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From the Roots: Where Should Crime Prevention Start?

When people think of criminal justice reform, they often think of reforming police brutality, gun control laws, improving jail conditions, and decriminalizing substances. However, many fail to consider why people engage in criminal activity, often instead honing in on what could divert people from committing crimes. The law can prohibit people from purchasing firearms, but it can't stop people from having violent urges or growing up in violent households. Rather than fixating on how to stop people from obtaining weapons or drugs, activists for justice reform should focus on what the United States can do to prevent these individuals from choosing to violate the law. Although the United States has implemented many successful projects to reduce crime rates nationwide, they should direct their crime prevention efforts to improving mental health accessibility to reduce potential risk.

With the highest incarceration rate in the world, the United States bears a major responsibility in addressing their incarceration rates and finding ways to lower them (Henry). In a profile for the U.S. Department of Justice Office of Justice Programs, a practice on Hot Spots Policing focused their strategies for crime reduction on “drug enforcement crackdowns, increased gun searches and seizures, and zero-tolerance policing” (Practice Profile: Hot Spots Policing). The U.S. government does not effectively seek help for potential offenders using these tactics, but rather, they simply arrest these individuals at a higher rate to counteract crime-corrupted neighborhoods. In an official statement made by the Bureau of Justice Assistance, the U.S. claims that their strategies for reducing violent crime includes “assist[ing] state and local law enforcement officials... and impartial policing” (Bureau of Justice Assistance Programs). With a heavy rise in police brutality issues, relying on law enforcement as a solution to mental

health crises will only worsen the already difficult situations these individuals undergo. The government focuses their efforts on how to catch criminals rather than how to prevent individuals from becoming criminally involved, which does not truly assist in crime prevention, just higher incarceration rates. In a Bureau of Justice Statistics study performed across a 10-year period from 2008-2018, reports found that “about 66% of prisoners released across 24 states in 2008 were arrested within 3 years, and 82% were arrested within 10 years” (Recidivism of Prisoners). If these trends continue without intervention, recidivism in America will hit an all-time high. Arresting offenders without providing them with proper opportunities to seek help will only increase the likelihood of their future of lawlessness. Making neighborhoods safer will not address the root causes of crime, but rather, how to stop it after it has already begun.

To successfully reduce crime rates in the U.S., the government should analyze the factors that influence crime, specifically with mental health. Ecosocial theory provides an explanation behind how mental health and substance abuse can “go on to shape future behavioral responses to environmental conditions via criminalized behavior” (Henry). Research finds that over a quarter of individuals with severe psychological disorders have been charged with an offense, and people with severe mental illnesses report higher proportions of criminal involvement than those without mental illnesses (Kennedy-Hendricks et al.). Moreover, in an IF project constructed to understand the pathways to crime and delinquency, nearly every participant reported that the main lessons they wish they had been told or experienced before they wound up in jail included desires for a loving adult figure, people they felt they could talk to, and a counselor or professional to warn them about the consequences of drugs and crime (Henry). Had these prisoners and the millions of others in the United States had access to sufficient mental health services such as counseling, programs, and further education on health and wellbeing,

they likely would not have engaged in dangerous or illegal activities. Not only do many people fall into these paths, but many youths are born into similar dispositions of delinquency without knowing any better. For most children involved in crime, their actions often “have little to do with them and everything to do with their parents” (Wakefield and Wildeman 3). From birth, these children enter ‘intergenerational patterns’ which they continue to inherit and pass on over generations (Helfgott et al.). Individuals in prison have an estimated total of 2.5 million children below the age of 18, all of whom are at a high risk of committing crimes in the future, as well as suffering from mental illness in the future (Wakefield and Wildeman 4). Additionally, compared to those without mental disorders, these at-risk individuals with mental illness “experience higher rates of housing insecurity, poverty, and co-occurring substance use disorders” (Kopel). Without proper access to resources to help them, these additional factors only increase their likelihood to engage in criminal activity. So many factors contribute to the pipelines from untreated youth discipline to imprisonment, putting these children at the unfair disadvantage of inheriting a potential future of crime and substance abuse.

Among mentally ill individuals, people who go untreated face a higher risk of incarceration, according to statistics on mental disorders and criminal justice. A large proportion of prisoners nationwide suffer from one or more mental illness, and “[individuals] with mental disorders are overrepresented in criminal justice systems” (Ternes et al. 104). As high as 60% of offenders in jails and prisons suffer from psychological disorders, and nearly half have struggled with substance use (Henry). Without proper treatment, these statistics will continue to rise, further failing the criminal justice system in how the U.S. treats its citizens. Studies have explored the factors that could potentially result in this disproportion, some of which include “the failure to provide adequate community-based treatment and fragmentation in service delivery” (Kennedy-

Hendricks et al). Mentally ill individuals also have a higher criminogenic risk factor, yet the justice system punishes them rather than connecting them with proper mental health resources, even after imprisonment (Domino et. Al). Continuing to place mentally ill offenders in prisons rather than mental health facilities inhibits them from recovering properly and increases their chances of reentry, preventing them from ever accessing successful treatment. A large population of prisoners suffer from untreated mental illness and struggle to access treatment, and the United States should focus their attention onto these individuals and getting them help to limit crime and recidivism. The U.S. must invest in alternative solutions for crime prevention to help these individuals recover in order to maintain a fair criminal justice system and provide promising equal opportunity mental health accessibility.

After release from prison, individuals still face struggles with mental health, rebuilding relationships, child custody, employment, and housing (Ventura Miller). Many of the other challenges these people face create mental health problems and make it more difficult for them to avoid reentry even if they had no previously diagnosed mental disorders. Programs focused on different strategies to rehabilitate at-risk individuals before, during, and after prison all prove effective in reducing recidivism. In a practice profile for adolescent delinquency and problem behaviors, family therapy sessions and adolescent diversion programs helped to redirect participants of these treatment programs from rearrest 1 to 3 years later compared to youth who did not participate (Practice Profile: Family-Based Treatment). One program focusing specifically on probationers with mental illnesses provided people with counseling, education, substance abuse monitoring, and training on skills for everyday life and cognitive abilities. With these services provided, participants in this program experienced a 37% reduction in recidivism compared to individuals on standard probation (Program Profile: Community Reporting

Engagement). If every individual on probation receives equal access to mental health and social wellness resources, these positive results will continue to increase. Additionally, more programs such as alternative-to-incarceration programs prove successful in decreasing the likelihood that high-risk offenders will engage in misdemeanors, felonies, property crime, substance abuse, and other criminal offenses (Program Profile: Swift and Sure). Programs like these emphasize the reduced reentry and lower offending rates amongst individuals who receive the proper mental and social care.

Despite the significant evidence linking mental disorders and criminal engagement, the U.S. has not focused on mental health likely because “the relationship...is sparse, with varying samples, designs, outcome measures, and mixed results” (Domino et al.). To address this issue, a study done by Washington State using a difference-in-difference design reveals that “chemical dependency treatment provided to low-income non-Medicaid adults was associated with a significant decrease in arrests,” proving through unique methodology that mental health treatment can contribute to lowering recidivism (Domino et al.). Although many individuals experiencing early mental disorder predictors do not commit crimes, the Attachment and Developmental Dynamic Systems Theory of Crime suggests that “criminal behavior can be manifested or exacerbated by chaotic, stressful environments” and that criminal activity may be motivated by the need to suppress or satisfy feelings or urges initiated by present mental disorders in the individual (Lindberg and Zeid). Rather than waiting until these individuals feel the need to get criminally involved, states should provide better mental health resources to these struggling individuals before they turn to illegal activity as a response. Punishment through jail and imprisonment is employed more commonly for mentally ill individuals than mental care facilities or counseling, and research proves that “security responses to mental health needs have

not...demonstrated to be an appropriate response” (Ternes et al. 116). The United States National Institute of Justice has performed and collaborated on numerous programs and practices to address crime prevention, most of which surround the employment of law enforcement. While many of these programs have proved effective, they also proved more effective in identifying crime than in helping potential criminals. Despite the United States’ extensive programs for crime reduction and prevention, they could strongly benefit from a primary focus on mental health accessibility.

Mental health resources are scarcely inaccessible for many Americans, making it difficult for individuals struggling to receive adequate care to avert future outbursts or reactions. These resources Americans struggle to reach include counseling, psychiatry and rehabilitation centers, prescription medication, and school services. Studies have observed that “nearly half of the 60 million adults and children living with mental health conditions in the United States go without any treatment,” and only around 20% of children suffering from psychological or behavioral disorders receive specialized treatment (The Doctor Is Out; CDC). Individuals who do successfully seek treatment face many obstacles along the way, including cost, physician availability, and time. Even when resources are attainable, “allocation of resources as well as the quality of these services... may be unevenly distributed across different geographical areas” including financially disadvantaged communities and rural areas (National Collaborating Centre). Without equally accessible mental health resources, mentally ill individuals will continue to dominate the populations of the prisons in America. The United States continues to experience an increasingly concerning shortage of mental health services, with studies estimating that “over 75% of all U.S. counties have severe shortages of mental health service providers” (Grant et al.). This lack of mental health resources further emphasizes the serious concern for the

accessibility of mental health resources and why the U.S. should prioritize improving this accessibility. For individuals to receive sufficient resources to properly treat their mental disorders and thwart criminal behaviors, the United States must first acknowledge the countless disadvantages individuals face that inhibit them from accessing the already limited resources available to them.

Crime prevention goals for the U.S. should ideally surround finding the roots of pathways to crime and helping individuals avoid these pathways. The Emotional and Behavioral Health Crisis Response and Prevention intervention serves as a strong example of ways to identify risk factors at the lowest levels. This school-based behavioral program strives to “increas[e] school/community competence in responding to and preventing student emotional and behavioral health crises” (Program Profile: Emotional and Behavioral Health). The outcomes of these implemented interventions resulted in the participating schools having 56% fewer suspensions than schools that did not participate, as well as 75% fewer office referrals (Program Profile: Emotional and Behavioral Health). When schools provide better services for their students, they prevent this student engagement in crime both in and out of school. In the 2017-2018 school year, 80% of public schools reported that “one or more incidents of violence, theft, or other crimes” had been recorded in schools, and 47% of schools recorded incidents of crime to the police that year (Irvin, et al.). If crime prevention focuses on school programming and reassuring accessibility to adequate mental health services, students’ behavior can improve from a young age, preventing a future of delinquency and crime. Outside of school, some community-based solutions include “helping communities identify the risk and protective factors that influence child and adolescent development” and assisting communities in developing programs and resources to help these at-risk individuals (Biglan and Van Ryzin). Further solutions include

policy changes for mental health and Medicaid legislation which “represent opportunities to decrease incarceration of people with mental illness by connecting them to behavioral health services” (Domino et al.). Implementing both community-based resources and financial focused resources will help improve accessibility for mentally ill individuals to receive treatment, especially amongst financially struggling communities and marginalized groups. Several potential practices and programs exist to address the benefit of centralizing crime prevention efforts around mental health accessibility, and the United States should look to begin implementing such solutions.

The United States has found effective ways to address crime prevention through law enforcement interactions and other successful programs, but they could greatly benefit from establishing more programs and resources dedicated to mental health accessibility for at-risk individuals as well as previous offenders both in and out of prison. Through many different implementations of these focuses, the U.S. will not only help lower its crime rates, but also stop crime at its very roots. The United States has the unique opportunity to help individuals avoid falling into a life of crime and jail should they choose to make mental health resources more accessible to these untreated individuals.

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