

A Peer-Based Intervention to Reduce Alcohol Use among Persons with Severe Mental Illness and Criminal Justice Histories

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Background and Objective

Each year in the United States, approximately 800,000 persons with mental illnesses enter jails and prisons, and approximately 70% of them have a co-occurring alcohol/substance use disorder. While jail diversion programs are developed to reduce incarceration rates for persons with psychiatric disorders who commit low-level offenses by diverting them from the criminal justice to the mental health system, these programs often do not address the critical task of reintegration into the community. To address this task, we employed a peer-based citizenship framework as an intervention for persons whose mental illnesses, and/or alcohol and drug use, and criminal justice problems posed serious barriers for their community stability and participation. The intervention highlighted individual mentorship from peer staff in recovery from severe mental illness, several with histories of alcohol/substance use and criminal justice involvement. Peer staff worked with participants by combining the functions of case manager with consumer experience, role model, and “supportive friend” in a distinctive way, building a foundation on which to identify and develop individual participant goals, foster recovery, and advocate for participants’ needs such as social services, employment, education, and housing. In addition, all participants were invited to attend classes in citizenship and valued role community activities, emphasizing people’s connections to the rights, responsibilities, roles, and resources available to people through public and social institutions, and through the informal, “associational” life of neighborhoods and local communities. The objective of this research was to compare the peer-based citizenship intervention paired with standard clinical treatment and jail diversion (PBC+STJD), via a prospective longitudinal randomized clinical trial, to standard clinical treatment including a jail diversion component (STJD) only. We hypothesized that those receiving the PBC+STJD intervention would show lower levels of alcohol use, drug use, and criminality over time compared to those receiving STJD only.

Methods

114 adults (36 women, 78 men) participated, reflecting 58% African American, 31% Caucasian, 3% Native American, with 8% “Other” category, and 1% not identifying racial ancestry. Fifteen percent of participants endorsed Hispanic ethnicity. All participants had severe mental illness, and 70% had a co-occurring alcohol and/or drug use disorder. Study design was a 2x(3) prospective longitudinal randomized clinical trial with two levels of intervention (PBC+STJD versus STJD only) and 3 interviews (baseline, 6, and 12 months). Self-report questionnaires gauged alcohol and substance use, and program databases assessed criminal justice contacts. We employed mixed models analysis with baseline covariates to analyze alcohol and drug use, and repeated measures analysis of covariance to analyze criminal justice contacts.

Results

The experimental group showed significantly reduced alcohol use compared to the control group ($F(1,227)=12.12$, $p<.005$, $\eta^2=.05$). Further, results showed a significant group by time interaction, where alcohol use decreased

over time in the experimental group and increased in the control group ($F(2,227)=3.90, p<.05, \eta^2=.03$). Drug use ($F(2,227) = 4.17, p < .05, \eta^2 = .04$) and criminal justice events ($F(1,111) = 4.30, p < .05, \eta^2 = .04$) decreased significantly across assessment periods in both groups.

Conclusions

The PBC+STJD intervention fosters decreased alcohol use over time, while PBC+STJD and the STJD alone produce equivalently favorable results across considerations of drug use and criminality among persons with serious mental illnesses and criminal justice histories. As alcohol use is known to significantly exacerbate difficulties for this population, the PBC+STJD intervention may hold great promise in fostering progress towards recovery.