# BRANDED AND BARRED: AN INTERSECTIONAL ANALYSIS OF IDENTIFYING, DESTIGMATIZING, AND DECRIMINALIZING PSYCHOLOGICAL DIAGNOSES THAT PERPETUATE RACIAL DISPARITIES OF INCARCERATED BLACK & HISPANIC MEN

Faith Chukwudinma*

**Abstract**: This project investigates the intersection of race, mental health, and incarceration by examining how psychological diagnoses are weaponized to perpetuate racial disparities among incarcerated Black and Hispanic men. Grounded in systems theory and supported by the historical analysis of punitive practices through Foucault's penal theory, the work critiques existing carceral mental health frameworks and proposes transformative alternatives. The study emphasizes the role of social workers in disrupting these systems and introduces a structured undergraduate internship program at the Federal Correctional Institution Fort Dix. This program integrates Systemic Cognitive Behavioral Therapy (CBT) and Forensic Assertive Community Treatment (FACT) to equip future practitioners with culturally responsive, evidence-based methods for addressing the mental health needs of incarcerated individuals. Through experiential learning, advocacy, and community-based reintegration efforts, this initiative aims to reduce stigma, foster empowerment, and advocate for systemic change within both the criminal justice and mental health landscapes.

**Keywords**: Racial Disparities; Incarceration; Psychological diagnoses; Black and Hispanic Men; Trauma-Informed Care; Structural Racism; Public Policy; Abolitionist Framework; Cognitive Behavioral Therapy (CBT)

* Rutgers University-New Brunswick, US.

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# I. STATEMENT OF NEED

There is a critical need to decriminalize mental illness and address the racial disparities in psychiatric diagnoses within the justice system by increasing mental health professionals in correctional facilities, which this project aims to tackle through a specialized internship program for social work students at Federal Correctional Facility Fort Dix in Burlington County, NJ.

This project aims to decriminalize mental illness and increase the number of mental health professionals within the carceral system to meet the needs of incarcerated individuals. Despite efforts to address mental health within correctional institutions, many current models have failed to produce long-term improvements in the well-being and rehabilitation of incarcerated individuals. “In the judicial system, people with mental illness (PMI) are over-represented. The reports that PMI have been imprisoned at dramatically greater percentages during the last ten years are a grave threat for psychiatric state practitioners dealing with criminals with mental disorders. Indeed, it has been observed that three times more people are imprisoned than in psychiatric clinics with significant mental illness” (Saxena & Sahai, 2024).

In contrast, evidence-based approaches integrating systems theory, cognitive behavioral therapy (CBT), and forensic assertive community treatment (FACT) demonstrate promising outcomes. Through direct engagement at the Federal Correctional Facility Fort Dix, students will gain firsthand experience with medically accurate diagnostic methods and criminal justice and medical literature while working to implement effective interventions.

As adapted from The Price of Punishment: Public Spending for Corrections in New York by Prison Research Project, 1976 a diagram from 2019, pre-pandemic, shows that Black Indigenous People of Color (BIPOC) are incarcerated at disproportionate rates, where their racial and ethnic characteristics become determining factors in their initial arrests to final sentencing. Other factors lead to systemic inequities within the carceral system, such as high cash bail, excessive wait times for a pretrial as well as the constant threat of being jailed for technical violations, and authoritative control from correctional officers. With a specialized focus on the Federal Correctional Institution in Fort Dix, New Jersey, this institution is located within Burlington County. It is a low-security federal prison for male persons who are incarcerated. FCI Fort Dix is the largest single federal prison in the United States, housing 3,175 male inmates, with the Fort Dix camp housing 244 inmates as of March 2025. The FCI Fort Dix is a part of the Northeast Region of the Bureau of Prisons (BOP) and has a Level 2 medical care level and a Level 2 mental health care level. Level 2 in healthcare terminology is a part of the Emergency Severity Index (ESI), which stratified patients into five acuity groups. Level 2 in triaging means an emergency that could become life-threatening, with patients in this category needing immediate nursing assessment and treatment. Level 2 Centers have 24-hour access to general surgeons, orthopedic surgery, neurosurgery, anesthesiology, emergency medicine, radiology, and critical care; however, in higher acute care, there are transfers to Level 1 centers. FDI Fort Dix holds persons incarcerated with a range of crimes, such as murder and nonnegligent manslaughter, robbery, larceny-theft, and sexual crimes. In large carceral institutions such as FCI Fort Dix, both sexes that are incarcerated are more likely to have physical ailments such as high blood pressure, Asthma, Cancer, Arthritis, and Infectious diseases such as Tuberculosis, HIV, Hepatitis C, and COVID-19.

As adapted from The Price of Punishment: Public Spending for Corrections in New York by Prison Research Project, 1976, an updated diagram of incarcerated persons from 2022, post-pandemic, with a subtle decrease in incarcerated black persons, a sharp increase in Indigenous persons, and a decrease in Hispanic persons. The decrease in incarceration populations may be due to an overall decline in crime percentages or the subtle shrinkage in crime behaviors as a result of grassroots advocacy, lobbying, and coalition community building to decriminalize offending behavior and prioritize effective rehabilitation and reintegration practices. The COVID-19 pandemic also has a role in this change, as the pandemic exacerbated social isolation in prisons, which is identified to aggravate prisoners' mental health problems and increase suicide rates. Many prisoners experience heightened symptoms of anxiety, depression, and substance use disorder during the pandemic. Consequently, negative social implications between prison staff and incarcerated persons increased as decreased communication about both SARS-CoV-2 and the COVID-19 pandemic further increased stress and anxiety symptomatology amongst incarcerated persons.

In addition, mental ailments include symptoms of psychotic disorders, substance dependence or abuse, antisocial behaviors, past physical or sexual abuse, or maladaptive behaviors such as fighting that results in injury or cognitive disorders such as dyslexia or Attention Deficit Disorders (ADD) act comorbidly with physical ailments. "About two in five people who are incarcerated have a history of mental illness (37% in state and federal prisons and 44% held in local jails). This is twice the prevalence of mental illness within the overall adult population" (National Alliance on Mental Illness, 2024).

In the mental health world, Social Workers work through crisis interventions, providing instantaneous support and intervention methods in situations ranging in severity from mental health emergencies to natural disasters or places of high tension and continuous variable change, such as schools and hospitals. They connect clients and communities to resources such as housing assistance, healthcare, financial aid, and educational programs and navigate complex systems through advocacy. The rising number of incarcerated people has led to a demand for social workers in corrections (Matejkowski et al., 2014). However, as few as 1% of social workers have indicated they work in criminal justice as their primary practice area (Young, 2015). As a result of this rising number, Social workers can create lasting impacts on their communities, including the carceral system, through individual empowerment by providing social skills that drive personal growth and self-sufficiency.

## II. PROJECT DESCRIPTION

### A. Theoretical Framework: Systems Theory

A foundational aspect of this initiative is Systems Theory, which asserts that individual behaviors are influenced by their broader social environment (Kelly, 2006). A social environment may include Adverse Childhood Experiences (ACEs), substance use disorder within the home or community, family dysfunction, academic difficulties, or exposure to violence. The systemic approach emphasizes that behavior is embedded within multiple ecological levels, individual, family, community, and societal. Utilizing a systems perspective allows social work students to analyze the external factors influencing incarcerated Black men's behaviors and apply interventions that account for these complex relationships ('Systems Theory,' n.d.).

## B. Unsuccessful Model: Traditional Logic of Punitive Systems

Historically, carceral mental health programs have relied on punitive measures and limited, underfunded therapeutic interventions. Incarcerated individuals with serious mental illnesses often receive inadequate treatment, leading to worsening symptoms and higher rates of recidivism. Many correctional institutions lack sufficient mental health professionals, contributing to the misdiagnosis and over-medication of incarcerated individuals, mainly Black men diagnosed with Schizophrenia Spectrum disorders (Hedden et al., 2021). Research shows that screening and treatment for mental health conditions often begin within institutions, but without sustained community-based interventions, these efforts fail to produce long-term benefits (Matz, 2018).

Utilizing Michel Foucualt's historical timeline of carceral punishment that analyzes a shift from public torture and execution to more "civilized" but overall oppressive forms of carceral punishment with the modern ideology of "moral reform," Foucault's analysis is important to note of his solution of not traditional reform, but of abolition, radical rethinking, instead of the previous historical restructuring model.

"In Foucault's eyes, penality had not evolved toward greater humanity since the Enlightenment. At most the change was cosmetic, a ruse to hide a sophisticated apparatus of repression under which the lower classes were purportedly incarcerated for their good in the name of illusory rehabilitation" (Jouet 205)

### *Foucault's Chronology of Evolving Penal Practices and Prison Structures*

#### 1. Early 19th Century: Solitary Confinement in America

a. Carceral Method: Solitary Confinement

b. Historical Timeframe: 1829 and Onwards

c. Examples in the U.S. Prison System: Eastern State Penitentiary (Philadelphia)

d. Foucault's Conclusion: Caused mental deterioration, not moral improvement; created mental harm

#### 2. Mid-19th Century: Prison Labor and Racialized Exploitation

a. Carceral Method: Forced Labor and Racialized Punishment

b. Historical Timeframe: 1865

c. Examples in the U.S. Prison System: Angola Prison (Louisiana State Penitentiary)

d. Foucault's Conclusion: Linked prison labor targeting Black men to systemic racial and economic exploitation.

#### 3. Late 19th Century: Classification and Psychological Assessment

a. Carceral Method: Medicalization and Psychological

Normalization

b. Historical Timeframe: Late 1800s and 1900s

c. Examples in the U.S. Prison System: Alcatraz Federal Penitentiary (San Francisco Bay, CA)

d. Foucault's Conclusion: Prisons used psychiatric evaluations to "normalize" inmates, beginning the medicalization of mental illness.

4. **Late 18th Century Idea, Revived Mid-20th Century: The Panopticon Model:** Bentham's Panopticon is a circular prison design in which a single guard can observe all inmates without them knowing whether they're being watched. It symbolizes constant surveillance and is often used as a metaphor for modern systems of social control.

   a. Carceral Method: Surveillance and Social Discipline

   b. Historical Timeframe: 1787 design, revived mid-20th century

   c. Examples in the U.S. Prison System: Stateville Correctional Center (Crest Hill, Illinois)

   d. Foucault's Conclusion: Identified the spread of Panoptic surveillance, which created total social discipline.

5. **1970s and Onward: Mass Incarceration and Racial Disparities in the U.S.**

   a. Carceral Method: Systematic Oppression and Mass Confinement

   b. Historical Timeframe: 1970s and Onwards

   c. Examples in the U.S. Prison System: Rikers Island (NYC) and San Quentin State Prison (California)

   d. Foucault's Conclusion: Observed mass incarceration disproportionately targeting lack and Latino men; concluded prisons served to oppress minorities systematically.

## III. SUCCESSFUL MODELS OF INTERVENTION

### A. Model 1: Systemic Cognitive Behavioral Therapy (CBT)

Systemic Cognitive Behavioral Therapy is an evidence-based approach that addresses both the individual and environmental factors contributing to mental health conditions. Based on Strategic Family Therapy (Haley & Madanes), Strategic Group Therapy provides direct, solution-oriented interventions that change problematic interaction patterns. Paradoxical interventions, systematic desensitization, symptom prescription, and assigned directives help participants modify behaviors effectively. Group therapy models have been particularly effective for incarcerated individuals

dealing with trauma, substance use disorders, and gang affiliation (Ciftci & Budak, 2022). A study on the effects of CBT-based psychoeducation found that functional remission levels increased. In contrast, internalized stigma levels decreased in participants receiving the intervention, demonstrating its efficacy in correctional settings (Ciftci & Budak, 2022).

1. **Strengths of Model 1:**

    a. This model is crucial in decreasing repeat offenses and recidivism statistics, in addition to addressing complex mental health symptomatology.

    b. Cognitive Behavioral Therapy (CBT) is evidence-based. It has encouraged positive physical health outcomes in re-offending rates in both youth and adults by addressing maladaptive behavioral habits and environmental determinant factors.

    c. Aids in successful societal reintegration of released offenders

    d. Cognitive Behavioral Therapy (CBT) is a continued research topic that utilizes cognitive, behavioral, and trauma-processing aspects, actively integrating newer technological advancements within its therapeutic system.

    e. Certain clinical and criminal history variables were predictive of recidivism among mentally ill offenders. (Gagliardi, Lovell, Peterson, & Jemelka, 2004, p. 151)

2. **Weaknesses of Model 1:**

    a. Offenders are frequently required to participate, raising questions about the offender's willingness to engage in therapy voluntarily.

    b. There is a therapeutic belief that maladaptive thinking patterns and personality problems play a role in the development of psychiatric disorders. However, this theory may not consider social determinant factors such as environment and culturally/spiritually diverse experiences.

    c. Cognitive Behavioral Therapy (CBT) is 'problem-focused' and 'task-oriented,' however, these cognitive and behavioral approaches may not be entirely applicable to inmates with complex experiences and symptoms. These co-occurring symptoms and conditions may include comorbid disorders such as post-traumatic stress spectrum disorders (PTSD), substance use disorder, and psychosis resulting from prolonged solitary confinement, as well as persistent trauma-related behaviors or dissociative disorders caused by chronic abuse or systemic racial violence. In addition, inmates may suffer from infectious diseases linked to poor sanitation, overcrowding, and limited access to healthcare.

## B. Model 2: Forensic Assertive Community Treatment (FACT)

Building on the Assertive Community Treatment (ACT) model, FACT targets high-risk individuals with prior arrests and jail detentions. FACT prioritizes treatment for individuals with antisocial personality patterns, substance use disorders, dysfunctional family environments, and histories of antisocial or violent behaviors. Through forensic intensive case management (FICM), FACT connects incarcerated individuals with community-based services, including medical care, parole and probation supervision, and ongoing mental health treatment (Lamberti & Weisman, 2021). Evidence suggests that integrating correctional mental health treatment with post-incarceration community support significantly reduces recidivism and improves long-term mental health outcomes (Matz, 2018).

### 1. Strengths of Model 2:

a. Forensic Assertive Community Treatment (FACT) is an evidence-based program proven to lower recidivism rates and increase community integration with physical, mental, and legal resources.

b. It addresses mental health and criminal behavior, incorporating community leaders such as court referrals and justice providers. It is essential in direct community involvement that aids in direct societal re-entry amongst justice-involved individuals. "Suicide prevention efforts should focus on people who have spent at least 1 night in jail in the past year. Two distinct methods and datasets both indicate that during the year after jail release, an individual's suicide CMR was 9 times the mean among other U.S. adults, representing 19.9% of adult suicides in 2019, with 27.2% of suicides occurring within 2 years after release." (Smith et al., 2021) Utilizing community-based resources, evidence states that better integration of suicide risk detection and prevention across health and criminal systems that includes 911 calls, police contacts, pretrial jail detention, criminal courts, jail sentences, probation, and parole are essential to reducing the increase of suicide in prison populations.

c. Evidence-based programs to prevent recidivism and enhance community integration are essential given most people convicted of a crime are either currently in the community or will ultimately return to it (DeLuca et al., 2018).

### 2. Weaknesses of Model 2:

a. Although this program targets individuals with prior arrests, it can create situations of discrimination or enhance implicit biases among community workers.

b. Underutilized/understudied due to the complexity of the program.

## IV. METHOLOGY: UNDERGRADUATE SSOCIAL WORK INTERNSHIP

## PROGRAM

Leveraging the success of systemic CBT and FACT, this project seeks to establish an undergraduate social work internship program at the Federal Correctional Facility Fort Dix. The program will immerse students in direct work with incarcerated individuals and their families within the physical prison environment and outside in clinical rehabilitation programs, including the camps and community rehabilitation centers. These diverse environments allow for a holistic experience of these systems that range from restrictive to more autonomous. "A community-based transitions clinic may be effective in improving health outcomes and engagement in care for former prisoners" (Fox, Anderson, Bartlett, Valverde, Starrels, & Cunningham, 2014, p. 1140). The overall intention is for comprehensive training of future social workers in evidence-based assessment and intervention methods. Students will apply a systems perspective to understand the environmental factors influencing behavior and implement CBT-based group therapy models tailored to incarcerated populations. Additionally, students will work with correctional staff to develop community reintegration plans using the FACT framework, ensuring continuity of care post-release.

### A. Plan Implementation

**January — Week 1-4**: Orientation and Introduction to Mental Health in Carceral Settings & Immersion in Correctional Facility and Inmate Interaction

**Weekly Objectives**: Familiarize students with the correctional facility's structure and mental health programs. Introduce racial disparities in mental health diagnoses, especially schizophrenia among incarcerated Black individuals. Establish foundational knowledge of systems theory and cognitive-behavioral therapy (CBT) in carceral settings. Begin rotations at the Federal Correctional Facility Fort Dix. Gain firsthand experience with mental health diagnosis and treatment challenges. Start establishing trust-based relationships with inmates, focusing on rapport and cultural understanding.

**Activities**: Orientation sessions include an overview of the correctional facility, policies, and expectations. A speaker series features mental health professionals discussing mental illness impacts and cultural competence. Lectures cover systems theory, and group reflections allow students to share their thoughts and challenges about the internship. Students shadow social workers and mental health professionals on facility rounds. They conduct supervised interviews and assessments to understand inmates' mental health challenges. Workshops address implicit biases and work with diverse backgrounds. Case study discussions focus on real-life mental health diagnoses and interventions for incarcerated individuals.

**February — Week 1-4**: Rotation through Community-Based Transitional Clinical Centers and Community Service and Research Activities

**Weekly Objectives**: Expose students to community-based clinical centers and their role in reentry programs. Enhance understanding of community interventions in reducing recidivism. Encourage student participation in community service for reentry support. Begin research activities to support the program's evidence-based framework.

**Activities**: Students rotate through clinics that treat formerly incarcerated

individuals. Discussions focus on applying systemic CBT and Forensic Assertive Community Treatment (FACT) in community settings. Seminars cover the reintegration process, and interactions with formerly incarcerated individuals allow students to hear firsthand experiences. Students engage in community service projects to help formerly incarcerated individuals with legal aid, education, or job training. Research posters summarizing experiences and findings are prepared for a symposium. A speaker series discusses systemic racism, mental health, and the criminal justice system. Data collection and analysis for evaluation purposes begins.

**March — Week 1-4**: Intensive Case Management and Direct Inmate Intervention

**Weekly Objectives**: Deepen student involvement in providing mental health interventions and expose students to intensive case management.

**Activities**: This month is heavily lecture-based and addresses specific systemic issues within the carceral system. The lecture-based learning debunks myths and preconceived notions of the incarceration system and strategically plans evidence-based solutions with social work students for implementing integral change. Students participate in case management meetings and offer input on treatment plans. They assist in implementing systemic CBT and FACT with inmates. Workshops focus on accurately diagnosing mental health conditions in correctional settings and ensuring culturally competent practices. Students start implementing interventions under supervision. Completion of workshops on diagnosis and cultural competence occurs. Feedback from inmates and staff on student performance is collected.

**April — Week 1-4**: Evaluation and Reflection

**Weekly Objectives**: Evaluate the effectiveness of interventions and assess student learning. Reflect on the emotional toll of the internship and develop self-care strategies.

**Activities**: Students have one-on-one evaluations with supervisors to reflect on their progress and challenges. Feedback from inmates on interventions is collected. Workshops help students process emotional challenges faced during the internship, and the data collected is reviewed in preparation for the research symposium. Evaluation reports on student performance are prepared. Completion of self-care workshops takes place. Preparation for the final research symposium begins.

**May — Week 1-4**: Research Symposium and Closing Ceremony

**Weekly Objectives**: Showcase student research and reflections on the internship. Provide closure and prepare students for future social work and criminal justice reform roles.

**Activities**: Students present research findings at the symposium, focusing on the internship's impact on their understanding of mental health and incarceration. A speaker series invites social justice and mental health reform leaders to discuss career opportunities. A final reflection session allows students to share their overall experiences and perspectives. Finally, evaluations from students, staff, and inmates assess the program's success and areas for improvement. Successful completion of the

research symposium occurs. Final evaluations and stakeholder feedback are collected, followed by a closing ceremony and certificate awards for program completion.

***Key Aspects of Plan Implementation Include***

1. Rotations through community facilities and the larger prison to ensure safety

2. A lecture and speaker series to provide a comprehensive academic learning experience that balances practical experience

3. Reflection/journal groups for community processing

4. Emotional processing workshops

5. Community service projects for applied learning

A reduction in recidivism rates does not measure success, as high incarceration rates are a systemic issue that will not see immediate changes in visual data unless through longitudinal studies. By utilizing evidence-based practices and restructuring previous flaws within existing prison programs, success in this program is measured by the successful reintegration of offenders into their communities and the potential optimistic outcomes of community-based interventions. Additionally, surveys evaluate success after the internship to assess if there is an increase in percentages of undergraduate social work students who are more likely to localize their population in carceral communities. Hopefully, through this internship, there will be a gradual increase from the 1-2% of undergraduate students indicated in current statistical data.

## B. Challenges and Solutions in Plan Implementation

1. The overall safety of social work students includes working with correctional staff and creating a steady transition of rotations that allows for constant movement to avoid remaining in one area of the facility with variable situations.

2. Building trust between inmates and social work students in the time frame allotted does not feel transactional or exploitative. However, it creates a bridge for increased trust of inmates and psychological staff within the facility.

3. Proper and comprehensive screening and lectures that address implicit biases amongst students and inmates while teaching proper social skills within interactions with inmates

4. Understanding that academic and emotional burn-out will arise. A solution is to create wellness spaces for emotional processing or allocate times within the internship to allow for rest and emotional decompression while also implementing strategies for social work students to avoid properly balancing the emotional toll of this internship and their goals within the internship.

## C. Evidence-Based Criteria for Successful Therapeutic Methods

Saxena and Sahai (2024) outline six phases of Cognitive Behavioral Therapy (CBT), which are:

1. Psychological Evaluation
2. Reconceptualization
3. Acquisition of skills
4. Integration of expertise and its application
5. Maintenance and generalization
6. Follow-up post-treatment review

Success in therapeutic methods is measured by meeting at least 50% of these criteria, with particular emphasis on follow-up post-treatment review and a comprehensive psychological evaluation.

### D. Evidence-Based Criteria for Non-Successful Therapeutic Methods

Saxena and Sahai (2024) also specify that the intervention is considered a failure if the crucial behavior persists above or below the baseline. They identify key appraisal measures:

1. **Critical conduct definition:** Assessing whether excesses or shortages are essential habits.
2. **Assessment for frequency, length, or severity of critical behaviors:** Establishing a baseline for these behaviors and striving to reduce their frequency and duration, especially if they are repetitive.

Non-success in CBT is characterized by repeating maladaptive behaviors, reflecting the limitations of the problem-focused and task-oriented models. Success is hindered when there is no evidence of individual growth or voluntary willingness to engage in positive habits.

## V. BUDGET

The Robert Wood Johnson Foundation (RWJF) is a community-based organization whose mission statement addresses systemic racism within medical, social, and public health systems. This internship program is requesting $200,000 in funding from the Robert Wood Johnson *Systems for Action: Community-Led Systems Research to Address Systemic Racism* Grant to create a specialized internship program for undergraduate social work students from Burlington County, NJ, focusing on those from Black and other historically marginalized backgrounds. Using an Integrative Care framework, fund allocation is structured to a full numerical value of $200,000 and percentage (100%), serving as a flexible estimate that can be revisited and adjusted based on the complexities of the healthcare and carceral systems.

Central allocations include, $28,000 for intern stipends and $27,000 for a program coordinator to ensure professional guidance and oversight. Educational and

operational needs are covered through course credit fees ($13,500), training and certification ($9,000), educational materials ($4,500), and guest speakers ($4,000), all designed to equip interns with the tools necessary to engage meaningfully with incarcerated individuals. The most significant portion, $45,000 (26.2%), is allocated as Student Stipends to address accessibility challenges in education, ensuring students from diverse socioeconomic backgrounds have equal opportunities and increasing equity within the program. The smallest allocation fund, $4,500 (2.6%), is designated for advocacy and donations. However, advocacy and donations receive a smaller allocation; other budgeted components not directly labeled under advocacy and donations, such as Family Support and Inmate Legal Support, aid incarcerated individuals through financially specific programs that further aid an incarcerated person to reenter society successfully. Administrative support ($12,500), technology and software ($9,000), and facility costs ($7,500) ensure smooth implementation.

This budget follows an integrated care framework, fostering collaboration among healthcare specialists to improve outcomes for vulnerable prison populations. A study on the method of integrative care within healthcare infrastructures further states, "…in practice, however, integrated care rarely delivers on the high expectations of those who implement it. Financial factors, and specifically lack of integration of budgets across sectors, are frequently cited as a major barrier to success…" (Allen et al., 2015). This integrative-care-based allocation method bridges the complexities of the carceral and higher education systems to create healthier, more equitable opportunities for more interns. This budget also includes services accompanying the internship's advocacy component directly toward the incarcerated population.

## VI. DISCUSSION

The decriminalization of mental health and oppressive prison punishment practices are a part of the larger growing prison abolition movement with fundamental roots in practical organizing tools, grassroots mobilization ranging from local to international level, and overall community coalition building. Prison abolition can be defined as,

"First, admitting that prisons can't be reformed, since the very nature of prisons requires brutality and contempt for the people imprisoned.

Second, recognizing that prisons are used mainly to punish poor and working class people, and forcing the courts to give equal justice to all citizens.

Third, replacing prisons with a variety of alternative programs. We must protect the public from the few really dangerous people who now go to prison. But more important, we must enable all convicted persons to escape the poverty which is the root cause of the crimes the average person fears most: crimes such as robbery, burglary, mugging or rape." *(Prison Research Project: The Prince of Punishment, 1976, p. 57)*

Black and Hispanic males are more likely to be disproportionately incarcerated compared to the general population. They are generally overrepresented in prisons, and prisons, historically built on medieval concepts of crime and punishment that "perpetuate and multiply crime." As a critical call to action, there is a vital need for decriminalizing the prison system and the stigmatization of complex mental health diagnosis and symptomatology, in particular, of the demographic of incarcerated Black

and Hispanic men.

A broader theory of prison abolition from which this call to action and plan is implemented at is derived from Michel Foucault's theories of disciplinary power and his specified focus on power and knowledge, which he argues that power is not a straightforward top-down entity but a pervasive, complementary dynamic that intersects social interactions, behaviors, and institutions. Publishing the book *Discipline and Punish: The Birth of the Prison*, Foucault (1977) observes that:

"Prison 'reform' is virtually contemporary with the prison itself. It constitutes, as it were, its programme. From the outset, the prison was intended to be a penitentiary apparatus and a correctional technique. The prison was expected to reform the inmates. But soon it appeared that relapses into crime occurred frequently, that prisons produced delinquents rather than reformed citizens." (Foucault, 1977, p. 234)

With Foucault's poignant conclusions about the complex, intricate linkage that power produces knowledge, he concludes, rather than knowledge shaping and reinforcing power, he also further argues: "Prison reform is the endless task of always reconstructing the prison itself" (Foucault 1977 p. 277). The complete abolition of the carceral system, combined with the successful reintegration of formerly incarcerated individuals, could catalyze a radical restructuring of other institutional systems. Often driven by punitive, disciplinary frameworks, these systems may begin to confront their reliance on punishment, especially when past reform efforts have lacked community engagement or failed to challenge deeply embedded power structures. However, it is the continued gaining of knowledge of the consequences that ensue that are deemed valid, affirming this dynamic relationship of oppression. There is a rising number of people who are incarcerated, leading to a critical demand for social workers to work within the correctional system. Within the undergraduate system, less than 1% of future social workers indicate the correctional system and overall criminal justice as their primary area of future practice. The reduction of social workers occupying this specific practice area results from the penal system's complexities. Suicide is the single leading cause of death for people in jail, as an incarcerated person is more than 3x more likely to die from suicide than someone in the general U.S. population. According to (Miller et al. 2024), nearly 20% of suicides occurred among those released from jail in the past year, and 7% were by those in their second year post-release.

Utilizing a humanistic lens, an anecdote from a previously incarcerated person and their family cites, "Solitary is just not right or built for people. You can't retake your mind from the hurt of knowing that the outside world is going on without you," said Alex Mirzaoff, who, after over three months of incarceration and time served, returned home with a broken nose, uncontrolled diabetes, and deteriorated mental health, "This is not my son," his mother stated (Kass, 2022, as cited in New York Focus).

By creating a comprehensive internship program for future social workers to engage with people who are incarcerated, this internship provides an exceptional opportunity to create a deeper physical, emotional, and evidence-based educational connection within the individuals penalized by this complex system.

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