

WAIVING OF PAROLE CONSIDERATION BY INMATES WITH MENTAL ILLNESS AND RECIDIVISM OUTCOMES



Jason Matejkowski (University of Kansas) & Michael Ostermann (Rutgers University)

BACKGROUND



Why Parole Matters

Discretionary release to parole involves authorities (often a state parole board) determining whether an individual is suitable for release to community supervision prior to completing the maximum term sentenced. At its best, this early release provides an incentive for rehabilitation efforts while incarceratedⁱ and the support necessary for successful adjustment once released. Parole authorities forge relationships with community services and provide engagement and monitoring, with the aim of promoting stable tenure among those they supervise. These effects likely help to explain parole's effects in reducing recidivism.ⁱⁱ

Why would anyone waive parole?

For some, parole carries overly burdensome requirements that interfere with community integration and ultimately contribute to technical violations and return to incarceration. People who think they are unlikely to succeed under parole supervision are less likely to pursue parole.ⁱⁱⁱ This decision may have lasting consequences for the individual and for society.

A Special Case? Inmates with Mental Illness

Inmates with mental illness (MI) often face greater challenges to successful community reintegration than those without mental illness. However, parole may help to mitigate these obstacles. Research has found that those with MI were at an increased risk of recidivism, but parole supervision decreased this likelihood.^{iv} Other analysis found that serious mental illness (SMI) was associated with recidivism among non-parolees but not among parolees.^v

Due to changes in the factors weighed by parole personnel and to dynamics of mental illness itself, inmates with MI may be more likely to waive parole. Specifically, parole boards' increasing focus on institutional criminal history, rather than behaviors reflective of rehabilitative work, may discourage inmates with MI from pursuing parole. This pessimistic view can be heightened by self-stigma and by rational calculations of the greater 'cost' of supervision requirements that may entail burdensome mandatory treatment obligations. When these forces contribute to inmates' waiver of parole, the consequences are substantial: individuals remain in prison longer and face greater recidivism odds once released, and society contends with rising incarceration.

STUDY PURPOSE & DESIGN



The purposes of this study were:

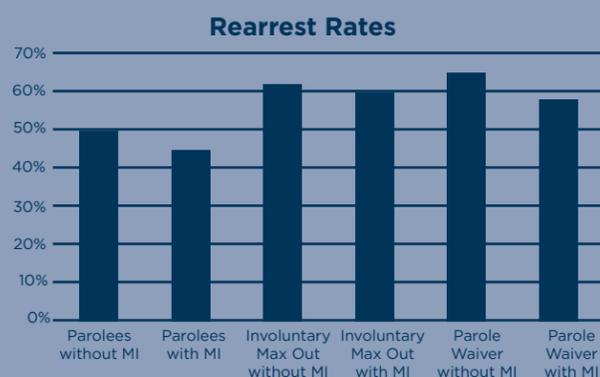
- 1. To describe the relationship between mental illness and an inmate's decision to forgo early release to parole supervision**
- 2. To test whether this decision negatively affects community tenure**

The study explored whether decision-making and community risk predictors differed between those with and without MI and those who choose to forgo parole, max out involuntarily through denial of parole, or are released to parole supervision.

To facilitate analysis, data provided by a State Parole Board included individual-level information about the age, gender, race, time served, active offenses, county of conviction, actuarial risk classification, MI status, and release conditions of all prisoners released from state-run prisons in 2009 (n = 10,957) and 2010 (n = 10,839).

KEY FINDINGS

As depicted below, descriptive statistics suggest substantial and positive results on successful post-release tenure, for both those with mental illness and those without.



- Those with mental illness were at approximately 21% greater odds of voluntarily maxing out their sentence by opting out of parole when compared with those without MI.
- Waiving parole increases the 'hazard' of recidivism by approximately 22% when compared with those who did not waive parole.
- Hazard rates of rearrest were similar for parole waivers with and without mental illness: approximately 31%.

The study found that those with mental illness were at approximately 21% greater odds of voluntarily maxing out their sentence by opting out of parole when compared with those without MI. This relationship between MI and the decision to forgo parole remained when controlling for pertinent characteristics, including age, prior arrests, offense type, and perceived level of risk. There was an additional positive relationship between number of priors and this decision, suggesting that those with lengthier criminal histories may discount their chances at being granted parole. Those with MI, who had a significantly higher number of prior arrests than those without, may be particularly susceptible to this perception. Further, more than two-thirds of participants who voluntarily chose to max out their sentences scored either medium or high risk. Because those with MI had higher risk assessments when compared with those without MI, those with MI may be particularly expectant of onerous supervision requirements, which contributes to increased likelihood of opting out. It is also possible that inaccessibility of community mental health treatment and other environmental factors may affect the decision of inmates with mental illness to forego a chance at early release.

As expected, waiving parole appears to negatively affect outcomes, increasing the 'hazard' of failure (recidivism) by approximately 22% when compared with those who did not waive parole. Hazard rates of rearrest were similar for parole waivers with and without mental illness: approximately 31%. This means that the differences in recidivism tended to be between supervision versus no-supervision groups rather than between those with and without mental illness. Further, recidivism outcomes were similar among those who voluntarily waived parole and those who were denied. In total, then, this suggests that although people with MI who are incarcerated may be more likely to waive parole, the development and promotion of methods for increasing uptake of parole supervision may contribute to reducing recidivism—including for those whose mental illness poses additional challenges to successful reintegration.

IMPLICATIONS

If inmates with mental illness are both especially likely to benefit from parole supervision AND especially likely to waive parole, how should policy respond? While programs to institute parole supervision prior to release can be effective, they are largely politically untenable.^{vi} However, there are important changes that can be made to the parole process and community context that greet all reintegrating inmates, to both increase the likelihood of voluntary parole supervision and improve outcomes in this crucial reintegration period.

Changes to parole processes

- Minimize the use of costly and onerous community supervision requirements by:
 - Calibrating post-release supervision conditions to level of assessed risk
 - Targeting parole release conditions to those that prevent recidivism
- Establish procedures that require frequent review of parolee behavior and stability and require modifications to parole conditions or early discharge from parole based upon safe behavior
 - Extending "good time" sentence reductions to community supervision reinforces prosocial behavior following release and may sway inmates' decision-making toward parole consideration.^{vii}
 - Parole boards with good-time policies should make inmates aware of these policies early in their sentence, to promote informed decision-making about the choice to pursue parole.

Mental health supports for successful reintegration

- Ensure initial mental health screening, subsequent treatment, and alliances with community-based organizations to facilitate continuity of care
- Communicate with those incarcerated about treatment resources in the communities to which they are likely to return
 - Such processes aid in connecting to community supports those individuals most in need and assuage concerns among those with MI considering parole that lack of community-based services will contribute to their failure on parole.

CITATION

Matejkowski, J., & Ostermann, M. (2021). The Waiving of Parole Consideration by Inmates with Mental Illness and Recidivism Outcomes. *Criminal Justice and Behavior*, 48(8), 1052-1071. <https://doi.org/10.1177/0093854820972162>

CONTACT

Jason Matejkowski
School of Social Welfare
University of Kansas
201 Twente Hall
1545 Lilac Lane
Lawrence, KS 66045
e-mail: jmate@ku.edu

ENDNOTES



i West-Smith, M., Pogrebin, M. R., & Poole, E. D. (2000). Denial of parole: An inmate perspective. *Federal Probation*, 64, 3-10.

ii Schlager, M. D., & Robbins, K. (2008). Does parole work?—revisited: Reframing the discussion of the impact of postprison supervision on offender outcome. *The Prison Journal*, 88, 234-251.

iii Best, B. L., Wodahl, E. J., & Holmes, M. D. (2014). Waiving away the chance of freedom: Exploring why prisoners decide against applying for parole. *International Journal of Offender Therapy and Comparative Criminology*, 58, 320-347.

iv Ostermann, M., & Matejkowski, J. (2014). Exploring the intersection of mental health and release status with recidivism. *Justice Quarterly*, 31, 746-766.

v Matejkowski, J., & Ostermann, M. (2015). Serious mental illness, criminal risk, parole supervision, and recidivism: Testing of conditional effects. *Law and Human Behavior*, 39, 75-86.

vi Ostermann, M., & Hyatt, J. M. (2016). Is something better than nothing? The effect of short terms of mandatory parole supervision. *Justice Quarterly*, 33, 785-810.

vii Petersilia, J. (2007). Employ behavioral contracting for “earned discharge” parole. *Criminology and Public Policy*, 64, 807-814.

KU SCHOOL OF
SOCIAL WELFARE

The University of Kansas

SCHOOL OF SOCIAL WELFARE

University of Kansas

1545 Lilac Lane

Lawrence, KS 66045-3129

Phone: (785) 864-4720

Fax: (785) 864-5277

socwel.ku.edu

