AN EXAMINATION OF THE CRIMINALIZATION OF MENTAL ILLNESS IN NORTH CAROLINA STATE PRISONS

by

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A Thesis submitted to the faculty of
The University of North Carolina at Charlotte
in fulfillment of the requirements
for the degree of Master of Arts in
Sociology

Charlotte

2022

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ABSTRACT
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AN EXAMINATION OF THE CRIMINALIZATION OF MENTAL ILLNESS
IN NORTH CAROLINA STATE PRISONS
(UNDER THE DIRECTION OF) DR. TERESA SCHEID

Purpose: The deinstitutionalization of mental health and the failure of community-based care has resulted in more individuals with mental illnesses receiving treatment in the criminal justice system than in the mental health system. This is referred to as the criminalization of mental illness. The purpose of this study is to examine and determine if the number of individuals suffering from a mental illness receiving treatment in the criminal justice system has increased or decreased from 2004 to 2016. That is, has criminalization increased or decreased?

Methods: Data from the 2004 and 2016 Survey of Prison inmates gathered by the Bureau of Justice Statistics is utilized to compare 2004 and 2016. Bivariable analysis compares incarceration for those with and those without a mental illness. The confounding variables included in the data are race, substance abuse, crime type (drug, property, violent), and homelessness.

Findings: There was a significant decrease in the number of incarcerated individuals suffering from a mental illness in 2016 compared to 2004. It was found that the number of violent offenses increased significantly from 2004 to 2016 regardless of mental health status. In regard to race, the race of the individual was not a significant indicator of incarceration among individuals with a mental illness. However, blacks not suffering from mental illness were more likely to be incarcerated. It was also found that in 2016 the number of black individuals in a system already overrepresented by blacks also increased. Blacks without a mental health diagnosis represented the largest increase, with

blacks suffering from mental illness representing the largest decrease in incarceration. In addition, while blacks were significantly more likely to be charged with a drug offense, they were not significantly more likely to suffer from substance abuse.

Implications: The criminalization of mental illness in North Carolina may be decreasing. However, the number of violent crimes increased significantly. Further study is needed to understand why.

Originality: While national research has looked at the criminalization of mental health, little research has focused on the state level, specifically in North Carolina

DEDICATION

This thesis is dedicated to my mother Barbara Small. Thank you for always believing in me and encouraging me to do more and be more.

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INTRODUCTION

Referred to as the criminalization of mental illness, individuals suffering from mental illness are regularly placed in the Criminal Justice System and not treated within mental health facilities. Consequently, the Criminal Justice System has over time become one of the largest providers of mental health services in the United States (Timmer and Nowotny, 2021). In 2017 the Bureau of Justice Statistics reported that in the 2011-2012 National Inmate Survey, approximately 51 percent of the 1.4 million individuals held in state prisons across the United States suffered from at least one serious psychological disorder or had a history of mental health problems Bronson, (Jennifer, and Marcus Berzofsky, 2017). That means, in 2012 approximately 700,000 individuals incarcerated across the United States suffered from at least one mental health problem.

Unfortunately, in some cases what is seen as a mental illness is more of a normal response to the stressors of life that have left that person temporarily unable to function properly. That is, individuals who suffer from treatable and sometimes temporary mental health problems are being stereotyped as dangerous; even when it is known that a very small percentage will ever become violent towards themselves or others (Hiday and Ray, 2017). The belief that individuals suffering from mental illness are a danger if not confined has been a driving factor in the criminalization of mental illness. It should be made very clear that some individuals suffering from a mental illness do break the law but the types of crimes individuals suffering from mental illness tend to commit are often nuisance and survival crimes (Hiday and Ray, 2017).

The shift away from institutionalization to incarceration is seen as the result of processes of social control used to remove individuals suffering from mental illness from

society. The process of social control resulting in criminalization has been demonstrated in past research which provides evidence that individuals suffering from mental illness are being arrested and incarcerated at a higher rate than individuals not suffering from mental illness (Hiday and Ray, 2017). The purpose of this study is to see if the trend toward criminalization has increased or decreased in North Carolina between 2004 and 2016.

BACKGROUND AND SIGNIFICANCE

The prevalence of individuals suffering from mental illness serving time in state prisons is significant with strong links to deinstitutionalization across America (Bronson & Berzofsky, 2017). Deinstitutionalization is known as the process of removing individuals from institutionalized care (mental hospitals) and placing them back into the community with the promise of care in the community (Rochefort, 1984). Unfortunately, in the years following the mass closure of mental health hospitals, many of the individuals who would have once been hospitalized were now in and out of jail and prison, becoming frequent users of publicly funded safety-net programs (Hiday and Ray, 2017).

In a historical context, the first calls for deinstitutionalization came shortly after WWII from journalists and former patients of mental health hospitals. The poor living conditions they experienced in state-run asylums during World War II led them to be the first to openly speak out against the problem. The growing concern surrounding mental health hospitals led Dr. Robert H Felix, head of the Division of Mental Hygiene, to push for the revival of the National Neuropsychiatric Institute and the creation of the National Mental Health Act of 1946 (Watson, Adams, and Jackson. 2017, pg.578).

The National Mental Health Act (NMHA) of 1946 would be the first legislation to limit the federal government's role in mental health policy by excluding all funding for institutionalized care in favor of community-based care. The NMHA had three goals; to provide funding for research, train personnel, and provide funding for states to build outpatient clinics and treatment centers. However, the most significant accomplishment of the NMHA was the creation of the community service branch that provided states with matching funds for the creation of community-based mental health programs (Watson, Adams, and Jackson. 2017, pg.578).

The next important voice to speak out on the poor living conditions within the mental health hospital would come in the early 1960s when sociologist Erving Goffman spoke of the continued poor living conditions experienced by individuals in mental health hospitals in his book *Asylums*. In *Asylums* Goffman would compare the living conditions inside mental health hospitals during that time to prisons and concentration camps where patients were subjugated to restricted freedoms, stigmatized for being a patient, and kept from performing normal social roles (Goffman, 1961). The total institution, as explained by Goffman, physically confines the individual within the institution, limiting the autonomy of the individual, the most basic role of both the mental hospital and the state prison system. The transfer of care from the mental health hospital to the justice system as the primary form of social control over an individual with mental health problems is seen as a natural shift toward a coercion-based form of social control (Scott, 2010).

Coercion-based social control is defined as control through the denial of the individual's autonomy in decision-making through the use or threat of force (Perry, Frieh, and Wright 2018). In the decades leading up to deinstitutionalization, social control

through coercion had been used by mental health hospitals to incapacitate individuals within the hospital. The primary form of incapacitation was medication to sedate the individual and physical restraints (straitjackets and solitary confinement) to limit the individual's movement (de Bruijn et al., 2020). These means of overt social control are also seen in the mechanisms used in the justice system to confine inmates.

In response to critiques of institutionalized care, in 1963 the Community Mental Health Centers Act mandated the opening of community-based care. The act, signed into law by President Kennedy, led to the mass closure of institutionalized care for mental health and the opening of community care centers. The act was meant to provide federal funding to build and operate community-based care centers (Rochefort, 1984). However, community-based care was never adequately funded. Deinstitutionalization and the lack of funding for community-based care resulted in community care providers not being able to provide both mental health care and basic needs. Consequently, many individuals suffering from mental illness who would have received both treatment and housing at mental health institutions found themselves homeless, often turning to street drugs to self-medicate. Critical to understanding the failure of community-based care is understanding the role of federal funding (Scott, 2010).

In 1982 through the Omnibus Reconciliation Act, the government re-distributed its funding to "block funding". The idea behind block funding was to place the federal government in the role of supplying technical assistance to each state's community-based care system. This assistance was meant to help increase the capacity and functionality of that community-based system without playing a direct role in how it functioned. The push to restrict the federal government's ability to instruct states on how they should

administer care to individuals suffering from mental illness has made many of the much-needed services offered through the mental health hospital difficult to offer. This has led to services like long-term housing, adequate medical care, and counseling being difficult to find in community-based models of care (Rochefort, 1984).

The change from institutionalization to community-based care did more than forcefully place individuals suffering from mental illness back into the public, it removed the formal social control mechanism. The elimination of the mental health hospital as the social control mechanism would by default make the criminal justice system the new mechanism of control and treatment. The reason the criminal justice system became the new control mechanism is because it, like the mental hospital, could ensure social order and social cohesion as a way of maintaining the individual's conformity within the larger society (Scott, 2010). The justice system, like the mental hospital, did this by removing non-conforming individuals from society.

The form of coercion-based social control used in mental health hospitals is similar to that used by the justice system. The similarities between the two institutions could be one of the reasons the justice system became the default means of social control over individuals suffering from mental illness after deinstitutionalization. However, the shift in control mechanisms from mental hospitals to the justice system can be linked to the increased "criminalization of mental illness" across America (NIH, 2020). This, in part, may have only added to the idea that individuals suffering from a mental illness were more dangerous and more likely to be violent.

Hiday and Ray believe the criminalization of mental illness can be seen in the increase in the number of individuals processed into the justice who suffer from mental

illness. Hiday and Ray also believe that the criminalization of individuals suffering from mental illness, since deinstitutionalization, has led the criminal justice system to process individuals suffering from mental illness faster than individuals not suffering from mental illness. This is seen in the increase in the number of incarcerated individuals suffering from mental illness that rose sharply after deinstitutionalization.

Individuals suffering from a mental illness who had been released from the justice system would in many cases find themselves returning after a short period of time. This has turned the justice system into a revolving door where individuals suffering from a mental illness would find themselves in and out of the justice system for simple, non-violent offenses. Hiday and Ray believe that the criminalization of mental illness can be seen in the enactment of increasingly restrictive civil commitment laws that lead to an increase in the number of individuals suffering from mental illness who had committed less serious offenses (Hiday and Ray 2017, pg.474.

Hiday and Ray (2017) examined the types of crimes committed by individuals suffering from mental illness and found that those crimes fell into 5 distinct subgroups. The 5 subgroups included: 1) individuals committing misdemeanor nuisance offenses only 2) individuals committing offenses involving survival behavior 3) individuals abusing controlled substances that in some cases led to violent behavior 4) individuals with character disorders who tend to have high rates of criminal offending, particularly violence against others and, 5) a small subgroup of individuals who fit the stereotypical idea of a person driven to criminal behavior because of the mental illness they suffer from.

In Hiday and Ray's 5 subgroups, subgroups 1 and 2 could be described as nuisance and survival crimes such as petty theft of essential goods, trespassing to find shelter, or simply "acting strange or odd". Commonly referred to as nuisance crimes due to the discomfort or inconvenience they may cause the public (Markowitz, 2010), they include vagrancy, substance crimes, and disorderly conduct. Hiday and Ray (2017) reported that nuisance offenses or survival crimes were the most common (41%), followed by substance abuse (31%) with theft being the least common crime committed by those with mental illnesses (14%) (Hiday and Ray 2017, pg.476).The reason individuals suffering from a mental illness may "act strange or odd" could be due to the symptoms of the individual's illness or the side effect of prescribed medication. In some cases, it is due to self-medicating symptoms using common street drugs. Prior research has indicated that the rate of substance abuse among individuals suffering from mental illness could be as low as 23 percent or as high as 55 percent (Hilarski and Wodarski, 2001). Unfortunately, self-medicating the symptoms of one's illness comes with unintended consequences.

Individuals suffering from mental illness who self-medicate with illicit drugs, offend at a higher rate than individuals only suffering from mental illness (Hiday and Ray, 2017). The most common predictors of criminality are the same among individuals suffering from a mental illness as they are for those not suffering from a mental illness. Those predictors include poverty, living in a disorganized or underserved neighborhood, persistent substance abuse, and prior offenses (Hiday and Ray 2017, pg. 477). Individuals suffering from mental illness have a higher probability of being the victim of a violent crime and not the perpetrator of a violent crime (Hiday and Ray, 2017). However, past

research shows that individuals suffering from substance abuse tend to commit more violent crimes (Johnson and Belfer, 1995)

When comparing criminality to mental health, Hiday and Ray found that only about 4 to 5 percent of individuals suffering from a mental illness were arrested for crimes directly related to or caused by the symptoms of their illness (Hiday and Ray, 2017). If it was true that mentally ill individuals were more violent because of their illness, then we should see more than 4 to 5 percent of individuals committing crimes correlated with their mental illness. However, we know this is not the case; with most crimes committed by individuals suffering from a mental illness being survival and nuisance crimes in subgroups 1 and 2.

The connection made by Hiday and Ray between individuals suffering from mental illness and the types of crime they tend to commit is significant, but it fails to consider factors such as race, homelessness, and substance abuse. In prior research, the individual's race, experience with homelessness, and prior substance abuse have all been used as indicators of potential mental health problems and subsequent criminalization. The U.S. Department of Housing and Urban Development reported in 2015 that around 45 percent of individuals experiencing homelessness suffered from a form of mental illness with up to 25 percent of those individuals suffering from a severe mental illness (AHAR, 2015).

Race is a significant indicator of complications regarding an individual's mental health. The United States has persistently incarcerated a significant over-representation of blacks in local jails and state prisons. In the US, black individuals represent approximately 13 percent of the US general population and over 40 percent of the

incarcerated population in local jails and state prisons (John and Lewis, 2019). When focusing on North Carolina in 2019, blacks made up approximately 22 percent of the state's general population but represented approximately 55 percent of the local jail and state prison populations (John and Lewis, 2019).

The overrepresentation of blacks in state jails and prisons in North Carolina and the United States could be one major reason why individuals in black communities are 20 percent more likely to experience problems with mental health as compared to the general population (Madoshi, 2019). Prior research has shown that incarceration is a significant social determinate of both an individual's overall physical health and health behaviors but is also a significant determinant for an individual's mental health (Nowotny and Timmer, 2018).

Prior research has also shown that homelessness is a significant factor in the criminalization of mental illness and a significant indicator of the types of crime committed by individuals suffering from a mental illness (Fisher, Shinn, Shrout, Tsemberis, 2008). As previously discussed, individuals suffering from mental illness are more likely to commit non-violent crimes but when factoring in homelessness there is a modest increase in violent crime. However, those violent crimes tended not to be murder, rape, or aggravated assault. Instead, the most common violent crime committed by individuals suffering from a mental illness was robbery (Fisher, Shinn, Shrout, Tsemberis, 2008). When looking at the 1st and 2nd crime type subgroups of Hiday and Ray, it can be said that the type of robbery committed by individuals suffering from mental illness would most likely still be of essential goods like food or even clothing, in other words, survival crimes.

RESEARCH OBJECTIVES

The objective of this thesis is to understand the effects of criminalizing mental illness as a mechanism of social control and how this has affected the criminalization of individuals suffering from a mental illness in North Carolina from 2004 to 2016. The growing need for social control over individuals suffering from a mental illness would indicate that the percentage of individuals incarcerated with a mental illness would have increased in frequency from 2004 to 2016. Alternatively, if the percentage of incarcerated individuals with a mental illness decreased, either pressure for social control decreased, or other factors may be at work. Factors related to race, criminal record, substance abuse, and homelessness may have had a greater (or lesser) impact than mental illness on incarceration. The following specific questions will be addressed in my research:

1) Did the percentage of individuals suffering from mental illness increase or decrease between 2004 to 2016 as compared to individuals not suffering from mental illness?

2) How did race, type of crime, homelessness, substance abuse, and mental illness affect incarceration? Did the percentage of incarcerated minorities suffering from mental illness increase or decrease from 2004 to 2016?

3) Do individuals suffering from a diagnosed mental illness commit more or less drug, property, and violent offenses than individuals with no diagnosed mental health problem?

The empirical framework used in this thesis uses the 5 subgroups of crime created by Hiday and Ray. The framework combines the 5 original subgroups into 3 smaller subgroups covering nuisance crimes, survival crimes, and violent crimes. This framework compares how criminalization changed from 2004 to 2016 and the effect race, mental health status, past criminal record, substance abuse, and homelessness had on criminalization.

RESEARCH METHODS

DATA:

The data used are secondary data gathered by the Bureau of Justice Statistics in 2004 and 2016. The 2004 and the 2016 data are nationally representative of inmates held in State and Federally funded/operated prisons, not including persons held in private facilities. The 2004 "Survey of Inmates in State Correctional Facilities" is a nationally representative dataset of survey responses from inmates being held in State and Federal prisons between October 2003 and May 2004. The data was collected through a two-stage process where the prisons were selected in the first stage and the inmates that would be interviewed were selected during the second stage. The original dataset held survey data regarding 11,569 male inmates across 1,435 state prisons.

The 2016 data, the "Survey of Prison Inmates" (SPI), is a cross-sectional survey of the state and federal prison population, including North Carolina state prisons. The data, like that of the 2004 data, was collected similarly with information only pertained to prisoners ages 18 or older held in a state or federal prison and in this case; only from facilities listed in the 2012 Census of State and Federal Correctional Facilities (Bureau of Justice Statistics 2016).

In this research, I utilize data from North Carolina. The 2004 data, before cleaning, contained information on 441 individuals and the 2016 data contained information on 597 individuals incarcerated in North Carolina state prisons. After being cleaned of missing information. The 2004 data had viable information on 220 individuals and the 2016 data held viable information on 243 individuals.

MEASURES

The measures used for this study are drawn from the 2004 to 2016 codebooks due to both codebook's definitions being similar. Starting with mental health, mental health is measured using the type of mental illness the individual suffers from and includes most major disorders like depressive disorders and more serious personality disorders. If the individual suffers from a mental health disorder, then they are coded as such. The measure for substance abuse includes any form of substance abuse prior to the commission of a crime, regardless of the type of substance or the type of crime.

Homelessness, similar to substance abuse, includes any homelessness experienced by the individual prior to the commission of a crime, regardless of when the individual experienced homelessness or the type of crime. Regarding offense type, due to the lack of offense type definitions in the 2016 dataset, the offense type measures are created using only the 2004 dataset. What constituted drug, property, and violent crime in the variables used is very similar across both datasets.

The 2004 dataset codebook clearly defines violent, property, and drug offenses. The codebook first defines violent offenses as any offense involving personal injury or threat of personal injury through direct or indirect contact between the victim and the offender. This means that the offender must harm or threaten to harm the individual before the offense can be considered violent. The codebook defines property offenses as any offense in which property is taken, damaged, or destroyed directly or by fraud or deceit. Property crimes also included any offense involving the illegal possession, sale, distribution, or use of money or property. This includes arson, burglary, fraud, larceny, motor vehicle theft, stolen property, and theft. However, to be included in the property

crime variable, no contact may occur between the offender and the owner of the property during the commission of the offense.

The 2016 and 2004 data

1. Mental Health - A depressive disorder (Manic-depression), bipolar disorder, or Mania, Schizophrenia or another psychotic disorder, post-traumatic stress disorder, another anxiety disorder (panic disorder), personality disorder (antisocial or borderline personality disorder), or any other mental or emotional condition.
2. Substance Abuse – On drugs or alcohol prior to committing an illegal offense
3. Homelessness – Experienced homelessness prior to incarceration
4. Drug Offenses – Any form of drug possession.
5. Property Offenses - burglary, larceny, theft, auto theft, fraud, arson, or possession of stolen goods.
6. Violent Offenses - Assault, Battery, Child abuse, Homicide, Kidnapping, Manslaughter, Mugging, Murder, Rape, Robbery, and Sexual crimes.

ANALYSES

This study is a descriptive study designed to explore the role of mental illness, race, past incarcerations, drug use, type of offense, and homelessness on criminalization and if criminalization in North Carolina increased or decreased from 2004 to 2016. The data was analyzed using bivariate analysis to compare the variables across both datasets. The first question, regarding the change in the number of individuals incarcerated while suffering from a mental illness, is addressed using a bivariate analysis comparing the individuals suffering from mental illness and individuals with no diagnosed mental problems in the 2004 and 2016 databases. The second question was also answered using

bivariate analysis, which analyzed changes in the effect of race, crime type committed, homelessness, substance abuse, and mental illness on incarceration from 2004 to 2016.

Completing this analysis first required the datasets to be cleaned. The variables regarding mental health, race, substance abuse, prior convictions, and crime type were kept for the final analysis after all missing values had been removed. The 2004 and 2016 datasets were then merged using a year variable to keep the data separate within the same database. The data was then grouped by the mental health variable, doing this allows for the individual's race, substance abuse, type of offense, and homelessness to be compared across the mental health variable between the 2004 and 2016 datasets.

FINDINGS

Table 1 is used to answer question one; "Did the incarceration rates for individuals suffering from mental illness increase or decrease between 2004 to 2016, compared to individuals not suffering from mental illness?". Looking at table 1 the percentage of individuals suffering from mental illness significantly decreased from 31% in 2004 to 21% in 2016. Comparing this to the percentage of individuals not suffering from a mental illness, the percentage of individuals not suffering from mental illness significantly increased from 2004 to 2016. Meaning, that from 2004 to 2016, in North Carolina, the incarceration of individuals suffering from mental illness decreased whereas the incarceration of individuals not suffering from a mental illness increased.

While less likely to suffer from a mental illness, individuals incarcerated in 2016 with a diagnosed mental illness were significantly more likely to be middle age (34-54) but less likely to suffer from substance abuse and experience homelessness compared to 2004. In terms of offense type, individuals in 2016 with a diagnosed mental illness were

less likely to be incarcerated for drug offenses and were significantly less likely to be incarcerated for property offenses compared to 2004. However, they were significantly more likely to be incarcerated for violent offenses than in 2004. This means that from 2004 to 2016 the only crime type to increase in significance were violent offenses.

In Table 1, individuals in 2016 were significantly more likely to experience homelessness than in 2004. The increase in the percentage of individuals experiencing homelessness in 2016 as compared to 2004 could be, in part, due to the significant rise in the percentage of individuals suffering from substance abuse. It is believed that around one-third of individuals experiencing homelessness also suffer from substance abuse (Polcin, 2016). This could explain why we see a rise in both substance abuse and homelessness in 2016 as compared to 2004 in table one.

The significance of race from 2004 to 2016 did not change, however, in 2016 the percentage of blacks incarcerated increased from 60% in 2004 to 62% in 2016, and the percentage of whites decreased from 33% in 2004 to 31% in 2016. This increase in the number of blacks incarcerated may have been small but this is still concerning. The justice system has historically been overrepresented by blacks and overrepresentation may be slowly growing, according to the findings in table 1. However, this increase in representation only represents the justice system in North Carlina and the systems across the United States. States that are not North Carolina could have drastically different results if the same research was conducted.

Tables 2, 3, and 4 are used to answer question two; “Did the significance of race, age, crime type, substance abuse, and homelessness increase for individuals suffering from a mental illness as compared to individuals not suffering from mental illness?”. In

2016 individuals suffering from mental illness were more likely to be middle-aged than in 2004. However, those individuals were not significantly more likely to suffer from drug dependency or homelessness. The individual's race was also not a significant indicator of incarceration of those with a mental illness. Looking at crime type, in 2016 individuals suffering from a mental illness had no significant change in drug offenses and were significantly less likely to commit a property crime but significantly more likely to commit a violent crime as compared to 2004.

In table 3, individuals in 2016 with no mental health diagnosis were significantly more likely to be younger (18-34), suffering from substance abuse, and have experienced homelessness before incarceration compared to 2004. However, in 2016 individuals with no mental health diagnosis were not significantly more likely to be incarcerated for drug offenses, were less likely to be incarcerated on property offenses but significantly more likely to be incarcerated for violent offenses compared to 2004. In table 3, in 2016 race was not significant, however, the percentage of blacks increased, and the percentage of whites decreased compared to 2004. The small increase in the overrepresentation of blacks seen in table 3 from 2004 to 2016 could be an indicator of the continued over-policing of blacks in North Carolina.

Table 4 takes a closer look at race and the incarceration of blacks in North Carolina state prisons between 2004 and 2016. This comparison shows that the level of substance abuse among White, Black, or Hispanic individuals was not significantly different, although Blacks had a significantly higher chance of being incarcerated for drug offenses. This clear difference does not appear in property crimes or violent crimes. Blacks in North Carolina are disproportionately incarcerated, and this can be seen when

comparing the percentage of substance abuse by race to the percentage of drug offenses by race.

Looking at property and violent crime, the data in Table 4 shows that incarceration for property crimes significantly decreased for blacks. Moving to violent crime, the table shows that violent crime was not significantly tied to any race. Violent crimes have significantly increased from 2004 to 2016 but this increase is not connected to the race of the individual. Mental health was also not significantly tied to any race with whites, blacks, and Hispanics all being less likely to suffer from mental illness in 2016 as compared to 2004. It should be noted, that while whites in the data suffered the most with mental health, they were underrepresented in the 2004 and 2016 data.

Lastly, in Table 4 the data shows that homelessness is not significantly tied to the individual's race. Homelessness among those not suffering from a mental illness may have significantly increased from 2004 to 2016 but in terms of race, there was no significant difference. The increase in homelessness could be attributed to the 2008 recession, as well as housing and social welfare policies, or to increases in substance abuse across the United States (i.e. the Opioid Epidemic)

In answering question 3, "Do individuals suffering from a diagnosed mental illness commit more or less drug, property, and violent offenses than individuals with no diagnosed mental health problem?" Look at Table 2; those suffering from mental health were less likely to commit a drug offense or property offense in 2016 than in 2004. However, individuals suffering from mental illness were significantly more likely to commit violent crimes in 2016 than in 2004.

Table 1 – Mental health and no mental health

		2004 N=176		2016 N=234
Mental Health				
	YES	31%		21%
	NO	69%		79%
	P-Value		0.024	
Race				
	White	33%		31%
	Black	60%		62%
	Hispanic	7%		7%
	P-Value		0.854	
Age				
	18-34	45%		54%
	35-54	41%		41%
	55-65+	13%		4%
	P-Value		0.004	
Substance Abuse				
	YES	41%		53%
	NO	59%		47%
	P-Value		0.019	
Type of Crime				
Drug Offense				
	YES	17%		22%
	NO	83%		78%
	P-Value		0.232	
Property Offense				
	YES	27%		18%
	NO	73%		82%
	P-Value		0.025	
Violent Offense				
	YES	7%		50%
	NO	93%		50%
	P-Value		0.000	
Homelessness				
	YES	5%		12%
	NO	95%		88%
	P-Value		0.023	

Table 2 - Mental Health

		2004 N=54	2016 N=49
Race			
	White	48%	53%
	Black	46%	45%
	Hispanic	6%	2%
	P-Value	0.622	
Age			
	18-34	43%	41%
	35-54	41%	55%
	55-65+	17%	4%
	P-Value	0.084	
Substance Abuse			
	YES	43%	41%
	NO	57%	59%
	P-Value	0.855	
Type of Crime			
Drug Offense			
	YES	15%	12%
	NO	85%	88%
	P-Value	0.704	
Property Offense			
	YES	31%	14%
	NO	69%	86%
	P-Value	0.039	
Violent Offense			
	YES	2%	59%
	NO	98%	41%
	P-Value	0.000	
Homelessness			
	YES	9%	14%
	NO	91%	86%
	P-Value	0.427	

Table 3 - No Mental Health

		2004 N=122		2016 N=185
Race				
	White	26%		25%
	Black	66%		67%
	Hispanic	8%		8%
	P-Value		0.962	
Age				
	18-34	47%		58%
	35-54	42%		38%
	55-65+	11%		4%
	P-Value		0.008	
Substance Abuse				
	YES	40%		56%
	NO	60%		44%
	P-Value		0.008	
Type of Crime				
Drug Offense				
	YES	18%		24%
	NO	82%		76%
	P-Value		0.192	
Property Offense				
	YES	25%		18%
	NO	75%		82%
	P-Value		0.190	
Violent Offense				
	YES	10%		48%
	NO	90%		52%
	P-Value		0.000	
Homelessness				
	YES	3%		11%
	NO	97%		89%
	P-Value		0.016	

Table 4 - Race

	White		Black		Hispanic	
	2004	2016	2004	2016	2004	2016
Mental Health	N=58	N=72	N=105	N=146	N=13	N=16
YES	45%	36%	24%	15%	23%	6%
NO	55%	64%	76%	85%	77%	94%
P-Value	2004 = 0.017		2016 = 0.001			
Substance Abuse						
YES	40%	50%	43%	56%	31%	31%
NO	60%	50%	57%	44%	69%	69%
P-Value	2004 = 0.685		2016 = 0.145			
Offense Type						
Drug Offense						
YES	12%	10%	22%	25%	0%	50%
NO	88%	90%	78%	75%	100%	50%
P-Value	2004 = 0.066		2016 = 0.001			
Property Offense						
YES	29%	26%	26%	15%	23%	0%
NO	71%	74%	74%	85%	77%	100%
P-Value	2004 = 0.843		2016 = 0.019			
Violent Offense						
YES	3%	50%	10%	51%	8%	38%
NO	97%	50%	90%	49%	92%	63%
P-Value	2004 = 0.365		2016 = 0.574			
Ever Homeless						
YES	3%	8%	7%	14%	0%	0%
NO	97%	92%	93%	86%	100%	100%
P-Value	2004 = 0.460		2016 = 0.137			

CONCLUSION

In conclusion, in North Carolina the number of individuals incarcerated with a mental illness has decreased, indicating a decrease in the criminalization of mental illness from 2004 to 2016. However, it is unknown if this decrease is in individuals suffering from the least or most severe mental illness. This decrease could be the result of diversion programs being used more often by officers and court systems across the state to divert individuals suffering from mental illness away from incarceration in the justice system and towards treatment and intervention programs.

Looking at race, incarceration, regardless of race, increased from 2004 to 2016. However, blacks without a mental health diagnosis represented the largest increase with blacks suffering from mental illness representing the largest decrease. The increase in the number of incarcerated blacks in North Carolina from 2004 to 2016 reflects the growing role of race in incarceration, not just in North Carolina but across the United States. The decreased role of mental health among incarcerated blacks in North Carolina in 2016 as compared to 2004 is due to the small decrease in the number of incarcerated blacks suffering from a diagnosed mental illness. However, it is unclear as to why the incarceration of blacks suffering from a diagnosed mental illness has decreased (Table 4) while the overall incarceration of blacks increased from 2004 to 2016 (Table 1).The data also shows that the number of nuisance and property crimes committed by individuals suffering from a mental illness decreased in 2016 while the number of violent crimes increased as compared to 2004. The decrease in nuisance and survival crimes from 2004 to 2016 could be the result of increased use of diversion programs. However, the increase

in the number of violent crimes committed by individuals with no mental health diagnosis and by individuals suffering from a mental illness could be the result of a statewide crackdown on more serious violent crimes. However, more research will be needed to understand the increase in violent crimes.

The role of drug dependency and homelessness on the criminalization of mental illness also changed from 2004 to 2016. In 2016 the number of incarcerated individuals suffering from mental illness and drug dependency slightly decreased, not statistically significant, whereas the number of individuals suffering from only drug dependency significantly increased, compared to 2004. The increase in drug dependency seen in 2016 may be linked to the significant increase in violent crime since 2004. The correlation between substance abuse and violence is well established in prior research (Johnson and Belfer, 1995)

The incarceration of individuals that had experienced homelessness in North Carolina increased from 2004 to 2016 for individuals regardless of the individual's mental health. However, this research shows that individuals experiencing homelessness in North Carolina are more likely to not suffer from a diagnosed mental health issue (table 3) and are more likely to be black (table 4). Further analysis is needed to determine the reasons why this might be. The current limitation presented in the data does not allow for the effects of substance dependency and age.

LIMITATIONS

The study was limited to the data provided by the Bureau of Justice statistics on the state-funded and state-operated prisons in North Carolina with no data reported from private prisons. However, private prisons account for around 8.5 percent of the inmate

population, while the Bureau of Justice Statistics (2004) data around 90 percent of the actual prison population in the United States.

The data was also limited due to the voluntary nature of the study. No prison in North Carolina was forced to participate and the inmates in those prisons that did participate provided information voluntarily. The data used are also limited by the information regarding substance abuse and drug offenses. The data used holds little information to connect the significance of drug abuse as opposed to drug possession or drug sales and the type of offense and mental health. The mental health data in the 2004 data is also limited to being diagnosed or not being diagnosed with a mental illness whereas the 2016 data goes into further detail regarding specific illnesses. This makes understanding if those with severe mental illness are being arrested increased or decreased between 2004 to 2016.

Further research is needed to understand how substance abuse is connected to violent offenses and how mental health mediates this connection. This connection could be addressed by asking "Do individuals suffering from co-occurring mental health and substance abuse problems commit more or less violent offenses than individuals only suffering from substance abuse?" I intend to explore this issue in further research.

IMPLICATIONS

The main finding of this thesis is that the criminalization of mental illness in North Carolina decreased from 2004 to 2016. However, it is unclear if those suffering from lesser or more severe mental illness are being arrested less in 2016 as compared to 2004. This thesis also found that mental health, the type of offense, and drug dependency played a lesser role in the criminalization of individuals suffering from mental illness in

North Carolina in 2016 compared to 2004. The data presented in this thesis demonstrates that race and homelessness had a major role in the incarceration of individuals not suffering from a diagnosed mental health problem. The number of blacks suffering from a diagnosed mental illness decreased when the overall incarceration of blacks increased. On the topic of race, the results also show that blacks were significantly more likely to be incarcerated for drug offenses even though blacks were significantly less likely to suffer from substance abuse (Table 4). This could be due to blacks suffering from substance abuse being arrested for other drug-related crimes related to drug distribution and not for simple possession of a controlled substance. Unfortunately, this data does not allow us to answer that question.

The data shows that the only significant increase across offense types are violent offenses committed by individuals suffering from mental illness. However, individuals suffering from mental illness were not necessarily more violent, individuals with no diagnosed mental health disorder committed the same percentage of violent offenses in 2016 as individuals suffering from mental illness. The significant increase in the number of violent offenses committed by individuals suffering from mental illness could be the product of co-occurring mental illness and substance abuse. Individuals suffering from both mental illness and substance abuse are more likely to commit violent offenses (Hiday and Ray, 2017).

However, additional data is needed to know if the rise in violent offenses by individuals suffering from mental illness is connected to substance abuse. The data shows that the percentage of individuals suffering from mental illness and substance abuse decreased in 2016 compared to 2004 but this does nothing to help us understand the

relationship between mental health, substance abuse, and violent offenses. Future research will be needed to understand this relationship.

In terms of the type of offense, individuals suffering from mental illness committed fewer drug-related offenses in 2016 compared to 2004. The number of property-related offenses committed by individuals suffering from mental illness significantly decreased during that same time. However, this in no way means the criminalization of mental illness has ended in North Carolina, people with mental illnesses are still being incarcerated. In addition, there is a notable. increase in the incarceration of minorities and the homeless in 2016 compared to 2004 is concerning. The data points towards potential racial biases and a lack of appropriate social support for marginalized groups, which are national problems needing more research to direct reforms.

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