Mental Illness and Perceived Social Support upon Reentry:

An Analysis of Inmates in Arizona

by

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ABSTRACT

Mentally ill offenders continue to contribute to mass-incarceration within the United States. The cost, both social and economic, of housing a large number of mentally ill inmates in our prison system has reached a breaking point. The need for empirically founded correctional research, with an emphasis on individuals who suffer from a mental illness, is crucial to reducing the number of incarcerated individuals in the United States. The current study analyzes whether mentally ill inmates reported statistically significant differences in levels of perceived reentry social support, when compared to their non-mentally ill counterparts. The current study utilized data from the APVP. The APVP contained a sample of 231 individuals, 121 female and 110 male, from two Arizona Department of Corrections facilities. The majority of respondents were white (44.58%), medium security (40.26%), non-married (77.49%), and had a mean age of 36.04 years (SD=11.74). The current study conducted both bivariate and multivariate analyses to determine whether mentally ill inmates perceived differences in the reentry social support available to them as compared to non-mentally ill inmates. Further multivariate analyses were conducted to determine whether there were any significant differences the key independent variable and the dependent variables across gender. Mentally ill female inmates reported significantly lower rates of perceived reentry social support in a number of emotional support factors. The findings of this study are a crucial first step for future empirical research on inmate perceptions of social support—perceptions that may directly affect successful reentry.

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The number of mentally ill inmates that currently call the United States prison system home has risen to over 1.25 million, with over 200,000 state prisoners (10-15% of the total state prison population) reporting a serious mental illness (Heilbrun et al., 2011; James & Glaze, 2006; Keston et al., 2012). Inmates report diagnoses of mental illness three to four times that of the general population (Lurigio, Rollins, & Fallon, 2004), rates of a diagnosis of bipolar disorder three times higher than in the general population (Lurigio, 2011), and roughly seventy percent of inmates that had a serious mental illness had a co-occurring diagnosis of substance abuse disorder (Kesten et al., 2012). The American correctional system is ill-equipped to provide the adequate support needed by mentally ill individuals. The annual spending on corrections in the United States has exceeded fifty billion, a number that will only continue to rise as the criminal justice system incarcerates the mentally ill at a record pace, with little concern for addressing their needs while incarcerated and upon reentry into the community (Osher & King, 2015). In short, mentally ill inmates present a significant policy challenge to the United State correctional system.

Time spent in prison does little to address the unique needs of mentally ill offenders, and they often return to the community worse off than when they left. Homelessness, lack of proper government assistance, and lack of proper treatment are just a few of the issues the mentally ill face after being released from prison. Individuals suffering from a mental health problem have been found to be twice as likely to be homeless a year prior to their incarceration, and they often return to the community with no place to live and no job waiting for them (James & Glaze, 2006). Obtaining government support in finding adequate housing and jobs during reentry often relies on

an individual having an up-to-date mental health history that shows that they have obtained treatment for their diagnosis. Unfortunately, only 34% of mentally ill state prisoners receive treatment while incarcerated, with the majority of state inmates returning to the community with absolutely no treatment for their illness (James & Glaze, 2006). The result of this breakdown in reentry support is significantly higher rates of recidivism among the mentally ill when they are compared to non-mentally ill ex-offenders (Gagliardi et al., 2004; Lurigio, Rollins, & Fallon, 2002; Serowik & Yanos, 2013).

One possible way to overcome obstacles to reentry—among both mentally ill and non-mentally ill ex-offenders—is to receive support from others. Social support may be instrumental (e.g., assistance finding a job, obtaining a loan) or expressive (e.g., having someone to talk to). A number of recent works have begun to examine the linkages between social support and recidivism (see Cochran, 2014; Martinez & Abrams, 2015; Orrick et al., 2011). However, to date, no work has examined whether there are differences in social support available to mentally ill offenders compared to non-mentally ill offenders. The inmate who suffers from mental health issues likely views the world inherently differently than an inmate with no mental health issues. They must not only overcome the stresses of being incarcerated, but also overcome the strains of their illness, such as homelessness, elevated rates of a co-occurring diagnoses of substance abuse disorder, a lack of adequate mental health care, and the stigma of being "crazy." It is reasonable to believe that with all of these additional strains, in combination with a criminal justice system that does little to assist their mental health needs while incarcerated, that the mentally ill offender would have different views on social support

available to them upon their release (Rotter et al., 2011). Put simply, a lack of social support may explain elevated recidivism rates among those with mental illness.

The following study analyzes whether mentally ill inmates have different levels of perceived social support available to them upon release as compared to non-mentally ill inmates. I utilize data from the 2014 Arizona Prison Visitation Project (APVP), which includes information derived from 231 semi-structured interviews of inmates in the Arizona Department of Corrections (see Tasca et al., 2016). I seek to answer the following question: "Do perceptions of available social support vary based on mental health status of inmates?" The answer to this question has important implications for the handling of mentally ill inmates. More broadly, this work may begin to suggest some answers on how to reduce recidivism among the mentally ill.

LITERATURE REVIEW

MENTAL ILLNESS

Before the mental illness literature can be examined, a definition for mental illness must be established. The current study relies on the following definitions for mental disorder and mental illness. *Mental illness* includes a number of brain diseases (e.g. bipolar disorder, and schizo-disorders), while *mental disorders* include a broader range of dysfunction; mental disorders include psychiatric illnesses, substance abuse disorders, personality disorders, and intellectual handicaps (Olley, Nicholls, & Brink, 2009). The critical variable of the current study does not differentiate between specific mental health problems. Instead, the above definitions are used as a result of their ability to efficiently encompass a broad range of mental illnesses and mental health problems.

800,000 inmates booked annually in the United States suffer from a mental illness (Olley, Nicholls, & Brink, 2009). Seventy percent of offenders suffering from severe mental illness have a co-occurring substance abuse disorder (Kesten et al., 2012). A result of this high rate of co-diagnoses for mentally ill offenders is an elevated rate of recidivism in the form of probation or parole violations. Roughly 65-70% of mentally ill inmates return to prison as a result of new charges and probation/parole violations (Lovell, Gigliardi, & Peterson, 2002).

Seventy three percent of female inmates suffer from mental health problems, compared to fifty-five percent of male inmates (James & Glaze, 2006). Female inmates report a serious mental illness at a rate three times that of their male counterparts (Wolff, Morgan, & Shi, 2013). Females currently receiving medication for a mental disorder had an annual incarceration rate twice that of males and females offenders with no mental disorder (2.6% vs. 1.1% and 1.3% respectively) (McCorkle, 1995). The result of these elevated rates of incarceration is that a significant percentage of female inmates report current diagnoses of a variety of mental health issues. Prior research has found that incarcerated women are more likely than their male counterparts to have a current diagnosis of a major depressive order (13% v. 6.9%) or schizophrenia (3.8% v. 3.0%), and a significantly higher rate of being diagnosed with any mental health disorder; 73% v. 55% (Brink, 2005; James & Glaze, 2006).

SOCIAL SUPPORT

Social support is defined as "the perceived or actual instrumental and/or expressive provisions supplied by the community, social networks, and conflicting partners" (Cullen, 1994:530). An additional definition for social support includes, "a

multi-faceted and complex construct that includes the number of people with whom an individual interacts and the perceived quality of these interactions" (Corrigan & Phelan, 2004:513-514). The two aforementioned definitions of social support contribute to a larger definition of social support, which meets a number of critical criteria. First, both definitions make it clear that there is a distinction between objective support and perceptions of support. This distinction is important given the relevance that "perceived" support has on the present study. Perceived support is crucial because it provides the insight that people do not receive support in a clear-cut mechanical way, but rather interpret, appraise, and anticipate it in the context of the social situation they presently find themselves (Matsueda, 1992). Second, the distinction between instrumental and expressive support is also of critical importance. Instrumental support is measured by an individual's support network's ability to provide assistance in addressing needs such as finding a job or finding housing. Expressive social support is the ability of an individual's support system to provide emotional support (e.g., having someone to talk to, having someone to go when you are struggling with a problem). The final reason for utilizing the aforementioned definitions for social support is their ability to encompass both informal and formal avenues of social support—with informal support being represented in the form of social relationships and formal support being assistance from the government and criminal justice system (Vaux, 1998). Formal and informal support structures are integral to success once an inmate reenters society, with informal support from family and friends to aid them with the stressors of reentry, and formal support by the government and criminal justice system providing support in a variety of ways (e.g., mental health care).

The importance of social support has been emphasized throughout the criminological literature since the 1950's. Glueck and Glueck (1950) found that the more support a family provides, the less likely an individual is to engage in criminal behavior (see also House, 1981; Vaux, 1988). Vaux (1988) was one of the first scholars to determine that social support acted as a buffer to strain by promoting an individual's development to help him or her navigate tasks. More recently, Cochran (2014) conducted a longitudinal analysis to determine the effects of visitation on inmates and any connection these visits had on recidivism. He found that individuals who maintained close ties to their social networks while incarcerated directly affected rates of recidivism. Green and Rodgers (2001) attempted to understand how individuals develop, maintain, and engage different forms of social support by measuring perceived stress rather than life events. Their research documented that perceptions of available emotional support contributed uniquely to subsequent levels of stress. However, their results were not generalizable, due to their sample consisting solely of black women with young children; a sample that was predominately single and unemployed. Green and Rodgers (2001) emphasized the importance of further research to determine the complex nature of social support, and how it is developed, utilized, and perceived. Hobfoll and Freedy (1990) believed that support is the product of personal, social, and environmental factors that are just beginning to be explored. The results of their research indicated that close relationships with family were often used inappropriately and resulted in poor social support. Put simply, Hobfoll and Freedy (1990) determined that not all social support was positive social support, and the way in which an individual utilizes the social support

available to them is directly correlated with how effective that social support is in generating positive results.

Cid and Marti (2015) reiterated the importance of social support as an intervening variable in what was referred to as "strain-social support theory." The key concept of strain-social support theory is that with high levels of social support to negate the adverse effects of strain, those strains are less likely to cause a criminal reaction by the individual in question, and a reduction in overall crime rates will take place. Social support is a key aspect of crime reduction throughout the life-course by promoting positive psychological and physical health development (Bengtsson-Tops & Henson, 2001; Cid and Marti, 2015; Cullen, Wright, & Chamlin, 1999). However, the positive effects of social support on reducing crime are not exclusive to actual social support; social support can be measured by the number of individuals in a social network or the amount of support given by government agencies, as well as how an individual perceives support (Barrera, 1986; Hobfoll, Nadler, & Leiberman, 1986; Stokes, 1983).

Perceived Social Support. Prior literature on perceptions of social support has found that social support is an external, objective factor in the prevention of criminal tendencies, and that if an individual anticipates a lack of social support, the individual will increase their criminal involvement (Cullen, 1994). Numerous criminological studies have found that the satisfaction that an individual feels for their social support network, regardless of whether this satisfaction was based upon perceptions or actuality, resulted in lower levels of stress and a heightened sense that a prosocial identity was achievable (Barrera, 1986; Dean & Ensel, 1982; Green & Rodgers, 2001). Thus, *perceptions* of social support available to offenders upon release are critical toward a smooth transition

into the community. Barrera (1986) found that measures of perceived social support consistently showed an inverse relationship to life stress and distress measures. Similarly, Vaux (1988) found that perceived amount of social support an individual expected to receive corresponded closely with the actual amount of social support they received. Additionally, Vaux (1988) stated that when dealing with environmental demands, even the illusion of social support will afford some degree of comfort to an individual. Dean and Ensel (1982) utilized two waves of interviews, with 871 respondents participating in both waves, to determine whether stressful life events are related to levels of depressions. The results of their study found that, regardless of gender, social support had a significantly inverse relationship with feelings of depression; the more social support a respondent reported, the less depression reported (Dean & Ensel, 1982).

Perceived Social Support and Mentally Ill Offenders. Perceived social support is vital to successfully avoiding criminal tendencies, both by reducing the stressors of an individual's environment and increasing perceptions that a pro-social identity is possible. However, the need for social support is even more evident when analyzing mentally ill offenders because their illness pervades every aspect of their life-course, and the need for perceptions of a positive social support network are even more integral to their success in the community. Prior research has found that social support, both actual and perceived, is positively linked to the quality of life of mentally ill offenders (Bengtsson-Tops & Hansson, 2001; Sharir et al., 2007). The importance of social support for mentally ill offenders tends to be in the amount of emotional support a mentally ill individual perceives as available to them (Chronister et al., 2015; Sharir et al., 2007). The presence, or perceived presence, of familial support positively influences all aspects of community

support (e.g., finding suitable housing, a reduction of depressive symptoms, or less perceived stigmatization due to their illness), and emotional support (e.g., having someone to talk to) has been found to have a more pronounced influence on mentally ill offenders than instrumental support (Chronister et al., 2015; Min & Wong, 2015; Sharir et al., 2007). Mentally ill individuals who self-report elevated levels of satisfaction with their overall network are more likely to report a number of positive aspects in their recovery and return to the community, including a greater sense of hope, increases in self-esteem, feelings of empowerment, increases in perceptions of quality of life, and a more positive orientation towards goals and success (Corrigan & Phelan, 2004; McCorkle et al., 2008). Despite all the positives of social support on mentally ill offenders, research has consistently shown that individuals suffering from a serious mental illness have smaller social networks, and in turn, lower levels of overall social support (Bengtsson-Tops & Hansson, 2001; Corrigan & Phelan, 2004; Tolsdorf, 1976). Tolsdorf (1976) took a sample of twenty men, ten diagnosed with schizophrenia and ten non-mentally ill, and conducted quantitative and qualitative analyses to determine what differences existed between the two groups' social networks. Tolsdorf (1976) found that there were significant differences in relationships to social networks, who was included in the aforementioned social networks, and coping methods utilized by the two groups of men; men diagnosed with schizophrenia suffered smaller and less effective social networks, leading to failures regarding their ability to cope. Similarly, Bengtsson-Tops and Hansson (2001) took a sample of 120 schizophrenic out-patients in Sweden and interviewed them to assess social networks and subjective quality of life and compared them to a sample of respondents with no mental health issues. Their results found that patients reported

significantly worse social networks when compared to the normal sample, with half of patients reporting no access to comforting social contacts and one third of mentally ill respondents having nobody that they felt they could share feelings of happiness and confidence with (Bengtsson-Tops & Hansson, 2001). The findings of Bengtsson-Tops and Hansson (2001) may not be generalizable to an American sample due to their entire sample consisting of Swedish respondents. Corrigan and Phelan (2004) found that SMI individuals who reported a large number of people in, or more satisfaction with, their social networks were also more likely to report positive aspects of recovery (e.g., greater hope for the future and elevated rates of positive goal orientation). Without high levels of social support from a positive social support network, the likelihood of a mentally ill offender experiencing a successful reentry into the community is rather slim.

Social Support and Reentry. Reentry into the community after being released from prison is not a simple, singular event, but rather a process that is bolstered by a positive social support network (Cochran, 2014; Hogan, 2003; Kurleychek & Kempinen, 2006; Petersilia, 2003; Travis & Visher, 2003). Inmates reentering society after serving their prison sentence have a number of significant obstacles facing them once they are released. Arguably the largest obstacle facing those leaving prison is the shock of reentry. The shock of reentry includes the immediate needs of survival (e.g., the need to find affordable housing, clothing, work, and overcoming the feeling of being doomed to a deviant lifestyle) (Irwin & Austin, 1994; Lebel et al., 2008). Correctional scholars have found that many of the negative effects of reentry shock can be mediated, or negated altogether, by a consolidated, positive social support network, with familial integration

into this network playing a crucial role (Maruna, 2001; Solomon, Draine, & Marcus, 2002).

The importance of social support on reentry is evident in research that places a focus on mentally ill offenders. Silver, Cohen, and Spodak (1989) found that 73% of mentally ill offenders were rearrested within five years of being released from prison, with 65% of non-mentally ill offenders returning to prison in that same time span. Palermo (2014) found that when mentally ill individuals fail to socially reintegrate, recidivism is destined to follow. Palermo (2014) emphasized the need for mental health assistance from social workers, psychologists, and psychiatrists to prevent this failure. However, without the aforementioned mental health assistance, reintegration is difficult for mentally ill offenders. Co-diagnoses of substance abuse disorders act to exacerbate these struggles of mentally ill parolees, with increased feelings of aggression, hopelessness, and decreased levels of self-control as a result of substance abuse (Martin et al., 2012; Orrick et al., 2011; Wolff, Morgan, & Shi, 2013). Social support has been found to directly diminish the negative effects of the aforementioned stressors and has been found to bolster a narrative of desistance. This narrative emphasizes feelings of legitimacy, aiding an individual's effort to find housing and employment, and assisting in combating an individual's substance abuse problems (Baillargeon, Hoge, & Penn, 2010; Cid & Marti, 2012; Orrick et al., 2011). To date, however, no research has compared differences in perceived social support upon release among mentally ill and non-mentally ill inmates.

CURRENT FOCUS

The blame for the breakdown in adequate police development for mentally ill individuals does not rest solely on the criminal justice system. Presently, there is a lack of research that analyzes how mentally ill offenders perceive social support before reentering the community and the subsequent consequences these perceptions have on an offender once they are released. The current study attempts to fill this gap in criminological literature by analyzing mentally ill inmates, their perceptions of social support, and the possible implications these social support perceptions have on successful reentry. Determining whether or not there are differences between non-mentally ill and mentally ill inmates' perceptions of social support would allow future research to more adequately make conclusions about how these perceptions affect reentry and recidivism. Additionally, any differences mentally ill inmates may have when compared to their non-mentally ill counterparts is crucial to the development of empirically-informed correctional policies that will be able to efficiently aid these inmates in successfully transitioning from "inmate" to "law-abiding citizen."

Further, given the overrepresentation of incarcerated women with mental illness, the current study conducted supplemental analyses to determine what, if any, effect gender has on perceptions of social support.

DATA AND METHODS

The data utilized in the present study were drawn from the APVP (see Tasca et al, 2016). The Arizona Prison Visitation Project consists of 231 semi-structured interviews of inmates incarcerated within the Arizona Department of Corrections. The sample utilized in the current study consisted of 121 female inmates and 110 male inmates. The

majority of respondents were white (44.58%), medium security (40.26%), single (77.49%), and had a mean age of 36.04 (sd=11.74). The present study utilizes data from 227 of the 231 interviews (n=227)[1].

Table 1

Descriptive Statistics

Table 1. Descriptive Statistics (n=231)

Variables	Inmate Breakdown
Mental Illness	No History of Mental Illness: 128 (55.41%) History of Mental Illness: 103 (44.59%
Gender	Male: 110 (47.62%) Female: 121 (52.38%)
Security Level	Minimum: 83 (35. 93%) Medium: 93 (40.26%) Maximum: 55 (23.81%)
Age	$\bar{x}$: 36.04 (SD: 11.7)
Race	White: 103 (44.59%) Non-White: 128 (55.41%)
Marital Status	Non-married: 179 (77.49%) Married: 52 (22.51%)
Education Level	High School Diploma/GED and below: 115 (49.78%) All educational levels above High School Diploma/GED: 116 (50.22%)
Social Support: Prior to Incarceration	$\bar{x}$: 4.54 (SD: 1.88)
Perceived Social Support: Reentry	$\bar{x}$: 6.77 (SD: 2.13)

($\bar{x}$): Sample Mean
(SD): Standard Deviation

KEY INDEPENDENT VARIABLE

The independent variable for the current study is mental illness. Mental illness was coded dichotomously, with zero representing no history of mental illness/emotional problems and one representing a history of mental illness/emotional problems. Specifically, inmates were asked, "Have you ever been told by a mental health professional, such as a psychiatrist or psychologist, that you have a mental illness or emotional problem?" The measure for mental health utilized in the present study is a reflection of the importance of an all-encompassing definition of mental illness, a definition that does not discriminate between specific mental health issues. The study

[1] Four interviews were removed from the data-pool due to complications regarding missing data

recognizes that the aforementioned question is not without flaws, due to issues regarding both the broad nature of the question and utilization of solely self-report data. However, this study is not the first to employ the aforementioned question as a measure of mental illness. James and Glaze (2006) determined whether an inmate suffered from mental health problems by inquiring whether a mental health professional had told the individual they suffered from a mental health disorder in the twelve months prior to being incarcerated.

KEY DEPENDENT VARIABLE

The dependent variable for the current study is perceived social support upon reentry. The dependent variable was a result of combining two social support sections of the original APVP data. Six perceived instrumental support variables and three perceived emotional support variables were combined to create one succinct variable, perceived social support. Instrumental support variable questions determined whether the inmate believed that they would have a number of different types of support; support that included cash assistance, assistance finding employment, and allowing the ex-offender to stay at their home. Emotional support variable questions determined whether the inmate believed they would have family or friends to feel close to and to go to for private matters and advice; all of which are critical to successful reentry. The final operationalization of the dependent variable includes scaling of the nine previous instrumental and emotional support variables into a singular variable.

Three of the six instrumental support variable questions included are especially critical to successful reentry. Assistance obtaining employment after release, aid in finding a place to live, and help obtaining basic items needed for day-to-day life (e.g.,

clothing, groceries, food, and gas) are necessities for successfully transitioning from prison to the community. Inmates who do not have assistance obtaining employment may be significantly hindered in their reentry process due to their felon status. Inmates come out of prison with little to no money for rent, clothing, and food. If an inmate perceives that they will have no help from others finding a job, they will reasonably conclude that they may have to find other ways to pay rent and buy basic items, and resort to criminal means to obtain the funds—resulting in an elevated chance of recidivism. In regards to the three emotional support variable questions, all three have been determined to be critical to successful reentry. Without emotional support to aid individuals through the reentry process, those leaving prison may feel isolated and hopeless. Feelings of isolation and hopelessness, combined with diagnoses of mental health problems, leave little hope for successfully transitioning from inmate to law-abiding citizen.

The variable "reentry social support" generated a scale of possible scores ranging from zero to nine. The higher an inmate's score on the perceived social support scale, the more social support they perceived would be available to them upon release from prison. The current study recognizes it may not be ideal to incorporate all of the instrumental and emotional support factors into one variable. Doing so blurs any distinction between critical variables to reentry (e.g., obtaining employment and being able to pay rent) and variables not as highly touted to a successful reentry (e.g., assistance obtaining rides). However, it was crucial to have a singular variable that represents reentry social support as a whole, so that the current study could determine any differences in the overall level of social support with regards to mental illness. Additionally, any concerns utilizing a

singular variable to represent reentry social support would be addressed some with the multivariate analyses of each social support variable individually.

CONTROL VARIABLES

The current study controlled for the following variables: respondent's gender, security level within the prison, marital status, education level, prior social support, and race. Respondent's gender was coded dichotomously with "0" representing a male inmate and "1" representing a female inmate. Security level within the prison was separated into two categories, with "0" representing minimum security inmates and "1" representing medium/maximum security inmates. Marital status was coded dichotomously, with "0" representing non-married inmates (and including responses of widowed, don't know, and refusal to respond) and "1" representing married inmates. Education level was coded dichotomously, with "0" representing all educational levels below and including high school diploma or GED and "1" representing all levels of education above a high school high school diploma or GED. Two categories were used for the control variable "race", with "0" representing white respondents and "1" representing non-white respondents. The variable "prior social support," was a result of summing the nine prior emotional support and prior instrumental support variables. Controlling for support prior to incarceration allows for the current study to isolate the effect prison has had on social support for the mentally ill and non-mentally ill.

PLAN OF ANALYSIS

I utilized three sets of distinct analyses to answer the research question. The first, bivariate analyses in the form of nine separate cross tabulations, was utilized to determine whether there were any significant relationships between the key independent variable

(mental illness) and the nine items that made up the dependent variable (perceived social support upon reentry). The nine items that made up perceived social support upon reentry were then summed and an independent t-test was run to determine whether there was a difference between mentally ill inmates and non-mentally ill inmates, in regards to perceived social support upon reentry.

The second method of analysis utilized by the current study to answer the research question was multivariate analyses, in the form of nine logistic regressions, conducted to determine whether there was a relationship between the key independent variable and the nine items that made up perceived social support individually, controlling for all other key variables. The logistic regressions included the key independent variable and the nine perceived social support upon reentry items, coded dichotomously, individually. The nine items that made up perceived social support upon reentry were then summed as a whole and a linear regression was conducted to determine if there was a significant relationship between the perceived social support scale and the key independent variable, controlling for all other key variables.

The current study's utilization of a data pool that included a nearly identical number of male and female respondents allowed for a more in-depth analysis of any statistically significant differences across gender. As a result of this unique data set, the final method of analysis I conducted was multivariate analyses similar to that conducted in second method of analysis. The additional analyses were used to determine whether there was any statistically significant differences between the key independent variable, the nine perceived support upon reentry items, and the perceived social support scale; when respondents were separated by gender.

RESULTS

BIVARIATE ANALYSES

Table 2 displays whether or not there was a relationship between the key independent variable and each operationalization of the dependent variable. The results of Table 2 show that eight of the nine cross-tabulations resulted in findings of non-significance, with chi-square results located at the bottom of the table. However, mental illness and the dependent variable "family close" was found to have a statistically significant relationship (x^2=4.23, p<.05). Inmates who reported mental illness were significantly less likely to perceive that they would have close relationships with friends or family after incarceration than non-mentally ill inmates. Additionally, a t-test was conducted to determine whether or not there was a significant difference between mentally ill inmates and non-mentally ill inmates and the sum of all perceived reentry social support. The results of aforementioned t-test found no significance between the mentally ill and the non-mentally ill, t(227)=-.81.

Table 2

Mental Illness and Perceived Reentry Social Support Bivariate Analyses

Table 2. Mental Illness and Perceived Reentry Social Support Bivariate Analyses (n=227)

Mental Illness	Bills		Basic		Cash		Rides		Stay		Job		Family Private		Family Close		Family Advice	
	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
0	37	87	32	93	62	63	51	74	25	100	45	80	6	119	4	121	9	116
1	28	74	23	79	44	58	30	72	19	83	39	63	5	97	10	92	10	92
χ^2	0.16		0.29		0.94		3.17		0.07		0.12		0.00		4.23**		0.50	

(χ^2): Chi-square

†p<.10 *p<.05 **p<.01

MULTIVARIATE ANALYSES

Table 3 indicates that mentally ill inmates did not have any statistically significant differences in bill assistance, when compared to their non-mentally ill counterparts. However, statistical significance was observed in the control variables "Marital Status" and "Prior Social Support." Respondents who reported being married believed that they would have more assistance with paying their bills after their release, when compared to their non-married counterparts. Additionally, inmates who reported higher levels of social support prior to their incarceration perceived that they would obtain assistance paying their bills at significantly higher rates than inmates who reported lower levels of social support prior to incarceration.

Table 3

Effects of Mental Illness on "Help with Bills"

Table 3. Effects of Mental Illness on "Help with Bills"

Variable	*b*	(SE)	OR	(SE)
Gender	.46	(.31)	1.59	(.50)
Security Level	.14	(.31)	1.15	(.36)
Age	-.01	(.01)	.99	(.01)
Race	-.12	(.32)	.88	(.28)
Marital Status	.72*	(.39)	2.05*	(.82)
Education Level	.11	(.33)	1.12	(.36)
Prior Social Support	.17*	(.09)	1.18*	(.10)
Mental Illness	-.03	(.32)	.99	(.31)
Intercept	.14	(.74)	1.15	(.85)
		LR χ^2=11.38		
		Pseudo R^2=.04		

Note. Entries are unstandardized coefficients (*b*)
*p<.10 **p<.05 ***p<.01

Table 4 indicates that mentally ill inmates did not have any statistically significant differences in basic needs assistance, when compared to their non-mentally counterparts. However, statistical significance was observed in the control variables "Gender" and

"Age." Female respondents reported significantly higher rates of perceived reentry support in the form of basic needs assistance, when compared to their male counterparts. Additionally, age was inversely related to levels of perceived reentry support in the form of basic needs assistance.

Table 4

Effects of Mental Illness on "Help with Basic"

Table 4. Effects of Mental Illness on "Help with Basic"

Variable	*b*	(SE)	OR	(SE)
Gender	1.09***	(.34)	2.99***	(1.03)
Security Level	-.01	(.34)	.99	(.34)
Age	-.03**	(.01)	.97**	(.01)
Race	-.04	(.34)	.96	(.33)
Marital Status	.15	(.39)	1.16	(.45)
Education Level	-.07	(.35)	.94	(.33)
Prior Social Support	.07	(.09)	1.07	(.10)
Mental Illness	-.09	(.34)	.93	(.32)
Intercept	1.52*	(.78)	4.57*	(3.60)
	LR χ^2=17.74**			
	Pseudo R^2=.07			

Note. Entries are unstandardized coefficients (*b*)
*p<.10 **p<.05 ***p<.01

Table 5 indicates that mentally ill inmates did not have any statistically significant differences in cash assistance, when compared to their non-mentally counterparts. Statistical significance was observed in the control variables "Gender," "Marital Status," and "Prior Social Support." Female respondents reported significantly higher rates of perceived reentry support in the form of cash assistance, when compared to their male counterparts. Respondents who reported being married believed that they would have more assistance with cash assistance after their release, when compared to their non-married counterparts. Additionally, inmates who reported elevated levels of social support prior to their incarceration perceived that they would obtain cash assistance at significantly higher rates than inmates who reported lower levels of social support prior to incarceration.

Table 5

Effects of Mental Illness on "Help with Cash"

Table 5. Effects of Mental Illness on "Help with Cash"

Variable	*b*	(SE)	OR	(SE)
Gender	.51*	(.29)	1.67*	(.48)
Security Level	.14	(.29)	1.15	(.34)
Age	.00	(.01)	1.00	(.01)
Race	.34	(.30)	1.36	(.41)
Marital Status	.68*	(.35)	1.98*	(.69)
Education Level	.35	(.30)	1.41	(.43)
Prior Social Support	.20***	(.08)	1.23***	(.10)
Mental Illness	.17	(.29)	1.18	(.34)
Intercept	-1.85**	(.71)	.16***	(.11)
	LR χ^2=18.87**			
	Pseudo R^2=.06			

Note. Entries are unstandardized coefficients (*b*)
*p<.10 **p<.05 ***p<.01

Table 6 indicates that mentally ill inmates did not have any statistically significant differences in ride assistance, when compared to their non-mentally counterparts. Female respondents reported significantly higher rates of perceived reentry support in the form of ride assistance, when compared to their male counterparts. Inmate security level was directly correlated with levels of perceived reentry support in the form of ride assistance. Additionally, inmates who reported higher levels of social support prior to their incarceration perceived that they would obtain ride assistance at significantly higher rates than inmates who reported lower levels of social support prior to incarceration.

Table 6

Effects of Mental Illness on "Help with Rides"

Table 6. Effects of Mental Illness on "Help with Rides"

Variable	*b*	(SE)	OR	(SE)
Gender	1.30***	(.31)	3.70***	(1.17)
Security Level	.78**	(.32)	2.17**	(.70)
Age	.01	(.02)	1.01	(.02)
Race	-.37	(.33)	.69	(.23)
Marital Status	.20	(.38)	1.23	(.46)
Education Level	.30	(.33)	1.35	(.44)
Prior Social Support	.23***	(.09)	1.26***	(.11)
Mental Illness	.21	(.32)	1.24	(.39)
Intercept	-2.08***	(.78)	.13***	(.10)
	LR χ^2=41.59***			
	Pseudo R^2=.14			

Note. Entries are unstandardized coefficients (*b*)
*p<.10 **p<.05 ***p<.01

Table 7 indicates that mentally ill inmates did not have any statistically significant differences in assistance finding somewhere to live, when compared to their non-mentally ill counterparts. Statistical significance was observed in the control variables "Gender" and "Prior Social Support." Female respondents reported significantly higher rates of perceived reentry support in the form of assistance finding a place to live after incarceration, when compared to their male counterparts. Inmates who reported elevated levels of social support prior to their incarceration perceived that they would obtain assistance finding a place to live after incarceration at significantly higher rates than inmates who reported lower levels of social support prior to incarceration.

Table 7

Effects of Mental Illness on "Help with Stay"

Table 7. Effects of Mental Illness on "Help with Stay"

Variable	*b*	(SE)	OR	(SE)
Gender	.72**	(.36)	2.06**	(.75)
Security Level	.18	(.36)	1.19	(.43)
Age	-.01	(.02)	.99	(.02)
Race	-.36	(.37)	.69	(.26)
Marital Status	.38	(.44)	1.47	(.64)
Education Level	-.15	(.37)	.86	(.32)
Prior Social Support	.21**	(.10)	1.24**	(.12)
Mental Illness	-.14	(.36)	.87	(.36)
Intercept	.66	(.84)	1.93	(1.62)
	LR χ^2=12.49			
	Pseudo R^2=.06			

Note. Entries are unstandardized coefficients (*b*)
*p<.10 **p<.05 ***p<.01

Table 8 indicates that mentally ill inmates did not have any statistically significant differences in assistance finding a job, when compared to their non-mentally ill counterparts. Statistical significance was observed in the control variable "Age." Age was inversely related to levels of perceived reentry support in the form of basic needs assistance.

Table 8

Effects of Mental Illness on "Help with Job"

Table 8. Effects of Mental Illness on "Help with Job"

Variable	*b*	(SE)	OR	(SE)
Gender	-.11	(.30)	.90	(.27)
Security Level	.31	(.30)	1.37	(.41)
Age	-.05***	(.01)	.95***	(.01)
Race	-.08	(.31)	.92	(.29)
Marital Status	.10	(.36)	1.11	(.39)
Education Level	-.04	(.32)	.96	(.31)
Prior Social Support	.14	(.08)	1.15	(.09)
Mental Illness	-.25	(.31)	.78	(.24)
Intercept	1.86*	(.73)	6.41*	(4.69)
	LR χ^2=25.25***			
	Pseudo R^2=.08			

Note. Entries are unstandardized coefficients (*b*)
*p<.10 **p<.05 ***p<.01

Table 9 indicates that mentally ill inmates did not have any statistically significant differences in having family or friends to talk to about private matters, when compared to their non-mentally ill counterparts. Statistical significance was observed in the control variable "Age." Age was inversely related to levels of perceived reentry support in the form of having family or friends to talk to about private matters.

Table 9

Effects of Mental Illness on "Family Private"

Table 9. Effects of Mental Illness on "Family Private"

Variable	*b*	(SE)	OR	(SE)
Gender	-.24	(.66)	.78	(.51)
Security Level	-.21	(.45)	.93	(.63)
Age	-.07**	(.03)	.94**	(.02)
Race	-.78	(.74)	.46	(.34)
Marital Status	.62	(.84)	1.85	(1.55)
Education Level	.80	(.73)	2.23	(1.63)
Prior Social Support	.05	(.19)	1.05	(.19)
Mental Illness	-.12	(.66)	.89	(.58)
Intercept	5.25***	(1.88)	190.53***	(311.97)
	LR χ^2=7.45			
	Pseudo R^2=.09			

Note. Entries are unstandardized coefficients (*b*)
*p<.10 **p<.05 ***p<.01

Table 10 indicates that mentally ill inmates did have statistically significant differences in having family or friends they will feel close to, when compared to their non-mentally ill counterparts. Inmates who reported mental illness were found to be significantly less likely to perceived reentry support in the form of having family or

friends they will feel close to. Additional statistical significance was found for the control variable "Age." Age was inversely related to levels of perceived reentry support in the form of having family or friends they will feel close to.

Table 10

Effects of Mental Illness on "Family Close"

Table 10. Effects of Mental Illness on "Family Close"

Variable	*b*	(SE)	OR	(SE)
Gender	.06	(.59)	1.06	(.15)
Security Level	-.82	(.71)	.44	(.31)
Age	-.04*	(.03)	.96*	(.02)
Race	-.31	(.63)	.73	(.46)
Marital Status	.62	(.83)	1.86	(1.55)
Education Level	.87	(.66)	2.40	(1.58)
Prior Social Support	.23	(.16)	1.26	(.24)
Mental Illness	-1.45 **	(.65)	.24**	(.15)
Intercept	4.37***	(1.46)	79.01***	(115.52)
	LR χ^2=13.15*			
	Pseudo R^2=.13			

Note. Entries are unstandardized coefficients (*b*)
*p<.10 **p<.05 ***p<.01

Table 11 indicates that mentally ill inmates did not have statistically significant differences, in regards to family or friends that they can turn to for help or advice, when compared to their non-mentally ill counterparts. Statistical significance was found for the control variables "Age" and "Prior Social Support." Age was inversely related to levels of perceived reentry support in the form of having family or friends to turn to for help or advice.

Table 11

Effects of Mental Illness on "Family Advice"

Table 11. Effects of Mental Illness on "Family Advice"

Variable	*b*	(SE)	OR	(SE)
Gender	.19	(.55)	1.21	(.67)
Security Level	-1.10	(.65)	.33	(.22)
Age	-.06***	(.02)	.94***	(.02)
Race	-.66	(.58)	.52	(.30)
Marital Status	-.01	(.61)	.99	(.60)
Education Level	.62	(.57)	1.85	(1.06)
Prior Social Support	.39**	(.16)	1.47**	(.24)
Mental Illness	-.80	(.54)	.45	(.24)
Intercept	4.56***	(1.34)	95.07***	(127.00)
	LR χ^2=23.14**			
	Pseudo R^2=.18			

Note. Entries are unstandardized coefficients (*b*)
*p<.10 **p<.05 ***p<.01

Table 12 indicates that mentally ill inmates did not have statistically significant differences in overall perceptions of reentry social support. Statistical significance was found for the control variables "Gender," "Age," and "Prior Social Support." Female respondents reported significantly higher rates of overall perceived reentry social support, when compared to their male counterparts. Age was inversely related to levels of overall perceived reentry social support. Inmates who reported elevated levels of social support prior to their incarceration perceived that they would obtain overall reentry social support prior to incarceration.

Table 12

Effects of Mental Illness on "Reentry Social Support"

Table 12. Effects of Mental Illness on "Reentry Social Support"

Variable	*b*	(SE)
Gender	.77***	(.27)
Security Level	-.00	(.28)
Age	-.04***	(.01)
Race	-.26	(.28)
Marital Status	.69	(.32)
Education Level	.06	(.29)
Prior Social Support	.23***	(.07)
Mental Illness	-.04	(.27)
Intercept	6.70***	(.66)
	R^2=.15	
	Adjusted R^2=.12	

Note. Entries are unstandardized coefficients (*b*)
*p<.10 **p<.05 ***p<.01

SUPPLEMENTAL ANALYSES

Table 13 indicates that there was no statistically significant differences across gender in regards to reentry social support in the form of assistance paying bills and mental illness. However, the control support variable "Prior Social Support" was found to differ significantly between the genders. Female respondents reported a statistically significant direct correlation between prior social support and perceptions of reentry support in the form of bill assistance.

Table 13

Gendered Effects of Mental Illness on "Help with Bills"

Table 13. Gendered Effects of Mental Illness on "Help with Bills"

	Male				Female			
Variable	*b*	(SE)	OR	(SE)	*b*	(SE)	OR	(SE)
Security Level	-.13	(.45)	.88	(.40)	.37	(.47)	1.46	(.69)
Age	.00	(.02)	1.00	(.02)	-.02	(.02)	.98	(.02)
Race	.09	(.45)	1.09	(.49)	-.58	(.50)	.56	(.28)
Marital Status	1.04*	(.56)	2.85*	(1.59)	.64	(.61)	1.90	(1.17)
Education Level	.63	(.45)	1.87	(.83)	-.58	(.53)	.56	(.30)
Prior Social Support	.11	(.11)	1.12	(.13)	.25*	(.14)	1.28*	(.18)
Mental Illness	.46	(.48)	1.58	(.73)	-.37	(.46)	.69	(.32)
Intercept	-.54	(1.04)	.58	(.60)	1.21	(1.15)	3.35	(3.85)
	LR χ^2=6.97				LR χ^2=8.93			
	Pseudo R^2=.05				Pseudo R^2=.07			

Note. Entries are unstandardized coefficients (*b*)
*p<.10 **p<.05 ***p<.01

Table 14 indicates that there was no statistically significant differences across gender in regards to reentry social support in the form of basic assistance and mental illness. The control variable "Age" was found to have statistical significance for females; females reported an inverse relationship between age and perceptions of basic assistance upon reentry.

Table 14

Gendered Effects of Mental Illness on "Help with Basic"

Table 14. Gendered Effects of Mental Illness on "Help with Basic"

	Male				Female			
Variable	*b*	(SE)	OR	(SE)	*b*	(SE)	OR	(SE)
Security Level	-.06	(.44)	.94	(.41)	.14	(.57)	1.15	(.37)
Age	-.01	(.02)	.99	(.02)	-.07***	(.02)	.94***	(.02)
Race	-.24	(.44)	.79	(.35)	.27	(.61)	1.31	(.80)
Marital Status	.22	(.50)	1.25	(.62)	.49	(.70)	1.63	(1.14)
Education Level	.11	(.43)	1.12	(.48)	-.22	(.67)	.80	(.54)
Prior Social Support	.08	(.11)	1.08	(.12)	.01	(.16)	1.01	(.17)
Mental Illness	.26	(.45)	1.29	(.58)	-.52	(.57)	.59	(.34)
Intercept	.51	(1.00)	1.67	(1.67)	4.40***	(1.45)	81.34	(117.80)
	LR χ^2=1.49				LR χ^2=12.40*			
	Pseudo R^2=.01				Pseudo R^2=.12			

Note. Entries are unstandardized coefficients (*b*)
*p<.10 **p<.05 ***p<.01

Table 15 indicates that there was no statistically significant differences across gender regarding reentry social support in the form of cash assistance and mental illness. Males were found to have statistically significant direct correlations between the control variables "Race," "Education Level," and "Prior Social Support" and perceived reentry support in the form of cash assistance. Alternatively, females were found to have statistically significant direct correlations between the control variables "Prior Social Support" and "Marital Status" and perceived reentry support in the form of cash assistance.

Table 15

Gendered Effects of Mental Illness on "Help with Cash"

Table 15. Gendered Effects of Mental Illness on "Help with Cash"

	Male				Female			
Variable	*b*	(SE)	OR	(SE)	*b*	(SE)	OR	(SE)
Security Level	-.16	(.44)	.85	(.37)	.56	(.42)	1.75	(.73)
Age	.01	(.02)	1.01	(.02)	.00	(.02)	1.00	(.02)
Race	.74*	(.45)	2.10*	(.94)	-.11	(.43)	.90	(.39)
Marital Status	.39	(.50)	1.47	(.73)	1.43**	(.59)	4.17**	(2.45)
Education Level	.85*	(.44)	2.30*	(1.00)	-.25	(.46)	.78	(.35)
Prior Social Support	.21*	(.11)	1.23*	(.14)	.20*	(.12)	1.22*	(.14)
Mental Illness	.64	(.45)	1.90	(.85)	-.28	(.40)	.76	(.30)
Intercept	-2.41***	(1.05)	.09	(.10)	-.85	(1.03)	.43	(.44)
	LR χ^2=12.02				LR χ^2=15.68**			
	Pseudo R^2=.08				Pseudo R^2=.10			

Note. Entries are unstandardized coefficients (*b*)
*p<.10 **p<.05 ***p<.01

Table 16 indicates that there was no statistically significant differences across gender regarding reentry social support in the form of ride assistance and mental illness. Males were found to have statistically significant direct correlations between the control variables "Age" and "Prior Social Support" and perceived reentry support in the form of ride assistance. Females were found to have a statistically significant direct correlation between the variable "Security Level" and perceived reentry support in the form of ride assistance.

Table 16

Gendered Effects of Mental Illness on "Help with Rides"

Table 16. Gendered Effects of Mental Illness on "Help with Rides"

	Male				Female			
Variable	*b*	(SE)	OR	(SE)	*b*	(SE)	OR	(SE)
Security Level	.36	(.45)	1.44	(.65)	1.21*	(.49)	3.34*	(1.64)
Age	.03*	(.02)	1.03*	(.02)	-.01	(.02)	.99	(.02)
Race	-.62	(.45)	.54	(.24)	-.14	(.51)	.87	(.44)
Marital Status	.77	(.52)	2.16	(1.12)	-.11	(.57)	.90	(.52)
Education Level	.56	(.44)	1.75	(.77)	.26	(.54)	1.30	(.71)
Prior Social Support	.32***	(.12)	1.37***	(.16)	.10	(.14)	1.10	(.16)
Mental Illness	.43	(.45)	1.54	(.70)	.11	(.47)	1.12	(.53)
Intercept	-3.06***	(1.09)	.05***	(.05)	.58	(1.21)	1.78	(2.15)
	LR χ^2=17.33**				LR χ^2=9.36			
	Pseudo R^2=.12				Pseudo R^2=.08			

Note. Entries are unstandardized coefficients (*b*)
*p<.10 **p<.05 ***p<.01

Table 17 indicates that there was no statistically significant differences across gender regarding reentry social support in the form of assistance finding a place to live and mental illness. Male respondents reported a statistically significant positive relationship between the control variable "Prior Social Support" and perceived reentry support in the form of assistance finding a place to live after incarceration.

Table 17

Gendered Effects of Mental Illness on "Help with Stay"

Table 17. Gendered Effects of Mental Illness on "Help with Stay"

	Male				Female			
Variable	*b*	(SE)	OR	(SE)	*b*	(SE)	OR	(SE)
Security Level	.13	(.47)	1.14	(.54)	.24	(.58)	1.27	(.74)
Age	-.02	(.02)	.98	(.02)	.01	(.03)	1.01	(.03)
Race	-.04	(.48)	.96	(.46)	-.97	(.62)	.38	(.24)
Marital Status	.48	(.56)	1.61	(.91)	.31	(.74)	1.36	(1.00)
Education Level	.09	(.47)	1.09	(.51)	-.76	(.64)	.47	(.30)
Prior Social Support	.21*	(.13)	1.24*	(.16)	.24	(.18)	1.26	(.22)
Mental Illness	.19	(.49)	1.20	(.59)	-.57	(.57)	.57	(.32)
Intercept	.52	(1.08)	1.70	(1.84)	1.58	(1.45)	4.88	(7.09)
	LR χ^2=4.74				LR χ^2=5.56			
	Pseudo R^2=.04				Pseudo R^2=.06			

Note. Entries are unstandardized coefficients (*b*)
*p<.10 **p<.05 ***p<.01

Table 18 indicates that there was no statistically significant differences across gender regarding reentry social support in the form of job assistance and mental illness. Male respondents reported a statistically significant inverse relationship between the control variable "Age" and perceived reentry support in the form of job assistance.

Table 18

Gendered Effects of Mental Illness on "Help with Job"

Table 18. Gendered Effects of Mental Illness on "Help with Job"

	Male				Female			
Variable	*b*	(SE)	OR	(SE)	*b*	(SE)	OR	(SE)
Security Level	.27	(.46)	1.31	(.61)	.32	(.42)	1.38	(.58)
Age	-.07***	(.02)	.93***	(.02)	-.03	(.02)	.97	(.02)
Race	-.33	(.47)	.72	(.34)	-.02	(.44)	.98	(.43)
Marital Status	.63	(.54)	1.87	(1.02)	-.20	(.51)	.82	(.42)
Education Level	.56	(.47)	1.74	(.82)	-.64	(.47)	.53	(.25)
Prior Social Support	.14	(.12)	1.15	(.14)	.17	(.12)	1.19	(.14)
Mental Illness	.22	(.48)	1.24	(.59)	-.59	(.41)	.56	(.23)
Intercept	2.14**	(1.06)	8.52**	(9.00)	1.37	(1.05)	3.93	(4.14)
	LR χ^2=17.74**				LR χ^2=15.36**			
	Pseudo R^2=.13				Pseudo R^2=.10			

Note. Entries are unstandardized coefficients (*b*)
Omitted: Variable was found to have correlated perfectly
*p<.10 **p<.05 ***p<.01

Table 19 indicates that there was no statistically significant differences across gender regarding reentry social support in the form of having family or friends to talk to about private matters and mental illness. Female respondents reported a statistically significant inverse relationship between the control variable "Age" and perceived reentry support in having friends or family to talk to about private matters. The control variables

"Education Level" and "Marital Status" were omitted for men and women respectively; due to results of perfect correlation.

Table 19

Gendered Effects of Mental Illness on "Family Private"

Table 19. Gendered Effects of Mental Illness on "Family Private"

	Male				Female			
Variable	*b*	(SE)	OR	(SE)	*b*	(SE)	OR	(SE)
Security Level	-.19	(1.12)	.83	(.45)	-.05	(.94)	.95	(.89)
Age	-.05	(.05)	.95	(.05)	-.06**	(.03)	.94**	(.03)
Race	0	Omitted	1	Omitted	-.24	(.99)	.79	(.77)
Marital Status	.33	(1.05)	1.39	(1.47)	0	Omitted	1	Omitted
Education Level	0	Omitted	1	Omitted	-.21	(1.09)	.81	(.88)
Prior Social Support	.10	(.31)	1.10	(.31)	.02	(.27)	1.02	(.28)
Mental Illness	.47	(1.30)	1.60	(2.09)	-.92	(.95)	.40	(.38)
Intercept	3.49	(2.69)	32.85	(88.50)	5.89**	(2.35)	360.87**	(848.00)
	LR χ^2=1.84				LR χ^2=5.08			
	Pseudo R^2=.06				Pseudo R^2=.11			

Note. Entries are unstandardized coefficients (*b*)
Omitted: Variable was found to have correlated perfectly
*p<.10 **p<.05 ***p<.01

Table 20 indicates that there was statistically significant differences across gender regarding reentry social support in the form of having family or friends they will feel close to and mental illness. Female respondents reported a statistically significant inverse relationship between the key independent variable and the dependent variable "Family Close", while male respondents did not report a statistically significant relationship between the two variables. Additionally, female respondents reported a statistically significant inverse relationship between the control variable "Age" and reentry social support in the form of having family or friends they will feel close to. The control variables "Education Level" and "Marital Status" were omitted for men and women respectively; due to results of perfect correlation.

Table 20

Gendered Effects of Mental Illness on "Family Close"

Table 20. Gendered Effects of Mental Illness on "Family Close"

	Male				Female			
Variable	*b*	(SE)	OR	(SE)	*b*	(SE)	OR	(SE)
Security Level	.65	(.89)	1.92	(.17)	0	Omitted	1	Omitted
Age	-.03	(.04)	.97	(.04)	-.07**	(.40)	.92*	(.93)
Race	-.50	(1.02)	.61	(.63)	-1.92	(1.25)	.15	(.15)
Marital Status	.04	(1.08)	1.05	(1.13)	0	Omitted	1	Omitted
Education Level	0	Omitted	1	Omitted	-1.72	(1.32)	.18	(.18)
Prior Social Support	.36	(.27)	1.43	(.38)	.30	(.31)	1.36	(.41)
Mental Illness	-1.76	(1.00)	.17	(.17)	-3.35**	(1.52)	.04**	(.05)
Intercept	2.35	(2.19)	10.53	23.01	7.91**	(3.07)	2726.31**	8371.81
	LR χ^2=5.38				LR χ^2=12.21**			
	Pseudo R^2=.12				Pseudo R^2=.28			

Note. Entries are unstandardized coefficients (*b*)
Omitted: Variable was found to have correlated perfectly
*p<.10 **p<.05 ***p<.01

Table 21 indicates that there was statistically significant differences across gender regarding reentry social support in the form of having family or friends that they could turn to for help or advice and mental illness. Mentally ill female inmates were significantly less likely to say they had this kind of support, relative to non-mentally ill inmates. Male respondents did report statistically significant direct relationships between "Education level" and "Prior Social Support." Females reported a statistically significant inverse relationship between "Age" and the dependent variable. "Marital Status" was omitted due to results of perfect correlation.

Table 21

Gendered Effects of Mental Illness on "Family Advice"

Table 21. Gendered Effects of Mental Illness on "Family Advice"

	Male				Female			
Variable	*b*	(SE)	OR	(SE)	*b*	(SE)	OR	(SE)
Security Level	-.50	(.81)	.61	(.50)	-2.01	(1.30)	.14	(18)
Age	-.05	(.03)	.95	(.03)	-.09***	(.03)	.92***	(.03)
Race	-1.08	(.91)	.34	(.31)	-.96	(1.05)	.38	(.40)
Marital Status	-.67	(.78)	.51	(.40)	0	Omitted	1	Omitted
Education Level	1.68*	(.92)	5.35*	(4.94)	-1.13	(1.15)	.32	(.37)
Prior Social Support	.60**	(.25)	1.81**	(.45)	.31	(.30)	1.36	(.40)
Mental Illness	-.84	(.83)	.43	(.36)	-2.22*	(1.14)	.11*	(.12)
Intercept	3.04*	(1.80)	20.80*	(37.40)	8.74***	(2.95)	6218.86***	(18320.21)
	LR χ^2=17.40**				LR χ^2=16.76**			
	Pseudo R^2=.25				Pseudo R^2=.31			

Note. Entries are unstandardized coefficients (*b*)
Omitted: Variable was found to have correlated perfectly
*p<.10 **p<.05 ***p<.01

Table 22 indicates that there was no statistically significant differences across gender regarding the scaled dependent variable "Reentry Social Support" and mental illness. Female respondents reported a statistically significant direct correlation between the control variable "Marital Status" and the dependent variable. Male and female respondents reported a statistically significant direct correlation between the control variable "Prior Social Support and the dependent variable. Additionally, both genders reported a statistically significant inverse relationship between the control variable "Age" and the dependent variable.

Table 22

Gendered Effects of Mental Illness on "Reentry Social Support"

Table 22. Gendered Effects of Mental Illness on "Reentry Social Support"

	Male		Female	
Variable	*b*	(SE)	*b*	(SE)
Security Level	-.10	(.46)	.12	(.34)
Age	-.03*	(.02)	-.04**	(.02)
Race	-.27	(.46)	-.38	(.35)
Marital Status	.79	(.52)	.84**	(.41)
Education Level	-.68	(.45)	-.59	(.37)
Prior Social Support	.23**	(.11)	.23**	(.10)
Mental Illness	.28	(.47)	-.28	(.32)
Intercept	6.19***	(1.03)	7.90***	(.84)
	R^2=.10		R^2=.19	
	Adj. R^2=.04		Adj. R^2=.14	

Note. Entries are unstandardized coefficients (*b*)
Omitted: Variable was found to have correlated perfectly
*p<.10 **p<.05 ***p<.01

The current study has previously demonstrated the importance of a sample that contained an equal distribution of male and female respondents. The result of utilizing a sample that was virtually evenly split between female and male inmates led to a number of noteworthy findings. The aforementioned significant finding between mental illness and "Family Close" was analyzed further by separating male and female respondents. Upon separating the genders, having close family or friends after release from prison failed to produce statistically significant results for male respondents, while maintaining significance for female inmates. The implications of this gender distinction must be noted. Female inmates not only reported statistically significantly inverse relationship between mental illness and the dependent variable "Family Close," but also between mental illness and the dependent variable "Family Advice." Based upon these findings, it is clear that mentally ill females struggle to maintain similar levels of perceived reentry social support when compared to both non-mentally females and all male inmates, mentally ill and non-mentally ill. The fact that it was solely mentally ill female inmates who reported a statistically significant inverse relationship between the mental illness and

two dependent variables provides a number of intriguing implications for future research and policy decisions.

In addition to the statistically significant relationships found between mentally ill females, the key independent variable, and several dependent variables, a number of significant relationships between control variables and perceptions of social support must be noted. The older an inmate's age, the less perceived reentry social support they expected to receive in the following dependent variables: assistance finding a job, private family interactions, close family interactions, the ability to obtain advice from family or friends, and reentry social support as a whole. The more social support an inmate had prior to incarceration was associated with elevated levels of perceived reentry social support in four of the nine dependent variables (assistance with bills, cash, rides, and a place to stay), as well as the scaled reentry social support variable.

DISCUSSION

The research question that I attempted to answer was whether there is a difference in levels of perceived reentry social support among mentally ill inmates when compared to non-mentally ill inmates. I found that mentally ill inmates and non-mentally ill inmates reported statistically similar results for eight of the nine measures of perceived social support, as well as no significant difference when the measures of perceived reentry social support were summed to generate a singular variable. While there was no statistically significant difference between the mentally ill and non-mentally ill for the majority of dependent variables, there were a number of compelling findings.

The sole significant finding between the key independent variable and dependent variables was in regards to perceptions of social support in the form of close ties to

family and friends upon reentry. Mentally ill inmates reported significantly lower rates of perceived reentry social support when asked whether or not they believed they would have close relationships with family and friends after their incarceration. The finding that mentally ill inmates had lower rates of perceived reentry social support than their non-mentally inmates makes logical sense, due to the idea that mentally ill individuals have increased difficulty maintaining relationships while incarcerated as a result of their illness. However, the self-report data from the APVP found that the vast majority of inmates, both mentally ill and non-mentally ill, believed that they would have social support after reentering the community. Unfortunately, the elevated rates of positivity, in regards to reentry social support, by inmates may not be rooted in reality. Prior research has shown the mentally ill have a difficult time transitioning to the community after incarceration due to inadequate mental health care, difficulty obtaining housing and employment, and the stigmatization of being "crazy." The respondents of the current study may have an overly optimistic view of life after incarceration, which would result in a bias to their answers of the questionnaire. However, the purpose of the present study was to not to analyze whether or not these inmates had realistic perceptions of their reentry social support. Rather, the sole focus was to determine what perceptions an inmate had of reentry social support and whether these perceptions differed based on the mental health of the inmate.

Gender, while not initially a key aspect of the research question, was found to have integral importance on the findings of the study. The separation of respondents by gender allowed for further analysis of all significant findings; a separation that resulted in a more transparent study. Without further multivariate analyses, I would not have realized

that the findings of statistical significance, in regards to mental illness and the dependent variable “Family Close”, were exclusive to female respondents. Future research should make sure to differentiate between the genders when conducting empirical analyses, ensuring that all findings are accurate and easily distinguishable.

The study was not without several limitations. The measurement for mental illness was not as ideal as it could have been. However, utilizing secondary data limited the current study’s ability to improve upon the measure. Additionally, I have emphasized the crucial nature of perceptions and the inherent importance of these perceptions on the individual. If an inmate perceives that the diagnosis of a medical professional was inaccurate then their perceptions must be taken into consideration. Without further sources of data (e.g., medical records), the study utilized the data in the most empirically sound approach available: self-reported diagnoses of mental health or emotional problems by a medical professional, a method that has been used previously in empirical research (James & Glaze, 2006). While incorporating medical records may not completely rectify improper measurement of mental illness (due to issues regarding misdiagnoses, improper medication, etc.), future research may utilize medical records, in addition to self-report data, to more effectively measure mental illness.

The results were taken from interviews that relied exclusively on self-report data regarding perceptions of social support upon reentry. Issues regarding the effectiveness of a study utilizing solely an inmate’s perceptions of what may or may not occur after release from prison must be noted. I make inferences to the effects of poor social support on successful reentry, but did not conduct longitudinal research to determine whether a respondent’s levels of perceived social support led to a successful or failed reentry into

the community. However, utilizing previous empirical research, the inferences regarding the effects of poor perceptions of social support upon reentry are founded. The utilization of a longitudinal "follow-up" with inmates, to determine whether elevated levels of perceived social support directly result in substantial increases in reentry success, would be a beneficial addition to future research conducted.

The small sample size utilized (n=226) may have also brought about issues that may have been avoided with a larger sample size. The small sample size did not allow for a broad range of responses, an issue that resulted in a negative skew of responses to the dependent variable. Additionally, the small sample utilized was from two select prisons in the state of Arizona. The present findings may not be generalizable to the entire Arizona Department of Corrections, nor to prisons throughout the United States. However, the purpose of the current study was to analyze whether there was a difference between mentally ill inmates' perceptions of social support upon reentry when compared to their non-mentally ill counterparts, and a negative skew in the data would not necessarily mean that the findings are invalid. Prior to conducting the analysis, I did not know whether that skew was a result of a high number of non-mentally ill inmates responding positively to levels of perceived social support or another cause. However, the skew found in the data may be a result of the type of respondent utilized. Inmates were chosen for the APVP based upon their past prison visits. The entire sample consisted of inmates who received visits from friends or family, leading to an inherent sample bias. All of the inmates in the current study's sample may have higher rates of perceived reentry social support, due to the fact that they have received social support while incarcerated—in the form of prison visits. Future research could address issues regarding

skews and generalizability by incorporating a larger sample size from a number of correctional facilities throughout the United States and including inmates who are not receiving social support (in the form of visits) while incarcerated into the sample.

The final point to be addressed is regarding future policy development as a result of the current study. While all of the inmates currently receive social support in the form of prison visitation, the findings have shown that these visits may very well be positively influencing these inmates' perceptions of reentry social support. The majority of both mentally ill and non-mentally inmates reported high rates of perceived reentry social support, which may be a direct result of their social support while incarcerated. Future correctional policy should ensure that these inmates continue to receive this social support while serving their sentence, as well as develop policies that allow for more prisoners to receive social support while incarcerated; in the form of prison visitation. The findings of elevated rates of perceived reentry social support, regardless of mental health status, must not be ignored in the development of future correctional policy.

CONCLUSION

The current study may not have found statistically significant differences between mentally ill inmates' levels of scaled perceived reentry social support and the levels of their non-mentally ill counterparts, however a significance between mental illness and perceived social support in the form of having a close family or friend after release was determined. The findings of the current study, while not specific to the research question at hand, provide a crucial foundation for future empirical research on inmate perceptions of social support. A need for future correctional research that emphasizes the importance of recognizing inmates with low levels of perceived social support is crucial to

developing public policies that aid these inmates in successfully transitioning from "convict" to "law-abiding citizen," a transition that is the crux of corrections.

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APPENDIX A

PERCEIVED INTRUMENTAL SUPPORT QUESTIONS

1. Do you expect to receive help from family or friends with money to pay your bills (e.g., rent, cellphone, electricity)?

   Yes No DK R

2. Do you expect to receive help from family or friends with buying basic items (e.g., clothing, groceries, food, gas)?

   Yes No DK R

3. Do you expect to receive cash from family or friends?

   Yes No DK R

4. Do you expect to receive rides from family or friends to get to where you need to be?

   Yes No DK R

5. Do you expect family or friends will let you stay for a period of time in their home?

   Yes No DK R

6. Do you expect family or friends will help you get a job?

   Yes No DK R

APPENDIX B

PERCEIVED EMOTIONAL SUPPORT QUESTIONS

1. Do you think you will have family or friends that you can talk to about private matters?

   Yes No DK R

2. Do you think you will have family or friends you will feel very close to?

   Yes No DK R

3. Do you think you will have family or friends that you can turn to for help or advice when you have a personal problem?

   Yes No DK R