

When Mental Illness Becomes a Crime: The Path from Crisis to Incarceration

Kyrsten Olson
Bemidji State University

Political Science Senior Thesis
Bemidji State University
Dr. Patrick Donnay, Advisor
April 2026

Abstract

Many people involved in the criminal justice system experience mental health conditions such as depression, bipolar disorder, PTSD, anxiety, or personality disorders. When these conditions go untreated, they can affect judgment, impulse control, and social interactions. These challenges can make it harder to understand laws, follow rules, and avoid risky behaviors, increasing the likelihood of repeated arrests and making reintegration into society more difficult after release. Using data from the 2016 Survey of Prison Inmates, I examined the relationship between mental health and recidivism. The analysis examined recidivism patterns across individual mental health conditions, broader mental health categories, and demographic factors including gender and race. Prior incarceration was used as the measure of repeat offending, representing an individual's recidivism rate. Chi-square tests were used to examine the statistical significance and Cramer's V was used to assess the strength of the relationships. The results suggest that individuals with mental health conditions experience higher rates of recidivism compared to those without a diagnosis, with some variation across gender and racial groups. These findings reflect the importance of providing both mental health treatment during incarceration and support services after release. These types of targeted interventions can help reduce the cycle of repeat offending, improve outcomes for individuals, and contribute to safer communities.

Introduction

In February 2026, a Minnesota man who had been released from jail killed two family members only hours after his release. The 23-year-old posted bail and was released from the Hennepin County jail even though a judge had ordered a mental competency evaluation because of concerns about his stability. The evaluation had not yet taken place, and less than three hours after his release he shot and killed two cousins at a home in north Minneapolis (Star Tribune, 2026). While this one case does not prove a broader trend, it highlights the potential consequences of releasing individuals without adequate mental health assessment, treatment, or support. Situations like this raise questions about how well individuals with mental illness are prepared to return to their communities after incarceration and how gaps in support can lead to devastating outcomes.

Mental illness is a growing battle within the criminal justice system not only in the United States, but in other parts of the world as well. Over 50% of individuals in state prisons experience mental health challenges like depression, anxiety, substance abuse, or psychosis (Deconstructing Stigma, 2025). These individuals often seek out risky activities as a way to navigate their conditions. This affects judgment, impulse control, and social interactions, making it hard to follow or understand rules. Left untreated, symptoms can escalate, leading to behaviors that result in arrest and incarceration. Often, this becomes a repeated cycle. The combination of untreated mental illness and a history of convictions make it more difficult to successfully reintegrate into society after release, limiting access to stable employment, housing, and supportive resources. These barriers can worsen psychiatric symptoms and further raise the likelihood of reoffending. Untreated mental illness and repeated incarceration reinforce each other, creating a cycle that is difficult to break free from. Understanding this connection is important because it shows that recidivism is influenced not only by behavior, but also by access

to necessary treatment and support. Addressing mental health needs can improve outcomes for individuals, reduce repeat incarceration, and contribute to safer communities.

To understand this relationship, I examine the connection between mental health conditions and recidivism using data from the 2016 Survey of Prison Inmates. Specifically, I analyze whether individuals with mental health diagnoses experience higher rates of prior incarceration compared to those without a diagnosis. I also look at how these patterns differ across individual mental health conditions, broader diagnostic categories, and demographic factors such as gender and race.

Before presenting the analysis, it's important to review existing research. In this literature review, I explore the ways mental illness contributes to recidivism among individuals in the criminal justice system. I examine factors that increase or decrease the likelihood of repeat offending, including the different types of mental illness affecting recidivism. The current research is organized into themes that highlight the prevalence of mental illness in correctional settings, rates of reoffending, the barriers individuals face after release, counter-evidence within the literature, and a real-world example that reflects just how high the stakes are. The purpose of this review is to better understand the ways mental illness contributes to recidivism and the importance of targeted support based on these findings.

Literature Review

Mental Illness in the Criminal Justice System

The correlation between mental illness and individuals in the criminal justice system isn't a new phenomenon. In 2006, the Bureau of Justice Statistics reported that nearly 56% of state prisoners and 64% of jail inmates reported symptoms of mental health problems, and many had these conditions prior to incarceration (Bureau of Justice Statistics, *Mental Health Problems of Prison and Jail Inmates*, 2006). Correctional facilities have become home to some of the largest

mental health providers in the country. However, jails and prisons are not designed or equipped for long-term psychiatric care. Short stays, overcrowding, understaffing, and limited resources often prevent individuals from receiving the successful treatment they need.

Lamb and Weinberger (2005) argue that the closure and downsizing of psychiatric hospitals, leaving a shortage of inpatient treatment options, has shifted care for many individuals with mental illness into jails and prisons. As a result, people who would have previously received treatment in psychiatric settings now find their way into the criminal justice system, creating a vicious cycle of repeat offending.

Mental Illness and Repeat Offending

Studies suggest that untreated mental illness is associated with higher rates of repeat incarceration. Baillargeon, Binswanger, Penn, Williams, and Murray (2009) found that inmates in the Texas Department of Criminal Justice with major psychiatric disorders were significantly more likely to have multiple prior incarcerations than inmates without major psychiatric conditions, showing a strong association between serious mental illness and repeated justice system involvement.

Another study of prisoners shows that many inmates face gaps in mental health care during incarceration and after release. These disparities may be heightened for racial and ethnic minorities. This pattern shows the need for consistent access to mental health care both inside and outside correctional settings (Binswanger, Redmond, Steiner, & Hicks, 2012).

Further confirming statistics from 20 years ago, according to Deconstructing Stigma (2025), mental health challenges are still extremely common among incarcerated individuals. About 64% of people in county jails, 54% in state prisons, and 45% in federal prisons report having a diagnosed mental health condition. Many of these individuals also experience psychological distress that makes it difficult to manage everyday responsibilities, maintain

employment, or navigate social situations. Symptoms like persistent sadness, anger, difficulty regulating emotions, and sleep problems can interfere with judgment and behavior. When these conditions are not treated, individuals may turn to risky or impulsive behaviors as a way to manage, including substance use or other illegal activities, which can increase the likelihood of arrest and continued involvement in the criminal justice system.

This pattern of untreated mental health symptoms and risky coping behaviors helps explain why psychiatric symptoms may contribute to repeat offending. Bales, Nadel, Reed, and Blomberg (2017) found that inmates diagnosed with mental health conditions, particularly serious mental illnesses, were significantly more likely to reoffend after release compared to inmates without psychiatric diagnoses. Their findings highlight the importance of targeted treatment during incarceration and the continuation of care after release.

International research further supports these patterns. In South Africa, a study found that rates of recidivism were higher among offenders with combinations of anxiety, depression, substance use, and appetitive aggression. All these factors paired with mental health challenges, suggests that mental health diagnoses and related behaviors contribute to repeat offending (Shishane, John-Langba, & Onifade, 2023). In Japan, researchers examining released prisoners found a 29.7% recidivism rate and identified that prisoners with severe mental disorders and other risk factors faced greater challenges connecting to post-release support, which may increase the likelihood of reincarceration (Okamura, Okada, & Okumura, 2023).

Early intervention, especially for youth, can substantially reduce recidivism. A 2025 Australian based study of justice-involved youth diagnosed with psychosis found that mental health treatment within 90 days of incarceration reduced reoffending from 73.5% to 53.1% and

violent reoffending from 52.4% to 40.4%, showing that access to care early in justice involvement can improve long-term outcomes (Akpanekpo, Chowdhury, & Butler, 2025).

The link between untreated mental illness and recidivism can be understood through the diathesis-stress model, suggesting that mental health vulnerabilities interact with life stressors to influence behavior. Silverton (1988) studied schizophrenia and antisocial behavior and found that people with underlying mental health challenges are more likely to engage in criminal or risky behavior when faced with stressors like poverty, isolation, or the pressures of prison. This helps explain why mental illness alone doesn't always lead to reoffending, but when untreated and combined with difficult circumstances after release, it can increase the chances of returning to the justice system. Looking at recidivism this way shows that addressing mental health needs and reducing stressors are both key to breaking the cycle of repeat incarceration.

Economic and Social Barriers After Release

These challenges for individuals with mental illness don't end when they are released from incarceration. Finding stable housing and employment is often uniquely difficult, especially for those with a criminal record. Without a reliable place to live or a steady source of income, stress from uncertainty can heighten psychiatric symptoms and make it much harder to stay out of the justice system. Employment provides more than just financial support; it gives structure to daily life, a sense of purpose and drive, and social interactions, all of which can boost moods and help reduce mental health struggles. Similarly, stable housing offers a foundation for recovery by allowing individuals a safe place to land, to complete appointments, take medications consistently, and participate in treatment programs. When these needs are not met, even the best mental health treatment can be undermined, proving how important social and economic well-being are in preventing recidivism.

Supported employment programs, particularly the Individual Placement and Support (IPS) model, help adults with severe mental illness gain and maintain competitive jobs, offering structure, stability, and social support that reinforce positive well-being (Kinoshita et al., 2013). For people leaving prison, job training and post-release employment support programs have been linked to higher employment rates and lower rates of re-incarceration (Connell, Birken, Carver, Brown, & Greenhalgh, 2023). However, both studies note that more research is needed to understand which program components are most effective, how employment support interacts with other services like housing and mental health care, and how outcomes vary for different populations. These findings reflect the importance of secure employment, but it works best alongside other social supports to help individuals with mental health challenges break the cycle of repeat offending.

Community Treatment and Specialized Courts

As we have just seen, stable housing and employment provide essential support for individuals with mental illness leaving incarceration. Equally important are community-based mental health services and structured support programs, which enhance these effects beyond housing and work.

Programs that connect individuals to treatment, housing, and social services through case management have been shown to reduce rates of reincarceration (Leutwyler, Hubbard, & Zahnd, 2017). These programs work by providing a consistent point of contact for individuals as they navigate the complicated process of re-entering society. Case managers help link individuals to mental health treatment, find stable housing, and connect with employment or educational opportunities. By coordinating these supportive avenues, case management addresses multiple challenges at once, reducing the stress and instability that can lead to recidivism. This approach

not only improves mental health outcomes but also strengthens individual's ability to follow court requirements, maintain employment, and build supportive social networks, all of which are key factors in successful reintegration.

Similarly, mental health courts provide targeted interventions that help individuals access therapy, medication, and other supportive programs, improving long-term outcomes (U.S. Department of Justice, 2019). These courts operate by diverting individuals with mental health conditions away from traditional criminal courts and into programs that focus on treatment instead of punishment. Individuals work with judges, case managers, and treatment providers to follow customized plans that include counseling, medication management, and regular check-ins. By addressing the underlying mental health needs that contribute to criminal behavior, mental health courts not only reduce the likelihood of new offenses but provide support in building stability. This approach provides a foundation for long-term success, addresses root causes, and demonstrates how combining a legal partnership with mental health care can help break the cycle of reincarceration.

Counter-Evidence

Naturally, some research suggests that the relationship between mental illness and recidivism is more complex than what meets the eye. A study of nearly 10,000 released inmates found that substance use disorders were more strongly associated with rearrest than mental illness alone (Zgoba, Reeves, Tamburello, & DeBilio, 2020). In fact, individuals with substance use disorders had the highest rates of recidivism. Mental illness alone was not significantly linked to higher rearrest rates.

Other research has reached similar conclusions. Studies reviewing predictors of recidivism have found that substance use and factors such as employment and stability often play a larger role in whether someone returns to prison than mental illness alone (Buckmon, 2015).

These findings suggest that the challenges people face after release, including addiction, unemployment, and lack of support, can influence repeat offending.

More recently, research notes that mental illness doesn't always strongly predict recidivism once other factors like criminal history, demographics, and social conditions are considered (Cohen, Fronk, Kiehl, Curtin, & Koenigs, 2024). This suggests that broader social issues may affect outcomes after release.

However, these studies do not necessarily disprove the importance of mental health support. Instead, they show that mental illness often exists next to other risk factors. Many individuals in the justice system experience both mental health challenges, substance use disorders, and social instability. The combination of these factors can make life after incarceration more difficult. Because of this, addressing mental health, addiction, housing, and social support together may be the most effective way to reduce recidivism.

Gaps in the Research

Even though there is a vast library of knowledge and research on mental illness and recidivism, there are still important gaps in what we fully understand. Many studies show a relationship between mental health challenges and repeat offending, but it's not always clear which types of programs make the biggest impact after someone is released from incarceration. Similarly, it's not fully understood whether certain types of mental illness are more likely than others to contribute to repeat offending. Most research either combines diagnoses or focuses primarily on serious mental illnesses. Another area that needs more attention is how different factors work together. Mental illness rarely occurs on its own. Issues like substance use, homelessness, poverty, and lack of family support often occur at the same time, making it difficult to isolate which facet or facets is driving recidivism. Future research looking into these areas could help create more effective policies, procedures, and programs.

Disease type, treatment, and recidivism

Untreated mental illness continues to play a substantial role in the cycle of incarceration.

The research reviewed here shows that mental health challenges are common among individuals within the criminal justice system. They are often found alongside other struggles like housing and employment instability, substance use, and limited access to treatment programs. However, mental illness by itself doesn't always predict recidivism, the evidence suggests that when it goes untreated, the chances of returning to the justice system increase. Studies also show that support systems can make an impactful difference in helping individuals successfully reintegrate into society after release. At the same time, some research questions how strong the relationship is between mental illness and recidivism, which highlights the need to also consider the broader social and structural factors that influence what happens after someone is released.

I contribute to the existing narrative by examining the relationship between untreated mental illness and repeat involvement in the criminal justice system. Instead of only looking at how often people reoffend, my research focuses on how untreated mental health conditions may influence the likelihood of returning to the system. Specifically, this study addresses a gap in what we already know by comparing reoffending rates across different types of mental health conditions, helping to clarify whether certain disorders are more strongly associated with repeat justice involvement. By examining these patterns, my research aims to provide a clearer picture of how untreated psychiatric disorders may be connected to continued contact with the criminal justice system. Understanding this relationship can help identify where stronger support services and treatment resources may reduce the chances of individuals becoming involved in the justice system again and create overall safer communities.

Statement of Hypotheses

Based on prior research examining the ways mental health and criminal justice intersect, I created hypotheses to explore the relationship between mental health conditions and recidivism. Previous studies show that individuals with mental health conditions face greater challenges related to emotional regulation, impulse control, and access to treatment services, all of which may increase the likelihood of repeated contact with the criminal justice system.

First, I expect that individuals diagnosed with a mental health condition will have higher rates of recidivism than individuals without a mental health diagnosis. Second, I expect that recidivism rates will vary across different types of mental health conditions, as certain disorders involve behavioral patterns that may increase the likelihood of repeated incarceration. Third, I expect that male inmates with mental health conditions will show higher levels of reoffending compared to female inmates with similar diagnoses. Lastly, I expect that recidivism rates among individuals with mental health conditions will vary across racial groups, particularly among White, Black, and Hispanic inmates.

These hypotheses are used to examine the relationship between mental health diagnoses, gender, and recidivism among incarcerated individuals.

Methods

Data Source

The data used in this study comes from the 2016 Survey of Prison Inmates, which was conducted by the Bureau of Justice Statistics. This dataset includes detailed information about incarcerated individuals in the United States, including demographic characteristics, mental health diagnoses, and incarceration history.

Variables

The main purpose of this analysis is to examine whether different types of mental health conditions are associated with higher rates of recidivism. In this study, percentages reported in the analysis represent the proportion of individuals within each group. Recidivism is measured

using prior incarceration, which indicates whether an individual has been incarcerated before their current sentence (Table 1). This variable is measured in a yes/no format. Individuals who reported prior incarceration are categorized as having reoffended, while those without prior incarceration are categorized as not having reoffended.

The primary independent variable used in this analysis is mental health diagnosis (Table 2). The dataset includes specific diagnoses: depression, bipolar disorder, schizophrenia, post-traumatic stress disorder (PTSD), anxiety disorders, personality disorders, and unspecified mental health conditions. These variables were recorded in a yes/no format, where individuals indicated whether they had been diagnosed with each condition. In addition to examining each diagnosis separately, mental health conditions were also grouped into specific categories. These were created to better understand whether certain types of mental health conditions are associated with higher risks of reoffending. Grouping the diagnoses also helps identify patterns related to symptoms and can provide insight into what types of treatment or support services might be most important for reducing recidivism. These categories include mood disorders, severe disorders, trauma-related disorders, and personality disorders.

Gender assigned at birth was also included as a variable in the analysis (Table 3). Examining gender allows for a comparison of how recidivism patterns differ between male and female inmates across different mental health diagnoses. Previous research has suggested that men generally have higher recidivism rates than women, so this variable provides additional context for interpreting the results.

Finally, race was examined in the analysis, focusing on individuals who identified as White, Black, or Hispanic (Table 4). Including race allows the analysis to explore whether

patterns of recidivism differ across racial groups and whether mental health diagnoses are associated with prior incarceration differently among these populations.

Methods of analysis

To analyze the relationship between these variables, the study primarily uses cross-tabulation tables and cluster bar charts. Crosstabulation makes it possible to compare the number of individuals who reoffended within each mental health category. Percentages are also included because they help show the relative likelihood of reoffending within each group. In addition to the tables, cluster bar charts were created to visually display the differences in reoffending rates across mental health diagnoses and demographic groups. These charts make it easier to compare patterns between groups and highlight differences in recidivism rates across conditions. By comparing these percentages and visual patterns across diagnoses and demographic groups, patterns emerge that help explain how mental health conditions relate to recidivism.

In addition to these comparisons, chi-square tests were used to examine whether there is a statistically significant relationship between mental health diagnoses and recidivism. To further evaluate the strength of these relationships, Phi and Cramer’s V statistics were also calculated. These measures help show how strong the association is between mental health conditions and prior incarceration. By comparing these percentages, statistical tests, and visual patterns across diagnoses and demographic groups, patterns emerge that help explain how mental health conditions relate to recidivism.

Prior Incarceration: Table 1

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	6290	25.3	25.8	25.8
	Yes	18099	72.8	74.2	100.0
	Total	24389	98.2	100.0	
Missing	System	459	1.8		
Total		24848	100.0		

Mental Health Index: Table 2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	13674	55.0	55.8	55.8
	Depression	2895	11.7	11.8	67.7
	Bipolar	2554	10.3	10.4	78.1
	Schizophrenia	1977	8.0	8.1	86.2
	PTSD	1429	5.8	5.8	92.0
	Anxiety	860	3.5	3.5	95.5
	Personality	760	3.1	3.1	98.6
	Unspecified	337	1.4	1.4	100.0
	Total	24486	98.5	100.0	
Missing	System	362	1.5		
Total		24848	100.0		

Assigned Gender at Birth: Table 3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	18419	74.1	74.6	74.6
	Female	6265	25.2	25.4	100.0
	Total	24684	99.3	100.0	
Missing	System	164	.7		
Total		24848	100.0		

Race: Table 4

		Frequency	Percent	Valid Percent	Cumulative Percent
	White	8389	33.8	39.5	39.5
	Black	7452	30.0	35.1	74.6
	Hispanic	5393	21.7	25.4	100.0
	Total	21234	85.5	100.0	
Missing	System	3614	14.5		
Total		24848	100.0		

Findings

Hypothesis 1: Individuals diagnosed with a mental health condition will have higher rates of reoffending than individuals without a mental health diagnosis. To examine this relationship, a cross-tabulation was conducted comparing mental health diagnoses and reoffending rates.

Prior Incarceration and Mental Health Condition Crosstabulation: Table 5

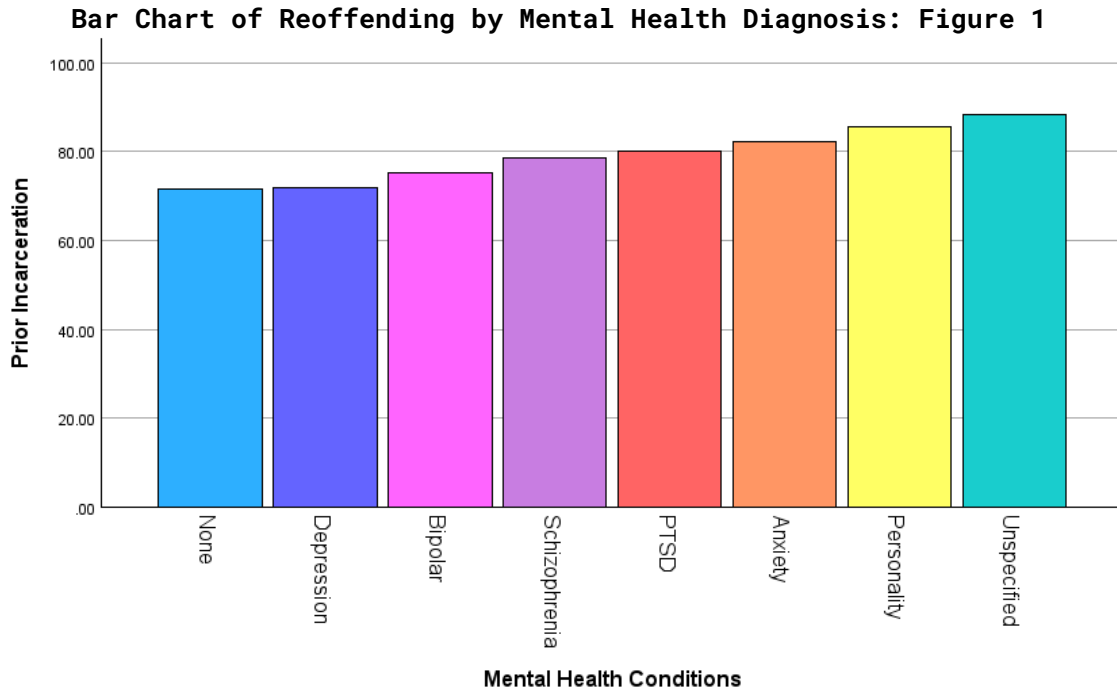
			Mental Health Condition							Total	
			None	Depression	Bipolar	Schizophrenia	PTSD	Anxiety	Personality		Unspecified
Prior Incarceration	No	# of cases	3819	804	620	417	280	149	105	38	6232
		0 of cases	28.3%	28.2%	24.6%	21.4%	20.0%	17.7%	14.2%	11.6%	25.8%
	Yes	# of cases	9693	2045	1897	1533	1121	691	632	291	17903
		0 of cases	71.7%	71.8%	75.4%	78.6%	80.0%	82.3%	85.8%	88.4%	74.2%
Total		# of cases	13512	2849	2517	1950	1401	840	737	329	24135
		0 of cases	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Chi = 212.64*, Phi and Cramer's V = 094*****

*** = $p < .001$

As shown in Table 5, individuals without a mental health diagnosis had a recidivism rate of 71.7 percent. However, several mental health conditions show higher rates of reoffending. Individuals diagnosed with bipolar disorder had a recidivism rate of 75.4 percent. Those diagnosed with schizophrenia had a rate of 78.6 percent. Individuals diagnosed with PTSD had a recidivism rate of 80 percent. Even higher rates occur among individuals diagnosed with anxiety disorders (82.3 percent), personality disorders (85.8 percent), and unspecified mental health conditions (88.4 percent). Although these conditions include smaller numbers of cases, the findings still suggest that personality disorders and unspecified mental health conditions show some of the highest rates of repeat incarceration in this analysis. Statistically, the results show a significant relationship between mental health conditions and prior incarceration. Cramer's V indicates a fairly weak but statistically significant association between the variables

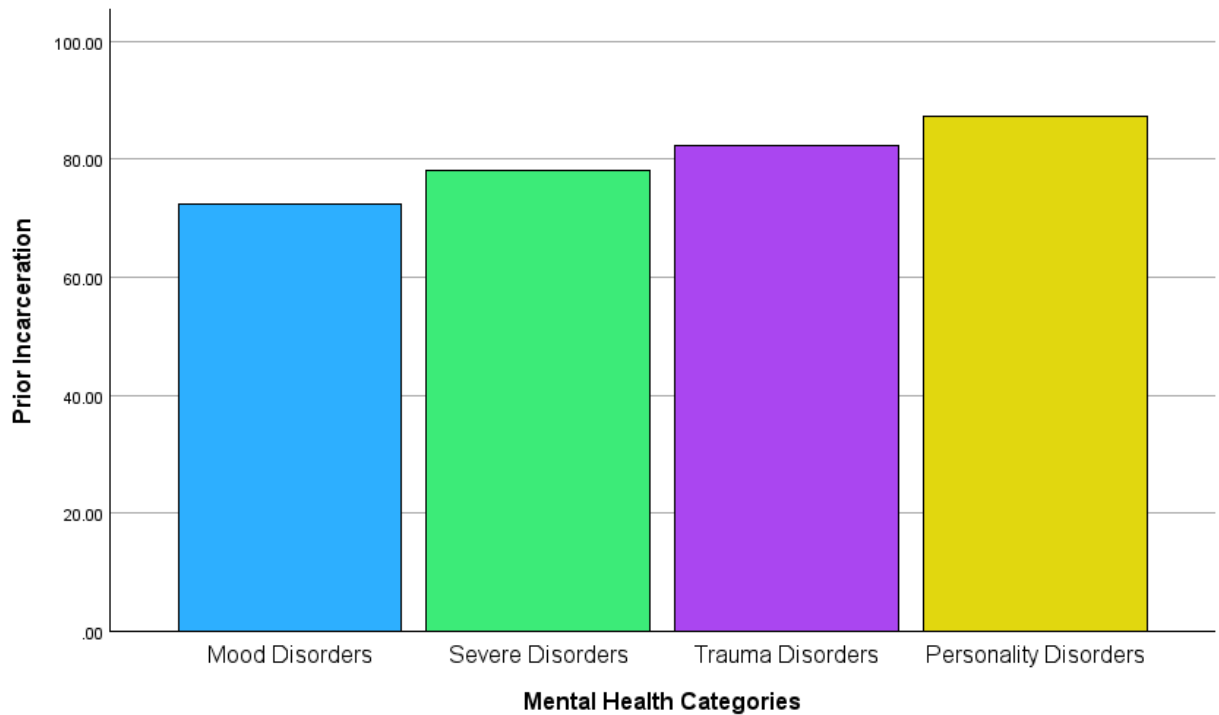
To better visualize these patterns, a bar chart was also created comparing reoffending rates across mental health diagnoses.



As shown in Figure 1, individuals with several mental health conditions show higher rates of reoffending compared to individuals without a diagnosis. The chart makes the differences across diagnoses easier to see and highlights how recidivism rates increase across different mental health categories. Overall, this means that mental health conditions are associated with prior incarceration, however likely represent only one of several factors influencing continued involvement in the criminal justice system.

Hypothesis 2: Recidivism rates will vary across mental health types. This hypothesis is based on the idea that specific types of disorders often involve certain behavioral patterns that can make it difficult to follow rules or understand laws. These conditions can affect impulse control and emotional regulation, which can increase the likelihood of repeated contact with the criminal justice system. To examine this relationship, a cluster bar chart was created.

Bar Chart of Reoffending by Mental Health Diagnosis: Figure 2



As shown in Figure 2, individuals diagnosed with personality disorders have the highest recidivism rates among the mental health conditions examined. Approximately 85.8 percent of individuals with personality disorders reported prior incarceration, indicating that a large majority of individuals in this category had previous involvement with the criminal justice system. These results support the hypothesis that recidivism rates vary across different mental health conditions. This pattern suggests that individuals with complex mental health challenges may be particularly vulnerable to repeated involvement in the criminal justice system.

Hypothesis 3: Male inmates with mental health conditions will have higher rates of reoffending than female inmates with the same mental health diagnoses. This hypothesis is based on prior research showing that men generally have higher recidivism rates than women. Men tend to make up the majority of the incarcerated population and are more likely to experience repeated contact with the criminal justice system. Differences in support networks, access to treatment

services, and behavioral patterns may also contribute to these differences. Women may be more likely to seek mental health treatment or rely on family after release, which can help reduce the likelihood of reoffending. Because of this, it is expected that males with mental health conditions will show higher rates of recidivism than females with similar diagnoses.

To examine this relationship, a cross-tabulation was created comparing gender, mental health diagnosis, and reoffending rate.

Prior Incarceration, Gender, and Mental Illness Crosstabulation Table 8

Gender assigned at birth				Mental Health Conditions							Total	
				None	Depression	Bipolar	Schizophrenia	PTSD	Anxiety	Personality		Unspecified
Male	Prior	No	# of cases	2932	476	304	174	107	55	40	17	4105
			% of cases	25.5%	23.8%	18.9%	16.2%	14.1%	11.8%	10.7%	9.2%	22.8%
	Yes	# of cases	8568	1523	1308	903	652	410	334	168	13866	
		% of cases	74.5%	76.2%	81.1%	83.8%	85.9%	88.2%	89.3%	90.8%	77.2%	
	Total	# of cases	11500	1999	1612	1077	759	465	374	185	17971	
		% of cases	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Female	Prior	No	# of cases	886	326	316	243	172	94	65	21	2123
			% of cases	44.2%	38.5%	35.0%	27.8%	26.9%	25.1%	17.9%	14.7%	34.5%
	Yes	# of cases	1120	520	587	630	468	281	298	122	4026	
		% of cases	55.8%	61.5%	65.0%	72.2%	73.1%	74.9%	82.1%	85.3%	65.5%	
	Total	# of cases	2006	846	903	873	640	375	363	143	6149	
		% of cases	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Total	Prior	No	# of cases	3818	802	620	417	279	149	105	38	6228
			% of cases	28.3%	28.2%	24.7%	21.4%	19.9%	17.7%	14.2%	11.6%	25.8%
	Yes	# of cases	9688	2043	1895	1533	1120	691	632	290	17892	
		% of cases	71.7%	71.8%	75.3%	78.6%	80.1%	82.3%	85.8%	88.4%	74.2%	
	Total	# of cases	13506	2845	2515	1950	1399	840	737	328	24120	
		% of cases	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

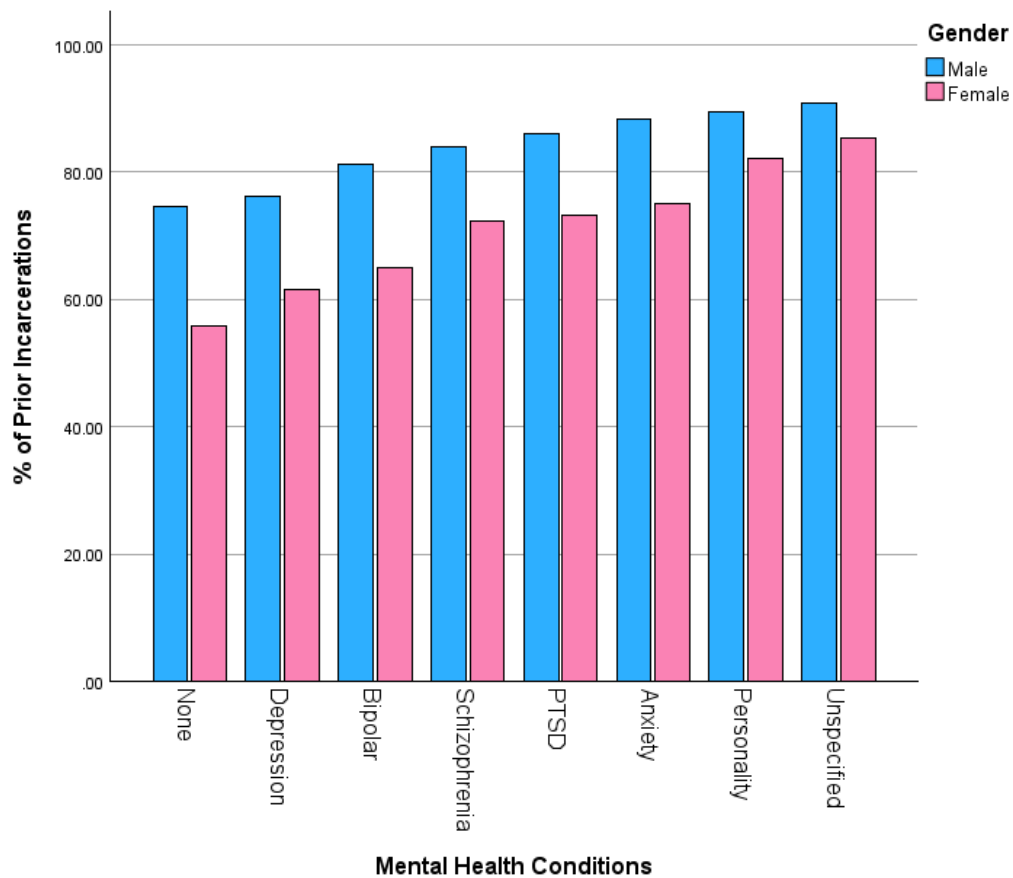
Chi = 212.56*, Phi and Cramer's V = .094*****
 ****p* < .001

As shown in Table 8, the number of male inmates who reported prior incarceration is higher than the number of female inmates in every mental health diagnosis. Among individuals with bipolar disorder, 1,308 males reported reoffending compared to 587 females. A similar pattern occurs among individuals diagnosed with schizophrenia, where 903 males reported reoffending compared to 630 females. Differences also appear among individuals diagnosed with PTSD, anxiety, and personality disorders, where male inmates consistently show higher numbers of prior incarceration. The results remained statistically significant, while Cramer's V indicates

the strength of the relationship remains relatively small, confirming the earlier findings that mental health conditions are associated with recidivism, but that other factors likely also play a role.

To better visualize these differences, a cluster bar chart was also created comparing reoffending patterns between males and females across mental health diagnoses.

Cluster Bar Chart of Reoffending by Gender and Mental Health Diagnosis: Figure 3



As shown in Figure 3, males consistently show higher levels of reoffending across the mental health conditions included in the analysis. The results support the hypothesis. Although the male prison population is larger than the female population, the consistent pattern across multiple diagnoses suggests that gender plays an important role in recidivism outcomes among individuals with mental health conditions.

Hypothesis 4: Racial differences exist in recidivism among individuals with mental health conditions. To explore this relationship, prior incarceration was compared across White, Black, and Hispanic inmates.

Prior Incarceration, Mental Health Conditions, and Race Crosstabulation Table: 9

Race			Mental Health Conditions								Total	
			None	Depression	Bipolar	Schizophrenia	PTSD	Anxiety	Personality	Unspecified		
White	Reoffense	No	# of cases	1175	392	339	231	137	73	45	16	2408
		% of case	33.7%	31.7%	30.2%	25.5%	21.5%	20.1%	14.1%	14.5%	29.5%	
	Yes	# of cases	2307	843	784	674	499	291	274	94	5766	
		% of case	66.3%	68.3%	69.8%	74.5%	78.5%	79.9%	85.9%	85.5%	70.5%	
	Total	# of cases	3482	1235	1123	905	636	364	319	110	8174	
		% of case	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Black	Reoffense	No	# of cases	1107	167	107	55	52	28	13	5	1534
		% of case	22.6%	24.6%	18.5%	14.0%	18.6%	15.0%	9.4%	5.6%	21.2%	
	Yes	# of cases	3786	513	470	338	227	159	125	84	5702	
		% of case	77.4%	75.4%	81.5%	86.0%	81.4%	85.0%	90.6%	94.4%	78.8%	
	Total	# of cases	4893	680	577	393	279	187	138	89	7236	
		% of case	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Hispanic	Reoffense	No	# of cases	1126	143	77	65	45	19	19	4	1498
		% of case	31.7%	28.8%	20.2%	21.7%	20.9%	14.8%	15.8%	7.7%	28.5%	
	Yes	# of cases	2431	353	305	235	170	109	101	48	3752	
		% of case	68.3%	71.2%	79.8%	78.3%	79.1%	85.2%	84.2%	92.3%	71.5%	
	Total	# of cases	3557	496	382	300	215	128	120	52	5250	
		% of case	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Total	Reoffense	No	# of cases	3408	702	523	351	234	120	77	25	5440
		% of case	28.6%	29.1%	25.1%	22.0%	20.7%	17.7%	13.3%	10.0%	26.3%	
	Yes	# of cases	8524	1709	1559	1247	896	559	500	226	15220	
		% of case	71.4%	70.9%	74.9%	78.0%	79.3%	82.3%	86.7%	90.0%	73.7%	
	Total	# of cases	11932	2411	2082	1598	1130	679	577	251	20660	
		% of case	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Chi = 187.03*, Phi and Cramer's V = .095*****

*** $p < .001$

As shown in Table 9, recidivism rates differ somewhat across racial groups among individuals with mental health conditions. Black inmates show the highest overall rate of prior incarceration, with 78.8 percent reporting previous incarceration. In comparison, 70.5 percent of White inmates and 71.5 percent of Hispanic inmates reported prior incarceration. Although these differences are not large, the results suggest that some variation in recidivism patterns exists across racial groups. The results again, continued to be statistically significant, indicating that mental health conditions and recidivism are associated across racial groups. However, the relatively small Cramer's V values suggest the strength of this relationship is limited, providing

only partial support for the hypothesis that recidivism patterns differ by race among individuals with mental health conditions.

Analysis of Results

My research examined whether mental health conditions are associated with higher rates of recidivism among incarcerated individuals. Four hypotheses were tested: that individuals with mental health conditions would have higher recidivism rates than those without a diagnosis, that recidivism rates would vary across different types of mental health conditions, that male inmates with mental health conditions would show higher rates of reoffending than female inmates, and that recidivism patterns would differ across racial groups. The results of the analysis provide support for these expectations.

Among individuals in the dataset who reported no mental health diagnosis, approximately 71.7 percent reported reoffending. While this percentage is already relatively high, recidivism rates increase for several mental health conditions. For example, individuals diagnosed with bipolar disorder show a recidivism rate of 75.4 percent, while individuals diagnosed with schizophrenia show a recidivism rate of 78.6 percent. These findings support the idea that more severe mental health conditions may be associated with greater difficulty reintegrating into society after release.

Individuals diagnosed with PTSD show an even higher recidivism rate of 80 percent, which suggests that trauma-related conditions may also play an important role in repeated incarceration. Trauma can have long-term psychological effects that influence behavior, emotional regulation, and interactions with others, all of which may increase the likelihood of involvement with the criminal justice system.

Even higher rates of recidivism appear among individuals diagnosed with anxiety disorders and personality disorders. The highest rate appears among individuals with unspecified

mental health conditions, where 88.4 percent reported prior incarceration. These findings suggest that individuals with complex or poorly defined mental health challenges may face significant challenges in successful reintegration after release.

Statistically, the results show a significant relationship between mental health conditions and prior incarceration. However, the Cramer's V statistic suggests that the strength of this relationship is relatively weak. This indicates that while mental health conditions are associated with prior incarceration, they likely represent only one of several factors influencing continued involvement in the criminal justice system. Because of this, examining additional factors like demographic characteristics will be important for better understanding patterns of recidivism.

When mental health conditions are grouped into specific types, similar patterns appear across the four groups examined: mood disorders, severe disorders, trauma-related disorders, and personality disorders. Individuals with severe mental illnesses show higher levels of reoffending compared to individuals without mental health diagnoses, and trauma-related disorders also show elevated recidivism rates. However, personality disorders show the strongest association with recidivism among the mental health categories examined. Prior research helps explain this pattern. Personality disorders are often associated with behavioral patterns such as impulsivity, difficulty regulating emotions, and challenges understanding social cues. Martin et al. (2019) found that impulsivity and aggressive behavior are strongly linked to recidivism among incarcerated individuals, particularly those with antisocial personality disorder. These behavioral traits may make it more difficult for individuals to comply with supervision requirements or maintain stability after release, increasing the likelihood of repeated contact with the criminal justice system.

Looking closer at demographics, gender differences are also noticeable in the results. Across almost every mental health category, male inmates show a much higher number of reoffending cases than female inmates. Among individuals diagnosed with bipolar disorder, 1,298 male inmates reported reoffending compared to 620 female inmates. Similar patterns exist in individuals diagnosed with schizophrenia and PTSD. Prior research helps explain these differences. Drapalski et al. (2009) found that justice-involved women with mental illness are often more likely to seek out and engage with treatment services and community support compared to men. Greater engagement with these networks may help stabilize symptoms and reduce the likelihood of repeated contact with the criminal justice system, all of which may explain the lower recidivism rates observed among female inmates in this analysis.

Recidivism rates vary somewhat across racial groups among individuals with mental health conditions. Black inmates show the highest overall rate of prior incarceration, with 78.8 percent reporting previous incarceration. In comparison, 70.5 percent of White inmates and 71.5 percent of Hispanic inmates reported prior incarceration. The differences between groups are not extremely significant, the results do suggest modest variation in recidivism patterns across racial groups. Previous research shows similar findings, although access to treatment and services may differ. According to research from the Kaiser Family Foundation (2024), White adults who report poor mental health are more likely to receive mental health services than Black or Hispanic adults, indicating disparities in access to care. These differences in access to treatment, along with social and economic barriers, may contribute to variation in criminal justice outcomes among individuals with mental health conditions.

Conclusion

Overall, these findings support the general expectation that mental health conditions are associated with higher levels of repeated incarceration. However, examining the broader patterns

alongside demographic characteristics shows that repeated incarceration is not explained solely by mental health conditions alone. The results suggest that recidivism is influenced by multiple overlapping factors that help explain how these patterns appear within the data. A closer examination of the findings indicates that demographic characteristics also play a role in recidivism patterns. While mental health conditions are associated with higher levels of repeated incarceration, these patterns are not uniform across all groups. Differences observed across gender and racial categories reflect broader social, economic, and systemic factors may also influence the likelihood of reoffending. Altogether, these findings show that recidivism is a complex issue influenced by both individual challenges and broader structural factors.

My study provides insight into the relationship between mental health conditions and recidivism. However, limitations should be acknowledged. The analysis relies on self-reported survey data, which may include reporting errors or incomplete information. Additionally, the data also can't fully account for differences in access to treatment, supervision conditions, or community resources after release. These factors can influence recidivism outcomes but are difficult to measure within the dataset.

Despite these limitations, the results highlight the importance of addressing mental health needs within the criminal justice system. Without adequate treatment, support services, and targeted care after release, individuals with mental health conditions may struggle to successfully reintegrate into society. Prior research shows that treatment-based programs can help reduce recidivism among this population. Steadman et al. (2011) found that individuals with mental illness who participated in mental health court programs had lower arrest rates and spent fewer days incarcerated compared to similar offenders processed through traditional courts. These findings, combined with the results of this

study, suggest that expanding access to treatment, supervision, and community support services may help break the cycle of repeated incarceration among individuals with mental health conditions. Improving mental health support within the justice system is not only important for individual outcomes, but also for strengthening communities and reducing long-term justice system involvement. Ultimately, recognizing and addressing the role of untreated mental illness may be an important step toward reducing recidivism and promoting safer, more stable communities.

References

- Akpanekpo, E. I., Chowdhury, N. Z., & Butler, T. (2025). Early Mental Health Treatment and Reoffending Among Justice-involved Youth Diagnosed with Psychosis. *Schizophrenia Research*, 284, 16–22 <https://www.sciencedirect.com/science/article/pii/S0920996425002762>
- Almquist, L., & Dodd, E. (2009). *Mental health courts: A guide to research-informed policy and practice* (NCJ 228274) <https://www.ojp.gov/library/publications/mental-health-courts-guide-research-informed-policy-and-practice>
- Baillargeon, J., Binswanger, I. A., Penn, J. V., Williams, B. A., & Murray, O. J. (2009). Psychiatric Disorders and Repeat Incarcerations: The Revolving Prison Door. *The American Journal of Psychiatry*, 166(1) https://psychiatryonline.org/doi/10.1176/appi.ajp.2008.08030416?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%20pubmed
- Bales, W. D., Nadel, M., Reed, C., & Blomberg, T. G. (2017). Recidivism and Inmate Mental Illness. *International Journal of Criminology and Sociology*, 6 40-51. <https://lifescienceglobal.com/pms/index.php/ijcs/article/view/4524>
- Binswanger, I. A., Redmond, N., Steiner, J. F., & Hicks, L. S. (2012). Health disparities and the criminal justice system: An agenda for further research and action. *Journal of Urban Health*, 89(1), 98–107. <https://doi.org/10.1007/s11524-011-9614-1>
- Buckmon, L. (2015). *Predictors of recidivism for offenders with mental illness and substance use disorders* (Doctoral dissertation). Walden University. <https://scholarworks.waldenu.edu/dissertations/744>
- Connell, C., Birken, M., Carver, H., Brown, T., & Greenhalgh, J. Effectiveness of interventions to improve employment for people released from prison: systematic review and meta-analysis. *Health Justice* 11, 17 (2023). <https://doi.org/10.1186/s40352-023-00217-w>
- Cohen, T. R., Fronk, G. E., Kiehl, K. A., Curtin, J. J., & Koenigs, M. (2024). Clarifying the relationship between mental illness and recidivism using machine learning: A retrospective study. *PLOS ONE*, 19(2), e0297448. <https://doi.org/10.1371/journal.pone.0297448>
- Day, J., & Sawyer, L. (2026, February 25). Suspect in north Minneapolis double homicide was released from jail hours before killings. *The Minnesota Star Tribune*. <https://www.startribune.com/suspect-in-north-minneapolis-double-homicide-was-released-from-jail-hours-before-killings/601587764>
- Drapalski, A. L., Youman, K., Stuewig, J., & Tangney, J. (2009). Gender differences in jail inmates with mental illness. *Criminal Behaviour and Mental Health*, 19(2), 89–101. <https://doi.org/10.1002/cbm.733>
- James, D. J., & Glaze, L. E. (2006). *Mental health problems of prison and jail inmates*. Bureau of Justice Statistics <https://bjs.ojp.gov/content/pub/pdf/mhppji.pdf>

- Kinoshita, Y., Furukawa, T. A., Kinoshita, K., Honyashiki, M., Omori, I. M., Marshall, M., Bond, G. R., Huxley, P., Amano, N., & Kingdon, D. (2013). Supported employment for adults with severe mental illness. *Cochrane Database of Systematic Reviews*, 2013(9), CD008297. <https://doi.org/10.1002/14651858.CD008297.pub2>
- Lamb, H. R., & Weinberger, L. E. (2005). The shift of psychiatric inpatient care from hospitals to jails and prisons. *Journal of the American Academy of Psychiatry and the Law*, 33(4), 529–534. <https://jaapl.org/content/33/4/529>
- Leutwyler, H., Hubbard, E., & Zahnd, E. (2017). Case management helps prevent criminal justice recidivism for people with serious mental illness. *International Journal of Prison Health*, 13(3–4), 168–172. <https://doi.org/10.1108/IJPH-06-2016-0021>
- Martin, S., Zabala, C., Del-Monte, J., Graziani, P., Aizpurua, E., Barry, T. J., & Ricarte, J. (2019). *Examining the relationships between impulsivity, aggression, and recidivism for prisoners with antisocial personality disorder*. *Aggression and Violent Behavior*, 49, 101314. <https://doi.org/10.1016/j.avb.2019.07.009>
- O'Brien, A. M., & Seirup, A. (2025, June 18). *Confronting the mental health crisis in prisons and jails*. Deconstructing Stigma. <https://deconstructingstigma.org/guides/incarcerated-mh>
- Okamura, M., Okada, T., & Okumura, Y. (2023). Recidivism among prisoners with severe mental disorders. *Heliyon*, 9(6), e17007. <https://doi.org/10.1016/j.heliyon.2023.e17007>
- Panchal, N., Hill, L., Artiga, S., & Hamel, L. (2024, May 23). *Racial and ethnic disparities in mental health care: Findings from the KFF survey of racism, discrimination and health*. Kaiser Family Foundation. <https://www.kff.org/racial-equity-and-health-policy/racial-and-ethnic-disparities-in-mental-health-care-findings-from-the-kff-survey-of-racism-discrimination-and-health>
- Shishane, K., John-Langba, J., & Onifade, E. (2023). Mental health disorders and recidivism among incarcerated adult offenders in a correctional facility in South Africa: A cluster analysis. *PLOS ONE*, 18(1), e0278194. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0278194>
- Silverton, L. (1988). Crime and the schizophrenia spectrum: A diathesis-stress model. *Acta Psychiatrica Scandinavica*, 78(1), 72–81. <https://doi.org/10.1111/j.1600-0447.1988.tb06303.x>
- Steadman, H. J., Redlich, A. D., Callahan, L., Robbins, P. C., & Vesselinov, R. (2011). Effect of mental health courts on arrests and jail days: A multisite study. *Archives of General Psychiatry*, 68(2), 167–172. <https://doi.org/10.1001/archgenpsychiatry.2010.134>
- U.S. Department of Justice, Bureau of Justice Assistance. (2019). *Mental health courts: A guide to research-informed policy and practice*. <https://bjaojp.gov/media/document/5376>

Wilper, A. P., Woolhandler, S., Boyd, J. W., Lasser, K. E., McCormick, D., Bor, D. H., & Himmelstein, D. U. (2009). The health and health care of US prisoners: Results of a nationwide survey. *American Journal of Public Health*, 99(4), 666–672.
<https://doi.org/10.2105/AJPH.2008.144279>

Zgoba, K., Reeves, A., Tamburello, A., & DeBilio, T. (2020). The relationship between mental illness, substance use, and recidivism among released inmates. *Journal of the American Academy of Psychiatry and the Law*, 48(2), <https://jaapl.org/content/early/2020/02/12/JAAPL.003913-20>

OpenAI. (2024). *ChatGPT (April 2024 version) Used for organization of resources and outlining thesis structure to understand literature review concepts.*