How stigma is a barrier for people with mental illness transitioning from forensic or

correctional institutions into the community: A systematic review

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by Zachary MacMillan

Abstract

October 11, 2016

People face a multitude of barriers when attempting to transition to the community from
correctional or forensic institutions, including symptom management, substance abuse,
and weak social ties. However, labeling and stigma processes has not been
conceptualized as a barrier to successful transition in and of itself. A systematic review
was conducted to collect and synthesize the effects of these processes. Seven articles
were identified as relevant and labeling and stigma processes was found to negatively
affect two key determinants of transition success: 1) access to care and community
resources, and 2) completing identity work necessary for moral and social community
inclusion. Findings also suggest that stigma affects transition success indirectly and is
mediated through variables such as anticipated stigma. As identified in the literature and
confirmed through the systematic review, researchers and policy must be clear and
explicit in their operationalization of transition terminology.

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Introduction

After the commission of a crime, a subset of people who are found guilty are sentenced to a period of incarceration in correctional institutions, while an even smaller subset of people who are found 'Not Criminally Responsible on Account of Mental Disorder' are detained indefinitely a forensic mental health facility. Given that the majority of these persons will one day be released back into the community, correctional and forensic institutions, policy planners, and academics have developed a range of goals, processes, and measures to evaluate the success of offenders to live in the community. The success of a person's transition from institutions is affected by the interaction of structural, social, and individual factors. Among other determinants, labeling and stigma processes create significant challenges, especially for those who carry multiple stigmatised identities (e.g., mentally ill, criminal) (LeBel, 2012a). However, the relationship between stigma and successful outcomes has thus been explained as indirect; that is, as affecting transitions through other factors such as treatment adherence (Wilson, 2013) and access to community resources (Osher, Steadman, & Barr, 2003). In an effort to locate labeling and stigma processes as an independent barrier to achieving a successful transition, a systematic review was conducted to extract and synthesize data from articles that studied the effects of stigma on the transition of people with mental illness from correctional or forensic institutions into the community. First, re-entry, re-integration, and re-settlement perspectives are explored, capturing how each perspective defines and approaches transition success and the barriers faced by transitioning offenders. Next, transition is examined through the lens of modified labeling theory, followed by the identification of knowledge gaps and discussion of the current study's

methodological design. Finally, the results of the systematic review are explained and discussed, concluding with a brief summary of the study.

Literature Review

Conceptualizing 'Transition'

Although 'transition' is a seemingly straight-forward word used to describe change and adaptation, it actually refers to three distinct perspectives that tend to be conflated by scholars in the area. Authors such Draine, Wolff, Jacoby, Hartwell, and Duclos (2005) and Burnett and Maruna (2006) are careful to acknowledge that transition actually refers to philosophically distinct concepts of re-entry, re-integration, or re-settlement.

Under re-entry perspectives, the goal of transition is to have an individual geographically enter a community setting, to be connected to resources such as group homes and mental health services, and to sustain a crime-free lifestyle (Draine, Wolff, Jacoby, Hartwell, & Duclos, 2005; Osher, Steadman, & Barr, 2003). This perspective on transition largely ignores the necessity of pro-social networks and moral integration–a construct that considers the extent to which one's beliefs, ethics, and values align with those around them. Moral integration also considers whether or not one's social image and rapport are relatively well-received by members of the community, echoing concepts of respect and esteem. Furthermore, re-entry perspectives are primarily concerned with leaving correctional or forensic settings, living in the community, and systemic barriers to accessing resources and services (Osher, Steadman, & Barr, 2003; Phillips & Lindsay, 2011).

In contrast, re-integration perspectives intend for ex-offenders and persons with mental illness to develop reciprocal relationships with their communities, however defined, where individuals are connected to resources and, in turn, contribute back in meaningful ways (Draine, Wolff, Jacoby, Hartwell, & Duclos, 2005, p. 697). Furthermore, re-integration perspectives suggest that becoming part of the community involves a negotiation and integration of the individual into the 'moral community', rather than geographic (Burnett & Maruna, 2006, p.84). This sentiment was shared by Davis, Bahr, and Ward (2013) and, tangentially, by Osher, Steadman, and Barr (2003), who argue that re-integrative perspectives view transition as a process that incorporates not only one's physical re-entry into the community, but also their adjustment to life on the outside with regards to remaining crime-free (Davis, Bahr, & Ward, 2013, p. 447) and reducing social distance (Osher et al., 2003). However, re-integration perspectives are not without criticism and are vulnerable to critique, particularly from scholars working under re-settlement perspectives of offender transition.

Drawing from both re-entry and re-integration perspectives on offender transition, re-settlement offers a consideration of pre- and post-release support to prepare an individual for living in the community (R. Moore, 2012, p.130). Within resettlement perspectives, attention is similarly paid to connecting individuals to support services (e.g., welfare, education) as well as broad notions of moral integration and acceptance. Scholars such as Markson, Losel, Souza, and Lanksey (2015) and Moore (2012) argue that the notion of 're'-integration is flawed in that there is an underlying assumption of one's prior societal inclusion, when, in fact, criminal offending and imprisonment are confirmations and extensions of original marginalization. These authors also critique the

direction taken by re-entry scholars in exclusively focusing on offender deficit

perspectives and preoccupations with risk management. Together, re-entry and re-

integration perspectives impose flawed or unrealistic expectations of offender transition

potential, largely ignoring the offender's personal capacity to overcome their intrinsic and

social disadvantage, as well as the complexities of the community itself.

Studying Transitions

The distinctions between the concepts of re-entry, re-integration, and re-

settlement, necessitate a careful use of language and clear explanation of terminology is

urged when studying transition. In some studies, these differences are either not

acknowledged or are suggested to mean one-and-the-same, such as Phillips and Lindsay's

(2011) combination of 're-entry' and 'process', and Wilson's (2013) consideration of re-

entry programs. Both authors discuss holistic approaches to transition, yet use

terminology that the field typically reserves to describe one's initial departure from the

correction/forensic institution and immediate access to basic necessities. Moreover, re-

entry, reintegration, and resettlement perspectives also have separate approaches to

achieving successful transition into the community that reinforce the necessity of

distinguishing between them.

Re-entry perspectives, as mentioned previously, have chief concerns with meeting

an individual's basic human needs as well as addressing specific criminogenic factors

that, if left unaddressed, would increase the likelihood of re-offending. From this, authors

such as Baillargeon, Hoge, and Penn (2010) have suggested that re-entry ought to begin

at the pre-planning stage by assessing an individual for potential clinical and social needs,

including a detailed and written release plan that identifies and co-ordinates community resources, and utilizes proper communication, management, and record keeping (p. 369). However, by narrowly focusing on criminogenic risk factors, others argue that researchers and policy makers ignore wider humanitarian goals such as the protection of rights and liberties, quality of life, self-esteem, physical health and satisfaction with treatment (Yiend et al., 2011, pp. 278-279; Livingston, 2015).

Given that re-entry perspectives are aligned to achieve the goals of the criminal justice system—that is, the reduced likelihood of reoffending by addressing criminogenic factors—re-integrative perspectives conceptualize success as reaching humanitarian goals such as moral integration and positive self-identity, with desistence from crime constituting one form of success across a wide range of markers (Burnett & Maruna, 2006). Re-integration perspectives of transition frequently include strengths-based approaches to opportunity creation and development of pro-social ties (Burnett & Maruna, 2006). Known re-integration programs include the Massachusetts Forensic Transition Program co-ordinates services for three months following release from forensic institutions (S. Hartwell & K. Orr, 1999; S. W. Hartwell & K. Orr, 1999, p. 1220) and the APIC model assesses needs, plans treatment, identifies programs and services, and coordinates transition for offenders (Osher et al., 2003). In summary, there is consensus in the literature that preparing for release and transition should occur as early as possible upon entry into the correctional or forensic setting and should follow the offender through post-release (Baillargeon, Hoge, & Penn, 2010; Draine et al., 2005; Osher et al., 2003; Wilson, 2013).

Unlike re-entry and re-integration perspectives of offender transition, re-settlement of criminal offender perspectives are difficult to definitively locate and describe. First, resettlement has been referred to with great variation in its formal definition; as noted earlier, this includes drawing from re-entry and re-integration perspectives to influence what outcomes are considered imperative. Second, researchers also note that resettlement must refrain from imposing these broad definitions as indications of success; rather, transition planning involves the consideration of an offender's diverse circumstances and intersectional location in society. Thus, understanding what constitutes a desirable outcome requires the acceptance that re-settlement involves multilayered processes (i.e., psychological, social), highly differentiated goals, and acknowledgement of people's criminogenic and non-criminogenic needs (R. Moore, 2012, p. 142). However, the identification, measurement, and remediation of criminogenic risk factors remains integral to both re-entry and re-integration perspectives.

Lamberti, Deem, Weisman, and LaDuke (2007) categorize risk as owing to either internal (e.g., psychiatric symptoms, low social functioning) or external (e.g., programming quality, availability of resources) factors (p. 776). Researchers have also identified an array of criminogenic needs that, if left unmet, increase the likelihood of criminal offending for both offenders with or without mental illness. These needs include a history of substance abuse, employment, stable housing, adequate income, and adherence to medication (Bahr, Harris, Fisher, & Armstrong, 2010; Baillargeon et al., 2010; Phillips & Lindsay, 2011; Wilson, 2013). While these risk factors may be differentiated as either being internal or external, conceptualizing barriers to meeting

these needs is better thought of as existing across three levels of social experience (i.e.,

self/individual, social, structural). This approach is more attuned to the body of literature

that examines labeling and stigmatized experiences of persons with mental illness

(Corrigan, Markowitz, & Watson, 2004; B. G. Link & Phelan, 2001).

Barriers to Successful Transition

After reviewing how transition is conceptualized and what the key determinants

of 'success' are, additional questions remain in relation to how people experience

transition from correctional/forensic mental health settings and what are the known

barriers to achieving successful transition. For this purpose, 'success' refers to the

definitions proposed by re-entry, re-integration, or re-settlement perspectives. Studies

have identified factors such as a history of substance abuse, unemployment, and anti-

social peer relations as constituting significant challenges to successful transition for

correctional populations with and without mental illness (Bahr et al., 2010; Davis et al.,

2013; Hartwell, 2004). Additionally, studies have shown that individual characteristics,

such as low self-evaluation and poor coping-mechanisms (e.g., stress, perceived stigma),

combined with external (i.e., social, structural) variables, such as discontinuity of care

and poor access to resources, negatively impact a correctional or forensic offender's

transition into a community, achieving humanitarian goals (e.g., positive self-image,

moral integration), and remaining crime free (Barnao, Ward, & Casey, 2015; Phillips &

Lindsay, 2011). Furthermore, help-seeking behaviour and support networks have been

identified as important factors in relation to the successful transition of prison inmates

(Breese, Ra'el, & Grant, 2000). A study by Barrick, Lattimore, and Visher (2014)

revealed that people transitioning into the community from prison experience many

obstacles, such as substance abuse, mental health needs, strained family relations, and

that contact with family members both pre- and post- prison release were protective

factors against re-offending. Intersecting many individual and external variables, labeling

and stigma processes, too, have measurably affected transition success. Prior familiarity

with labeling and stigma process has shaped the perspective taken during the initial

literature and has informed the theoretical framework adopted for this systematic review.

Theoretical Framework

Classical labeling theory holds that the function of labels is to identify and

differentiate individuals, and groups of individuals, on the basis of key characteristics.

Often these characteristics are associated with negative stereotypes that are 'deeply

discrediting' (B. Link & Phelan, 2013, p.525). As dominant social groups consistently

respond to a labeled individual over time in a uniform manner, this theory holds that the

individual internalizes the label as personally relevant and renegotiates his or her self-

image to match that which they have been given. This new self-image is then informs

future behaviour, which tends to confirm the appropriateness, legitimacy, and necessity

of the label to begin with (B. Link & Phelan, 2013, pp. 526-527). The significance of

labeling theory is its ability to account for a variety of social phenomenon and outcomes,

including the ability of dominant social groups to define and attribute value judgements

to others and how these social processes function as a self-fulfilling prophecy whereby

behaviours are created by reactions to their anticipation—for instance, the teen

misbehaving because they are treated as though they are up to no good. However,

modified labeling theory builds on and diverges from classical theory in significant ways.

According to modified labeling theory, labeling and stigma processes begin with one's initial development of label conceptions (e.g., mental illness) through of individuals' perceptions of what it means to have a particular label (e.g., mental illness, criminal) (B. Link et al., 1989). Through exposure to how labeled others are treated, one develops an understanding of how labeled groups are, and ought to be, treated as well as their inherent characteristics (e.g., value, temperament, trustworthiness). Those expectations, particularly of discrimination and status loss, produce poignant results as labels, and their associated characteristics, are perceived to become personally relevant, which causes individuals to renegotiate their self-image. These expectations may also significantly impact one's worldview, depending on the perceived or actual relevance of the label. Importantly, actions taken in response to negative expectations and worldviews may significantly affect one's life outcomes—mediated through an individual's method of coping (i.e., avoidance/secrecy, withdrawal/isolation, education)—and limit life chances, especially if they instigate avoidance, social distance, and treatment non-adherence (B. Link et al., 1989; Mingus & Burchfield, 2012;B. Link & Phelan, 2013, pp. 527-528).

In modified labeling theory, the standard conceptualization of stigma as one's experience of actual discrimination as a result of their label is replaced by an understanding of the interconnected relationships between labeling, stereotyping, expected discrimination, and status loss (B. Link & Phelan, 2013, p.529; B. Link et al., 1989). The significance of modified labeling theory is that the manner in which society defines, manages, and respond to persons with mental illness can dramatically impact the degree to which they anticipate or experience stigma (Livingston & Rossiter, 2011).

Keeping this explanation in mind, several authors identified labeling and stigma as influential experiences during transition from correctional or forensic settings into the community.

Stigma as Transition Barrier

Information on how stigma affects transition for mentally ill offenders is not as readily available in the literature as more well-known criminogenic factors, such as substance abuse and anti-social behaviour; rather, scholars tend to focus on the consequences of criminal and/or mentally ill labels on social relations and criminal offending (Barrick, Lattimore, & Visher, 2014; Hirschfield & Piquero, 2010). This information contextualizes existing literature that identifies negative or anti-social interpersonal relationships as potential barriers to successful transition. Scholars have further connected experiences of discrimination to (negative) coping mechanisms and to negative outcomes such as recidivism (Barnao, Ward, & Casey, 2015; Phillips & Lindsay, 2011). More specifically, studies have been conducted to explore the direct consequences of stigma and how it is experienced by transitioning offenders.

As a crucial step for modified labeling theory, Mingus and Burchfield (2012) examined the degree to which offenders believe they will be discriminated against and how individuals limit their own opportunities as a result of the label and expected treatment. Similarly, LeBel (2012) quantitatively examined the reality of re-entry as a deeply stigmatizing experience, finding that transitioning offenders are likely to suffer from double or triple stigma (criminal, mentally ill, addict). Finally, in Barnao, Ward, and Casey's (2015) interview of twenty forensic patients to explore their rehabilitation

experiences, participants highlighted multiple themes relevant to both institutional and

community treatment settings, touching on person-centred treatment approaches,

consistency of care, self-evaluation, and agency as active concerns about their treatment.

These experiences and themes are linked to structural barriers to transition and concern

the discriminatory and stigmatizing treatment of forensic patients by treatment teams and

case managers.

Most research related to stigma experiences and processes address the indirect

effects to successful transition; that is, as impacting other factors that influence re-entry

or rehabilitation (e.g., coping mechanisms, access to housing). Few, if any, position

labeling and stigma as a core factor associated with success. Instead, the varying effects

of stigma processes are catalogued across a range of studies that centre on more

quantitatively established predictors of success, such as substance abuse (Hartwell, 2003)

and education (Satsumi, Inada, & Yamauchi, 1998). For this reason, a systematic review

of existing literature is needed to synthesize research findings on how labeling and stigma

processes influence transition. It is anticipated that such a study will contribute to a better

understanding of offender rehabilitation, transition planning, and how stigma, at the

intersection of mental illness and offending status, affects the transition from institution

to the community.

Methods

Given that there is not currently a synthesis of information regarding the effects of

labeling and stigma processes during transition, a systematic review of the available

literature is both an appropriate and valuable addition to the field. By using a clear,

explicit, and rigorous search strategy, which includes strict and transparent inclusion

criteria, only the most relevant research is identified and is done so in a replicable manner (Bettany-Saltikov, 2010; Hodgkinson & Ford, 2014). Further, the outcome of a systematic review is intended to be a comprehensive review of the subject area from which stronger generalizations and evidence-based decisions can be made (White & Waddington, 2012). By filtering through existing literature, these reviews save policy- and decision-makers from three substantial tasks: knowing how and where to obtain relevant information, determining which information is valuable and reliable, and reaching clear, non-biased conclusions by synthesizing all sources of reliable information (White & Waddington, 2012, p. 354).

Search Strategy

First, search terms were selected across three categories of information: population, event, and outcome variable. The terms to locate the subject population were (offender OR ex*con OR mental ill* OR mental disorder* OR schizo* OR forensic OR correction* OR prison OR jail) and were purposefully broad in anticipation of low numbers. The event in question was identified as (release OR discharge OR transition OR re*entry OR re*integration OR resettlement) while the dependent variable was located using (label* OR stigma* OR discriminat* OR stereotype OR shame). All categories of information were connected using the Boolean search term 'AND'. Preliminary searches using more specific terminology (e.g., mental ill* AND offender AND re-entry AND stigma) produced poor search results hinting at an under development of the particular topic of interest. For this reason, the study intended to include persons with mental illness transitioning from correctional settings as well as forensic mental health, using broad terminology; however the two were categorized separately during data collection. The

search terms were entered into a range of electronic databases that were selected on the

basis of their content: ABI/Inform (ProQuest), CBCA, JSTOR, Project Muse,

PsychINFO, PubMed, Sage Journals Online, Sociological Abstracts, and Web of

Knowledge. If the database identified more than 250 articles, alternative combinations of

search terms were used to narrow the results. Relevant articles had each of their

references manually reviewed for potential inclusion, and each final article was entered

into Web of Knowledge's 'Times Cited' function to identify additional relevant studies.

Study Selection and Inclusion Criteria

Studies were included for review if they had undergone a peer-review process

before publication and were original, primary studies (i.e., no theoretical papers or review

articles). No publication date constraints were used. Articles must have also addressed all

four categories of information: (a) involved people with mental illness, (b) involved

correctional or forensic mental health institutions, (c) focused on the transition out of the

(correctional, forensic) institution and into the community, and (d) measured or examined

the effects of labeling and/or stigma processes. While there are considerable challenges to

incorporating qualitative studies into systematic reviews, which traditionally rely on

quantitative evidence, Dixon-Woods et al. (2006) argue that including qualitative studies

recognizes the distinct benefits of their methodology such as an enriched understanding

of particular phenomenon in all its detail and insight. To exclude such studies from the

systematic review would constitute a disservice to the study of labeling and stigma

processes, which is rooted in the understanding of human experience and social relations.

For these reasons, both quantitative and qualitative studies were included in the proposed

study. Finally, any studies discovered to be unethical were excluded from the review,

though this occurrence was not expected due to rigorous peer-review processes.

Nevertheless, their potential presence was accounted for. Articles were determined to be

unethical and excluded if they involved participants under the age of 18, participation

was not voluntary, and/or participant data was used without consent.

Determination of Inclusion

Determining inclusion occurred in three phases. In phase one, all articles had their

titles and abstracts reviewed for inclusion of any one of the four categories of information

(i.e. mentally ill, corrections/forensic, labeling or stigma, transition). Articles in phase

one were excluded if they clearly did not address any one of the four categories, and

separated for further review if relevance could be easily determined. In phase two,

articles of potential relevance had their titles and abstracts reviewed a second time with

strict adherence to inclusion criteria. Studies in phase two were excluded if, after closer

inspection, it was determined that any one of the four categories was not addressed, with

the remaining articles separated again for full-text review. In phase three, full-text articles

were retrieved and carefully reviewed for explicit reference to each of the four categories.

Data extraction and analysis

Following determination of inclusion, data was extracted from each article and

managed using a manually-generated source grid table. The following data was extracted

about each study: citation, location, institutional setting, sample size, proportion of

sample that was male, research objective, methods, as well as findings and important

contextual information. Data was then reviewed and grouped according to major themes

identified throughout the findings.

Results

Using a three step search process, the number of identified articles between the

nine databases was successfully reduced from 527,575 to 82,600 (Figure 1). Screening of

the titles and abstracts resulted in 152 articles identified as possibly addressing any four

categories, of which 27 of these articles were found to have titles and abstracts that

appeared to address all four categories, but required full-text review for absolute

determination. After completion of the full-text review, six articles were identified to

address the population sub-groups, event, and outcome variables. After manually

reviewing the references of each of these articles, one additional study was identified. No

articles were identified through Web of Knowledge's "Times Cited" function – bringing

the total to seven studies (Table 1).

Setting and study methodology

Of the seven identified studies, three were conducted in the United States (K. E.

Moore, Stuewig, & Tangney, 2016; Pope, Smith, Wisdom, Easter, & Pollock, 2013;

West, Vayshenker, Rotter, & Yanos, 2015), three in the United Kingdom (Coffey, 2012;

Howerton et al., 2007; Mezey, Kavuma, Turton, Demetriou, & Wright, 2010), and one in

Canada (Shantz, Kilty, & Frigon, 2009). Three articles addressed persons of mental

illness who were involved in the forensic mental health system, and four addressed ex-

correctional populations. In total, data was extracted about 393 individuals, 30 of which

were professional or family participants. Of the 363 service user participants, 112

(30.9%) were involved in forensic mental health while the remaining 251 (69.1%) were

involved in corrections. Concerning gender, 75.0% ($n = 84$) of the forensic sample and

72.9% ($n = 183$) of correctional sample were men, translating to a total representation of 73.6% ($n = 267$) of the participants.

Two studies used quantitative methods, four used qualitative methods, and one used a mixed method design. One of the quantitative articles was a longitudinal study that involved data collection at three points: baseline or prison entry, prior to release, post-release. The other quantitative study adopted a cross-sectional study design. All four qualitative studies used in-depth interviews to gather data. The mixed-method study used surveys to collect initial respondent information and following up with in-depth interviews to elucidate patient experience.

Use and operationalization of key terminology

One of the quantitative studies explicitly measured for an individual's perceived or anticipated stigma using a longitudinal design (correctional population). The other quantitative article used labeling and stigma processes as a theoretical lens to explain correlations between offender characteristics and determinants of transition success (e.g., desistence from criminal offending). However, both the mixed-method and all four qualitative studies included participant acknowledgement, or fear of, labeling and stigma processes as detrimental factors during community transition.

Participants' formal mental illness diagnoses were absent one-third ($n = 3$) of the included studies, which tended to discuss mental illness ambiguously as 'mental health issues' (Shantz et al., 2009), 'suicidal' or 'in fear of formal diagnosis' (Howerton et al., 2007), or as 'forensic' (Coffey, 2012). From the remaining four studies, 78 (21.5%) participants were diagnosed with schizophrenia or schizo-affective disorder, 40 (11.0%)

with bipolar disorder, and 9 (2.4%) with major-depressive, among others (e.g., mood disorder, PTSD). Moore, Stuewig, and Tangney (2016) did not provide a breakdown for the 163 participants that completed stigma measures prior to release, instead the researchers offered a breakdown for total responses regardless of completion.

Examined as a whole, there was a lack of uniformity across studies concerning transition language (Table 2). Between author location (e.g., UK, USA), methodological approach (i.e., quantitative or qualitative) and sample population (i.e., forensic or correctional), no common trends were identified. 'Re-entry' was the chosen phase to describe the transition period process in four articles, 're-integration' was referred to in two, while 're-settlement' was not used. However, this is not surprising given Moore's (2012) acknowledgement of re-settlement as an emerging and under-studied concept in reference to transition from corrections/forensic institutions. Finally, offender transition was also referred to as 'leaving custody', 'community rehabilitation', and simply as 'outcome' in three separate articles.

In accordance with general conceptualizations of re-entry, Pope et al. (2013) consider the desirable outcome of offender transition to be reduced recidivism rates, as achieved, in part, by increasing an individual's access to supportive resources in the community (e.g., housing, effective treatment, employment). Pope et al. (2013) was less explicit in their framing of re-entry and conceptualization of 'success'. Similarly, Mezey, Kavuma, Turton, Demetriou, and Wright (2010), hinted, but did not explicitly state, that 're-entry' was both a physical transition to a geographic community in addition integrating into complex social communities within a potentially "unwelcoming society" (p. 694).

More closely aligned to holistic interpretations of re-integration, Shantz, Jennifer, and Frigon (2009) problematize Correction Services Canada's narrow approach to measuring success by an individual's desistance from crime, pro-social habits, and employment status. This shared Markson, Losel, Souza, and Lanksey's (2015) discontent with re-integration's underlying assumption of original 'integration'. Instead, Shantz, Jennifer, and Frigon (2009) broadly define successful re-integration as their participants' ability to properly "function in their communities, to develop social networks, and to grow as individuals" (p. 87). In contrast, Coffey's (2012) work lacked a clear definition of offender re-integration; instead, it implied a process that encompassed identity transformation, community-based accommodation, and inclusion in the moral community—seemingly drawing from both re-entry and re-integration perspectives.

Lastly, neither Howerton et al. (2007) nor West, Vayshenker, Rotter and Yanos (2015) concentrated on re-entry or re-settlement as processes or measurable outcomes. Instead, 'leaving custody' and 'diversion', respectively, constitute contextual moments in time while the intended variables of measurement are help-seeking behaviour, and self-stigmas and affected behaviours. Of importance is how these affected variables are necessarily captured under re-entry and re-integration perspectives as factors that affect success and success in-and-of themselves.

Quantitative Results of How Stigma Affects Transition

Mentioned above, Moore, Stuewig, and Tangney (2016) conducted a longitudinal study of offenders from the moment of entry into corrections through to one year post-release. While the authors acknowledge their efforts were not a direct test of modified

labeling theory (as was Link et al.'s (1989) work), the theory influences how they

understand the relationships between mental illness, self-stigma, shame-proneness,

recidivism, and community adjustment (e.g., employment, community functioning

index). The study tested various direct associations between perceived stigma and

anticipated stigma, as well as anticipated stigma and four remaining variables:

recidivism, substance dependence symptoms, mental health symptoms, and community

adjustment. The authors found statistically significant correlations ($p < .001$) between

perceived stigma and anticipated stigma ($r = .33$); criminal identity and community

functioning ($r = -.38$). Correlates with slightly weaker significance ($p < .05$) include

anticipated stigma and optimism ($r = -.19$), and optimism and community function ($r =$

.23). The researchers suggest that there is an indirect relationship between perceived

stigma and poorer community adjustment, and that this finding appears to be partially

mediated through anticipated stigma. Therefore, merely being aware of stigma was not

sufficient to determine the prospect of community adjustment; predictability of

stigmatizing effects surface when perception becomes anticipation (p. 212). This study

also found that perceived and anticipated stigma have unique and complex relationships

with various aspects of offender functioning and does not strongly predict negative

outcomes across all outcome measures (p. 213).

West, Vayshenker, Rotter, and Yanos (2015) recruited 82 participants from a

psychiatric inpatient hospital and mental health court diversion program to determine

how multiple stigmatized identities, such as mental illness, race, and criminality,

influence typically measured positive outcomes, including self-esteem, depression,

therapeutic alliance, and treatment adherence. It is important to note that these variables

are typically used as indicators of successful transition across re-entry and re-integration

perspectives. The researchers used a variety of measures, such as the Experience of

Discrimination Scale, Self-Stigma of Mental Illness Scale, Beliefs About Criminals

Scale, Medication Adherence Rating Scale, and Psychosocial Treatment Compliance

Scale. Fifty-three (64.6%) participants had experienced some form of discrimination: 43

(53.7%) had experienced race-based discrimination, 38 (47.5%) mental illness based, and

33 (40.7%) incarceration based.

   The authors found that mental illness self-stigma was not significantly correlated

with self-esteem, depression, or treatment adherence. Nevertheless, higher participant

reports of self-stigma were significantly associated ($r = .39$, $p < .001$) with greater

anticipation of discrimination on account of offending status as well as greater

internalization of said negative attitudes (p. 154). Additional findings include statistically

significant correlations ($p < .005$) between: mental illness self-stigma and depression ($r =$

.33), self-esteem ($r = -.41$), and participant-scored medication adherence ($r = -.34$).

Criminality self-stigma was significantly correlated with agreement on therapy tasks ($r =$

-.38), and treatment goals ($r = -.30$, $p < .01$). Racial self-concept was significantly

correlated with depression ($r = -.37$), self-esteem ($r = .47$), and patient-therapist bonding

($r = .34$). Moreover, regression analyses of self-stigmas and self-concept predictors

revealed statistically significant ($p \leq .05$) variance effect sizes of 0.07 (7.0%) for

criminality self-stigma and racial self-concept, as well as 0.05 (5.0%) for mental illness

self-stigma and criminality self-stigma. Finally, regression models predicting medication

adherence found statistically significant ($p \leq .05$) variance effect sizes of 0.07 (7.0%) for

criminality self-stigma and racial self-concept predicting participant-reported adherence,

and 0.08 (8.0%) for criminality self-stigma predicting clinician-reported adherence. West, Vayshenker, Rotter, and Yanos (2015) acknowledge that the selected measure of criminality self-stigma was created specifically for the purposes of their study and, therefore, not well established.

Qualitative Results of How Stigma Affects Transition

In response to the limited information available on how conditionally discharged forensic patients attempt re-integration, Coffey (2012) conducted 59 narrative interviews and identified a multitude of common experiences during transition, despite not probing for information regarding illness, hospitalization, or criminal involvement. Intersecting across the majority of interviews was the notion that effort exerted toward re-establishing one's social status (i.e., identity work) was necessarily involved during transition and was an active concern for patients. For some participants, society being unaware of their illness or criminal past allowed them to blend more easily into the community, "I'm talking to people socializing, keeping, being diplomatic with the truth because obviously I don't want to mention my past you know" (participant) (p.500).

Interestingly, the confirmation of successfully navigating the forensic mental health system (i.e., conditional discharge) offered participants the ability to distinguish themselves from their detained counterparts, claiming an alternative, pro-social identity. In these accounts, geographic and social distance were resources that provided space for ongoing and situational identity work–work that is essential in "smoothing transition' and "establishing tenure" in communities beyond the walls of forensic institutions (p. 503). Further, stories provided by patients highlighted efforts to differentiate themselves, temporally, from previous behaviour and were often transitory in nature.

In Mezey, Kavuma, Turton, Demetriou, and Wright's (2010) study, forensic clients conceptualized successful post-release recovery as managing one's mental illness symptoms and having a positive self-esteem. To that end, the stigma associated with criminal offending, as well as stigmatizing attitudes towards serious mental illness, was perceived as preventing recovery, particularly in relation to discharge and community living (p. 683). Throughout the interviews, participants were asked a variety of questions in an attempt to determine whether or not recovery themes identified within non-criminal mental health services (e.g., social inclusion, autonomy, being valued, access to money and housing) were also regarded as important to forensic groups. Findings indicated that symptom reduction was a necessary, though not sufficient aspect of successful recovery; many felt that having hope and optimism regarding their future was important (p. 687), "that's how I have managed to recover because I have understood exactly what my illness is about and I have tried to find ways for me to prevent it from happening again" (participant) (p.689). Interestingly, participants acknowledged that involuntary detention and treatment in a forensic psychiatric facility was an important event and, to some, necessary for their recovery (p. 688)

While recovery was conceptualized as managing their mental illness, forensic patients also framed recovery as overcoming stigmatized identities and no longer being viewed as a risk. Mezey, Kavuma, Turton, Demetriou, and Wright (2010) refer to this as facing "double stigma" (p. 691), owing to the consequences that being 'mad' and 'bad' has on achieving even the most modest goals, "I mean sometimes I feel they don't look at us as people, sometimes I feel they look at us as objects, like it's their job" (participant) (p.692). In fact, most clients reflected that their past offending behaviour posed the

greatest barrier to recovery and that shedding labels, such as murder and rapist, would not be possible. Consistent with stigma's association with poor social and clinical outcomes, participants viewed the prospects of discharge with ambivalence and apprehension, since it could be de-stabilizing (p. 694).

Howerton et al.'s (2007) study explored the factors that affected help-seeking behaviour among prison inmates before and after release, and who were suspected to suffer from mental health problems or were flagged as being at risk for self-harm. Sixty percent (n = 21) of the 35 participants indicated that under no circumstances would they consider seeking help from a general practitioner for their mental health problems, while another seven (20%) stated they would under certain circumstances. When followed up with post-release, none had sought mental health services. Through in-depth interviews, the authors were told that fear of formal diagnosis (i.e., labeling) inhibited help-seeking behaviour among most participants. Fear of diagnosis of mental illness was highlighted by participants as a fear or anticipation of stigmatization by friends, family, or others on the basis of having mental health problems. However, others also admitted that a formal diagnosis would necessarily prompt an undesired confrontation of the problem, "so you're classed… I would class myself as weak if I'd got to go and say I've got a problem. And if I don't admit it, I haven't got it. So that's the other way of looking at it, isn't it?" (participant) (p. 305).

Shantz, Kilty, and Frion (2009) conducted in-depth interviews with 10 female ex-correctional offenders who served a minimum of seven years in prison and had been living in the community for a minimum of five years. Similar to Howerton et al. (2007), Shantz, Kilty, and Frion's (2009) participants were not screened for formal mental illness

diagnosis and instead some displayed 'mental health issues'. Accessing community

resources was a challenge for those with mental health issues and for any woman who

possessed special needs, "from the time I got out of prison until about four years ago, I

didn't tell anybody where I worked that I'd been in prison. Because I just knew that if I

did, they wouldn't trust me" (participant) (p.98). The researchers also interviewed nine

professionals in the criminal justice field; one professional that worked with re-

integrating women explained that. in addition to limited community resources available

to ex-offenders, individuals in rural community have few positive social networks to turn

to, "For remote communities where women are being released to and they don't have an

E. Fry, I don't know what kind of social circles they create for themselves or personal"

(professional) (p.102). This testimony corroborates findings reported by other researchers

regarding the social isolation and social and familial dislocation faced by women leaving

prison, especially those that are incarcerated for a long duration (p. 102). Finally, women

exiting correctional settings add the stigma associated with their criminal status to their

list of disadvantaged, intersectional identities such as a race, class, gender, mental-health

status, and marketable skill sets (p. 104).

Mixed-Methods Results

Pope et al. (2013) took a mixed-methods approach to study how mentally ill

offenders experience receiving care during and after incarceration and the perspective of

the mental health professionals who treat this population during re-entry. Quantitatively,

11 providers (44.0%) commented about the significance of mandatory community

treatment engagement by referring to mandated clients as being more difficult to engage.

Five (20.0%) providers also admitted to harbouring fear and prejudice toward working

with individuals with criminal pasts. Of the 33 (76.7%) clients who returned the

community following incarceration, only two (4.7%) reported being linked directly to re-

entry programs (p. 450). Nine re-entering individuals reported living with family, but

without being linked to any services and two were released with nothing more than a

bus/subway ticket (p. 451).

Qualitatively, clients frequently spoke of how their unstable housing situations

had rippling effects that negatively impacted different aspects of their lives, including

relapse into drug use, missing mental health services, and violating parole. Furthermore,

clients highlighted that, even in circumstances where mental health services were

available, they experienced difficulty following-up on appointments due to a lack of

engagement and apprehension toward accepting assistance (p. 451). Unfortunately,

mental health service providers commented on the stigmatizing attitudes towards clients,

with one stating that "staff makes more judgments about people who have been in the

criminal justice system… that they're going to be using drugs", while another

equivocated the client population with "sociopath type clients" (p. 452). However, Pope

et al. (2013) lacked a robust consideration of stigma and, instead, framed these attitudes

as a provider-client relationship concerns that required improvement.

Discussion

In studying the transition of mentally ill offenders from correctional or forensic

institutions into the community, it is worth noting that this systematic review located no

articles that studied labeling and stigma process as barriers in-and-of itself. Rather, most

authors reached approximations of this study's research question, focusing on the impact

of labeling and stigma processes on achieving various, and often necessary, components

of success. For instance, Howerton et al.'s (2007) explored factors that influence the

help-seeking behaviour of transitioning men while Moore, Stuewig, and Tangney (2016)

proposed interrelationships between mental illness, self-stigma, shame-proneness,

recidivism, and community adjustment. This is, perhaps, indicative of the indirect

relationship these processes have with determining, not only outcomes from criminal

justice involvement, any discriminated group's navigation of society's complex social

structures. Nevertheless, labeling and stigma processes were found to affect two key

determinants of successful transition, and that the anticipation of stigma has documented

effects on factors associated with success.

     The first key determinant of success that labeling and stigma was found to affect

was an individual's access to care and community resources. As Shantz, Kilty, and Frion

(2009) found, re-integrating women with both a criminal history and present mental

health issues experienced accessing resource needs as "set of locked doors" (p. 102) that

structurally blocked integration. Community resources, disappointingly, were more

difficult to access or often unavailable to the transitioning offender. Moreover, many of

the organizations in place to assist transitioning offenders, such as Elizabeth Fry Society,

are often unavailable in remote communities. Geographically speaking, social isolation is

expected to be pervasive among offenders entering rural towns where access to re-

integrative programming is limited. However, when these programs are available,

offenders may be reluctant to become involved due to forms of structural stigma that

materialize when an offender is formally diagnosed with mental illness. Howerton et al.

(2007) indicate that, for the men of their study, none had sought mental health services

due to a fear of diagnosis and consequential stigmatization by friends, family and others. This contrasts Shantz, Kilty, and Frion's (2009) finding that stigma is partially experienced through blocked access to community resources.

In addition to affecting access to resources across structural and social levels, labeling and stigma processes have had measurable effects on the self level, as robustly explored by Moore, Stuewig, and Tangney (2016). Mediated through anticipation, perceived stigma affected a variety of factors associated with poor adjustment in the community, such as community functioning and employment. Despite not often included as a resource, in the same manner as mental health or social services, employment often constitutes a necessary component of achieving independence and adjusting to life in the community (Bahr et al., 2010). Finally, West, Vayshenker, Rotter, and Yanos (2015) reported that the majority of their participants had, in fact, experienced discrimination and that levels of mental illness self-stigma were associated with depression and self-esteem–both of which are factors that predict help-seeking behaviour and motivation to access to community resources (Cooper, Corrigan, & Watson, 2003).

The second key determinant of success that labeling and stigma was found to affect was an individual's ability to complete necessary identity work to transition into the moral and social community. Borrowing the phrase from Coffey (2012), identity work refers to the effort an ex-offender must spend into renegotiating their image as a community member and to achieve moral integration. For Coffey's (2012) conditionally discharged forensic patients, both temporal and geographic distance provided space to develop emerging identities. In fact, their identity work and displays were often part of an attempt to distance themselves both from others similarly labeled as well their former

selves. During transition, the ability to overcome negative values attached to criminal and

mental illness labels and establish "ordinary and mundane everyday experiences" (p. 501)

was fundamental in establishing community tenure.

Mezey, Kavuma, Turton, Demetriou, and Wright (2010) and Moore, Stuewig, and

Tangney (2016) echoed this sentiment. For forensic patients to successfully transition

into the moral community, shedding stigmatized labels involved being on constant guard

when talking about one's past (Mezey et al., 2010, p. 691). Despite the fact that being

released from a forensic institution is often an indication of recovery and distance from

one's former self, many remain apprehensive about entering unwelcoming communities

and fear that criminal labels (e.g., murderer, rapist) can never be shed (p. 693).

Nonetheless, Moore, Stuewig, and Tangney (2016) argue that it is when the perception of

stigma leads to the anticipation of personally relevant experiences that community

adjustment is negatively affected (p. 212).

Though not an intended test of modified labeling theory, this finding supports the

notion that the effects of labeling and stigma processes are not fully realized until the

perception of negative attitudes are evaluated as personally relevant (B. Link et al.,

1989). Finally, it is worth noting that Pope et al. (2013) found that, even when mental

health services and assistance programs were available, transitioning offenders

experienced apprehension and a lack of engagement. Here, the anticipation of stigmatized

experiences posed a barrier to accessing services needed to facilitate identity work and

necessary for addressing other predictors of re-entry and re-integrative success (e.g.,

substance abuse treatment, mental health).

One shortcoming in the identified literature was Moore, Stuewig, and Tangney's (2016) unwavering positive regard for involuntary forensic treatment in the context of their study. This less critical appraisal risks lending itself to the perspective of greater social distance and separation of mentally ill (sub)groups, particularly due to the connotation that life in the total institution is preferable than life in the community. One further critique is the apparent lack of consensus regarding the use of transition terminology in the identified articles. Variance between the studies supports the recommendation arising from the above literature review, that key phrases must be used carefully to distinguish important theoretical perspectives and reduce confusion.

Limitations

The limitations of this study are primarily due to not anticipating difficulty during article relevance screening. First, this study included articles that made reference to offender transition, yet did not use any of the exact terminology reviewed earlier, particularly 're-entry' and 're-integration'. As such, inferences were made as to the relevance of the studies where inclusion criteria ought to have included a necessity to use at least one of the three transition terms covered earlier. Specifically, Howerton et al. (2007) described offender transition as 'leaving custody'. Finally, West, Vayshenker, Rotter and Yanos (2015) required the most leeway with their study of both forensic patients in both inpatient and court diversion settings. In retrospect, having almost half (n = 3) of the included studies make no precise reference to re-entry, re-integration, or re-settlement undermines the rigor of study design and the strength of its findings.

Second, it is important to acknowledge the potential bias inherent to selecting articles exclusively written in English. By excluding studies conducted and written in non-English, non-Western settings, dominant epistemological and ontological understandings of labeling and stigma processes are replicated and reinforced. In effect, alternative perspectives on the lived experiences of mentally ill offenders are potentially suppressed and subjugated. While the intent was to respect and avoid the inevitable loss of meaning that occurs during translation, it is nonetheless important to note the negative consequences of this design choice with regard to perpetuating our own understanding of social processes.

Conclusion

The transition of people from correctional or forensic institutions into the community is frequently conceptualized in three separate perspectives: re-entry, re-integration, and re-settlement. Each perspective offers a distinctive approach regarding the goals, processes, and measurement of offender transition, as well as what constitutes success. Re-entry perspectives assert that desistence from crime and public safety are primary outcome goals and is achieved through addressing individual criminogenic risk factors and connecting the individuals to resources in the community. Re-integration, on the other hand, incorporates management of criminogenic factors with strengths-based programming to achieve more holistic goals including positive self-image and moral integration into the social community. Finally, re-settlement is an emerging perspective that rejects broad indicators of success and instead considers offender's previous, intersectional location in society when planning and evaluating transition. Inherent to each of these perspectives are challenges offenders must overcome in order to achieve

relative success, with labeling and stigma processes negatively affecting transition under each perspective. In an attempt to locate labeling and stigma processes as an independent barrier for mentally ill offenders in transition, a systematic review identified seven articles that examined 1) mentally ill offenders from, 2) correctional or forensic institutions, 3) transition into the community and, 4) measured the impact of labeling and/or stigma.

These articles identified the relationship between stigma and transition outcomes as indirect and mediated through variables such as anticipated stigma. Labeling and stigma processes were found to negatively affect mentally ill offenders' ability to access community resources on structural, social, and self levels. Furthermore, stigma poses a challenge to those attempting to complete the identity work necessary for moral integration into the community. Mental illness and criminal labels often require distance (i.e., geographic, temporal) and hyper-vigilance for offenders to hope to distinguish themselves from both their past identity and their incarcerated counterparts. It is clear from these studies that future researchers and policy planners should be explicit and careful in their operationalization of transition terminology.

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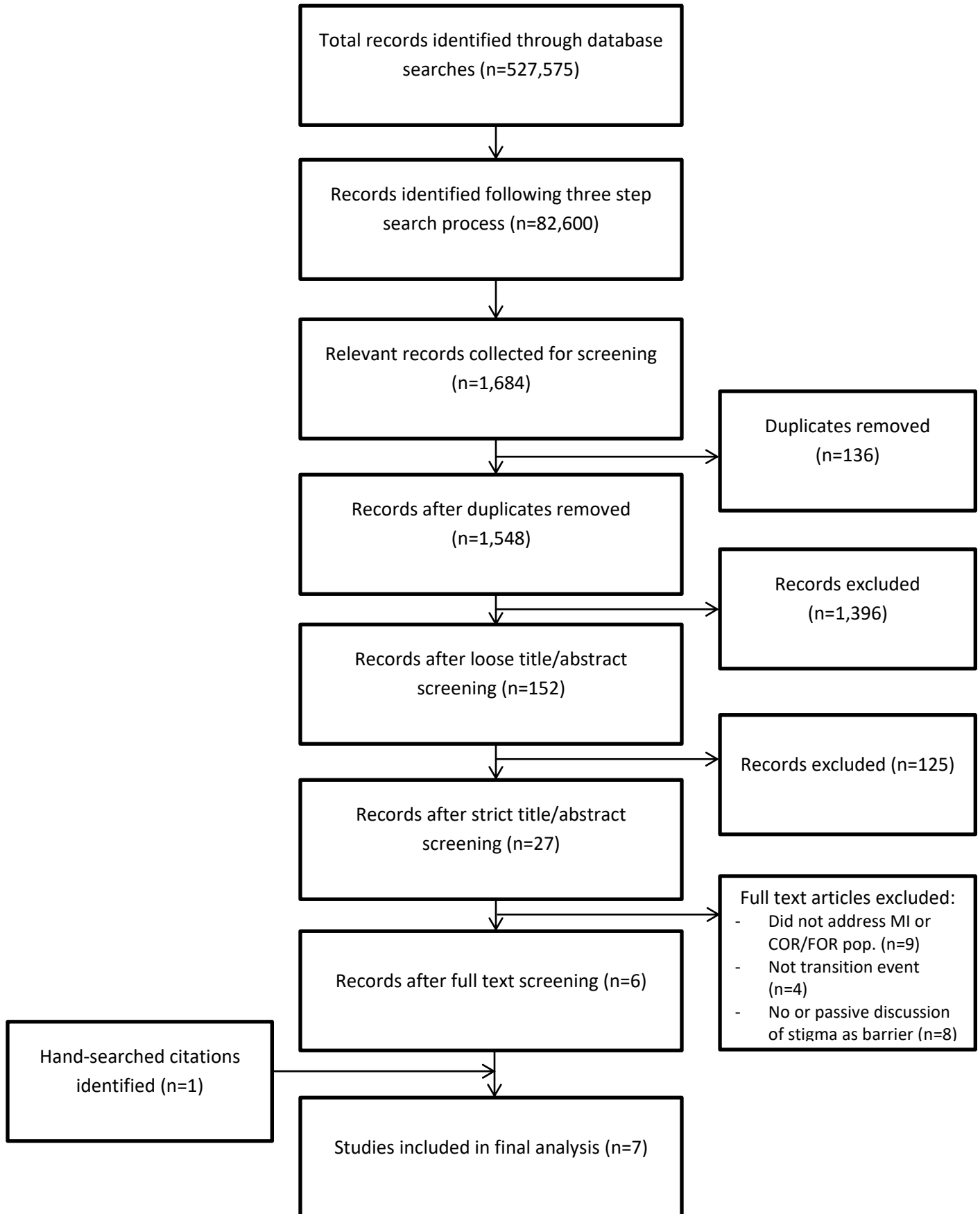**Figure 1: Screening process flow chart**

Table 1: Characteristics of studies included for full review

STUDY	DEMOGRAPHICS			RESEARCH OBJECTIVE	METHODS	
NAME	COUNTRY	POPULATION	% MEN		SAMPLE SIZE (n=)	Design
Coffey (2012)	United Kingdom	Forensic	90%	To elicit accounts of participants in transition and how their identity was handled	40 - 20 Patients - 20 Workers	Qualitative In-depth interviews ('accounts') of conditionally discharged offenders
Howerton, (2007)	United Kingdom	Correctional	100%	To explore the factors that affect help seeking behaviour in transitioning offenders in mental distress.	35	Qualitative In-depth interviews
Mezey (2010)	United Kingdom	Forensic	80%	To explore patient experiences of recovery.	10	Qualitative In-depth interviews
Moore (2016)	United States of America	Correctional	71.2%	To examine psychological and behavioural responses to stigma after release from jail.	163	Quantitative Longitudinal data collected at entry into jail, prior to release, one year post-release
Pope (2013)	United States of America	Correctional	74.4%	To explore how mentally ill individuals describe their experiences receiving care during and after incarceration.	43	Mixed Methods Quantitative survey and Qualitative Interview
Shantz (2009)	Canada	Correctional	0%	To explore how women reconstructed their lives after leaving prison (min. five years post-release).	20 - 10 Offenders - 9 Professionals - 1 Family	Qualitative In-depth interviews
West (2015)	United States of American	Forensic	70.7%	To investigate the impact of a combination of multiple stigmatized identities on various patient outcomes.	82	Quantitative Self-stigma scores analyzed for effect on self-esteem, treatment adherence.

Table 2: Findings from studies included for full review

STUDY	TRANSITION CONCEPTUALIZATION	SUMMARY OF MAIN FINDINGS
Coffey (2012)	Re-integration: Implied as achieving accommodations and non-deviant status. Involves identity displays. Success not explicitly defined.	Re-establishing social status necessarily involved during transition. Geographic and social distance were resources for participants.
Howerton (2007)	Leaving custody: Physical departure of individuals from prison into the community; focuses on help-seeking behaviour for mental health. Success not explicitly define.	Help seeking, 60% (n=21) would not any circumstance; 20% (n=7) would under some. Fear of formal diagnosis and forced confrontation of problem as deterrent for participants.
Mezey (2010)	Re-entry: About re-entering into an unwelcome society. Not entirely clear on re-enter meaning or how success is defined.	Participants indicate symptom reduction is necessary, but not sufficient condition for success. Hope and optimism were important factors for participants. Also indicated involuntary detention was important and in certain instances necessary for recovery. Participants reflected on 'double stigma' of being mentally ill and criminal.
Moore (2016)	Re-entry: Functioning post-release, participating in one`s community. Research is heavily focused on re-integration. Success not explicitly defined.	Correlations: Perceive stigma + Anticipated Stigma, r=.33* Criminal identity + community functioning, r=-.38* Anticipated stigma + optimism, r=-.19** Optimism + community function, r=.23** *p<.001, **p<.05
Pope (2013)	Re-entry: Access to housing, employment, and treatment. Success not explicitly defined.	20% (n=5) included service providers indicated harbouring stigmatized views of past criminals. 4.7% (n=2) of the 33 re-entering individuals report being directly linked to re-entry programs. Another 4.7% (n=2) report being release with nothing more than a bus ticket. Participants discussed experiencing difficulty in attending follow-up appointment with appointments due to apprehension and a lack of engagement. Further, unstable housing affected other areas of life including drug use relapse and violating parole.
Shantz (2009)	Re-integration: Ability to function in the community, to develop social networks, and grow as individuals. Success as defined as achieving such.	Access to community resources was a primary barrier for participants with special needs. Criminality stigma was suggested to add to participants' growing list of marginalized, intersectional identities. Professionals also interviewed suggested there is a lack of positive social networks to turn to in rural communities.
West (2015)	Diversion: Receiving outpatient services after having some into contact with the criminal justice system. Success was not explicitly defined, however, outcomes suggest traditional indicators of success (e.g., treatment adherence, positive self-esteem).	Correlations: Mental illness self-stigma + depression, r=.33* + self-esteem, r=-.41* + medication adherence, r=-.34* Criminality self-stigma + therapy agreement, r=-.38* + treatment goals, r=-.30** Racial self-concept + depression, r=-.37* + self-esteem, r=.47* + patient-therapist bond, r=.34* Variance effect sizes: Criminality + racial self-concept, =.07*** Mental illness + criminality self-stigma, =.05*** *p<.005, **p<.01,***p≤.05