of the project.

For many individuals with mental health issues, prisons tend to be the default "final stop on the institutional circuit that includes homeless shelters, psychiatric institutions, and substance abuse residences" (Lurigio, 2011, p. 75). As a result, this specific population is overrepresented within prisons; incidents of self-harm and suicide are increasing alongside rates of imprisonment, and there is evidence that imprisonment exacerbates poor mental health (Bradley, 2009; Brooker & Gojkavic, 2009; Sainsbury Centre for Mental Health, 2009; Senior, 2015; Singleton et al., 1998; Torrey et al., 2010). Mental health issues are also likely to be widespread among previously imprisoned people now living in the community (Beck & Maruschak, 2001; Lurigio et al., 2003; Roesch et al., 1995; Skeem & Eno Loudon, 2006). Existing research suggests that people whose imprisonment has ended are likely to experience significant challenges related to release and reintegration (Durnescu 2011, 2019; Hayes, 2015). While the pains of imprisonment have been much researched and discussed (Crewe, 2007, 2011, 2015; Sykes, 1958), those of release and re-entry are, as of yet, less visible. Some of these are linked to the shock of release and the sudden change of lifestyle (Martin, 2018), while other areas of concern come from the intersection of the criminal justice system and the social welfare system (Hudson, 1993). Justice involved individuals encounter both external and structural barriers (e.g., difficulties in acquiring housing), cultural and interpersonal barriers (e.g., associated with stigma and social rejection), as well as internal barriers and challenges (e.g., stress and anxiety) (McKendy & Ricciardelli, 2020).

It has been noted that "rehabilitation is a social project as well as a personal one" (McNeill, 2012, p. 17), where reintegration goes beyond the personal level whereby the individual goes through a profound identity change and a process of re-socialization. It also raises questions on how this could ever be achieved in a societal sphere without considering the very nature of society, including public perceptions of someone with an experience of imprisonment and willingness to welcome them back to the community (social) (Van Zyl Smit & Snacken, 2009), questions of citizenship (moral) (Duff, 2001; McNeill & Maruna, 2010), and the limits of legitimate state power (legal) (Maruna, 2011; McNeill, 2012). While the personal dimension solely focuses on the individual, its success requires the social, moral, and legal levels to work in tandem (McNeill & Maruna, 2010). For example, mental health appears to be associated with non-compliance with supervision probation and re-offending (Slate et al., 2004). However, mental health is not the sole factor resulting in non-compliance. For instance, it could also be argued that as they are monitored more closely than others, there is an increased chance that non-



compliance will be spotted more frequently (Skeem & Eno Louden, 2006).

The need to improve mental health support for this population has been justified not just as a pathway out of re-offending but also on economic, public health, and moral grounds (Brooker et al., 2009b). In this context, despite their heterogeneity, specific factors have been identified as common characteristics of this population: experiencing more than one health problem at any given time (Brooker et al., 2020); experiencing issues of comorbidity (Brooker & Glyn, 2012; Geelan et al., 2000; Lynch et al., 2017; Melnick et al., 2008; Sirdifield, 2012); often socially excluded and have been found to have higher levels of deprivation than that of the general population and their mental health is also worse than that of those from severely deprived areas in the community (Binswanger et al., 2016; Brooker et al., 2009a; Brooker et al., 2012; Pari et al., 2012); experiencing the deleterious effects associated with stigma for both criminal behaviour and mental health issues (Tremelin & Beazley, 2022); more likely to experience a technical parole/supervision violation, resulting in its revocation (Ostermann & Matejkowski, 2014), partially explained by their exact positioning at the intersection of multiple kinds of vulnerabilities (Porporino & Motiuk, 1995). It is crucial to remember that upon release, and during their supervision, people will be at different adaptation stages to their surrounding circumstances. As such, support plans need to be tailored to the individual and their needs, and the support services need to be stable and accessible (King et al., 2018).

Ultimately, mental health does not exist in isolation. The environment in which a person's mental health issues present is both a factor and an outcome that cannot be discounted. Most individuals have multi-layered complex issues and do not stop at labels such as mental illness or addiction. Addressing someone's mental health issues is a necessary, yet insufficient ingredient in approaching re-entry comprehensively. These challenges must be addressed within the broader context of crime, punishment, and welfare (Fraser et al., 2009). For this reason, as a focus of the current study, a mixed-method approach was adopted to explore the different services that multiple jurisdictions provide to individuals under community supervision who experience mental health issues.

### **Current Study**

The current study was a mixed-method explorative study into mental health in community corrections. As previously mentioned, there is a report on the entirety of the project<sup>1</sup> though the focus of this paper is the qualitative portion of the research. There were three components to the qualitative exploration: surveys, semi-structured interviews, and one mini focus group. All the activities took place over the internet. The interviews and focus group were conducted on Zoom or Google Hangouts and a virtual conference platform, respectively, and took approximately 45 to 60 minutes.

### **Sample**

There were 63 respondents to the survey across 18 countries. The participants for the survey were recruited using a snowball sampling method, where the board of directors at IACFP recruited from their professional networks. Participants were recruited across three disciplines: community corrections officers, program administrators, and mental health practitioners. Informed consent was sought before participation, and participants could withdraw at any time. Participants received no compensation nor direct benefits for participation. Twelve individuals participated in the semi-structured interviews, 11 of whom were from the same three disciplines as the survey respondents,

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<sup>1</sup> Available at [www.myiacfp.org](http://www.myiacfp.org)

and one was a former justice-involved individual. The former client was recruited through convenience sampling. Finally, there was one mini-focus group with community corrections personnel.

### Procedure

The first component of this research study was the survey. The number of questions on the survey depended on the respondent group (i.e., ranged from 28 to 46). The three respondent groups were community corrections officers, program administrators, and mental health practitioners. The survey was available through Qualtrics and took participants approximately 15 minutes to complete. Following the survey, semi-structured interviews were conducted with 11 individuals across the three respondent groups and one former justice-involved individual. The interviews included questions about their work in the community corrections department or agency to understand their personal experience of conducting assessments and applying models of supervision and support for people experiencing mental health challenges. The semi-structured interview guides had 6 to 11 questions depending on the respondent type. Finally, there was one mini focus group with a ten-question guide to learn about the breadth of the programs and services provided to clients with mental health challenges. The label "mini" highlights the informal nature of the focus group that occurred early in the research process. The focus group participants included community corrections administrators, staff officers, and practitioners.

### Data Analysis Plan

The qualitative data were analyzed using thematic analysis. Six phases were followed as proposed by Nowell and colleagues (2017) to produce reliable and valid qualitative findings. The six phases included being familiar with the data, creating codes, searching, reviewing, defining, and naming themes, and creating a report on the findings. Throughout the process, everything was documented (all meetings, reflexive journaling, documentation of work) and peer debriefings regularly took place.

### Results

The thematic analysis revealed seven distinct themes that are closely linked to the primary objective of the research project, which is to enhance research by examining the range of community corrections services available internationally for people with mental health issues. In the subsequent sections, a comprehensive discussion of these seven themes is presented.

### Complex Nature of Mental Health Service Provision

Participants noted that providing services to individuals in community corrections with mental health issues is a complex task that involves different levels, from the individual to the practitioner/probation officer and the department or organization. The challenges of assisting individuals with comorbidities (e.g., substance abuse, trauma) within the prison context while maintaining a positive therapeutic relationship were also highlighted. Therefore, this umbrella theme emphasizes the complexity associated with delivering appropriate services, including the mode of delivery and necessary accommodations for clients with mental health difficulties. Scott<sup>2</sup>, a former justice-involved individual from the U.S., captures the dynamic and complex nature of his experience in the community following his release from an institution:

*Kids are begging for food, you're struggling to keep a roof over your head, lack of education, the stigma of the mental health impact and the impact of the illness, the felony conviction*

<sup>2</sup> All names of participants provided in this paper are pseudonyms.

*stigma and impact, and the way society has looked upon that. So all these challenges, and it's like, I still got to feed my children.*

### **Practices**

This theme focuses on different aspects of providing services to individuals in community corrections with mental health issues. It includes current models and training for staff, self-care and wellness practices, rapport and therapeutic alliance building, and unique and/or specific practices and best practices. Participants emphasized the importance of self-care and wellness practices for staff, including a holistic approach that prioritizes family first:

*...if you're not well, how are you going to take care of the ones that need you effectively...  
when we talk about self-care, we're talking about a holistic approach...*

The models for treatment identified across interviews were the Risk-Need-Responsivity model, the Desistance Model, and the Good Lives Model. Concerning training, there was a dichotomy where participants either reported a profusion or an absence. Most participants identified the importance of rapport, alliance, and trust with their clients to allow for open communication and to best support them. The participants reported both informal and formal practices (e.g., employee assistance programs, technology, etc.), and noted the importance of these to reduce burnout and to help their clients without conceding their own health and well-being. Finally, some of the unique and best practices identified included accountability courts in the United States and Hogoshi in Japan.

### **Practitioner-Informed and Client-Informed Practices and Realities**

The above-mentioned theme includes the distinction between community corrections practice in theory compared to reality. For example, success is defined in a strict, binary manner in theory. That is, the client is either following all the rules and staying crime-free or is not. For example, Diana, a parole officer from Canada, mentions that:

*It's [compliance] different to me than it is to the department. So to the department, it is following all your conditions, reporting as directed, showing up for your appointments, doing programs, doing counseling, regardless of what your personal situation might be. There's a pretty narrow definition. For me, compliance at its most basic level, stay in contact with me...  
For certain clients, that's the best that they can do is staying in contact.*

In reality, success may be better viewed as meeting the client where they are, according to the present circumstances of their life in the community. For instance, one participant identified that for some of their clients, merely showing up is their level of success/should be considered a success. This was also expressed by Teresa, a supervisor from Canada:

*It can be very informal. It can be something as simple as med [medication] compliance, something as simple as getting them to their doctor for their next injection. It can be something as simple as finding an individual housing. I would just measure success by turning a corner, because we know there's going to be ups and downs. We know that there's going to be successes and disappointments, but as long as we can try and move this individual forward. Typically, as a service, our measure of success is by failure. The noncompliance, the breach allegations, the re-involvement with the criminal justice system. I try not to focus on that because that's not a measure. That's just a statistic.*

## Hurdles

The Hurdles theme encompasses four types: organizational, community-level, treatment, and political. These hurdles are dynamic, meaning they can be lowered, eliminated, or elevated. Participants identified various hurdles at each level, such as the need for stable housing to access certain services for individuals with mental health issues. Bureaucracy and politics were also identified as hurdles. Overall, many participants identified that meaningful collaboration is one way to lower hurdles and lead to the best outcomes for the clients.

## Interdisciplinary

The interdisciplinary theme emphasizes the need for collaboration between service providers at both the individual and organizational/departmental levels. Participants identified the negative impact of silos and emphasized the importance of working collaboratively across disciplines of services (e.g., health, employment, etc.) to achieve the best outcomes for clients and service providers. A Canadian supervisor mentioned how "...frequent contact with the individuals, and the collaboration between all of the agencies. That is where we see the success." This interdisciplinary approach goes beyond the formal service providers that are available, but also incorporates the informal support providers, such as family members, who play crucial roles in helping an individual reintegrate and successfully desist.

## COVID-19

This theme focuses on the impact of the COVID-19 pandemic on community corrections. Initially, the service providers had difficulty adapting to the changes and helping their clients. The loss of face-to-face contact had a particularly negative effect on clients with mental health issues. However, as the pandemic progressed, some jurisdictions provided devices to maintain communication with clients who did not have access to technology. The impact of the pandemic for both service providers and clients were heterogeneous and depended on factors such as the client's age and mental health status.

## Protective Factors

Finally, the Protective Factors theme involves the two factors participants identified as imperative to success: employment and accommodation. Though these factors are well-known to impact clients' success, the participants considered the quality of employment and stability of the accommodation as the biggest determinants of success. Additionally, many participants noted that intervention for these two factors is the easiest and most common to implement. For instance, a mental health specialist from the U.S. mentioned:

*I think it's the resources that help the most because if a person is homeless, how do we expect them to come to programming or come to a counseling session when they're trying to find housing or food, just those basic needs.*

## Discussion

There are ample examples of studies on obstacles that preclude an efficient criminal justice system; however, much less information is available on pragmatic solutions to address those hurdles. Given the complex nature of the work involved, there is no straightforward one-size-fits-all approach. Yet, some recommendations can be made, and opportunities for improvement are available. This section aims to outline some of the study's implications in three broader clusters as well as limitations and opportunities for future research.



### **The Complex Nature of Mental Health**

This work does not aim to eliminate the complexities within the system but to understand the dynamic and complex nature characterizing individuals, especially those facing mental health issues. Despite this population's higher prevalence of comorbidities, many correctional services address issues separately. Interventions should be designed based on the complex reality of mental health and its impact on all aspects of an individual's life. Therefore, it is vital to promote a broad and proactive approach among staff working in community corrections to holistically engage with mental health challenges and their influence on all aspects of an individual's life. Although the value of the evidence-based lens is well known, it can complicate collaboration, as it requires clients to fit within specific parameters before support is provided. However, staff must meet clients where they are, which requires a well-working continuum of care and a whole-systems approach. For example, one participant recounted the circumstances and challenges with one of their clients with substance abuse issues and cognitive delays. Despite his effort to show up on the day of the appointments, he failed to do so at the agreed-upon time. While some argue that addressing these issues is not a core duty of probation services, others believe that ignoring them will inevitably lead to unsuccessful interventions. However, it is clear that successful re-entry necessitates solid intra-organizational collaboration and a focus on the individual's needs.

### **Best Practices**

The pandemic highlighted and deepened the weaknesses within the criminal justice system that disproportionately affect vulnerable populations. It showed that some of those effects were mitigated where telehealth and collaboration were embedded. However, besides the pandemic, probation services dealt with additional bureaucratic hurdles. Isolated responses failed to address these issues promptly, while cooperation did. This suggests that in crises, including the pandemic, collaboration helps to improve agencies' reactions to disruptions and should prompt organisations to reassess their current safeguards.

The "research-practice gap" (Rousseau, 2006, p. 256) is a persisting obstacle, but specific tools or best practices have shown the value of comprehensive, evidence-based intervention plans. One example is the Good Lives Model as developed by Ward and Durrant based on their idea of practice frameworks (Ward, 2010; Ward & Brown, 2004; Ward & Maruna, 2007). Plans should be evidence-based, with an additional focus on implementation fidelity and integrity. An in-house evaluation team or partnerships with research institutes can ensure same. They can also monitor and evaluate the program's development and outcome over time.

Participants from different regions identified specific best practices, including trauma-informed care. However, this approach can and should be continued beyond counseling sessions to remedy stigma and bias about mental health. It means moving from the "what is wrong with you" paradigm to a "what happened to you?" mindset. This creates space to process trauma-based experiences and feelings and to adopt coping mechanisms (Turanovic & Pratt, 2012). A good relationship between provider and client is necessary to address issues constructively. However, a range of approaches to supervision exist, and they all fall on the spectrum of accountability versus trust and counseling versus supervising. Wherever they fall, this study emphasizes the need for continuous staff training and professional development that is developed through both bottom-up and top-down approaches. Concretely, that means challenges or requests from staff should inform the topics in combination with



what is necessary to achieve long-term policy and practice goals.

Working in community corrections is inherently challenging, yet caring for staff is often overlooked. The fear of being embarrassed or losing their job was mentioned as a direct barrier to care, resulting in increased stress. Organizations have different ways of supporting their staff, and while emphasizing self-care is vital, it must also be made possible. This could include access to reimbursed counseling sessions or the ability to take personal and sick days without a doctor's note. Overall, the study highlighted the importance of ensuring there is support for the mental health of service providers who are helping individuals with mental health issues.

### **Culture, Community and Collaboration**

Individualized approaches are worthwhile as someone reintegrating into the community can be supported through needs and risk management. However, a highly individualistic climate, as found amongst some of this study's explored regions, can increase stigma and outright rejection of justice-involved individuals. Thus, strong community support and engagement are crucial. Shifting from an individualized to a collective approach within communities takes effort, time, and courage. It includes breaking down silos, flexibility in policy and practice, and considering a client-centered approach as a community-focused approach.

A first step is to engage stakeholders and engage them with the work of probation services and community corrections. This must include strengthening the direct and indirect ties between individuals and the community, including those with family members and professional relationships. A whole-systems approach that provides multi-layered support across all stakeholders gives individuals the best chance to reintegrate and successfully desist. Public education campaigns, seminars, and presentations targeting specific stakeholders can help increase, improve, and embrace connections with justice-involved individuals. A good example from one jurisdiction was the habit of inviting the judge who sentenced clients to speak at the program's graduation. Visibility-increasing initiatives, such as book drives or delivering meals, can also amplify the process.

The study highlights two best practices for community involvement in probation services. The first is the Hogoshi program in Japan, where citizens aid professional probation officers by providing support and serving as liaisons between justice-involved individuals and the community. This program demystifies probation practices and represents a caring community. The second practice is the forensic peer mentor program in the state of Georgia. Individuals with lived experience in the justice system serve as role models and peers for justice-involved individuals with mental health or substance abuse issues. This program engages clients in a person-centered, trauma-informed, and culturally sensitive way and provides a better understanding for probation officers and counselors. Based on the success of these programs other jurisdictions should consider implementing programs that utilize citizens or individuals with lived experience in the justice system to best support individuals reintegrating and to provide support for mental health in community corrections.

It is well-established that stable employment and housing are key in community-oriented personal rehabilitation, as it provides structure and purpose. However, individuals with a criminal record often face discrimination, making it difficult to obtain employment and stable accommodation. "Fair-chance policies", individualized assessments and a housing-first approach can help address this issue. The



latter approach can significantly decrease homelessness and improve housing retention rates. This approach requires long-term, strategic planning and partnerships with local organizations to support justice-involved individuals. Making support available to individuals facing issues once housed, such as discussions with landlords, is also necessary.

### **Future Research**

As this was an initial examination of mental health in community corrections globally, there are several avenues for future research. Research on mental health in community corrections should explore the housing-first approach. Meeting an individual's basic needs is a prerequisite for the case management team, allowing them to focus on providing person-centred care. Conducting a community needs assessment can help identify the concerns and needs of stakeholders for better cooperation. However, housing must be provided systematically and coherently by investing in a widespread, locally embedded policy decision rather than a temporary solution.

Further research is required to identify the needs of community corrections staff, including those concerning professional development or staff welfare. It requires an understanding of the intersection of client and staff needs, and the necessary training to achieve long-term policy goals, without failing to prioritize the well-being of those who care for this population.

Finally, research should continue to identify what works in community corrections and how to implement those methods effectively. In this study, examples such as the Hogoshi or the forensic peer mentors stand out, and programs such as these should be piloted in other jurisdictions. Researchers should focus on enabling local success by analyzing how these approaches can be applied in different contexts while paying attention to local practices. Research should include ways to ensure program adherence and staff competency in implementing and utilizing those methods.

### **Conclusion**

This study aimed to explore, from an international perspective, the multitude and variety of services that are offered for people experiencing mental health issues in community corrections. This exploration emphasized that despite the inevitable influence of the local context and its specificities, some complexities are not limited to a specific jurisdiction. These include a siloed landscape of services, a strict understanding of success, and a lack of sustainable investments in employee self-care. On the other hand, some themes seemed to be widely recognized as necessary building blocks for success. These include meaningful collaboration, rapport, trust, and an emphasis on housing and employment. Much depends on meeting the client where they are, as reintegration and rehabilitation is a unique and non-linear process. This exploratory research emphasizes the value of exchanging best practices. Ultimately, despite their differences, the jurisdictions who participated in this study agree on the value of person-centered, community-integrated approaches.

## **LIST OF REFERENCES**

Baxter, A. J., Tweed, E. J., Katikireddi, S. V., & Thomson, H. (2019). Effects of housing first approaches on health and well-being of adults who are homeless or at risk of homelessness: Systematic review and meta-analysis of Randomised Controlled Trials. *Journal of Epidemiology and Community Health*, 73(5), 379–387. <https://doi.org/10.1136/jech-2018-210981>

- Beck, A., & Maruschak, L. (2001). *Mental Health Treatment in State Prisons, 2000*. Bureau of Justice Statistics. <https://bjs.ojp.gov/library/publications/mental-health-treatment-state-prisons-2000>
- Binswanger, I. A., Stern, M. F., Yamashita, T. E., Mueller, S., Baggett, T. P., & Blatchford, P. J. (2016). Clinical risk factors for death after release from prison in Washington State: a nested case control study. *Addiction*, 111(3), 499 – 510.
- Bradley, K. (2009). *The Bradley report: Lord Bradley's review people with mental health problems or learning disabilities in the Criminal Justice System*. London: Department of Health.
- Brooker, C., & Glyn, J. (2012). *Briefing 45: Probation services and mental health*. London: Centre for Mental Health.
- Brooker, C., & Gojkovic, D. (2009). The second national survey of mental health in-reach services in prisons. *Journal of Forensic Psychiatry and Psychology*, 20(511 – 528).
- Brooker, C., Sirdifield, C., & Marples, R. (2020). Mental health and probation: A systematic review of the literature. *Forensic Science International: Mind and Law*, 1, 100003. <https://doi.org/10.1016/j.fsml.2019.100003>
- Brooker, C., Sirdifield, C., Blizard, R., Denney, D., & Pluck, G. (2012). Probation and mental illness. *Journal of Forensic Psychiatry and Psychology*, 23(4), 522 – 537.
- Brooker, C., Syson-Nibbs, L., Barrett, P., & Fox, C. (2009a). Community managed offenders' access to healthcare services: Report of a pilot study. *Probation Journal*, 56(1), 45–59. <https://doi.org/10.1177/0264550509102401>
- Brooker, C., Ullman, B., & Lockhart, G. (2009b). *Inside out: The case for improving mental healthcare across the criminal justice system*. London: Policy Exchange.
- Clear, T., & Byrne, J. (1993). The transition from being an inmate: Discharge planning, parole, and community-based services. In Steadman, H. J. and Cocozza, J. J. (Eds.) *Providing services for offenders with mental illness and related disorders in prisons*. Seattle, WA: National Coalition for the Mentally in the Criminal Justice System.
- Crewe, B. (2007). Power, adaptation and resistance in a late-modern men's prison. *The British Journal of Criminology*, 47(2), 256–275. <https://doi.org/10.1093/bjc/azl044>
- Crewe, B. (2011). Depth, weight, tightness: Revisiting the pains of imprisonment. *Punishment & Society*, 13(5), 509–529. <https://doi.org/10.1177/1462474511422172>
- Crewe, B. (2015). Inside the belly of the penal beast: Understanding the experience of imprisonment. *International Journal for Crime, Justice and Social Democracy*, 4(1), 50–65. <https://doi.org/10.5204/ijcjsd.v4i1.201>
- Duff, A. (2001). *Punishment, communication and community*. New York, NY: Oxford University Press.
- Durnescu, I. (2011). Pains of probation: Effective practice and human rights. *International Journal of Offender Therapy and Comparative Criminology*, 55(4), 530–545. <https://doi.org/10.1177/0306624x10369489>
- Durnescu, I. (2019). Pains of reentry revisited. *International Journal of Offender Therapy and Comparative Criminology*, 63(8), 1482–1498. <https://doi.org/10.1177/0306624x19828573>
- Fraser, A., Gatherer, A., & Hayton, P. (2009). Mental health in prisons: Great difficulties but are there opportunities? *Public Health*, 123(6), 410–414. <https://doi.org/10.1016/j.puhe.2009.04.005>
- Geelan, S., Griffin, N., Briscoe, J., & Haque, M. S. (2000). A bail and probation hostel for mentally disordered defendants. *The Journal of Forensic Psychiatry*, 11(1), 93–104. <https://doi.org/10.1080/095851800362382>
- Green, E. (2016). Finding balance between hiring ex-offenders and protecting private employers in Oklahoma: The need to reform the negligent-hiring standard, enact fair-chance policy, and

- establish statutory presumption against negligent hiring. *Oklahoma City University Law Review*, 41(3), 439 – 480.
- Hayes, D. (2015). The impact of supervision on the pains of community penalties in England and Wales: An exploratory study. *European Journal of Probation*, 7(2), 85–102. <https://doi.org/10.1177/2066220315593099>
- Horn, M. F. (2004). Rethinking Sentencing: A panel on the topic of Reentry and Recidivism at the New York State Drug Treatment Court Professionals Conference.
- Hudson, B. (1993). *Penal policy and social justice*. Macmillan.
- King, E. A., Tripodi, S. J., & Veeh, C. A. (2018). The relationship between severe mental disorders and recidivism in a sample of women released from prison. *Psychiatric Quarterly*, 89(3), 717–731. <https://doi.org/10.1007/s11126-018-9572-9>
- Lurigio, A. (2011). Examining prevailing beliefs about people with mental illness in the criminal justice system. *Federal Probation*, 75(1), 11 – 16.
- Lurigio, A. J., Cho, Y. I., Swartz, J. A., Johnson, T. P., Graf, I., & Pickup, L. (2003). Standardized assessment of substance-related, other psychiatric, and comorbid disorders among probationers. *International Journal of Offender Therapy and Comparative Criminology*, 47(6), 630–652. <https://doi.org/10.1177/0306624x03257710>
- Lynch, S. M., DeHart, D. D., Belknap, J., Green, B. L., Dass-Brailsford, P., Johnson, K. M., & Wong, M. M. (2017). An examination of the associations among victimization, mental health, and offending in women. *Criminal Justice and Behavior*, 44(6), 796–814. <https://doi.org/10.1177/0093854817704452>
- Martin, L. (2017). “Free but still walking the yard”: Prisonization and the problems of reentry. *Journal of Contemporary Ethnography*, 47(5), 671–694. <https://doi.org/10.1177/0891241617737814>
- Maruna, S. (2011). Judicial rehabilitation and the ‘clean bill of health’ in criminal justice. *European Journal of Probation*, 3(1), 97–117. <https://doi.org/10.1177/206622031100300108>
- McKendy, L., & Ricciardelli, R. (2020). The pains of release: Federally-sentenced women’s experiences on parole. *European Journal of Probation*, 13(1), 1–20. <https://doi.org/10.1177/2066220320948375>
- McNeill, F. (2012). Four forms of ‘offender’ rehabilitation: Towards an interdisciplinary perspective. *Legal and Criminological Psychology*, 17(1), 18–36. <https://doi.org/10.1111/j.2044-8333.2011.02039.x>
- McNeill, F., & Maruna, S. (2010). Paying Back and Trading Up: Reforming Character. An oral paper presented at the European Society of Criminology Conference, Liege, September 2010.
- Melnick, G., Coen, C., Taxman, F. S., Sacks, S., & Zinsser, K. M. (2008). Community-based co-occurring disorder (COD) intermediate and advanced treatment for offenders. *Behavioral Sciences & the Law*, 26(4), 457–473. <https://doi.org/10.1002/bsl.827>
- Nowell, L., Norris, J., White, D., & Moules, N. (2017). Thematic Analysis. *International Journal of Qualitative Methods*, 16(1), 1 – 13.
- Ostermann, M., & Matejkowski, J. (2012). Exploring the intersection of Mental Health and release status with recidivism. *Justice Quarterly*, 31(4), 746–766. <https://doi.org/10.1080/07418825.2012.677465>
- Pari, A. A., Plugge, E., Holland, S., Maxwell, J., & Webster, P. (2012). Health and wellbeing of offenders on probation in England: An exploratory study. *The Lancet*, 380. [https://doi.org/10.1016/s0140-6736\(13\)60377-3](https://doi.org/10.1016/s0140-6736(13)60377-3)
- Polk, Z., & Rodriguez, M. N. (2015). Best practices in fair-chance enforcement: Ensuring work opportunity for people with convictions. National Employment Law Project. <https://s27147.pcdn>.

- co/wp-content/uploads/Best-Practices-Fair-Chance-Enforcement.pdf
- Porporino, F. J., & Motiuk, L. L. (1995). The prison careers of mentally disordered offenders. *International Journal of Law and Psychiatry*, 18(1), 29–44. [https://doi.org/10.1016/0160-2527\(94\)00025-5](https://doi.org/10.1016/0160-2527(94)00025-5)
- Roesch, R., Ogloff, J. R. P., & Eaves, D. (1995). Mental Health Research in the criminal justice system: The need for common approaches and international perspectives. *International Journal of Law and Psychiatry*, 18(1), 1–14. [https://doi.org/10.1016/0160-2527\(94\)00023-9](https://doi.org/10.1016/0160-2527(94)00023-9)
- Rousseau, D. M. (2006). Is there such a thing as "evidence-based management"? *Academy of Management Review*, 31(2), 256–269. <https://doi.org/10.5465/amr.2006.20208679>
- Sainsbury Centre for Mental Health (2009). Mental health care and the criminal justice system. Health and Justice Research Network. <http://www.ohrn.nhs.uk/resource/policy/SCMHMHandtheCJS.pdf>
- Senior, J. (2015). Mental Health in Prisons. Trends in Urology & Men's Health. [Online] <https://onlinelibrary.wiley.com/doi/pdf/10.1002/tre.433>
- Singleton, N., et al. (1998). Psychiatric morbidity among prisoners. London: Office for National Statistics.
- Sirdifield, C. (2012). The prevalence of mental health disorders amongst offenders on probation: A literature review. *Journal of Mental Health*, 21(5), 485–498. <https://doi.org/10.3109/09638237.2012.664305>
- Skeem, J. L., & Louden, J. E. (2006). Toward evidence-based practice for probationers and parolees mandated to Mental Health Treatment. *Psychiatric Services*, 57(3), 333–342. <https://doi.org/10.1176/appi.ps.57.3.333>
- Slate, R. N., Feldman, R., Roskes, E., & Baerga, M. (2004). Training federal probation officers as mental health specialists. *Federal Probation*, 68(3), pp. 9 – 15.
- Sykes, G. (1958). *The Society of Captives: A Study of a Maximum Security Prison*. Princeton University Press.
- Torrey, E. F., Kennard, A. D., Eslinger, D., Lamb, R., & Pavle, J. (2010). More Mentally Ill Persons Are in Jails and Prisons Than Hospitals: A Survey of the States. Treatment Advocacy Center. [http://www.treatmentadvocacycenter.org/storage/documents/final\\_jails\\_v\\_hospitals\\_study.pdf](http://www.treatmentadvocacycenter.org/storage/documents/final_jails_v_hospitals_study.pdf)
- Tremlin, R. C., & Beazley, P. (2022). A systematic review of Offender Mental Health Stigma: Commonality, psychometric measures and differential diagnosis. *Psychology, Crime & Law*, 1–25. <https://doi.org/10.1080/1068316x.2022.2072842>
- Turanovic, J. J., & Pratt, T. C. (2012). The consequences of maladaptive coping: Integrating general strain and self-control theories to specify a causal pathway between victimization and offending. *Journal of Quantitative Criminology*, 29(3), 321–345. <https://doi.org/10.1007/s10940-012-9180-z>
- Van Zyl Smit, D., & Snacken, S. (2009). *Principles of European prison law and policy*. Oxford, UK: Oxford University Press.
- Ward T. (2010). The Good Lives Model of offender rehabilitation: Basic assumptions, aetiological commitments, and practice implications. In McNeill F., Raynor P., Trotter C. (Eds.), *Offender Supervision: New Directions in Theory, Research and Practice*. Oxon, UK: Willan Publishing, 41 – 64.
- Ward, T., & Brown, M. (2004). The good lives model and conceptual issues in offender rehabilitation. *Psychology, Crime & Law*, 10(3), 243–257. <https://doi.org/10.1080/10683160410001662744>
- Ward, T., & Durrant, R. (2021). Practice frameworks in correctional psychology: Translating causal theories and normative assumptions into practice. *Aggression and Violent Behavior*, 58, 101612. <https://doi.org/10.1016/j.avb.2021.101612>

Ward T., & Maruna S. (2007). *Rehabilitation: Beyond the risk assessment paradigm*. London, UK: Routledge.

World Health Organization (WHO) (2008). *Trenčin statement on prisons and mental health*. World Health Organization <http://www.euro.who.int/Document/E91402.pdf>

Woodhall-Melnik, J. R., & Dunn, J. R. (2015). A systematic review of outcomes associated with participation in Housing First Programs. *Housing Studies*, 31(3), 287–304. <https://doi.org/10.1080/02673037.2015.1080816>

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