



ASSESSING CRIMINOGENIC THINKING, CRIMINAL BEHAVIOR AND MENTAL HEALTH OF JUSTICE-INVOLVED INDIVIDUALS

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Abstract

Criminogenic thinking refers to the cognitive processes that support criminal behavior. There have been growing interest towards examining the association of mental health with individuals' involvement in the criminal justice system to gain an understanding of how mental health problems significantly affect individuals' thinking and behavior that could lead to criminal conducts. The purpose of this paper was to explore the connection between criminogenic thinking, criminal behavior, and mental health of justice-involved individuals. A narrative literature review procedure was used as the study methodology to provide an overview of the correlation between criminogenic thinking, criminal behavior, and mental health of this group. According to the results from literature analysis, criminogenic thinking is a factor that contributes to criminal behavior and there is a strong correlation between the two constructs. Specifically, criminogenic thinking and criminogenic risk factors have a greater correlation with criminal behavior than mental illness based on the literature analysis. It is crucial to understand, however, that mental health problems can influence the way that an individual thinks and behaves when it comes to crime. Additionally, criminogenic risk factors can be addressed through proactive community initiatives and evidence-based interventions that focus on (a) reducing these risk factors and criminal behavior, and (b) promoting positive mental health outcomes. Further research is required so as to gain a deeper understanding of the complex association among criminal behavior, criminogenic thinking, and mental health. A community-based alternative may be more useful for prisoners who have serious mental illness (SMI) than traditional incarceration. Therefore, the upscaling of evidence-based and cost-effective community-

driven interventions and policies aimed at minimizing recidivism and enhancing the well-being of this population with SMI is needed.

Keywords: criminal behavior, criminogenic thinking, mental health, prisoners, serious mental illness

Introduction

Evidence suggests that criminal behavior is predominantly a function of criminogenic risk factors rather than a consequence of mental illness (Bolaños et al., 2020). Also, research has identified criminogenic thinking – the cognitive processes that support criminal behavior – as a significant risk factor for criminal behavior (Tafrate & Mitchell., 2022). Mental health problems are common among justice-involved individuals and can impact their thinking and behavior. The juvenile justice system has the uppermost incidence of mental disorders, with up to 70% of young people having a mental disorder (Development Services Group, 2017). However, a study on criminal behavior, aging, psychological well-being, and mental health reported a negative correlation between these constructs (Belfrom, 2021). It is worth noting that there are four major and eight central factors that have been identified as major criminogenic risk factors that can increase the chances of criminal behavior. Research shows that antisocial behavior, antisocial cognition, antisocial associates, and antisocial personality constitute the four major risk factors (Bolaños et al., 2020, Tafrate & Mitchell., 2022). Among the eight major risk factors are leisure/recreational issues, antisocial cognition, antisocial personality pattern, family/marital issues, history of antisocial behavior, antisocial associates, school/work issues, and substance abuse issues (Bolaños et al., 2020, Tafrate & Mitchell., 2022). In a review study on the correlation of debt with crime, debt was associated with commission of crime (Van Beek et al., 2021). Given the arguments that mental illness is not a primary factor in criminal behavior (Bolaños et al., 2020) whereas criminogenic thinking plays a significant role in the criminal behavior of offenders (Belfrom, 2021), this research paper employs a narrative literature review procedure to examine the correlation between criminogenic thinking, criminal behavior, and mental health of individuals who are involved in the criminal justice system (CJS).

Literature Review

There is an intricate association between criminogenic thinking, criminal behavior, and prisoners' mental health. The majority of clinical services provided to prison inmates who have serious mental illness (SMI) are focused on mental health recovery rather than treatments that aim to reduce criminogenic risk (Morgan et al., 2020). In spite of this, research indicates that it is vital to take into account the criminogenic needs of inmates with SMI (Bartholomew et al., 2018). There is also a disparity in magnitude of the association between psychiatric symptoms and criminogenic risks which is dependent on the kind of criminogenic risk (Van Deirse et al., 2021). Furthermore, criminogenic thinking has been acknowledged as a significant risk factor for the commission of crime (Tafrate & Mitchell, 2022). There is a significant association of general criminal thinking with mental health symptoms (Gross, 2014). Despite the study's conclusion, the association of criminal thinking with mental health symptoms is still not very clear. While there is a dearth of robust data on the strength of correlation between criminogenic thinking and mental health, research continues to indicate that individuals with SMI should be considered in terms of their criminogenic needs. It is necessary to conduct further research in order to clearly comprehend the complex association between criminogenic thinking, criminal behavior, and prisoners' mental health.

There are a number of risk factors associated with criminogenic thinking, simply regarded as criminogenic risk factors. Essentially, criminogenic risk factors are factors that are substantially linked to criminal conducts. According to the results of previous research, there are eight factors that contribute to the formation of criminogenic behavior, including antisocial behavior, substance abuse, criminal thinking, dysfunctional families, antisocial personality, employment and education,

criminal associates, and leisure and recreation (Westbery, 2023). Factors like poor family relationships, unstable parenting, and mental health problems can also contribute to criminogenic thinking (Pittaro, 2020). Oftentimes, these risk factors are interconnected and can bring about the formation of negative attitudes, beliefs, and values that would lead to criminal behavior. The prevention of criminal behavior can be achieved by addressing these risk factors through proactive community initiatives. Substance misuse treatment programs, value-driven education programs, career training programs, and mental health education programs can be provided to address these risk factors. When treating justice-involved individuals with SMI, it is imperative to also take into account their criminogenic needs and provide treatments that would address those needs (Morgan et al., 2020). Several criminogenic risk factors may influence criminal behavior, including antisocial attitudes and behaviors, a reduced ability to control oneself, and exposure to criminal peers and environments (Pittaro, 2020, Santos, 2022).

Methods and Materials

As a method for evaluating research concerning criminogenic thinking, criminal behavior, and prisoners' mental health, this research employed the narrative literature review procedure, which followed a step by step process. Defining the research questions was the first step in the process. In the second step, relevant literature was searched through databases such as PubMed, Index Copernicus, Semantic Scholar, PsycINFO, Google Scholar, Scholar Works, and Scopus. The search was conducted with keywords such as "justice-involved individuals," "criminogenic thinking," "criminal behavior," "mental health of adult offenders," and "mental health interventions for prisoners." After completing the search, the third step consists of screening the literature based on inclusion and exclusion criteria. Studies that focused on justice-involved individuals, criminogenic thinking, criminal behavior, and mental health are included in the inclusion criteria. Studies that focused on non-justice-involved individuals or studies that do not address the research questions are excluded. A fourth step was to extract data from the selected studies, which included information on interventions and outcomes. In the fifth step, we synthesized the literature by summarizing the research findings and identifying common themes, patterns, and trends. Based on the synthesis, the authors were able to identify potential gaps in the literature and suggest future research directions.

Results and Discussion

This study was conducted to investigate the association between criminogenic thinking, criminal behavior, and inmates' mental health. The literature analysis demonstrates the significance of addressing the mental health needs of persons involved in the CJS. The CJS overrepresents persons suffering from SMI (Agency for Healthcare Research and Quality, 2012). The issue can be addressed by providing community-focused interventions to persons involved in the CJS. (Substance Abuse and Mental Health Services Administration, 2019). Cognitive-behavioral therapy (CBT) is one example of these services (Agency for Healthcare Research and Quality, 2012, Substance Abuse and Mental Health Services Administration, 2019). Individuals with SMI can be helped through CBT to manage their symptoms more effectively and lessen their risk of engaging in criminal behavior (Agency for Healthcare Research and Quality, 2012). Aside from community-based services, psychologists and psychiatrists are also transforming the care of prisoners with mental illnesses in correctional settings by using various strategies including offering medication-assisted treatment for substance use disorders (SUD), providing group therapy sessions, and utilizing telepsychiatry to provide mental health care to inmates (Stringer, 2019). There is growing recognition that a synergy between CJS and mental health institutions is very essential in managing justice-involved individuals successfully (Kamin et al., 2022). As part of the efforts to improve the well-being of persons involved in the CJS who have mental health and substance abuse concerns, it is also necessary to reroute them away from traditional incarceration facilities to community-based mental health care facilities (Mental Health America, 2023). In this respect, it is possible to offer mental health and substance abuse treatment within the community in addition to the creation of specialized courts and diversion programs that provide alternatives to incarceration for persons

involved in the CJS who have mental health issues. As a result, multifaceted approaches to addressing mental illness and criminal behavior in prisons are necessary, including community-based services, innovative correctional strategies, and diversionary programs.

Report indicates that 29.7% of prisoners with severe psychological distress are receiving treatment (Timmer & Nowotny, 2021). But there has been no considerable increment in mental health treatment for these prisoners, in spite of the boost in medical insurance coverage for them especially in developed nations (Howell et al., 2019). As a result, there may be a missing link in mental health care for these individuals. Research has shown, for example, that those involved in CJS are less probable to take advantage of mental health services than persons without such records (Timmer & Nowotny, 2021). Some studies have identified a number of barriers to mental health treatment among persons involved in the CJS. In fact, it may be attributable to the limited access to mental health services, stigma related to mental healthcare-seeking, or a dearth of coordination between the systems (Timmer & Nowotny, 2021). It is documented that SMI is prevalent throughout the criminal justice system, and jails have long served as havens for incarcerated individuals with mental illness because of a poorly functioning mental health system (Howell et al., 2019, Treatment Advocacy Center, 2023). A mutual partnership between the CJS and mental healthcare sector has been proposed as one of the methods of improving access to care and reducing criminal justice involvement (Kennedy-Hendricks, 2016). It has been shown that providing mental health care services to justice-involved individuals has a positive influence on their overall health and well-being, reduces recidivism rates, and decreases the costs linked to incarceration (Timmer & Nowotny, 2021). Making mental health care available in prisons, increasing funding for it, and minimizing stigma related to seeking mental health care are examples of ways to increase access to this service for persons involved in the CJS (Howell et al., 2019; Timmer & Nowotny, 2021). Various organizations are working to tackle the challenges of persons involved in the CJS with SMI in the context of community behavioral health frameworks (Bonfine et al., 2020; Substance Abuse and Mental Health Services Administration, 2019). Several interventions are available to assist those with SMI to access mental health services. These interventions are guided by a framework that acknowledges the complex concern of the overrepresentation of persons involved in the CJS who have SMI (Bonfine et al., 2020). A complex concern like the overrepresentation of persons involved in the CJS who have SMI, as the authors demonstrate in this article, is one that requires an adequate amount of attention to resolve. Drawing insight from the criminalization hypothesis, justice-involved individuals with SMI are overrepresented as a result of policy changes that move their treatment from psychiatric hospitals to underfunded community treatment settings (Abramson, 1972; Bonfine et al., 2020). Programs like pre-booking and post-booking diversion programs have proven to be effective as first-generation interventions for persons involved in the CJS who have SMI (Substance Abuse and Mental Health Services Administration, 2019). These interventions are designed to redirect of persons involved in the CJS who have SMI to mental health services available within the community. To address the complex issue of persons involved in the CJS who have SMI being overrepresented, an integrated community-based approach is required. In order to lessen the number of inmates with SMI in prisons, evidence-based interventions should also be implemented. In addition to serving as an effective direct intervention in reducing the criminal justice involvement of this population, the accessibility of treatment for comorbid disorders at multiple occasions in the mental health system can improve the efficacy of diversion and reentry programs (Morabito, 2008).

In addition, the fact that adults with the CJS who are suffering from SMI are overrepresented has contributed to the failure of traditional CJS in effectively minimizing recidivism and fostering other desirable outcomes (Heilbrun et al., 2012). There has been a growing body of evidence demonstrating that community-based options are an effective strategy for assisting persons involved in the CJS who have SMI (Heilbrun et al., 2012, DeMatteo et al., 2013, Robertson et al., 2018). Community-based option like diversion programs are designed to redirect incarcerated individuals

with SMI to treatment programs. An additional type of community-based option is the problem-solving court, which provides specialized treatment and supervision to persons involved in the CJS who have SMI. Community-based reentry programs also offer support and services to persons involved in the CJS who have SMI but are transitioning back to the community following the completion of their prison sentence (DeMatteo et al., 2013). Further research is needed, however, in order to determine which forms of community-based options are most effective and what factors contribute to their success. It is worthy to mention that medication-assisted treatment (MAT) for alcohol dependence has been shown to decrease the use of crisis services and re-offending risk among justice-involved adults with SMI (Robertson et al., 2018). There is also a manual that offers guidance on strategies that can be applied to plan, deliver, and evaluate MAT for people suffering from SUDs (Substance Abuse and Mental Health Services Administration, 2019). The use of CBT has also been shown to lessen the rate of recidivism among persons involved in the CJS who have SMI, although individuals who have untreated cases of psychosis are less probable to take advantage of it (Lamb & Weinberger, 2013). In order to reduce recidivism and improve the well-being of justice-involved individuals with SMI, cost-effective and evidence-based community-driven interventions and policies need to be scaled up.

Conclusions and recommendations

According to the literature review, the correlation of criminogenic risk with mental health among persons involved in the CJS who have SMI is complex and still poorly understood. Although mental health disorders are prevalent among justice-involved individuals, existing studies show that discrete criminal risk factors, such as criminogenic thinking, are more strongly related to criminal behavior than mental illness. A hands-on approach to the reduction of criminogenic risk factors should focus on reducing factors like substance abuse, unstable parenting, and criminal thinking. In order to reduce these risk factors and promote positive outcomes, education, job training, and substance abuse treatment should be provided. Despite being two different concepts, criminogenic risk factors and mental health can both have an effect on an individual's thinking and behavior related to crime. A number of barriers prevent justice-involved individuals from accessing mental health care like insufficient resources, stigma, and a dearth of coordination between the various systems. In addition, these barriers can contribute to a cycle of unhealthy bond with the CJS by preventing the individual from receiving the care they need.

The mental health of justice-involved individuals should be approached in a novel and innovative manner in order to improve their treatment as well as reduce the overall re-offending rate. The CJS and mental health institutions should collaborate to effectively manage justice-involved individuals. As a part of the realistic efforts to provide persons involved in the CJS with the necessary supports, it is critical that those with SMI and SUD are redirected from prisons to more suitable and culturally-skilled mental healthcare facilities in community setting. Furthermore, justice-involved individuals SMI should be exposed to pharmacological and psychosocial approaches in order to prevent their repeated involvement in the CJS. In order to better appreciate the complex association of criminogenic risk factors with mental health among persons involved in the CJS, further research is required.

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