Perception of Community Reintegration From Correctional and Psychiatric Settings

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Abstract

Objective: This research investigated how adult participants (N = 155) view individuals who are reintegrating to society.
Methods: Participants were undergraduate students from a program for working adults who evaluated a reintegration scenario. The types of reintegration were based on a fictitious scenario describing either a person who is new to your neighborhood or workplace (a control condition), reintegrating following psychiatric hospitalization, reintegrating following release from a correctional facility, or reintegrating following release from a forensic psychiatric facility. Results: People reintegrating from corrections, psychiatric, and forensic/psychiatric facilities were perceived more negatively than individuals without forensic/psychiatric histories. Additionally, individuals reintegrating from such facilities were more welcomed in workplace than neighborhood settings.
Limitations: This study used short, fictitious vignettes, which might not represent true societal interactions. Future research should seek larger and more diverse samples.
Conclusions and Implications: Methods to reduce stigma for individuals with mental illness and criminal history are an important component of community integration, and communities in which individuals will live should be increasingly targeted in such interventions.

Keywords: stigma; community integration; reentry; psychiatric history

Introduction

This research explored how the working adults view individuals who are reintegrating into the community following incarceration and residential or inpatient treatment. Yasui and Berven (2008) describe community integration in the following manner: "The basic principle of the community integration movement is that all people, including those who have disability labels, have a right to full community participation and membership. Within this movement, community integration is considered to be a product of self-help, peer support and professional services; in addition, housing, jobs, and relationships with community members" (p. 761). There have been studies of perception and stigma related to individuals with mental illness and individuals with criminal backgrounds, but few have addressed community integration specifically.

Individuals are reentering society from correctional (Lynch & Sabol, 2001) and psychiatric (Lieberman, Wiitala, Elliott, McCormick, & Goyette, 1998) facilities at an increasing rate, yet minimal research has investigated specifically how communities perceive community integration. There is, however, a growing body of research on stigma, which sets the background for the present research. To begin, stigma will be the general term used

throughout this article, and research on perception looks at public stigma, which is defined by Corrigan and Shapiro (2010) as "when large segments of the general public agree with the negative stereotypes" about a group of individuals (p. 909).

There is limited recent research on perception of reentry from prison. Though almost two decades ago, Cumberland and Zamble (1992) looked at public perception of community integration from correctional facilities using a sample of Canadian citizens. Most participants in this study supported early release for individuals who committed a first time crime against a property, yet participants were less likely to support early release for people with criminal records, people who committed violent crimes, and people who did not receive treatment while incarcerated. More recently, qualitative research indicates that individuals released from prison and jail report to experiencing stigma upon reintegration (Phillips & Lindsay, 2011; van Olphen, Eliason, Freudenberg, & Barnes, 2009; van Olphen, Freudenberg, Fortin, & Galea, 2006), yet recent research has not sought perception of community integration from correctional settings.

Regarding stigma associated with criminal history in general, Petersilia (2003) discusses how a criminal record can provide a barrier toward obtaining a job and certain financial resources. Pogorzelski, Wolff, Pan, and Blitz (2005), Petersilia (2003), and Travis (2005) outline government restrictions that result from a criminal history. Harris and Keller (2005) discuss how such restrictions provide a barrier to obtaining legal employment.

While research addresses stigma toward individuals with mental illness, similar to research on release from correctional settings, very little research has specifically looked at public perception of reintegration from psychiatric and residential treatment settings. To begin, similar to research of individuals with criminal histories, qualitative research has often found that individuals with mental illness report experiencing community stigma (Browne, Hemsley, & St. John, 2008), as have quantitative self-report investigations of individuals with mental illness (Jenkins & Carpenter-Song, 2009; Switaj, Wciorka, Smolarska-Switaj, & Grygiel, 2009). Recent research on public perception has found that participants still report stigmatizing attitudes towards individuals with mental illness (Webb, Jacobs-Lawson, & Wadell, 2009).

Of much relevance to this study, Link, Phelan, Bresnahan, Stueve, and Pescosolido (1999) indicated that participants in their study viewed mental illness as dangerous and preferred to remain socially distant from those with mental illness. This study will look a step beyond reported social distance to see how individuals feel about people with mental illness reintegrating into their community. Also of relevance, in their study to qualitative responses regarding discrimination related to mental health, Lyons, Hopley, and Horrocks (2009) found that many individuals with mental illness reported to discrimination in their communities, and that workplace discrimination was the most commonly reported occurrence.

The present research sought to update literature on community reintegration and generate applied conclusions for professionals who work with individuals with mental illness and/or criminal backgrounds. The research question under investigation was: how do individuals perceive people in their workplace and neighborhood who are from correctional and psychiatric facilities compared to people from the general population? The hypothesis was that individuals with correctional histories would have more negative traits ascribed to them than all other groups, and that individuals with any correctional or psychiatric histories would be less welcomed into neighborhoods and jobs than those with no such history. An additional hypothesis predicted that individuals would be less welcomed into neighborhoods than into workplace settings.

Method
Participants
Participants consisted of 155 individuals who were recruited from an undergraduate program for working adults via an email invitation. If they consented to participate, they were directed to the online study. There

were 30 men, 123 women, and 2 who did not report their gender. Though several ethnicities were represented, participants were predominantly Caucasian (n = 135, with n = 7 African American, n = 3 Latino, n = 3 multiracial, n = 2 Native American, and n = 5 who did not report their ethic background). Age of participants ranged from 24 to 67 (M = 39.53, SD = 10.60).

Design, Materials, and Procedure

This research was approved by the Institutional Review Board at Albright College, and all participants gave informed consent. This research was a 2 (neighborhood versus workplace) by 4 (type of reintegration) factorial design. The types of reintegration were based on a fictitious scenario describing either a person who is new to your neighborhood or workplace (a control condition), reintegrating into your neighborhood or workplace following psychiatric hospitalization, reintegrating into your neighborhood or workplace following release from a correctional facility, or reintegrating into your neighborhood or workplace following release from a forensic psychiatric facility. Each participant viewed only one fictitious scenario (see scenarios in Table 1) and completed dependent measures in relation to that scenario, as well as questions regarding attitudes toward community integration and demographic characteristics.

Table 1.
<u>Two (Neighborhood Versus Workplace) by Four (Type of Reintegration) Factorial Design</u>
Fictitious Scenarios Presented to Participant
One of your neighbors tells you that someone new is moving into your neighborhood. They tell you that this person is relocating from a nearby neighborhood.

One of your neighbors tells you that someone new is moving into your neighborhood. They tell you that this person is relocating after being released from a hospital for people with mental illness.

One of your neighbors tells you that someone new is moving into your neighborhood. They tell you that this person is relocating after being released from jail.

One of your neighbors tells you that someone new is moving into your neighborhood. They tell you that this person is relocating after being released from a jail for people with mental illness.

One of your coworkers tells you that someone new is starting a job at your workplace. They tell you that this person is relocating from another job.

One of your coworkers tells you that someone new is starting a job at your workplace. They tell you that this person is relocating after being released from a hospital for people with mental illness.

One of your coworkers tells you that someone new is starting a job at your workplace. They tell you that this person is relocating after being released from jail.

One of your coworkers tells you that someone new is starting a job at your workplace. They tell you that this person is relocating after being released from a jail for people with mental illness.

Note. Each participant saw one of these scenarios

One dependent measure investigated participant attitudes toward the individual described in the vignette using the Michill Adjective Rating Scale (MARS; Quereshi, 1970). This 48-item measure lists adjectives that result in four different personality factors, including unhappiness, extraversion, self-assertiveness, and persistence

(Quereshi, 2000). This measure was chosen to look at the component of stigma involving the assignment neg-
ative traits to an individual (Corrigan & Shapiro, 2010). The MARS has been used across a variety of cultures,
and the scales for individual personality factors have been found to have adequate internal consistency reliabil-
ity coefficients, and have been found to correlate with other similar measures of the trait as expected
(Quereshi, 2000).

A second dependent measure investigated participant attitudes toward the situation described in the vignette
(specifically, participants rated their comfort with the reintegration scenario and attitude toward welcoming the
individual). This measure (see Table 2) was created for this research and therefore lacks reliability and valid-
ity estimates.

Table 2. Dependent Measure of Attitude Towards Person in Scenario

Instructions, Scale, and Questions

Instructions: Based on the fictitious scenario you just read, please respond to the following questions honestly
by clicking on the response that indicates your opinion.

Please use the following scale:
SA = Strongly agree
A = Agree
D = Disagree
SD = Strongly disagree

1.   I would feel comfortable with the described situation.

2.   I would feel safe in the described situation.

*3.   I would consider relocating if in the described situation.

*4.   I would worry about others in my life if in the described situation.

5.   I would try to keep an open mind about the described situation.

6.   I would encourage others to give this new person a chance.

7.   I would help this person transition into their new situation.

8.   I would welcome this person into their new situation.

*Indicates item that was reverse-scored.
Note. Scores can range from 8 to 32, with higher scores indicating report of feeling more comfortable toward
and welcoming of the person in the scenario.

Results
Table 3 displays the means and standard deviations between all groups for all dependent measures to be dis-
cussed. Table 4 displays all results of between subjects 2 x 4 ANOVAs for the dependent measures.

Table . Number of Participants in Each Condition, Means and Standard Deviations of Each Measure

	n	unhappy	extroverted	persistent	assertive	welcome
Control Neighborhood	15	M = 34.13 SD = 6.01	M = 37.80 SD = 2.21	M = 41.33 SD = 6.17	M = 36.87 SD = 2.61	M = 26.67 SD = 3.66
Control Job	22	M = 34.05 SD = 7.11	M = 37.09 SD = 4.36	M = 43.18 SD = 4.35	M = 32.73 SD = 6.55	M = 27.45 SD = 2.79
Psychiatric Neighborhood	13	M = 46.08 SD = 5.60	M = 36.00 SD = 3.11	M = 33.31 SD = 6.99	M = 37.46 SD = 5.44	M = 24.31 SD = 4.03
Psychiatric Job	13	M = 43.00 SD = 7.46	M = 33.92 SD = 5.62	M = 35.61 SD = 6.08	M = 36.31 SD = 6.75	M = 25.54 SD = 2.90
Forensic Psych Neighborhood	10	M = 42.90 SD = 8.57	M = 36.60 SD = 5.85	M = 38.11 SD = 5.78	M = 39.50 SD = 7.26	M = 21.20 SD = 4.10
Forensic Psych Job	18	M = 43.33 SD = 5.64	M = 34.61 SD = 4.33	M = 35.60 SD = 7.21	M = 35.33 SD = 6.51	M = 26.22 SD = 4.22
Correctional Neighborhood	16	M = 43.81 SD = 4.94	M = 31.62 SD = 4.03	M = 31.37 SD = 4.39	M = 42.25 SD = 5.93	M = 20.69 SD = 3.57
Correctional Job	12	M = 41.83 SD = 7.79	M = 31.50 SD = 7.03	M = 35.00 SD = 7.93	M = 38.42 SD = 7.52	M = 25.50 SD = 4.21

Note. Higher means indicate perception that person is more unhappy, more extroverted, more persistent, more self-assertive, and would be more welcomed into the setting (neighborhood or workplace).

Table 4. Results of Two (Neighborhood Versus Workplace) by Four (Type of Reintegration) ANOVAs

Scenario	Dependent Variable	F	Significance	est η^2
Neighborhood	unhappiness	.896	.346	.008
or Workplace	extraversion	1.976	.163	.017
	persistence	5.209	.024*	.045
	self-assertiveness	8.149	.005*	.068
	welcome	18.474	.000*	.143
Type of	unhappiness	16.900	.000*	.314

Reintegration	extraversion	8.507	.000*	.187
	persistence	14.428	.000*	.281
	self-assertiveness	4.178	.008*	.101
	welcome	7.269	.000*	.164
Interaction	unhappiness	.420	.739	.011
	extraversion	.296	.828	.008
	persistence	.118	.949	.003
	self-assertiveness	.373	.773	.010
	welcome	2.776	.045*	.070

*Indicates statistical significance of obtained F below .05 level.

Regarding the MARS, there were main effects for type of reintegration across all traits assessed and no interactions between type of reintegration and neighborhood or workplace. To begin, the individual in the scenario without a psychiatric or correctional history (control condition) was perceived as happier ($F(1,3) = 16.90$, $p < .001$) than the other groups. Tukey post hoc analysis indicates that the control condition was perceived as happier than all other groups at a significant level (less than .001) with no significant difference between the other 3 groups.

People in the control condition were viewed as more extroverted ($F(1,3) = 8.51$, $p < .001$) than the other groups. Tukey post hoc analysis indicates that the control condition was perceived as more extraverted than those from psychiatric and correctional settings at a significant level (less than .05), with no significant difference between the control group and individuals reintegrating from forensic psychiatric settings, and no significant difference between the three groups of reintegrating individuals.

People in the control condition were viewed as more persistent ($F(1,3) = 14.43$, $p < .001$) compared to the other three groups, with Tukey post hoc analysis indicating a significant difference between the control group and the other three groups (less than .001).

People described as reintegrating from a correctional facility were viewed as more self-assertive ($F(1,3) = 4.18$, $p = .008$) than all other groups, and Tukey post hoc analysis indicates a significant difference between those reintegrating from a correctional setting and the other three groups (less than .05), but no significant difference between any other group.

Regarding the second dependent measure, there was a significant interaction between setting and type of reintegration ($F(1,3) = 2.78$, $p = .045$). Participants were more comfortable and welcoming toward individuals described in the control condition (without correctional or psychiatric history) regardless of setting (workplace or neighborhood). The control condition was significantly more welcomed and viewed with more comfort than any other group, per Tukey post hoc analysis (less than .05). People reintegrating from psychiatric, correctional, and forensic/psychiatric facilities were less welcomed than the control condition, but were significantly

more welcomed in the workplace than the neighborhood $(F(1,3) = 18.47, p < .001)$.

The research also looked at participant opinions about improving community reintegration. A majority of participants indicated that there should be more drug and alcohol services (83.8%) and mental health services (87.8%) to help people reenter society from a correctional facility. Also, the majority of participants indicated that people with mental illness should be integrated into our communities (88.3%), but fewer participants (69.5%) think people with criminal histories should be integrated into our communities. Regarding employers helping individuals integrate into work settings, 69.8% of participants believed employers should do more to hire individuals with mental illness and 57.2% participants believed employers should do more to hire individuals with a criminal background.

Discussion

In review, results indicated that people reintegrating from correctional, psychiatric, and forensic/psychiatric facilities are perceived more negatively than individuals without forensic/psychiatric histories. Regarding results from the MARS, consistent with the definition of stigma (Corrigan & Shapiro, 2010), individuals from correctional, psychiatric, and forensic/psychiatric facilities were ascribed more negative traits than the control group. Additionally, individuals reintegrating from such facilities are more welcomed in workplace than neighborhood settings. Whether in the workplace or the community, individuals with mental illness and/or criminal backgrounds were less welcomed than a control condition, indicating continued stigma (in spite of a majority of participants indicating that they support reintegration of individuals into the community).
Implications

The Psychiatric Rehabilitation movement advocates that due to decreased length of stay and increased interest in the quality of life of individuals with mental illness, community integration should be a goal to promote the mental health and life satisfaction of all individuals (US Psychiatric Rehabilitation Association, 2008). Professionals working with individuals reintegrating following psychiatric hospitalization and correctional facilities may benefit from teaching individuals about stigma and how to manage stigma (which is a component of many recovery programs for individuals with mental illness, but is likely under-addressed in correctional settings).

Promising programs that directly teach reintegration skills are already emerging in the literature for individuals with mental illness (Forchek, Reynolds, Sharkey, Martin, & Jensen, 2007; Halperin & Boz-Mizrahi, 2009; Rossotto, Wirshing, & Liberman, 2004; Smith et al., 1996), for individuals who are being released from correctional settings and also have a mental illness (Draine & Herman, 2007; Osher, Steadman, & Barr, 2003), and, to a lesser extent, for individuals who are being released from correctional settings (Richie, Freudenberg, & Page, 2001). Research and program development in this area should continue, especially those programs and interventions with a focus on preparing individuals to face and manage stigma.

Regarding reintegration into workplace settings, this research supports the conclusions of Corrigan, Larson, and Kuwabara (2007) on promoting stigma-reduction education, as well as assistance and programming for individuals with mental illness entering workplace settings, such as supported employment. Similarly, this research echoes the findings of Shivy et al. (2007), indicating that professionals working in correctional settings should focus on individuals developing skills for the social aspects of employment.
This research confirms the idea that individuals, in this case, working adults, maintain a level of stigma towards individuals with mental health and criminal justice histories, in spite of a majority of participants stating that society should do more to assist these populations. Providers of treatment are not immune from the tendency to have stigma towards certain populations, as indicated in research by Servais and Saunders (2007) on psychologist perception of people with mental illness, and by Graham (1980) on psychotherapist perception of people with criminal histories (though this research is outdated). Servais and Saunders (2007) conclude that training should incorporate education on stigma. Similarly, training of health care workers is supported by

findings of stigma related to treatment of individuals with mental illness (Bell et al., 2010; Chikaodiri, 2009; Ross & Goldner, 2009).

The results of this research support continued implementation of stigma-reduction methods for the public, in both neighborhood and workplace settings. For a thorough review of research on effective ways to reduce public stigma, readers are referred to Corrigan and Shapiro (2010). Since those individuals coming from correctional facilities were most highly stigmatized, more research on stigma-reduction in this area is needed, and can perhaps be informed by the work on reducing stigma for those with mental illness.

Limitations

There are several limitations in this research. To begin, this study used short, fictitious vignettes, which might not represent true societal interactions. This was anonymous, self-report research, so this does not have the external validity that would perhaps be associated with a study that looks at actual reported incidents of stigma or with behavioral observations of individuals who are reintegrating. Additionally, there was a predominantly Caucasian and female sample, so future research should seek more diverse samples. Finally, since this sample was comprised of adults pursuing an undergraduate degree, they may be different from the general population. An advantage of this sample is that the program from which I recruited participants is one that educates adults who are working and living in the community (and not traditional college students who may be living in dormitories and not working), hence these participants could evaluate from their perspective as a community member.

Conclusion

It is estimated that 1600 individuals are released from prison each day (Beck, 2000). Most individuals who are incarcerated will be released at some point, as the median time of incarceration is only 21-28 months (Lynch & Sabol, 2001). This population often overlaps with the population of individuals with a serious mental illness. Discharge from psychiatric hospitalization is also a significant societal concern, as length of stay has decreased significantly over recent decades (Lieberman, et al., 1998). This study indicates that stigma is still present for individuals reintegrating from psychiatric, correctional, and combined facilities, and indicates that they are ascribed less desirable traits, and less likely to be welcomed into workplace, and especially less welcomed community settings. Research on assisting individuals with community reintegration and decreasing stigma should continue.

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