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## ***prison*HEALTH EXTERNAL SPEAKER (December 2020)**

**Nate Link, Ph.D., Rutgers University, USA**

*"The Critical Roles of Mental, Physical, and Financial Health for Reentry and Desistance"*

***Dr Rebecca Banwell-Moore, Laura Pecorone, Dr Philippa Tomczak***

## *prison*HEALTH

'[Prisons, Health and Societies](#)' is a new, multidisciplinary research group which exists to encourage high quality scholarship, engagement and knowledge transfer regarding all aspects of mental and physical health, in and around prisons and detention sites. The *prison*HEALTH arm is co-directed by [Dr Philippa Tomczak](#) and [Dr Catherine Appleton](#). Developing our flourishing series of internal seminars, we warmly welcomed our first external speaker [Dr Nate Link](#) from Rutgers University, USA on the 2nd December 2020, who presented his paper "The Critical Roles of Mental, Physical, and Financial Health for Reentry and Desistance".



Nate Link researches issues in corrections and sentencing, including financial sanctions and debt, prisoner reentry and desistance, and mental/physical health. Nate's research has been funded by the National Institute of Justice and Arnold Ventures (formerly the Laura and John

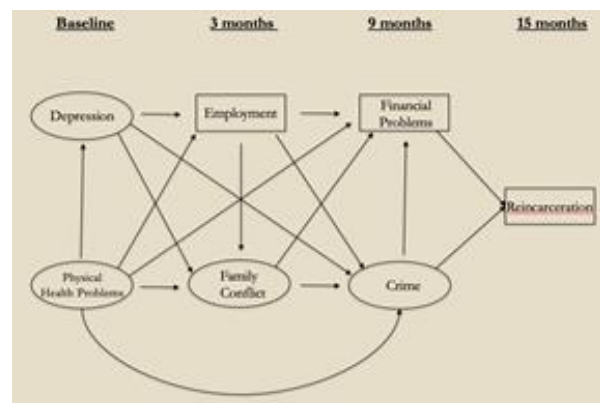
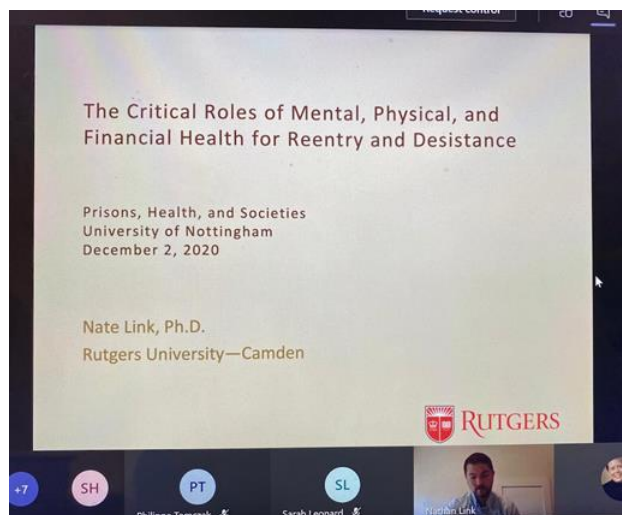


Arnold Foundation). Currently, he is a co-PI for the Community Corrections Fines and Fees Study – a four-year study of monetary sanctions and their consequences across seven states in the USA.

Link's paper 'The Critical Roles of Mental, Physical, and Financial Health for Reentry and Desistance' firstly provided an overview of extant literature demonstrating that employment, positive family relations and economic stability are critical for promoting successful reintegration and desistance; and the impacts that incarceration can have on health. However, Link and colleagues have argued the reverse - that health has important implications on reentry (post-release) outcomes and the likelihood of reincarceration.

Link then presented the *health-based model of desistance*, developed to examine health, incarceration, and reentry. Both mental and physical dimensions of health states have important implications for the attainment life-course and re-entry outcomes. The research examined whether, and to what extent, dimensions of health (mental and physical) affect the attainment of key life course processes and reentry outcomes and whether health impacts recidivism directly and indirectly through its impact on life-course variables and reentry constructs.

Using structural equation models and longitudinal data from the Serious and Violent Offender Reentry Initiative (SVORI), Link et al. examined the links between mental and physical health, crime, family conflict, employment, and economic hardship and reincarceration. The study found that there was a correlation between variables including: physical health; mental health (depression) (pre-release/upon release) and family conflict; employment; financial problems; and crime post-release. Link et al analysed life-course and post-release/re-entry outcomes at four different stages (baseline, 3 months, 9 months and 15 months) and found that the results indicate several significant pathways through which health influences employment, family conflict, financial problems, and crime and reincarceration.



Findings indicated that mental and physical health both mattered, but for different reasons. Physical health showed a negative effect on ex-prisoners' employment opportunities. Physical health problems can make employment more difficult to secure, maintain and succeed in, especially since many are relegated to physically-taxing jobs in construction, landscaping, and other manual labor. In terms of mental health, depression issues increased family conflict. Many former prisoners rely heavily on family members for support (mental, physical and economic) and this reliance can strain/burden family members both socially and economically.

Furthermore, ex-prisoners' poor physical and mental health resulted in economic hardship. All of these reentry dynamics ultimately increased the chance that reentry would be unsuccessful and lead to recidivism and reincarceration.

In terms of financial health, Link outlined how there has been a shift to an 'offender-funded' justice model in the USA. Offenders and parolees are liable to pay for their probation costs (probation and parole services are privatised in the USA). For example, research conducted by Bucklen and Zajac (2009) found that on average ex-prisoners accrued \$2-5,000 fines, fees, and other justice-related costs. Other research has highlighted how this initial debt can increase dramatically over time; by a factor of ten over a four year in some places (Harris, Evans and Beckett, 2010). Link argued that these 'offender funded' criminal justice fines, fees and debts impact re-entry outcomes and can bring about a range of legal and collateral consequences. For example, debt and financial hardship can result in serious consequences such as probation violations and reincarceration - predominately due to non-payment of fines and probation costs and due to crime being committed to manage financial problems.

Link presented the three key takeaway findings: 1) physical health problems reduce the odds of becoming employed; 2) depression increases family conflict; 3) mental and physical health problems indirectly increase the likelihood of recidivism (both reoffending and reincarceration) via life-course/reentry variables. These findings demonstrate the need for implementation of correctional and transitional policies to improve health among the incarcerated and avert health-related reentry failures.

Link concluded with thoughts about how research on mental and physical health and desistance can be better merged with the research on financial health among the formerly incarcerated. In this way, a more complete picture of how these various aspects of health impact one another and other life-course outcomes over time can be produced.

## References

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