Monday 22nd September 2018

Imprisonment and Recidivism Inquiry
Queensland Productivity Commission
PO Box 12112
George St
Brisbane 4003

Submission to the Queensland Productivity Commission Inquiry into Imprisonment and Recidivism

To Whom It May Concern:

I thank you for the opportunity to provide a submission on this matter, and commend the Queensland Productivity Commission for its interest in reducing imprisonment and recidivism in Queensland. My submission primarily concerns the prison-to community experiences of men with severe mental illness and co-occurring substance use disorders. I am attaching the abstract and final chapter of my PhD thesis from my research conducted in Queensland 2102-2013 as well as a well-received publication on the same topic from the Australian and New Zealand Journal of Criminology.

Yours sincerely,

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Hoping Against Hope:
The Prison-to-Community Transition Experience of Men With
Co-Occurring Severe Mental Illness and Substance Use Disorder

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A thesis submitted for the degree of Doctor of Philosophy at
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Abstract, Discussion / Implications and References only.
Full thesis can be found at:
Abstract

This thesis explores the prison-to-community transition experience after short-term incarceration, from the perspective of men with co-occurring mental illness and substance use disorder in Queensland, Australia. A specific focus was to examine the impact of systems and structures on the individual experience of transition. Prior research has established that people with co-occurring mental illness and substance use are overrepresented in the Australian prisoner population. It is also known that transition from prison to community for the general custodial population is a time of vulnerability, with increased risk of substance use, homelessness, unemployment, reincarceration and post-release death. All of these risks are compounded for prisoners with co-occurring disorders who are also at risk of a range of poor criminal justice outcomes and losing contact with mental health services after release. Review of the literature indicates a tendency for research to focus on recidivism as an outcome and emphasise either individual risk behaviour or social and structural factors influencing prison-to-community transition. Interventions during transition for the current population have traditionally been based on the criminalisation hypothesis, with a focus on increased provision of mental health services in prison and an emphasis on continuity of care in the community. There is a growing recognition in the international literature that the issues are much broader than mental illness; however, there is a lack of clarity as to how to respond to the complex needs of this population. Research exploring the perspective of men with co-occurring severe mental illness and substance use disorder during their prison-to-community transition experience has rarely been undertaken.

The conceptual framework developed for this study shifts the emphasis away from recidivism towards recovery and wellbeing through a lens of individual action, but only in the context of the potential for systems and structures to impact on the ability of individuals to exercise agency. A qualitative method was used comprising repeat in-depth interviews with 18 men: within 1 month prior to leaving prison, within 2 weeks post-release and at 3 months post-release. Three themes characterised the transition experience of participants: “hoping against hope”; “adrift in freedom”; and “the slippery slope”. Participants reported leaving the predictable and routine life in prison where they hoped for a better life after release, to an uncertain, unstable and isolated environment in the community, eventually sliding into drug use, chaos and despair. The risk environment framework (Rhodes, 2009) and structuration theory (Giddens, 1984) were employed to understand how participants were caught in a complex dynamic between their individual risk behaviour and broader structural risk environments. This thesis proposes that a web of
interrelated factors contributed to participants in the study as “ambivalent agents” who were suspended between the two worlds of prison and community, with a sense of “non-belonging” in either world. They negotiated multiple and competing identities and were ultimately set up to fail in their hope for a normal life in the community by the “structuration” of risk during transition. The findings in this study support previous research that prison mental health services alone are inadequate to meet the needs of this population. There is a need for the review of parole practices for this population, with an emphasis on prevention of incarceration related to non-offending behaviour. In addition, a focus on the provision of comprehensive interventions during prison-to-community transition, such as supported accommodation, assisted employment and other individually tailored social supports, is indicated. These interventions, in combination with a focus on flow through integrated treatment services targeting the needs of short-term prisoners with co-occurring disorders may facilitate recovery and wellbeing in this population, improve continuity of mental health care on return to the community, as well as address criminal justice outcomes. These interventions should be planned as a whole of government response, framed by a mental health recovery approach that fosters belief in the individual for recovery, as well as utilising a collaborative focus on risk in terms of both “a risk” and “at risk” identities.
Chapter 9: Discussion and implications

9.1 Introduction
This is the first known qualitative study in Australia to focus on the prison-to-community transition experience of prisoners with severe mental illness and co-occurring substance use disorder after repeated short-term imprisonment. The aim of the study was to understand the transition experience, from preparation for release through to 3 months post-release. Specifically, the focus was to understand the needs and challenges of participants during this high-risk time, and the impact of systems and structures on the individual experience of transition. The conceptual framework illustrated that individual dimensions interacted with four components of the structural risk environment (Rhodes, 2009). The theoretical lens of Giddens’ (1984) structuration theory was employed to understand the interplay between the individual and structural dimensions for this cohort during transition.

Prior research has established the multiple challenges facing prisoners with severe mental illness during prison-to-community transition, such as poor housing, unemployment, social exclusion, barriers to adequate mental healthcare, and multiple short-term incarceration (Baillargeon et al., 2009; Baillargeon et al., 2010; Hartwell, 2004a, 2010; Kinner, 2006; Weisman, Lamberti, & Price, 2004). There have been few attempts previously to gain an in-depth understanding of the complexity of the prison-to-community experience of this population, particularly in understanding how individuals perceive the influence of systems and structures on their experience. This qualitative study adds rich understanding of the multifaceted dynamics associated with the transition experience by privileging the voice of participants. It highlights the multiple and complex challenges this population face from the perspective of their lived reality and adds weight to previous research calling for reform and development of transition support services (Borzycki & Baldry, 2003: Baldry, 2008; Binswanger et al., 2011; Hartwell 2010; Kinner et al., 2009).

Three themes were developed from the analysis of interviews: “hoping against hope”, “adrift in freedom” and “the slippery slope”. The experiences of participants in this study were marked by transition from hope to despair. Participants described the many times they left prison as moving from a routine and predictable environment, where they hoped for a better life after release, to an uncertain and unstable existence in the community. On release, the majority began a downward spiral of drug use and offending and drifted away from mental health services. Taken
as a whole, the findings highlight three major points about the transition experience of the participants.

First, as “ambivalent agents”, the majority of participants found prison preferable in some ways to the difficulties facing them on release. It was not the case that most of the participants actually preferred prison; rather, there was a complex web of interrelated issues contributing to ambivalence about leaving. The disruptive economic impact and emotional consequences of repeated short-term imprisonment contributed to the ambivalence for participants. Their primary friendships were in prison, yet they wanted what they imagined to be a normal life in the community. After an average of seven incarcerations, participants were suspended between the worlds of prison and the community, with a sense of “non-belonging” in either world.

Second, while it is not suggested that they were innocent bystanders, with no responsibility for their own individual risk behaviour, participants perceived that the systems surrounding them tended to perpetuate and compound the risks related to their mental illness and substance use problems rather than address them. From the findings as a whole and reference to Giddens (1984), it is proposed that risk was “structured” in three important ways for participants. The first indication of the “structuration” of risk was in terms of the system response to technical breaches of parole, with the consequence of short-term incarceration, which had the impact of leading to further entrenchment in the criminal justice system. The second indication was the continuous disruption to mental health continuity of care as a result of multiple short-term episodes of custody. The third indication of the structuration of risk was that despite participants identifying substance use as their main “criminogenic” risk factor, they experienced a lack of access and encouragement to participate in drug treatment programs during transition.

Third, it was apparent that participants negotiated multiple and competing identities. Despite their complex problems, they displayed surprising insight into their needs and risks during transition. In prison, participants described identities associated with their friendship group and their work, whereas the most frequently available identities in the community were of ex-prisoner, criminal and estranged member of a family. Participants also had multiple risk identities during transition. On the one hand, the “risk agenda” (Farrall et al., 2010) positioned them as “a risk” (Stanford, 2010) to public safety; and on the other hand, the multiple structural
disadvantages that limited their opportunities and relationships during transition could be viewed as positioning them “at risk” (Stanford, 2010).

Despite hoping for a better life while in prison, post-release, participants were constantly on the edge of relapse and despair, the “slippery slope” of transition. Furthermore, their capacity to engage in utilising the limited support that was available was constrained by the social, economic, policy and physical “risk environments” surrounding them that undermined their hope, exacerbated their ambivalence and ultimately set them up to fail in their prison-to-community transition.

9.2 The ambivalent agent
Ambivalence characterised the transition experience as a whole. As “ambivalent agents”, participants hoped for a normal life in the community, while at the same time they wanted to remain with their friends in prison. Life in the community that participants imagined and hoped for, was different to what they had experienced in the past, and given their lack of stable accommodation and enduring social disadvantage, was unlikely to match what they were facing in the future. Most participants had a history of repeated short-term incarceration, and they knew from experience that the economic and emotional consequences of the “revolving door” (Howerton et al., 2009) accumulated over time. Participants were suspended between the two worlds of prison and community, with a sense of “non-belonging” and not being able to settle in either world. This analysis supports and builds on Baldry’s notion (2010, p. 261) that short-term prisoners were “neither fully in the community nor fully in the prison” but rather they were “betwixt and between” mainstream community and prison.

A major factor contributing to ambivalence about leaving prison was participants’ experiences of lack of access to adequate housing post-release, with the majority leaving prison to unstable accommodation. In contrast, they perceived accommodation in prison as “stable” and relatively supportive. The acquisition of stable housing is considered a crucial starting point for any successful prison-to-community transition for this population (Baldry et al., 2006; Greenberg et al., 2011). Most of the participants had not experienced continuity and security in their accommodation for many years, if ever; so this was a long-term problem for them, exacerbated each time by their release from prison. While they had very few social and family connections prior to going to prison, over time, repeated episodes of incarceration tended to exacerbate the pressures on any existing family and social ties, leaving them with progressively fewer supports on each release, a scarcity of people to trust or turn to, and nowhere to belong in the community.
The findings are consistent with Halsey’s study (2007) that found that for some young men interviewed in prison, “lock-up was narrated as not only a home away from home so much as one’s only home … where the sparseness, routines and authoritarian ethos nonetheless rate as preferable to life on the outside” (2007, p. 343). While it has been observed that finding prison a “peculiar kind of sanctuary” may be common in prisoners (Halsey, 2007), it has been rarely discussed in the literature. This is possibly because “it could easily be exaggerated and misappropriated that prison is too easy … that prison should be more punitive” (Howerton et al., 2009, p. 456). This view is contested with the following comment:

This type of sentiment is understandable given that prisoners quickly go from total institutionalization with absolute routine, to life on the outside with no discernible structure and often without a transitional period to prepare them. (Howerton et al., 2009, p. 451)

The provision of secure housing as a single intervention, however, was unlikely to be helpful to participants in the current study. The need for secure housing for participants went beyond just a need for a place to sleep and eat. They indicated that they needed a place to belong, where they felt safe, supported and cared for. The men spoke of their risk of social isolation, in combination with boredom and a lack of meaning and purpose in their lives in the community, after leaving the relatively social environment of prison. It has been suggested that “a house is not a home” and that vulnerable individuals can remain socially isolated and at risk even when housing is provided (Rowe & Baranoski, 2011; Tsai et al., 2012). Many of the participants in the current study found themselves in a lonely world in the community post-release and therefore had a “tolerance” (Howerton et al., 2009) to the idea of returning to prison because it meant they would see their friends again.

Relationships were of central importance to this cohort and prison, despite its drawbacks, was the most socially inclusive environment available to the majority of participants. The men expressed a strong need to interact with peers, and there was a stark contrast between how participants spoke of their sense of belonging to a group of friends in prison and the expression of despair when talking about lack of family support and no home to go to in the community. The feeling of safety and wellbeing provided by secure accommodation has been linked with Giddens’ (1984) concept of “ontological security” by Padgett (2007):

the feeling of wellbeing that arises from a sense of constancy in one’s social and material environment which, in turn, provides a secure platform for identity development and self-actualisation. (p. 1926)
Finding a place to live where they felt comfortable was the first priority for participants in the study, and they indicated that they could not really focus on anything else until that basic need was met. Yet, finding and then maintaining tenancy in suitable accommodation is challenging for this population. People with severe mental illness have a much higher risk of homelessness and housing instability than people without a mental illness (Padgett, 2007). Moreover, several studies have identified that the more complex the needs of the person are in terms of co-occurring disorders, the higher the rates of difficulty in maintaining tenancy, often resulting in evictions (Baldry, Dowse, & Clarence, 2012; Greenberg & Rosenheck, 2010).

The emotional turmoil of repeatedly leaving and returning to prison was prominent for participants in this study and further contributed to ambivalence. Emotional turmoil during transition is an important factor to explore as to whether it has relevance to the high levels of self-harm in this population (Binswanger et al., 2011). One third of the participants in the current study discussed their suicidal thoughts that had occurred during the transition phase. They described their euphoria on leaving prison, and for some men on release this was followed by a rapid plunge into despair and suicidal thoughts. This is consistent with several studies that found that prisoners frequently have high expectations about their pending life in the community and then experience frustration, disappointment, fear and anxiety on release (Binswanger et al., 2011; Cobbina & Bender, 2012; Howerton et al., 2009; Shinkfield & Graffam, 2010). The emotional response to cycling in and out of prison can be further understood by reference to Giddens (1984, p. 61), who proposed that when accustomed routines are suddenly disrupted with a “critical situation” — for example, leaving the structured environment of prison — responses can include “rapid emotional oscillation between depression and elation” and “a concentration on immediate events and loss of any long term perspectives”, related to the impact of anxiety and fear.

The disruptive impact of repeated short-term imprisonment contributed to ambivalence about leaving prison. Participants described having been unable to fully establish themselves in either prison or the community because they did not settle in either place long enough. When they had made small gains in the community — for example, such as finding accommodation or a job — these positive steps were disrupted, by returning to prison for short periods. Participants expressed frustration after release, associated with needing to continually start again, often having lost their accommodation and any remaining possessions. Ambivalence in short-term prisoners has been found in previous studies and has been understood as being associated with institutionalisation (Baldry et al., 2008; Howerton et al., 2009). Participants in this study could also
be viewed as institutionalised (Goffman, 1961), in that they were familiar with the routine of prison and they understood their function and social role in that environment. Institutionalisation also occurs in short-term prisoners, according to Baldry et al. (2008), in a similar way to long-term prisoners, but more like “serial institutionalisation”, from serving repeated short sentences. In the current study, although participants did report difficulties with lack of experience, confidence and skills for living in the community, the major factors impacting on their ambivalence appeared to be their unsettled emotional state and economic problems, including lack of stable accommodation and employment exacerbated by repeated cycling in and out of prison.

This study adds depth to the understanding of ambivalence during prison-to-community transition beyond the concept of institutionalisation. The majority of participants were caught in a cycle of disruptive short-term imprisonment, suspended between the two worlds of prison and community without a home or job to go to. The complex state of ambivalence experienced by participants can be understood by considering the impact of a range of dynamics related to the frustration and emotional turmoil of repeated short-term imprisonment, as well as being intimately connected with a need for a stable place to live, a sense of belonging and a social network to rely on.

9.3 The “structuration” of risk

It is proposed that individual risk behaviour was “structured” (Giddens, 1984) for the participants in this study. This means that the “risk environment” (Rhodes, 2009), which consisted of a variety of factors separate to the participants, tended to erode the capacity to settle in the community and perpetuated and compounded the risks of relapse and reincarceration. The participants were involved in or on the constant edge of individual risk behaviour that was produced and reproduced in the interplay with the risk environment (Giddens 1984; Rhodes, 2009). For Giddens (1984), “structuration” means that human agency and social structure are in a reciprocal relationship with each other.

The structuration of risk occurred in three main ways. First, technical parole violations such as relapse to drug use, missed parole appointments or mental health related concerns, such as non-compliance with medication, resulted in the disruptive strategy of returning participants to prison for repeated short-term stays. This system response to technical violations of parole had the unintended consequence of disrupting settlement in the community, which in turn increased participants’ risk of remaining entrenched in the criminal justice system. The punishment response to behaviour where participants perceived no new offence had been committed gave them a message of “once a criminal, always a risk” and left no space for recovery. The impact of these
practices was to undermine hope to the extent that most of the participants were unable to imagine extracting themselves from ongoing entrenchment in the criminal justice system, and this contributed to the despair that was evident as part of “the slippery slope” back into drug use and risk behaviour.

The risk message operated on two levels. On the one hand, participants were very aware that their cycles of relapse to drug use combined with mental illness and episodes of mostly low level offending behaviour did place them in a situation where they became a legitimate risk to themselves and to community safety. There was a degree of acceptance that the subsequent offending behaviour would be punished. On the other hand, participants conveyed that they continued to receive the message that they were perceived as a risk, even when they had been living in the community and trying to cease their drug use and offending. They expressed that they were constantly at risk of attention from the police and that minor transgressions related to their parole conditions would be punished and they would be sent back to prison. Rhodes (2009, p. 196) makes a link with the iatrogenic effects of surveillance-orientated “carceral drug policy” contributing to a “cycle of risk production and reproduction”. This occurs, according to Rhodes (2009), as marginalised drug users actively participate and become complicit in their own “structural subordination”, which is reproduced in their interaction with the criminal justice system.

The second example of the structuration of risk was the way that continuity of mental health care was continuously disrupted by repeated short-term incarceration. On the one hand, the chaos participants reported in their lives on return to the community, related to lack of stable housing and unemployment, tended to disrupt any continuity of care that had been achieved through engagement with prison mental health services. The study participants reported adequate mental health support in prison and linkage to community mental health contacts, with attempts by the mental health support workers to facilitate emergency housing needs. However, participants perceived the most basic need for secure stable housing as largely unmet. Those participants who were living on the streets or in the homeless men’s hostel immediately after release, for example, were understandably more concerned with gathering some basic possessions such as clothes and shoes, and finding somewhere safe and secure to live, than they were concerned with attending to their mental healthcare or dealing with their drug dependence. It was not surprising then that mental health care and substance use treatment competed with other priorities, leading participants further into the “slippery slope” of relapse and the risk of reincarceration.
These findings are consistent with those found in an ethnographic study of access to treatment and continuity of care needs of prisoners returning to the community in the United States. Blank (2006, p. 106) identified that while her participants were confronted and frequently overwhelmed with “all of their needs at once” on release from prison, it was the practical considerations of food, clothing and accommodation that came first. It was only once these and other needs such as social contact and support were met, that considerations of treatment for mental illness and substance use disorder were considered. Davis et al. (2013) also found that released prisoners found accessing mental health and substance use treatment post-release was secondary to economic needs such as housing and employment. The participants in this US research, however, had additional problems to their Australian counterparts, due to lack of access to mental health care in prison as well as eligibility for care in the community, related to the different structure of health services (Blank, 2006; Davis et al., 2013).

On the other hand, participants reported that when continuity of care had been achieved on return to the community after previous releases, it was disrupted by return to prison, particularly by short-term incarceration from breach of parole. The majority of participants reported that their mental health and substance use issues were identified in prison rather than in the community, either during the custodial episode related to the study or during previous imprisonment. Yet for those participants who had then engaged with community mental health supports following previous releases, the process of returning to prison — for example, for drugs detected in a urine sample or non-compliance with reporting requirements — disrupted that connection. This observation is in line with a UK study evaluating the Care for Offenders: Continuity of Access (COCOA) project (Byng et al., 2012), where the key finding was that “passage through the various elements of the criminal justice system provides both the potential for initial access to healthcare and also the disruption of the existing care” (2012, p. 3). The drift away from mental health services by the participants in the current study further supports the increasing concern in the literature about the complexity of continuity of care between custody and community. For example, a recent study in the United Kingdom found that only 20 of a cohort of 137 prisoners with severe mental illness receiving psychiatric care in prison had been linked to a community mental health team, and only 4 of that 20 had made contact at 6-month follow-up (Lennox et al., 2012). It has been proposed that services that commence in prison and provide continuous care into the community “seem to be the key feature” of successful transition for all forms of health care, according to Kinner (2010, p. 1555). However, it is also clear from the literature and the
findings from this study that the problems encountered by this population during prison-to-community transition extend beyond the need for mental health treatment in prison and linkage to community mental health supports.

Finally, the lack of availability and access to substance use treatment for participants in this study, despite the centrality of drug and alcohol use to their offending, is the most important indication of the structuration of risk identified in this study. All participants were diagnosed with co-occurring substance use disorders, and all of them identified substance use as their greatest risk factor for remaining involved with the criminal justice system and for undermining their hope for a normal life. This is consistent with the results of a mixed method study involving 39 male prisoners about to be released and then followed up post-release, including data from their (ex) partners. Souza, Lösel, Markson, and Lanskey (2013) found pre-release expectations in relation to drug use significantly predicted post-release difficulties. It was concerning, therefore, that despite recognition of the problem by participants, one of the most outstanding unmet needs reported by them was the striking absence of interventions to address their substance use problems.

Five important points in relation to this finding were identified from exploring the experience of drug and alcohol treatment and rehabilitation with participants. First, there was little evidence in the interviews with participants of drug and alcohol education, motivational counselling or treatment either in prison, post-release or during the transition phase. Reasons given by the participants were partly related to ineligibility for them to participate in programs as short-term prisoners, and partly related to their perception of the lack of availability and integration of services between prison and the community. Second, according to several participants, there was no opioid replacement program in prison. Those who described positive results from this treatment during previous releases explained that they faced a gap between leaving prison and re-enrolling in the program, which they perceived as greatly increasing their risk of relapse. Third, participants who wanted to make the direct transition to drug rehabilitation described waiting in the community post-release for a bed to become available, exposing them in the interim to what they perceived as unsafe environments in terms of drug availability, such as the homeless men’s hostel. This suggests that there may be insufficient liaison between the prison and local drug rehabilitation programs. Fourth, those participants who had not been exposed to drug and alcohol rehabilitation in the community filled the gaps in their experience by imagining that rehabilitation would be “just like jail” or just like “going to church”, neither of which were attractive options for them. Participants reported that they were not exposed to any information or experience during
transition that challenged their beliefs about drug rehabilitation centres. Fifth, those participants previously enrolled in drug rehabilitation but expelled for reportedly minor transgressions were reluctant to try again. There was no indication that any of these participants had been approached to reconsider drug rehabilitation after prison.

These findings of the apparent lack of availability and access to substance use treatment, despite its centrality to offending behaviour in this population, is consistent with the literature discussing the lack of prison and post-release alcohol and drug services for this population during transition (Baldry et al., 2012; Hartwell, 2004a, 2004b; Lurigio, 2011). Psychiatric symptoms are often complicated by substance use and it is imperative that this population receive appropriate alcohol and drug treatment. Treating one problem without the other has been found to be less effective than treating both simultaneously (Thylstrup & Johansen, 2009; Wilson, Draine, Barrenger, Hadley, & Evans, 2013). Little attention has been paid in the literature to the more subtle dynamics that appear to impact on the men’s reluctance to engage with drug rehabilitation providers; for example, beliefs about what drug rehabilitation would be like, and the reluctance to “try again” after previous negative experiences. The stories of participants in this study indicate that interventions addressing beliefs about drug rehabilitation and facilitating exposure to an alternative view of these programs is likely to be an important strategy when focusing on recovery and criminogenic risk. The findings in this study raise important concerns in terms of whether the known community safety or the recovery benefits of drug treatment are being realised in the current context as a result of lack of access, lack of integrated services and lack of strategies to motivate and encourage participation.
9.4 Competing identities
Participants in this study negotiated multiple and competing identities during prison-to-community transition that had the impact of constraining their agency during this process. Participants perceived themselves as having little control over their circumstances, due to their individual limitations, their mental health and substance use problems, and their lack of experience of successfully living in the community. At the same time, the systems surrounding participants appeared to further constrain their sense of control over their lives by failing to provide adequate opportunities to find positive identities and a sense of belonging in the community.

Despite their complex psychological and social problems, the majority of participants in this study showed insight into their own needs during transition, even when they knew from previous experience that only limited support was available to them. They were also able to articulate the risks associated with returning to contexts and settings that were similar to the previous times they had left prison. As such, one of the identities that can be ascribed to participants in this study is similar to Giddens’ (1984) “knowledgeable agents”, “who know a great deal about the conditions and consequences of what they do in their day to day lives” (p. 281). As “knowledgeable agents”, participants were aware of the multiple benefits they had experienced from employment in the past, and linked their lack of access to employment during transition to self-identified risk factors for drug use, boredom and social isolation. Participants also conveyed the importance of work in terms of a positive identity that they had experienced from work, both inside prison and previously in the community. Despite their problems, participants had previously worked in a range of employment settings, including roles that required some technical knowledge. They associated their work role with regularity, obligations, stability and a sense of identity and pride. The role of employment for participants can be further understood in terms of Giddens’ (1984) concept of “position-practice”, which refers to the idea that certain behaviours are expected appropriate to a role:

Social identities, and ... position-practice relations ... are...associated with normative rights, obligations and sanctions which, within specific collectivities, form roles. (pp. 282–283)

Consistent with Giddens’ (1984, p. 86) ideas on social identity and role, which he linked to routines, trust and a sense of security, the positive impact of work or meaningful activity has been identified as a strongly protective factor for people with a severe mental illness and for the general prisoner population (Drake et al., 2008; Graffam et al., 2008; Latessa, 2012; La Vigne et al.,
2009; Waghorn, 2009). Yet there is evidence that people leaving prison both with and without severe mental illness experience high levels of unemployment and difficulty in finding a job. In addition, research has established that without stable housing and family networks, the prospect of finding employment is negligible without considerable support (Borzycki & Baldry, 2003; Graffam et al., 2008; Graffam et al., 2005; Visher et al., 2005). Highly supported work opportunities clearly have the potential to offer this population new roles, responsibilities and social identities (Slade, 2009).

Agency was further constrained for participants because they were negotiating competing risk identities during transition. On the one hand, participants were positioned as “a risk” (Stanford, 2010) to public safety, and non-compliance with the rules of parole and relapse to drug use was viewed as evidence of continued deviance (Wolff, Frueh et al., 2013). Participants demonstrated insight in that they recognised that at certain times, such as when they were using substances, they were “a risk” to themselves, other people and property. Indeed, the majority of participants in this study would be categorised as at “high risk” of recidivism, according to the criteria developed by Andrews and Bonta (2010), which views substance use as a key criminogenic risk factor. Participants also spoke of other behaviours that would fit criminogenic risk criteria, such as being caught in a criminal life, having more friends in jail than outside, being disengaged from family, and being unemployed. The consequence of the “risk agenda” (Farrall et al., 2010) operating in the criminal justice system, however, was to support interventions that repeatedly returned them to prison for short periods of time, with no apparent gain in the view of participants. This was demonstrated by accounts of multiple breaches of parole when no new offence had occurred, resulting in repeated, disruptive, short-term prison stays.

On the other hand, multiple structural and chronic disadvantage limited participants’ opportunities and relationships during transition. This could be viewed as positioning individuals as primarily “at risk” (Stanford, 2010). Participants in this study were “at risk” of multiple complex and interrelated problems, such as social isolation, suicide, homelessness, enduring unemployment, and continuing involvement in the criminal justice system. While recognition of this population as “at risk” (Stanford, 2010) is important in addressing social disadvantage, a purely deterministic view is in danger of minimising individual agency and the development of elements of recovery that were important to participants in this study, such as hope, belonging, and identity. Participants were not entirely without agency. They actively and knowingly participated in risk behaviour, yet their agency was constrained by the rules, resources and lack of
opportunity within the structural risk environment. Hence, the responsibility for transition can be seen as shared between individuals and the systems surrounding them.

Relationships were important in terms of identity and wellbeing for this cohort. The men were clear that they had a strong need to interact with peers whom they trusted and there was a sense of loss of identity as a member of a social network when they left prison. They identified with and relied on their friends in prison; however, they knew that their wellbeing depended on staying away from these friends. In contrast, when participants returned to the community, they struggled to survive without family support and friends, and the most frequently described identities available to them in terms of relationships were as estranged members of their family or as an absent father to their children. According to Slade (2009), close relationships are vital in that they shape identity, contribute to wellbeing and promote hope. The irony for participants was that their friends in prison were often their most trusted peers, yet they recognised that these relationships were one of the factors that put them most at risk in terms of relapse to drug use and crime in the community. Participants needed connection with people that they trusted and in the absence of family and friends, they were in a double bind of either being with their friends in prison or avoiding their ex-prisoner friends in the community, leaving them very isolated. Wolff and Draine (2004) observed that when prisoners identify more with the norms of prison culture, rather than with their family or other community supports, it is likely to impact on social networks and affect the stock of social capital available on transition to the community.

9.5 Implications for theory
The conceptual framework utilised in this study facilitated an understanding of how the structural risk environment constrained individual agency, but at the same time was a product and adaptation of agency. Moreover, it highlighted how the political, social, policy and prison risk environments produced and reproduced individual risk behaviour in a reciprocal relationship. This lens encourages a new way to conceptualise the prison-to-community transition experience, and indicates a need for a shared responsibility between individuals and the systems supporting them during transition.

It was apparent in this study that individual risk factors were interrelated with and compounded by structural and systemic constraints. The men in the study were both knowledgeable and active participants in terms of their individual risk behaviours, as well as subject to their position in the systems, structures and risk environments surrounding them. The literature revealed a polarised view of the impact of individual factors versus social and structural factors, on the barriers and
obstacles facing people in prison-to-community transition. The tension between agency and structure remains current in the sociology literature, alongside the corresponding debate about the impact of individual or environmental influences in public health. A similar tension is played out across the literature discussing the prison-to-community transition experience, where there are polarised views that either emphasise the individual factors impacting on the transition experience or place emphasis on structural factors (LeBel et al., 2008). Williams and Popay (1998) note:

the existence of an unhelpful dichotomy in which either everything is blamed on the system, or everything is blamed on the subject. Whilst the first view tends to operate according to the assumption “subject good, system bad”, the second view tends to locate responsibility for social deprivation firmly at the door of the “fallen” and corruptible subject. (p. 157)

Baldry and Maplestone (2003, p. 1) comment that prisoners and ex-prisoners “have been treated as if their problems were entirely due to individual failings and pathologies and the remedies have been equally based on individual treatments and crisis interventions”. Travis (2005) has argued that this approach promotes acceptance of a punishment model with the assumption that the criminal justice system has no responsibility for the experience or behaviour of the ex-prisoner post release, beyond the role of supervision (Austin, 2001). An alternative premise suggests that there are primarily systemic or structural factors impacting on this population, suggesting a responsibility for the “system” to provide support and intervention during the transition phase. However, this approach has been criticised as underplaying the role of agency and the potential and capacity for action of people who are engaging in risk behaviours (Fitzgerald, 2009).

Structural features and systemic constraints related to the physical risk environment impacted on individual agency in this study. The prison and post-prison risk environments contributed to undermining confidence about managing in the community, leading to ambivalence, loss of hope, and despair. Participants were both enabled by their knowledge of their needs during transition, as well as constrained by their individual limitations, particularly those related to their complex mental health and substance use problems. The impact of institutionalisation, in combination with anxiety about being able to build a life in the community with limited material and social support, meant that participants were “prison tolerant” (Howerton et al., 2009). They were ambivalent about leaving prison and returned with a sense of inevitability that at least it was time out from the hardships of community living.
The “structuration” of risk for participants in this study can be partially understood by the interplay between individual risk behaviour and the political/macroeconomic risk environment. There was little evidence that the systems surrounding participants in the study were creating an enabling environment for positive change and hope for a different future. Nor did the systems appear to be operating from a place of understanding of the context of the individual risk behaviours and how environments can structure risk. Participants perceived that they were viewed as “once a criminal, always a risk”, with the implication that they were entirely “choosing to commit crime” (Fenton, 2012). As such, they were held entirely responsible for their own behaviour, and the system response was to punish them for their risk behaviour. This approach is consistent with a neo-liberal philosophy, according to Kemshall (2010) and Fenton (2012), who have been highly critical of political agendas driven by “law and order” concerns at the expense of a welfare response.

Similarly, the interplay between individual risk behaviour and the social/cultural risk environment was apparent in this study. For example, participants reported self-medicating with substances during their teenage years in the context of dealing with their undiagnosed mental health problems, frequently in environments of family breakdown and highly unstable circumstances. The notion that individuals can “embody” their oppression and the impact of “structural violence”, resulting in oppression illness which they medicate by drug use, has been discussed by Rhodes (2009). As adults, the impact of repeated short-term incarceration meant that participants experienced ongoing “structural violence” in terms of a cluster of poverty, unstable housing, unemployment, social isolation and stigma (Kelly, 2005; Rose & Hatzenbuehler, 2009), which may have contributed to their ongoing drug use and associated risk behaviours. It is clear that the participants in this study experienced low levels of social capital prior to their involvement in the criminal justice system and that the impact of repeated short-term incarceration contributed to a depletion of any social capital that they were able to achieve in their brief periods of living in the community.

In terms of the policy/organisational risk environment, an analysis of the competing paradigms of risk and recovery that are driving contemporary policy and practice for the population being studied is relevant to this discussion. There are compelling reasons for the need to understand the recovery framework in terms of this population in prison-to-community transition. The core notion of hope for a rich and fulfilling life despite complex disability is central to the recovery approach (Anthony, 1993; Deegan, 1988; Slade, 2009). It has been established that hope was prominent for
participants in this study. Yet hope remains an elusive, inaccessible and abstract concept that has been under-theorised in the recovery literature, and the relevance of hope has not been explored in the population being studied. This is important, because it has been recognised elsewhere that the values and philosophy of recovery are not shared between the mental health arena and the “penal culture”, where “risk thinking” (Baldry, Brown et al., 2011) pervades. Currie (2013), for example, apologised for discussing the role of hope in criminology theory because it “sounds a little hokey” (p. 8). Epperson et al. (2011) identified that criminal justice staff, when taking a recovery approach with mentally ill prisoners were seen as “soft on crime”, attracting labels such as “hug-a-thug” (p. 29).

Hope is a central concept in the mental health recovery framework, and further conceptualisation of the importance of hope in prison-to-community transition may be assisted by combining knowledge from the criminology literature, which has begun to quantify the extent of hopelessness in this population (Wolff et al., 2013), and the recovery literature, which has built on insight from lived experience about hope (Anthony, 1993; Slade, 2009). The notion, for example, of informal and formal support people, including peer supports taking on the role of “hope carriers” (Darlington & Bland, 1999) to assist people to “live a good life” (Ward & Stewart, 2003) when they leave prison may be relevant for this cohort in enabling their motivation. Moreover, the centrality of the principles of partnership and mutuality in the relationships between service providers and service users in the recovery framework and the idea that service users need to provide choices rather than solutions to problems, may be important in promoting and strengthening hope in this population (Slade, 2009). This approach is supported by Angell (2014), who suggests that prison-to-community transition programs need to be “relational savvy” (p. 10) in their engagement of people with a mental illness leaving prison, by working side by side with clients and paying attention to providing emotional support and building trust while advocating for resources in the community. There is also increasing focus on the role of hope in the criminal justice setting. For example, Currie (2013) comments on hope in terms of prisoners and ex-prisoners:

Hope is important because in its absence people can feel that what they do or don’t do doesn’t matter … [it is] the opposite of the sense of hopelessness, the sense of not giving a damn. (p. 8)

It has been identified in this discussion that participants’ hope for recovery was undermined by the message of “once a criminal, always a risk”, which conflicts with a message that recovery is
possible despite complex disability associated with mental illness and substance use disorder. While it is essential that there is some reconciliation between the risk and recovery paradigms when considering the population being studied, it is unlikely that the problems of conflicting language and mixed messages can be reconciled by simply combining the two approaches into one framework. Without addressing the issues that have been raised, it is likely to be counter-productive in terms of transition support and lead to paralysis rather than a way forward.

A fully comprehensive recovery-based system of care, incorporating a focus on structural supports, has received virtually no attention in the recovery literature, including for the population leaving prison with co-occurring severe mental illness and substance use disorder. (Hopper, 2007) comments, for example:

Material deprivation is largely ignored [in the recovery literature], although poverty and shabby housing bulk large in the lives of many persons with severe mental illness ... [and] prized prospects like a decent job ... are either disregarded or casually remarked as if their provision were either unproblematic or of lesser concern to individual reclamation projects. (p. 871)

Thus, a new framework needs to challenge and expand both the recovery and risk paradigms, the recovery paradigm in terms of the relative neglect of structural considerations, and the risk paradigm in terms of the relative absence of hope.

A focus on individual risk factors, at the exclusion of social and structural risk environment considerations, combined with “moral panic” about mental illness and offending (Howarth, 2013; Wolff, 2002), obscures a more rational understanding of this population, who are likely to benefit, as this study and the broader literature has indicated, from improved support during transition, potentially addressing both health and social outcomes as well as political “law and order” concerns. This is not to suggest, however, that criminogenic risks do not require assessment and attention. Substance use, for example, is a central, if not the most important risk factor for this cohort (Epperson et al., 2011) both in terms of “a risk” and “at-risk” identities. Paying attention to criminogenic risk factors for people with severe mental illness and criminal justice involvement, beyond the provision of mental health treatment, is receiving considerable attention in the literature, although precisely how this should be approached within the risk-recovery context remains contested (Barrenger & Draine, 2013; Prendergast, Pearson, Podus, Hamilton, & Greenwell, 2013; Roberts & Bell, 2013; Wyder, Bland, & Crompton, 2013)
The interconnectedness of agency and structure as understood in structuration theory (Giddens, 1984) allows movement beyond macro level structural considerations or micro level individual experience and facilitates the development of an expanded understanding of the transition experience in this study. Rather than reducing the experience of transition to social-psychological or deterministic structural factors, it instead gives “proper weight to both structure and agency in continuous interaction” (Bottoms et al., 2004, p. 372). If opportunities and adequate social and structural supports had been made available to participants, they could potentially be reconceptualised as capable of knowing what their needs are and achieve some level of recovery despite their complex disabilities. Without significant support and opportunity, however, this population are likely to remain in a cycle of intractable involvement in the criminal justice system, continuing to experience prison as a “peculiar sanctuary” (Halsey, 2007) serving the role of respite, to recuperate from life in the community, before the next attempt at trying to succeed.

9.6 Implications for policy

*Knowing is not enough; we must apply. Willing is not enough; we must do.*

Johann Wolfgang von Goethe (1749–1832)

The literature examined, supported by the findings in this study, indicate that currently there may be incongruence between the central principles espoused in national policy documents that aim to drive practice in mental health and substance use services in Australia and the experience of prison-to-community transition for people with co-occurring disorders. It is notable that in the national and state mental health policies and standards that promote recovery as a fundamental principle, the transition support and recovery needs of people with a serious mental illness who are repeatedly cycling in and out of prison do not appear. Mental health policy in Australia is underpinned by the idea that the person with mental illness can hope for a life that is useful, satisfying and meaningful (Anthony, 1993); and that they would be supported by services that meet “individual need” (Commonwealth of Australia, 2010, p. 31) and “achieve the best possible outcome in terms of their recovery” (p. 14). Indeed, the term “recovery” appears “on almost every page” of the *Third National Mental Health Plan* (Australian Health Ministers, 2003), according to Meadows et al. (2012, p. 63), and appears as the first priority in the current *Fourth National Mental Health Plan (2009–2014)* as “Recovery and social inclusion”. The transition support and recovery needs of prisoners with a mental illness are also omitted in a leading Australian community mental health textbook, which has introduced considerable material on recovery in the third edition (Meadows et al., 2012). While recovery principles permeate Australian mental
health policy and literature, it would appear that these principles remain rhetoric rather than reality for people with a mental illness who are leaving prison, including those who have committed relatively minor offences attracting short-term imprisonment.

There is also incongruence between the philosophy of harm minimisation espoused in the *Australian National Drug Strategy 2010–2015* (Ministerial Council on Drug Strategy, 2011), with the practice of automatic violation of parole in response to a positive drug screen, which nearly half of the participants in the current study reported. This point is supported by Halsey (2008), who made the following observation regarding his research with juvenile offenders in South Australia who were repeatedly reincarcerated for violating their parole conditions often for minor drug use:

> the high rate of recidivism ... should not solely be viewed in terms of the behaviour of risky ... offenders, but instead in the context of risky ... systems of post-release rules and administration to which young men are subjected when trying to start again. (p. 1209)

The principle of harm reduction is to reduce the health, social and economic consequences of drug use without necessarily requiring total abstinence (Hughes, 2004). Given that drug use is illegal in Australia, this presents a policy dilemma in relation to the population being studied. Without making a moral judgement for or against drug use, a more pragmatic approach to this issue is warranted, given the unhelpful consequences of repeated short-term imprisonment from technical violations of parole for the current study participants.

The incongruence between current approaches in relation to the transition support and recovery needs of study participants and national policy can be partially explained by understanding that they are located between two conflicting policy perspectives. The recovery and harm minimisation perspectives appearing in national social policy are based on research evidence and academic theory, whereas the approaches to risk management discussed in this study are primarily located with a political “law and order” agenda that focusses on crime reduction through punishment. Current approaches to the population being studied would suggest that the later perspective is dominant and the former perspective is largely silent. The challenge is to reconcile these perspectives through careful analysis, in order to meet the complex needs of the population being studied, as well as address community safety concerns.

This study clarifies that increased policy congruence in relation to the population being studied would mean paying attention to both “at risk” and “a risk” identities at both the individual and
systems levels. This would mean providing interventions that are based on the belief in the person’s capacity for recovery, despite their multiple and complex problems as well as providing a range of carefully targeted interventions and adequate community supports. Contemporary scholars in the field tend to focus either more strongly on the need for comprehensive community supports for this population (Barrenger & Draine, 2013), or on the need for increased attention to criminogenic risk, while still attempting to embrace the recovery philosophy, but without emphasising structural supports (Osher, 2012; Wolff et al., 2013). The findings in this thesis indicate that attention should be paid to all of these concerns simultaneously, within the context of understanding the complex interplay between risk and recovery and the individual experience and broader social and structural factors.

This study adds weight to the notion that the needs of this population, while intimately related to their complex mental health and substance use problems, extend far beyond the reach of the current approach in Australia of providing mental health services in prison followed by only limited transition support that is largely focussed on community mental health linkage. Study participants in Queensland had relatively good access to mental health services in prison, access that is not always present in other international jurisdictions, according to several studies (Binswanger et al., 2011; Howerton et al., 2009; Lurigio, 2011). Despite this access, participants in the current study experienced similar problems and levels of broader unmet need to their international counterparts on transition (Baillargeon et al., 2009; Cloyes et al., 2010; Hartwell, 2003). The issues during transition in the current study clearly went far beyond the mental health concerns of participants, indicating that the provision of prison mental health services alone, while extremely important, may indeed be making very little positive contribution to the transition experience for this population in Australia.

By conducting an in-depth exploration of the experience of participants during transition, the complex dynamics of continuity of mental health are further highlighted in the Australian context. While there have been several recent studies in the United States (Davis et al., 2013; Sabbatine, 2008) and the United Kingdom (Byng et al., 2012; Lennox et al., 2012) dealing with continuity of care for this population, these studies have been largely focussed on measuring the extent of the problem rather than focussing on the qualitative experience of participants in order to understand the dynamics that may be impacting on loss of continuity of care. There continue to be outstanding questions as to whether by addressing a holistic range of social stabilisation
determinants such as housing, employment and substance use, the continuity of mental health care for this group could be improved.

Nevertheless, there is an urgent need in Australia for a policy approach that supports the growing evidence in the literature for adequate structural and social support during prison-to-community transition, and recognition that a carefully enhanced response has the potential to make a difference to the psychological, social, health and risk outcomes of the population being studied (Duwe, 2013; Lewis et al., 2007; Robst, Constantine, Andel, Boaz, & Howe, 2011). Provision of stable housing to this population would have an impact on the risk of transition to homelessness and begin to address the associated health and social needs associated with the transience of this group. Paying attention to the emotional consequences of the sudden disruption on release from the structured predictable environment of prison to an unstructured environment in the community could potentially be addressed by further attention to staged approaches to transition with a focus on stable accommodation. Stable housing may also assist in stemming the drift away from mental health services post-release if this basic human need is satisfied. “Housing first” models have shown some success with this population, where supportive housing is provided without requiring treatment compliance first (Somers, Rezansoff, Moniruzzaman, Palepu, & Patterson, 2013; Tsemberis, Gulcur, & Nakae, 2004). These models have potential for this population and need to be further investigated.

For many of the participants in this study, being “adrift in freedom” with nothing to do was the precursor to the “slippery slope” back into substance use and prison both during this research and following previous releases. While there are many complexities to the literature, there is a strong consensus that work is important for people with a severe mental illness, including those with a history of offending (Draine & Herman, 2007; Drake, O’Neal, & Wallach, 2008; Frounfelker et al., 2011; Waghorn et al., 2012). Apart from the value of earning an income, which was clearly an important factor for participants in terms of ameliorating poverty, paying for accommodation and food and providing a means to support dependents, employment has been found to promote recovery in mental illness, reduce stigma, increase self-worth, improve prosocial relationships and increase a sense of community (Latessa, 2012; Perkins, Raines, Tschopp, & Warner, 2009).

Studies have identified that returning prisoners tend to rely on networks of friends and family to find employment (Latimer et al., 2006; Visher & Lattimore, 2008; Visher & Travis, 2003), and for those participants who did not have these networks, their employment prospects were negligible.
The population in this study, of whom most were without family support, would require highly supported employment programs. Collaborative approaches involving local community support and employment organisations, mental health services and temporary housing programs have had good results with employment for homeless people (Marrone, 2005). Other features of successful employment programs for marginalised people and returning prisoners have used wraparound planning and supports with a focus on the whole person and rapid job entry, rather than extended job preparation training (Latessa, 2012; Marrone, 2005). Assistance to move from prison into immediate employment or meaningful activity would not only provide the multiple benefits of employment such as income and a sense of identity, but also help to mitigate the risks of drug use associated with boredom identified by the study participants.

Participants’ stories indicated that the policy and practice related to drug rehabilitation for this cohort was not meeting their needs. More effective approaches to substance use treatment for this population would arguably make a difference to psychological, social, physical and mental health outcomes during transition, as well as addressing the most pressing “criminogenic risk” of substance use. Binswanger, et al. (2011) has advocated for the need to address health and substance related problems during prison-to-community transition to facilitate adherence to parole conditions and access to employment. For more than a decade there has been substantial evidence and strong advocacy in the literature for integrated mental health and substance use programs to improve treatment and support for people with co-occurring disorders during transition, as well as for substance use programs that commence in prison and flow into community programs (Burnett, 2010; Inciardi, 2004; Inciardi, Martin, & Butzin, 2004; Kinner, Lennox et al., 2013; Wolff, Frueh et al., 2013). It is well established that integrated services reduce substance use and improve mental health outcomes, especially when delivered by the same team of providers in prison through to the community during transition. Outcomes have been found in several studies to be enhanced if programs use a multidisciplinary approach (Calsyn, Yonker, Lemming, Morse, & Klinkenberg, 2005; Chandler, Peters, Field, & Juliano-Bult, 2004; Drake, Mueser, Brunette, & McHugo, 2004; Essock et al., 2006). Additionally, opioid and other related illicit drug substitution programs have strong efficacy in this population, particularly when commenced or continued in prison and maintained during the transition phase (Kinner, Moore, Spittal, & Indig, 2013; Stallwitz & Stöver, 2007; Wickersham, Zahari, Azar, Kamarulzaman, & Altice, 2013). It has been identified that most drug-involved prisoners return to the community without having received substance use treatment (Taxman, Cropsey, Young, & Wexler, 2007; Taxman,
Perdoni, & Harrison, 2007), yet evidence-based treatment programs have consistently demonstrated successful outcomes (Inciardi et al., 2004; Prendergast, Hall, Wexler, Melnick, & Cao, 2004; Taxman, Perdoni et al., 2007).

The provision of wrap-around family support, aimed at addressing family unification where possible and appropriate, would begin to address issues of social isolation and the risk of enduring intergenerational family estrangement in the population being studied (Mezey et al., 2010). Although no comprehensive studies were located on the role and impact of social and family supports in the transition from prison for people with mental illness (Hartwell, 2012), evidence from studies in the mental health and psychology literature suggest that social support can buffer stress and trauma, reduce strain and impact on environmental stability (Listwan, 2010). Further research is required to explore the nature and extent of social support that would assist in the transition of this population in the Australian context (Siskind, Harris, Buckingham, Pirkis, & Whiteford, 2012).

Review and reconsideration of parole policies in terms of people with co-occurring disorders and a history of repeated short-term imprisonment is required in order to reduce repeated short-term imprisonment for this population, particularly when no new offence has been committed. It has been acknowledged in the literature that parolees with severe mental illness and co-occurring substance use disorders have a range of differing needs from those without mental illness, and require specialised supervision that includes mental health treatment, assistance in complying with conditions of parole, and extra attention for their substance use problems (Epperson et al., 2011; Skeem et al., 2003; Skeem, Eno Louden, Manchak, Vidal, & Haddad, 2009). It has also been proposed by Lurigio (2011) that technical violations of parole by people with a mental illness should trigger a medication review and consideration of interventions such as relapse prevention, rather than return to prison. A firm but fair approach and collaborative problem solving, rather than threats of revocation of parole, have been found in several studies to be more effective strategies for people with a mental illness and criminal justice involvement (Epperson, Canada, Thompson, & Lurigio, 2014; Lurigio, Epperson, Canada, & Babchuk, 2012; Skeem et al., 2003; Skeem et al., 2009).

9.7 Implications for practice
Practitioners can have an important impact on the transition experience of this population, even though it is recognised that practice is bounded to a great extent by policy and funding decisions. Participants consistently conveyed their need for supportive relationships, and in the absence of
family and friends they relied on the social bonds that were forged in prison. A relational approach is central to the recovery framework where there is an awareness that recovery happens within the context of relationships (Slade, 2009). Belief that the person can live a meaningful life, despite their mental illness, addiction problems and criminal history, has the potential to foster genuine hope and the possibility of the development of goals and pathways towards a sustainable life in the community. Davis et al. (2013) found that the quality of the relationships between staff and people with severe mental illness who were difficult to engage was central to maintaining contact and improving continuity of care. This notion is supported by Wolff et al. (2013, p. 7), who recently suggested that the philosophical orientation taken towards prisoners and ex-prisoners with mental illness, including a focus on recovery, is more relevant to outcomes than any other specific intervention.

While it has been argued that the main focus for this population needs to be on structural supports, the interrelatedness of agency and structure has also been discussed. Hence, individual strategies routinely used in mental health services may have potential for this population and need to be further explored, such as motivational interviewing, shared decision making, problem-solving techniques and relapse prevention programs (Rosenberg & Rosenberg, 2013, p. 10).

In this study, there was little sense of participants being surrounded by people who believed in them, other than their friends in prison. Research has indicated that mental health staff can exhibit a “culture of low expectations” (Happell, Scott, Platania-Phung, & Nankivell, 2012) in terms of expectations of people with a mental illness, including their capacity to form positive relationships (Slade, 2009). Further, it has been suggested that rehabilitation frameworks within the correctional contexts can have low expectations of this population and:

- trains vulnerable people to navigate what are often chronically marginalised lives and stunted opportunities [aiming] at best for relatively minor changes to what are very often deeply disadvantaged, stressed and troubled lives. (Currie, 2013, p. 6)

It is not uncommon for people with severe mental illness to report having no friends (Davidson et al., 2001) and to feel hopeless (Darlington & Bland, 1999). There were few “hope carriers” (Darlington & Bland, 1999, p. 22) for participants in this study, especially as they drifted away from positive mental health supports after release. Given the majority of participants in this study reported an absence or gradual loss of family engagement, the role of service providers as “hope carriers” and to facilitate positive socialisation (Listwan, 2010) is an important component of transition support. It has been found that expectations can improve markedly when workers see
improvements as a result of their positive and proactive interventions (Sommer, Lunt, Rogers, Poole, & Singham, 2012).

Peer support models are developing high levels of efficacy in mental health settings by reducing social isolation and increasing hope and confidence for recovery (Davidson et al., 1999; Moran et al., 2012; Solomon, 2004). Blank (2006, p. 88) points out, however, that there is tension in the idea of peer support models within the criminal justice system, as criminal associations are discouraged because they may facilitate future criminal involvement. Little attention has been paid to this approach with the population being studied, and the potential for peer support models in this context needs to be further explored.

This thesis supports the need for the reconciliation of the competing and conflicting paradigms of risk and recovery in order to advance the provision of transition support services to this population, and more effectively support the transition process. There needs to be recognition of the importance of risk assessment and management using a collaborative approach between the consumer and the practitioner, while at the same time promoting and supporting choices where possible. Self-determination needs to be encouraged, unless there are carefully considered and persuasive risk related grounds to the contrary. Attention needs to be paid to the importance of human dignity and that human needs are attended to, even in a restricted environment (Coffey, 2006; Simpson & Penney, 2011). Transition support services have the opportunity to move beyond some of the polarisations that have been identified in this discussion, to open the way for hope and recovery for the cohort in this study.

In light of the above discussion, there is an urgent need to develop an approach that more closely resembles the evidence in the field to address the needs of this population during prison-to-community transition. A shared responsibility for collaborative planning at both the whole-of-government policy level and practice level, involving all stakeholders potentially involved in transition support, is indicated in order to explore and resolve the existing tensions and contradictions inherent in the provision of these services (Eppersen et al., 2011; Borzycki, 2005; Borzycki & Baldry, 2003). Planning needs to start by acknowledging that the “goals of punishment and rehabilitation are not necessarily compatible” (Miller et al., 2010), and by identifying the inevitable tensions between “care and control” (Telfer, 2000) that impacted on the transition experience of the men in this study. Collaborative planning and the development of clear policies and standards to guide practice will require consensus about identified problems and solutions in
order to enhance successful implementation. While further research investigating cost-effective and evidence-based interventions to support transition for this population is required, there is substantial opportunity for progress using existing knowledge and understanding in order to move transition support services closer towards meeting the needs of the population in this study.
9.8 Strengths and limitations of this study

Undertaking this research presented a range of ethical and logistical challenges, which may account for why so few studies of this population have been carried out in Australia and internationally. Difficulties encountered in this research included: gaining approval to record interviews inside prison, physical access to prisons, interviewing participants inside prison, and follow-up of participants post-release. Despite these challenges, a total of 38 interviews were conducted with 18 participants who fulfilled the selection criteria. A repeated in-depth interview design was utilised to facilitate a fuller understanding than would have been possible with a cross-sectional study. Although the sample for this study was modest, limiting the findings in terms of generalisability, the qualitative research design facilitated an in-depth analysis of the complexity of the transition experience for this cohort that supports and extends the existing knowledge and understanding of this population in Queensland.

The sample was recruited using purposive sampling from one prison mental health program that the researcher had been involved in developing. Nevertheless, it is the first study of its kind in Australia, and represents a start to qualitative exploration of this population in this setting. The bias in the sample selection is unknown, both in terms of whom the clinicians approached to participate, given that one of the criteria was being considered “well enough” to take part in the research and what motivated the men to participate, as opposed to those who refused participation. This raises questions about whether the sample was typical in terms of the target population. The sample may be skewed by participants with a particular experience or motivation for participating in the research, although this is unknown. Nonetheless, the consistency of responses from participants and the strong themes that emerged strengthens confidence that the findings in this study will increase understanding about the transition experience of this cohort. The value of the understanding needs to be further explored in qualitative research with a larger, potentially more diverse sample, with particular attention on mechanisms to improve longer-term follow-up.

One of the limitations in the data was the loss of follow-up of participants for the second and third interviews. This is common for longitudinal studies with this population (Kinner et al., 2013; Shinkfield & Graffam, 2009; Visher & Travis, 2003) and has been explained in terms of itinerancy post-release, as well as research participants wanting little to do with anyone involved in the correctional system once they were free (Howerton et al., 2007). The development of a written agreement with the non-government agency funded to provide follow-up care to this cohort
assisted in locating some of the participants who were interviewed post-release. Information about the suspected whereabouts of other participants who could not be located was also provided. Given that recovery in mental health and substance use and desistance from criminal involvement is frequently understood as an iterative process (Slade, 2009), the brief contact with participants in this study cannot reliably predict or gauge the outcomes for participants, even in the relatively short term. The intention, however, was to explore the transition experience as reported by participants at the time of the interviews, and this aim was largely achieved.

9.9 Future research
There has been little research on the prison-to-community transition experience of this population in Australia. It is unclear exactly how many prisoners are released in Queensland or Australia each year and what proportion of released prisoners have a severe mental illness. Data remain scarce on the post-release health, mental health, substance use and social circumstances of this population. High quality, reliable data are required to further understand the dynamics that are impacting on the transition experience, in order to facilitate evidence-based planning of transition support services. A larger, more diverse sample with increased attention to follow-up processes would facilitate greater understanding. Kinner et al. (2013), for example, have combined longitudinal research with record linkage, and this method may prove useful in future research on prison-to-community transition. In addition, little is known or understood about the prevalence data or problems associated with mental illness or comorbidity in the parole population in Australia, and both quantitative and qualitative research would be beneficial to assist in understanding any unique dynamics operating in this context and whether there are reasonable alternatives to the immediate return to prison for technical violations of parole in this population, for example.

One of the major limitations in this study was the retention of research participants. Attrition of research participants post-release has been frequently reported as a common problem for researchers in the field (Kinner et al., 2013; Shinkfield & Graffam, 2009; Visher & Travis, 2003). It has been hypothesised in this thesis and elsewhere that this may be occurring due to complex interrelated reasons including the broader impact of social exclusion, itinerant and chaotic lifestyle post release, lack of anchors in the community such as housing and employment and the desire to cut ties with anyone associated with the criminal justice system. Hence a major challenge for future research is to investigate mechanisms to retain participants in research projects with this population, particularly post release, in order to gain further insight into the dynamics of social
exclusion during the transition phase, that are potentially the same factors excluding them from the research. One approach could include qualitative research involving ex-prisoners who remain in contact with agencies, as well as with staff working in the field, to specifically investigate reasons for the attrition and to generate strategies for remaining engaged with newly released prisoners.

Large gaps remain in the knowledge of the nature and extent of social support that would benefit the transition experience for this population, and this area requires considerable research attention in the Australian context. There are a range of evidence-based interventions that have been discussed in this thesis and careful selection and implementation followed by rigorous evaluation studies are required to ascertain their suitability to the Australian environment. It was identified in Chapter 3 that there has been more research on the prison-to-community transition experience of women in Australia than with people with severe mental illness and some of the findings on women may be usefully applied to the later population. To determine this will require careful investigation.

The role of families for individuals with severe mental illness both prior to and after incarceration is under-researched (Visher & Travis, 2003). Peer support models show potential in other similar populations particularly where family support is scarce (Moran et al., 2012) and need to be investigated. Direct transition to supportive housing and employment has been shown to improve outcomes for both mentally ill and non-mentally released prisoners, and these interventions should be trialled in the Queensland setting, including research on the cost effectiveness of these approaches in comparison to repeated short-term imprisonment.

The direct impact on the target population of parole policy and practice, such as immediate revocation of parole and return to prison in response to minor drug use, or for breach of regulations such as failing to notify change of address or failing to attend appointments, requires further research. Mixed method investigation to analyse the extent of incarcerations for people with severe mental illness related to parole breaches in comparison to their non-mentally ill counterparts, the specific reasons for the breach and the perception of parolees and parole staff would provide further insight into the impact of these practices on the transition experience.

It has been identified in this thesis that the almost complete absence of appropriately targeted, integrated mental health and alcohol and drug services available to this population is a significant barrier to successful transition. Qualitative work needs to be undertaken both with the target
group and service providers to investigate barriers and facilitators to service provision in this arena. Paying attention to criminogenic risk factors for people with severe mental illness and criminal justice involvement is receiving considerable attention in the literature; however, precisely how this should be approached within the risk-recovery context remains unclear and requires further careful investigation.

9.10 Conclusion
This research has provided a deep understanding and a rich insight into the prison-to-community transition experience from the perspective of men with multiple and complex mental health and substance use problems leaving prison in Queensland after short-term incarceration. Despite the fact that participants engaged in risk behaviour, they strongly expressed hope for a normal life. Participants perceived that the current approach to the provision of support was inadequate to meet their needs and was in many ways working against their recovery and successful transition into the community. Hence, participants were hoping against hope for a normal life as they imagined it to be. It was apparent from participant accounts that prison mental health services were providing adequate treatment and support in prison and initial linking of participants into community-based services. Yet it was clear from the study that the provision of mental health services alone was manifestly insufficient in addressing the complex needs of this population, and a significantly more enhanced response was required. The conceptual framework facilitated an understanding of how the political, social, policy and prison risk environments produced and reproduced individual risk behaviour in a reciprocal relationship and encourages a new way to conceptualise the transition experience, indicating a need for a shared responsibility between individuals and the systems supporting them. The challenge is for a whole-of-government approach to reconsider policies related to structural support, as well as sentencing and parole management strategies that enable the opportunity for this population to establish themselves in the community without the disruptive impact of repeated short-term imprisonment, while still holding them accountable for their offending behaviour. Consideration must be given to the provision of interventions, including stable supportive housing and direct transition to employment, to provide the best opportunity to settle in the community and remain engaged with treatment and support services. The provision of comprehensive integrated support and treatment services during transition, particularly focussing on enhanced substance use programs that specifically target the individual needs of this population are essential evidence-based strategies (Baillargeon et al., 2010; Barrenger & Draine, 2013). Together, these initiatives would provide this population with the best chance of realising their hope for a normal life, provide them
with an opportunity to develop a stake in the community, while at the same time potentially addressing community safety issues.
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How the prison-to-community transition risk environment influences the experience of men with co-occurring mental health and substance use disorder

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Abstract
Previous research has established that people with severe mental illness and co-occurring substance use disorder leaving prison have multiple and complex health, social and economic challenges. How the criminal justice and mental health systems influence the individual prison-to-community transition experience of this population is less well understood. This paper draws on unique qualitative data from a study of 18 men with co-occurring severe mental illness and substance use disorder leaving prison in Queensland, Australia. A repeat in-depth interview method was used to explore the experiences of the men in prison just prior to release and at two points post-release. Two themes are discussed from analysis of interviews: “risk behaviour and relapse” and “once a criminal always a risk”. The findings suggest that individual risk behaviour is structured within a transition risk environment that reduces individual agency, thus facilitating a vicious cycle of release, relapse and reincarceration.

Keywords
Community, mental illness, prison, risk behaviour, risk environment, substance use, transition

Introduction
Prison-to-community transition is an important opportunity for health, social and economic interventions to help mitigate the challenging circumstances that typically face prisoners as they leave custody (Cutcher, Degenhardt, Alati, & Kinner, 2014; Kinner &
Wang, 2014; Petersilia, 2003). People with severe mental illness are overrepresented in prison and it is estimated that up to 70% of them have a co-occurring substance use disorder (Swartz & Lurigio, 2007). This population face additional difficulties during transition compared to their non-mentally ill counterparts (Borzycki, 2005; Cloyes, Wong, Latimer, & Abarca, 2010; Cutcher et al., 2014; Draine, Wolff, Jacoby, Hartwell, & Duclos, 2005; Kouyoumdjian et al., 2015). The primary focus for interventions with this group has traditionally been on mental health treatment in prison and continuity of care into the community (Skeem, Manchak, & Peterson, 2011; Wolff et al., 2013). However, current approaches are showing only modest results and are not significantly reducing poor post-release health and social outcomes, post-release death and the ongoing overrepresentation of people with a mental illness in prison (Cutcher et al., 2014; Wright, Zhang, Farabee, & Braatz, 2014).

Prior research has established that the majority of prisoners returning to the community face multiple challenges including poor housing, unemployment, social exclusion, and complex health and substance use problems (Baldry, McDonnell, Maplestone, & Peeters, 2006; Graffam, Shinkfield, & Hardcastle, 2008). Of great concern is the extremely high risk of death in the weeks and months post-release (Chang, Lichtenstein, Larsson, & Fazel, 2015; Spittal, Forsyth, Pirkis, Alati, & Kinner, 2014). People with mental illness and co-occurring substance use disorder have all of these problems with the addition of increased health needs, often accompanied by limited coping strategies (Draine et al., 2005). This population also frequently experience lower levels of access to family and social support than their peers (Baillargeon, Hoge, & Penn, 2010) and are more likely to experience homelessness and unemployment (Baldry et al., 2006; Draine, Salzer, Culhane, & Hadley, 2002). They are also more likely to return to prison earlier than other ex-prisoners (Cloyes et al., 2010), have a history of previous incarceration (Baillargeon, Binswanger, Penn, Williams, & Murray, 2009), to serve short sentences for misdemeanours or technical violation of parole conditions (Lovell, Gagliardi, & Peterson, 2002), often interspersed with mental health related hospitalisations (Alan, Burmas, Preen, & Pfaff, 2011). It has been suggested that people with severe mental illness can be caught in a “revolving door” (Baillargeon et al., 2009) and that “mentally ill offenders are often trapped in a cycle of petty crime, incarceration, release, homelessness and reimprisonment” (Thompson, 2008, p. 103).

Criminal justice and to some extent mental health systems in Western jurisdictions including Australia have focussed attention over the last two decades on individual risk factors which tend to minimise, or “conveniently disappear” the influence of the broader structural context (Hannah-Moffat, 2005, p. 43). Individual risk assessment, risk prediction, risk classification and risk management have been the dominant discourses with many theorists and researchers supporting and defending the approach as scientifically rigorous and evidence based (Andrews & Bonta, 2010; Wolff et al., 2013). Policy frameworks in criminal justice systems are strongly based on individual risk considerations, primarily aimed at improving community safety and specifically focussed on the prevention of re-offending (Hannah-Moffat, 2005). Parole revocation processes and resources for support services during transition are frequently aligned with this perspective (Cunneen et al., 2013; Ward, Yates, & Willis, 2012). Moreover, the focus for prisoners with severe mental illness has been primarily on the provision of individual treatment by mental health services in prison and transfer of this care into the community rather than
on the impact of social disadvantage and social exclusion on the transition experience (Barrenger & Draine, 2013).

While a risk-focused approach has been shown to have merit in terms of impacting on recidivism in the general offender population, there is less evidence to support effectiveness for people with mental illness (Skeem, Steadman, & Manchak, 2015). The preoccupation with risk assessment “technology” has been widely criticised (Cunneen et al., 2013; Fenton, 2013; Hannah-Moffat, 2005). One of the criticisms is that approaches that are overly focused on risk can promote a culture of “otherness” in relation to people with a mental illness and offending behaviour by viewing them as belonging to risky “other” populations rather than people with complex needs (Fenton, 2013). In a critical essay, Petersilia (2001) discussed the overly risk focused parole revocation processes in her jurisdiction that she started “almost guarantee parolees failure” (p. 372). Other research has identified that parole officers are more likely to revoke the parole of people with a mental illness than non-mentally ill parolees for technical breaches of the rules (Eno Louden & Skeem, 2013; Kennealy, Skeem, Manchak, & Eno Louden, 2012; Steen, Opsal, Lovegrove, & McKinzy, 2013). One study suggests that parole officers tend to have an increased perception of risk regarding people with a mental illness, and that revocation is sometimes inappropriately used to manage emotional crisis (Lynch, 2000).

The influence of the post-release environment on drug use is increasingly well recognised. Binswanger et al. (2012) for example, found that “the environments to which participants returned immediately following prison made it difficult to avoid relapse due to ubiquitous triggers to use” (p. 5) and that relapse to drug use after prison often occurs in the context of poor social support and lack of financial resources (Binswanger et al., 2012). Rhodes (2002) in the UK is emphatic that strategies targeting drug use have tended to centre on individual risk behaviour that is “context-free” (p. 86) thus encouraging one-to-one interventions that focus on individual behaviour change, rather than a broader understanding of socially situated nature of drug use and relapse (Rhodes, 2009).

Overall, a risk focused approach that centres on the “correction” of pathology, combined with an individual mental health treatment focus (Hannah-Moffat, 2005; Skeem et al., 2011), has been criticised as promoting acceptance of a punitive and punishment model (Cunneen et al., 2013; Travis, 2005), leading to neglect of the complex social and economic challenges facing this population during transition. Recent research explains how the Australian “penal culture” including social, legal, economic policy and political ideology, marginalise and punish people with mental and cognitive disability for being “social enemies” (Cunneen et al., 2013, p. 112). Within the dominant individual risk and treatment paradigm, the population being studied would be understood as mentally ill, drug addicted, lacking in motivation, making poor choices and failing in their attempts to live a normal life. This view leaves very little room for an understanding of the potential impact of the structural risk environment in constraining or enabling agency for this population.

From a public health perspective, understanding the propensity for people with mental illness and substance use problems to experience poor health, social and offending trajectories during transition has its origins in two main ideas: “risk behaviours” and the “risk environment” (Kelly et al., 2009; Rhodes, 2009). In this paper the concept of
“the risk environment” is in reference to Rhodes, Singer, Bourgois, Friedman, and Strathdee (2005) who define it as: “the space, whether social or physical, where a variety of factors exogenous to the individual interact to increase the chances of [individual risk behaviour]” (p. 1025). The main concept underpinning this study is that risk behaviours such as drug use and related criminal activity, in the context of mental illness, intersect in complex and changeable ways within the transition risk environment. There was a particular interest in understanding from the participants’ perspective whether the potential for agency to address their problems during transition was enabled or restricted by the criminal justice and mental health systems surrounding them.

As the policy focus on the transition needs of people with a mental illness leaving custody grows in Australia, it is important that the gaps in existing knowledge are filled by hearing the voices of this population. Provision of prison-to-community support is resource intensive and it is essential that scarce resources are directed towards effective models of service delivery (Hartwell, 2010). Gaps remain in the detailed understanding of the experience of men with co-occurring disorders during prison-to-community transition in Australia (Cutcher et al., 2014; Kouyoumdjian et al., 2015). This study captured unique data on the subjective experience of this group during prison-to-community transition, paying particular attention to the influence of the criminal justice and mental health system responses on individual agency.

Methods

A qualitative repeat interview design (Patton, 2002) was used to capture the prison-to-community transition experience through semi-structured interviews, conducted in the period of preparation before leaving prison and in the early months after leaving prison. This research sits broadly within the interpretative tradition and therefore the aim of the study was not to find a truth but rather to understand and interpret what was meaningful or relevant to the participants. Miller and Crabtree (2005) call for discovery of the “missing evidence” that can be provided by qualitative approaches. They suggested that through exploring the experience of participants, “the clinical research space is expanded [and the] dominant paradigms are challenged” (p. 610). Ethical approval was received from Queensland Corrective Services, Queensland Health and The University of Queensland prior to conducting the research.

Participants

Purposive sampling was used to recruit 18 adult men from four prisons in South-East Queensland, with the assistance of the Queensland Health, Prison Mental Health Service. The men were all between the ages of 18 and 40 (mean age 31) and had been diagnosed with a psychotic illness and a secondary co-occurring substance use disorder. All of the participants had a history of short-term incarcerations (Denton, 2014). The participants were reviewed prior to any contact with the researcher to ascertain whether, in their psychiatrists opinion, they were well enough to participate in the study and that they were willing to do so. The sample represent a typical group of people with a mental illness leaving prison in several studies (Hartwell, 2010) including from an evaluation of people receiving transition support in Queensland (Denton, 2014). They were not
necessarily the most high need group. None of the interviewees in this research were Indigenous Australians despite recognition of their overrepresentation in prison and complex needs (Heffernan, Andersen, Dev, & Kinner, 2012). Indigenous prisoners share many of the challenges of the study population; however, they also warrant specific attention in research due to the complex nature of their problems previously documented in various studies (Heffernan et al., 2012; Lloyd et al., 2015).

While all of the participants discussed their poly-drug use eight of the men identified the use of intravenous amphetamines as their primary drug of choice, four participants identified heroin, four identified alcohol dependence and two identified marijuana consisting of heavy or daily use. These men had experienced a mean of seven episodes of incarceration as an adult with a range of 1–18. The mean length of the most recent period of incarceration was 6.7 months with a range of two weeks to two years.

**Data collection**

Semi-structured interviews were conducted: (1) within one month pre-release from prison; (2) one to two weeks post-release; and (3) two to four months post-release. Eighteen men were interviewed in prison prior to release. Thirteen of these participants were interviewed at the second data point and seven at the third data point, yielding a total of 38 interviews. Interviews were conducted between July 2011 and March 2012. Interviews lasted between 20 minutes and two hours duration, with the majority approximately 40 minutes. The setting was an important factor in terms of the length of interview. For example, it was often difficult to find a quiet room without interruptions in prison and interviews in the community were frequently conducted in public places due to homelessness or safety reasons. Several participants were mentally unwell at the time of the interview and found it difficult to concentrate for long periods.

The first interview conducted in prison aimed to establish an understanding of personal contexts, taking account of the social and demographic characteristics of participants, experiences of prison currently and previously, views and expectations about leaving prison and the post-release period including plans, needs and challenges. The second and third interviews were conducted in the community and focussed on experiences and events since leaving custody, particularly interactions with services and systems. The transcript from the previous interview was reviewed prior to meeting the participant again. Notably, the seven participants who completed all three interviews were living either at home with one or both parents, in a residential drug rehabilitation centre, or had returned to prison. This was in stark comparison to the remainder of participants who were released to temporary accommodation such as a hostel or a boarding house or were lost to follow-up by all agencies. All interviews were digitally recorded with the consent of the participants and transcribed by the first author in preparation for analysis.

**Data analysis**

A thematic analysis was conducted with the aim of understanding the complexities of transition experiences for participants and specifically, how the criminal justice and mental health system response appeared to shape and change individual behaviour.
across the transition time. The analysis commenced with comparing and contrasting the transition experience for each individual at each time point with the complete set of data using NVivo software (Ritchie & Lewis, 2003; Yin, 2010). The next step was to develop thematic networks, as outlined by Attride-Stirling (2001). These were grouped together to form “organising themes” (Attride-Stirling, 2001) thereby beginning the process of abstraction (Miles and Huberman, 1994). The organising themes were then grouped into “global themes” that summarised and made sense of lower order themes that had been extracted from and supported by the data. These global themes became the “principal metaphors” representing the text as a whole (Attride-Stirling, 2001). Extracts are labelled to indicate the participant and data point, that is, (pre-release), (post-release 1) or (post-release 2). Participants were assigned a number from RP01 to RP18 to maintain their confidentiality.

Findings

Participants in this study reported multiple, complex and enduring psychological, health, social and economic problems during transition, leaving them vulnerable to loss of hope, relapse to drug use, and return to prison (Denton, 2014). Two themes are discussed from the analysis of interviews: “risk behaviour and relapse” and “once a criminal, always a risk”. At the pre-release stage, there was an expectation by the men of return to drug use and other individual risk behaviour, which was based on past experiences. Still, the men expressed some hope that they could resist such risks, though for most, this anticipated agency was difficult to realise. By the post-release periods, there was a keen and at times despairing awareness of external factors having an impact on their behaviour and what in reality was fragile agency. In a large part this was due to the nature of their marginalised lives where they had to contend with many services and systems. Ironically, when needed, the systems and services surrounding the men proved difficult to negotiate and/or access, at times appearing to create more barriers than solutions. Many of the men had a sense that they were unable to escape being viewed by the systems surrounding them as a continuing risk even when new offences had not been committed. This tended to dampen previous signs of agency and for at least one third of the participants these feelings were associated with extreme despair and suicidal thoughts.

Risk behaviour and relapse

At the pre-release stage, participants repeatedly referred to their self-assessed risk of return to drug use, at the same time as hoping they could resist such risks. Based on previous experience however, participants conveyed that they lacked confidence that they would be able to moderate their drug use in the community; with relapse and subsequent involvement in criminal activity the trajectory that they expected would inevitability await them. The following participants described this process succinctly:

I don’t [want to use drugs] when I first leave because the memory of jail is clear in my head but then I forget and that’s when I start going off the rails. Most people that go to jail go to jail because of drugs and alcohol – 80% – so that’s what happens, is that they relapse . . . (RP07, post-release 1)
The next minute you are doing crime to support your drug habit and then you are just back on the merry-go-round and the cycle starts all over again. (RP09, pre-release)

The inevitability of resuming previous behaviour, expressed by participants, was indicative of fragile agency intersected by other transition challenges, which then accelerated as they returned to substance use. The following 27-year-old participant with a diagnosis of paranoid schizophrenia and a long history of amphetamine use described such a downward spiral. He reported that he remained drug free and functioned relatively well in prison, however he had struggled with the urge to return to drug use once released:

Yeah, its easy to lose focus on what you’ve got to do ... if your mind is crowded, if you think of drugs ... then you want to go and get on and stuff like that ... yeah, [then] you’re off doin’ stupid stuff. (RP01, pre-release)

The ability to resist drug use in the community was reliant on positive relationships for the majority of participants, particularly in terms of the social bonds provided by family and supportive friends. It was evident that close supportive relationships bolstered the fragile expressions of agency by the men, particularly in terms of providing a motivation to stay drug free. The following participant linked staying away from drugs with reconnecting with his daughter:

My plan is to try and stay away from drugs and go down to [another town] to see my [18-month-old] daughter ... I haven’t seen her since she was born ... I’d love to see how she looks. (RP15 pre-release)

Several participants demonstrated their potential capacity for agency when they spoke about actively pursuing a drug-free life in the community. They outlined their strategies, which typically involved staying away from drug-using friends, for example:

... all my friends use drugs so when I get out of jail I sort of got to try and stay away from it if I want to try and stay out, I’ve got to try and stay away from them. So really when I get out I’ve got no friends. I gotta keep away from them. (RP06, pre-release)

This put participants in a double-bind regarding social support during transition: A desire to stay drug free post-release meant that they needed to avoid old social connections. Avoiding friends however denied them the social contact they needed to cope with the many problems they confronted on release. Yet to mix with drug using friends exposed them to opportunities to return to drug use which in the past had led to criminal activity to support their drug habit:

Yeah, but I was completely abstinent from drugs and alcohol for quite a while, so I had to sort of make new friends who were doing the same sort of thing, which was hard sometimes. (RP05, pre-release)

A supportive environment for most men was also about having structured opportunities to stay gainfully occupied. Many participants associated work with mitigating boredom
by keeping busy and thereby staying away from drugs and criminal activity. The following example suggests that engaging in employment was one way of avoiding return to previous risk behaviour:

Once I’m working I’ll be right. I’ll be busy, I’ll stay out of trouble. (RP02, pre-release)

Leaving the highly structured environment of prison, where for most participants there was work and friends, was in stark contrast to the community where there was no immediate work opportunities and limited social contact. Many of the participants were very insightful about the pitfalls of unemployment and the associated boredom and isolation in the community. When boredom was combined with poverty and a lack of an identity associated with work they perceived themselves as being at high risk of returning to drug use and a criminal life:

... people get to the point where they haven’t stable housing, stable employment, they don’t have anything in place and money’s tough. So boredom, not doing anything productive, on the drugs and it all goes to shit. (RP09, post-release 1)

Mental health and other agency support were also perceived by some participants as important in strengthening their agency to remain drug free and to avoid risk behaviour. Participants who spoke about their mental health team appreciated the support they had received. It was apparent that regular contact, practical support for accommodation and continuity of care such as ongoing access to medications were important to many of the participants, as the following extract conveys:

It’s [mental health service has] given me a lot of support in the community, like if I wasn’t going to mental health and I didn’t have medications to go back on I would have been heading down the exact same path as what I had before then ... going back to doing the exact same things. I haven’t just flipped out ... for a while now. (RP08, post-release 2)

For the three participants attended drug rehabilitation during the study, it was largely a positive experience. Thus, RP05, who was paroled to the residential drug rehabilitation centre on his previous release, was choosing to go back there again:

I guess it’s like you’ve got counsellors and psychiatrists there and there’s doctors and if you want to be clean and learn about what makes you use drugs and all that sort of stuff then it’s a good place to go, and there’s lots of support networks there so you can stay clean if you want to ... (RP05, post-release 1)

Informal and formal supports were perceived by participants as very important during their prison-to-community transition and appeared in some instances to positively impact on fragile expressions of agency to remain drug free and ‘out of trouble’. The transition experience was characterised overall however by a lack of supports which many of the participants linked with feelings of despair. Participants described their struggle with mental illness, relapse to drug use and a subsequent spiral downward in their circumstances after they left prison. Thoughts of suicide and attempts to do so were mentioned by six of the participants during the interviews. Four participants described serious suicide
attempts and two participants spoke of having thoughts of suicide. For example, one of the participants expressed his despair about his situation and ideas of suicide:

I feel like I’m trapped in the criminal way of life. I just want to get out of it. I’ve been really depressed by it, even thinking of suicide. (RP07, post-release 1)

Another participant (RP03) disclosed a serious suicide attempt within days after his previous release. “I got out of jail March just gone. Three days later I tried to kill myself…”

All of the suicide attempts or serious thoughts about suicide were described by participants as occurring just prior to release or soon after release. Participants linked the level of despair they experienced with their anticipated or actual deteriorating circumstances during transition indicating their extreme vulnerability during this time.

**Once a criminal, always a risk**

In the post-release phase, the concerns of participants shifted into awareness of external factors that they perceived were impacting on their capacity to negotiate transition to the community. Participants expressed some insight into the inevitable consequences of their risk behaviours exercised to obtain money for drugs. However the phrase, “once a criminal, always a risk”, conveys the perception by participants that providing adequate support and designing enabling regulations and responses may not be considered worthwhile by the systems surrounding them in the face of their continued risk behaviour.

Incarceration for nearly half of the participants at the time of this study was due to breach of parole conditions. This group tended to have experienced multiple, short-term incarcerations associated with breaches, often referred to as “technical” violations, where no new offence had been committed, but rather they had broken the rules of their parole conditions. While the breach of parole was related mainly to drug use, at other times the breach was related to mental illness or social circumstances, including missing an appointment with the parole officer, or not taking medication. For example, the following extract conveys the recent history of breaches for one participant:

I was out for two, three months and then breached parole order again by failing to report to interview… This one was a breach, last one was a breach and the one before that was a breach as well, … I moved house and then I missed an appointment..and they arrested me the next day. Yeah, I was arrested the next day. (RP04, pre-release)

Participants tended to be not only entrenched in the criminal justice system, they were also caught in a complex relationship with the mental health system. At times the intersection between the mental health and criminal justice systems was perceived by participants as creating barriers rather than supporting their transition experience. Several participants who were in prison on a breach of parole for example described the consequences of non-compliance with mental health treatment, as the following extract illustrates:

I got breached the first time for not taking my medication and dirty urine. The second time for not taking my medication … and this time, because it was part of my parole conditions
to stay on all my medications and to see my psychs and follow their directions, and I stopped taking one of my medications … because it was making me sick. (RP08, pre-release)

Participants also described waiting for assessments by psychiatrists before they could progress their case and apply for bail. One participant waited for months in prison for his assessment to occur:

You know, I’ve just done four and a half months for a fineable offence, and cause of mental health, holding things up, means I had to stay in jail. … I was already on a forensic order and a forensic patient getting charged cannot plead until he is been assessed by a psychiatrist [to say] if I’m fit or unfit … so I had to stay in jail … (RP02, pre-release)

Participants considered the transition phase to be a particularly vulnerable time for relapse to drug use, yet their substance use disorder remained largely unaddressed. Only three participants reported that they had participated in small amounts of drug and alcohol education but no motivational counselling or treatment. This was another example of an inadequate response to the complex issues facing this population arguably exacerbating their entrenchment and a further sign of them being considered incapable of change.

Two of the participants in the study reported success in the past in staying away from drug use by participating in opioid replacement programmes in the community. However, these participants reported that the treatment was not available in prison. The following participant for example had managed to remain free from illicit drug use when he was previously on an opioid replacement programme in the community, and recognised the risk of relapse after release while he was organising to be re-established on the programme:

No, they won’t give it to us … it would be good to be on a dose and then be released on a dose so you were constantly on it. (RP06, pre-release)

Several participants spoke of barriers to transitioning from prison to a drug rehabilitation centre. One participant reported that the drug rehabilitation centre required an application to be lodged after release, as well as a lack of availability of beds, requiring a wait in the community before being able to enter the service. This participant, who was highly motivated to return to the community drug rehabilitation centre where he had previously been, resided in the homeless men’s hostel for over a week while he was waiting for a bed in the centre. During that time, he said he felt extremely vulnerable to drug use and reported a minor relapse that nearly prevented his entry to the centre:

It could have been better if I had of got here on the day I was released. It would have meant I wouldn’t have been susceptible to using drugs and left in a hostel waiting to get into [the rehab]. It would have meant I’d be here straight from prison. From one routine to another instead of being left to my own devices with all that freedom. (RP07, post-release 1)
Those participants who had not been exposed to alcohol and drug treatment, counselling or rehabilitation, appeared to fill the gaps in their experience with imagining what rehabilitation would be like; for example:

I don’t like rehab. I never been there but it’s one of those places I never want to go to... It’d be just like jail so I don’t want to go there. (RP04, pre-release)

The above extract and other remarks, such as that drug rehabilitation is ‘just like going to church’ (RP10), illustrate that the alcohol and drug programmes being offered were perceived by participants as divorced from the worlds they inhabited and were unlikely to meet their needs.

While participants clearly identified that the greatest risk to their recovery and breaking out of the cycle of involvement in the criminal justice system was continued drug use, their exposure to opportunities to address their substance use problems was minimal, with many barriers in the way. For these men, system-related factors tended to undermine hope and lead to despair. As one participant described it:

I feel like I am being pushed further down rather than being helped up. (RP12, pre-release)

While not portraying themselves as innocent bystanders, the experiences conveyed by the men suggested that they saw themselves as chronically entrenched and suspended between the criminal justice and mental health systems. They perceived that they were expected to comply with the rigorous conditions imposed on their release and conduct, with limited accompanying mechanisms of support.

Discussion

This study accessed a “hard-to-reach population” (Western, Braga, & Kohl, 2014) to examine in detail their subjective prison-to-community transition experience and the influence of the criminal justice and mental health systems surrounding them in the Australian context. The findings add to the understanding of the experience of this population by identifying specific ways that the slide into relapse, despair and associated risk behaviours, despite the hope of resisting this trajectory while still in prison, were amplified by the challenges associated with negotiating the complex requirements of the surrounding systems during transition.

The transition “risk environment” (Rhodes, 2009) consisted of complex barriers “structured” (Giddens, 1984) by the surrounding systems, in combination with a lack of concrete opportunities to strengthen individual agency for a different life post-release. Overall, the transition risk environment eroded the capacity to settle in the community and perpetuated and compounded the risks of relapse to drug use and reincarceration.

The structuring of risk occurred in two main ways. The first indication was manifested by participants’ inability to both imagine and realise their departure from entrenchment in the criminal justice system. Repeated reincarceration related to technical parole violations, such as relapse to drug use and missed parole appointments; and/or mental health related concerns, such as non-compliance with medication; disrupted transition experiences, including settlement and treatment in the community.
In turn, this increased participants’ risk of remaining entrenched in the criminal justice system and contributed to the despair that was evident as part of the slide back into drug use and risk behaviour. At the extreme end of despair, six of the participants indicated how much at risk they were to self-harm if they continued along the same path. Further qualitative research is indicated to specifically examine the nature and context of suicidal ideas of released prisoners with co-occurring disorders. It is probable that this group is at an even greater risk with the additional vulnerabilities they experience such as increased levels of drug use, frequent homelessness and lack of family and social supports (Cutcher et al., 2014; Kinner et al., 2011). Spittal et al. (2014) propose trialing some system level strategies with released prisoners that have been associated with reduced suicide rates among people who use community mental health services; such as single access 24 hour crisis teams, more robust dual diagnosis policies and multidisciplinary review of each suicide.

The second indication that return to risk behaviour was structured for participants in this study was related to the lack of availability and access to substance use treatment. Despite the self-reported centrality of substance use to their offending behaviour participants reported delays in waiting for drug rehabilitation beds, lack of access to opioid replacement therapy and no challenge to their prevailing largely negative beliefs about substance use treatment. There is a great deal of emphasis in the literature on continuity of care for mental health treatment in this population (Lennox et al., 2012; Skeem et al., 2011), yet direct transition to drug rehabilitation is equally important. Moreover, given the severity of the problems of these men and the enormous health, social and economic costs incurred in the “revolving door” of frequent short-term incarceration (Baillargeon et al., 2009), assertive, creative approaches to exploring and challenging beliefs about drug treatment options should be trialled, options made available and outcomes evaluated. A retrospective data linkage study in NSW, Australia has demonstrated that opioid substitution treatment in the four weeks post-release reduced hazard of death by 75% (Degenhardt et al., 2014). An earlier study in NSW found that opioid substitution therapy after release reduced the average risk of reincarceration by one-fifth (Larney, Toson, Burns, & Dolan, 2012) yet despite this compelling research, the treatment is not available for men in Queensland prisons. Psychiatric symptoms are often complicated by substance use and it is imperative that this population receive appropriate alcohol and drug treatment. Treating one problem without the other has been found to be less effective than treating both simultaneously (Thylstrup & Johansen, 2009; Wilson, Draine, Barrenger, Hadley, & Evans, 2014). There is a growing consensus that substance use treatment programmes are more effective when provided continuously throughout transition, both before and after release (Kinner, 2010; Kurlychek & Kempinen, 2006), and when mental health and substance use treatment are provided simultaneously by the same provider (Chandler & Spicer, 2006).

Research has found that practical considerations for released prisoners tend to come before mental health and drug treatment and rehabilitation needs (Davis, Bahr, & Ward, 2013) and so it is crucial that assistance is provided for basic needs such as longer-term stable housing and transition to employment in order to facilitate engagement with treatment and recovery (Davis et al., 2013; La Vigne, Shollenberger, & Debus, 2009).
Undertaking this research presented a range of challenges such as physical access to prisons, long delays waiting to see participants, interviewing and recording interviews in the prison environment, follow-up in unpredictable community settings and the capacity for participants to respond and communicate. The loss of follow-up of participants for the second and third interviews is clearly a limitation of the study, though this is common for longitudinal studies with this population (Kinner et al., 2013; Western et al., 2014). It has been hypothesised elsewhere that this may be occurring due to reasons such as the broader impact of social exclusion, itinerant and chaotic lifestyle post-release, lack of anchors in the community such as housing and employment and the desire to cut ties with anyone associated with the criminal justice system (Howerton et al., 2007; Western et al., 2014). It is possible that those who were lost to follow-up may have had the most to contribute to the research. Hence a major challenge for future research is to investigate mechanisms to retain participants in longitudinal research. Western et al. (2014) offers strategies, such as consent to contact secondary contacts, plans to meet post-release in the advent of unpredictable discharge, the use of telephone check-ins between interviews and the use of community agencies. Large gaps remain in the knowledge of the nature and extent of social support that would benefit the transition experience for this population, and this area requires considerable research attention in the Australian context (Cutcher et al., 2014; Kouyoumdjian et al., 2015).

**Conclusion**

This study facilitates an understanding of how individual risk behaviour is structured within a transition risk environment that reduces agency, thus facilitating a cycle of release, relapse and reincarceration. Building on the work of other studies, this research highlights in detail the multiple and complex challenges this population face from the perspective of their lived reality and adds weight to calls for the reform and development of transition support services that looks beyond individual risk behaviours and mental health symptoms, to include an understanding of the influence of the systems involved. The findings in this study point to the need for a shared responsibility between individuals and the criminal justice and mental health systems supporting them during transition. The challenge is for a coordinated whole-of-government approach to reconsider policies related to sentencing and parole management strategies that work towards enabling the opportunity for this population to establish themselves in the community without the disruptive impact of repeated short-term imprisonment, while still holding them accountable for their offending behaviour. Consideration must be given to the increased provision of practical, economic, social and emotional support, including stable supportive housing and direct transition to employment, to provide the best opportunity to settle in the community and remain engaged with treatment and support services. The provision of comprehensive integrated, evidence based support and treatment services during transition, particularly focussing on enhanced substance use programmes that specifically target individual needs are essential strategies that may improve health outcomes and impact on post-release death rates (Degenhardt et al., 2014). Together, these initiatives would provide this population with the best chance of developing a stake in the community, while at the same time addressing public health and community safety issues.
Declaration of conflicting interests
The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding
The author(s) received no financial support for the research, authorship, and/or publication of this article.

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