

# MENTALLY ILL AND BEHIND BARS



## RESEARCHER WORKS TO IMPROVE LIVES OF PEOPLE WITH MENTAL ILLNESS WHO ARE JUSTICE-INVOLVED



The way people who have serious mental illness are treated by the criminal justice system can be criminal at times. Jason Matejkowski wants that to end.

“You are an offender, and you have a serious mental illness – that’s dual stigma,” explains Matejkowski, Ph.D., associate professor and associate dean for academic programs at the University of Kansas School of Social Welfare. “This has been a group of people who have been discarded by many. How they have fared in the criminal justice and mental health system, there is much room for improvement.”

That’s why Matejkowski has focused much of his career on finding a better way to care for those caught in the vortex of the criminal justice system and mental health services. He’s doing this through the power of research.

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Through his career, Matejkowski has been involved in many different studies across the country that evaluate the effectiveness of current systems and test new approaches. At the heart of his research, Matejkowski has two overarching questions: How can we provide mental health treatment while also addressing the risk factors that can lead to criminal behavior? How can we do this in a way that is equitable, respects people’s autonomy, and maintains their dignity and humanity?

“I frequently jump from topic to topic because there are so many issues that need to be addressed, so many questions that need to be answered,” he shares. “It never gets boring. That excites me.”

One of the approaches he’s researching is mental health courts. He recently evaluated the effectiveness of a program in Douglas County, where KU’s Lawrence campus is located. There, people who have law enforcement contact are evaluated to see if they have a serious mental illness and whether that condition contributed to their criminal behavior. Those who meet these criteria are then given the option to be diverted to the Behavioral Health Court of Douglas County. During this supervised probationary period, participants engage in a treatment plan developed with a specialized team that includes mental health and substance use professionals.

“We conducted an evaluation, and the program showed some promise,” he shares. “Consistent with national averages, half the graduates successfully completed the program, and those who did, their criminal involvement remained low. We are doing a deep dive into the record of those who were not successful to understand why.”

Matejkowski is also intrigued by the practice of supported parole, where parole officers provide parolees who have serious mental health problems with support once they are released from prison. The services offered can include referrals to community resources that can help them transition and be successful outside of prison.

In a recent study he conducted in New Jersey, Matejkowski was surprised to discover that prisoners with mental health problems were more likely than inmates without mental health problems to forego potential early release from prison through parole.

“This may be the result of various heightened motivations, including a desire by the individuals to avoid undesirable and burdensome community supervision requirements, a belief that a decision by the parole board is unlikely to result in early release, or an expectation to fail while on parole and to return to prison,” he explains. In his report, Matejkowski outlined recommendations to make parole more accessible for all those it was designed to serve.

Another area Matejkowski is exploring is shared decision making, which encourages criminal justice authorities who work alongside people with serious mental illness to make decisions together, instead of relying on paternalistic approaches where the person in authority makes decisions unilaterally. Matejkowski says there is some evidence that shared decision making promotes treatment engagement and boosts outcomes for people with mental illness.

“If we are keeping people out of jail, it’s important to address their needs. How we do that is the focus of our work,” Matejkowski explains. “In the mental health context, do we add programs that address criminal needs? Do we provide training to parole and probation officers about mental health needs? How do we combine these approaches to the betterment of outcomes for those being served? The answers to these questions cannot only contribute to the evidence base that should inform mental health and criminal justice policy and practice, but can also have a major impact on people’s lives.”

## BEHIND BARS: THE NUMBERS

*It’s hard to pin down exactly how many people with serious mental illness are incarcerated because different studies use different measurement approaches to measurements. But Matejkowski says that recent accounts suggest that between 14 and 16 percent of adults in prison and 17 to 26 percent of adults in jail have serious mental illnesses. Compare that with the number of people with serious mental illness who are not incarcerated -- just 4.5 percent -- and it’s immediately clear that the number of people with mental illness who are behind bars is disproportionately high.*





# 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](http://socwel.ku.edu)

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