

The Impact
of **Incarceration**
on **Mental Health**

Michelle Adams, PhD
2024 FMHAC Conference

Presentation

Research rooted in dissertation & informed by

- 20+ years of direct service (*assessment, treatment, forensic evaluation*) with incarcerated individuals
 - prisons
 - state hospitals
 - jails (incl Twin Towers Correctional Facility)
 - behavioral health emergency room
 - inpatient mental health hospitals
 - other secure treatment facilities

Currently in a Quality Assurance role in LA County's
Juvenile Justice Mental Health Program – *a great place to work!*

Presentation Outline

- Context of research
- Development of mental illness in prison
 - Arguments against
 - Evidence supporting
- Research overview
 - Select findings
- Factors of incarceration environments that contribute to the development of mental illness
- Lack of research/understanding in this area
- Questions & comments

Context of Research

Official purpose of incarceration

“To facilitate the **successful reintegration** of the individuals in our care back to their communities equipped with the tools to be drug-free, healthy, and employable members of society by providing education, treatment, rehabilitative, and restorative justice programs, all in a safe and humane environment.”

(California Department of Corrections and Rehabilitation, 2024)

“To serve ... sentences of imprisonment in facilities that are safe, humane, cost-efficient, and appropriately secure, and provide reentry programming to ensure ... **successful return** to the community.”

(Federal Bureau of Prisons, 2023)

**Efficacy of incarceration can and should
be measured by **recidivism****

Context of Research

Incarceration practices are ineffective

- Depending on the measure, **high recidivism rates** continue to demonstrate inefficacy of incarceration

US
61% - 81%

CA
67% - 75%

- Incarceration environments that focus on increased control & incapacitation (v. rehab/treatment) = higher recidivism rates

~2 million incarcerated in 2023 (*local, state, federal, tribal systems*)

- 1:177 for all US residents → 0.05%
- **1:3 for Black men b. 1981; 1:5 Black men b. 2001** → 20% - 33%

(BJS, 2021a; BJS, 2021b; Bird, Nguyen, & Grattet, 2023; CDCR, 2024; Loeffler & Nagin, 2022; Mamun et al, 2020; McKenzie, 2013; Mears et al, 2016)

Arguments Against mental illness development during incarceration

1. Prisoner was already mentally ill upon arrest/incarceration
2. Public policies (e.g., 1960s deinstitutionalization) shifted mental illness from state hospitals to incarceration (via more crime)
3. Mental illness is inherent to criminal behavior (mentally ill persons are more likely to commit crimes)

Arguments Against mental illness development during incarceration

Argument 1: mentally ill upon incarceration

(Smith, Sitren, & King, 2019; Wilson et al., 2020)

- First-time incarcerations in state prison:
6-12% mentally ill upon entry to prison

*(Al-Rousan et al., 2017; BJS, 2021; Canada et al., 2022;
Nicholls et al., 2018; Prinz, 2014)*

- Poor screening at intake, probable underdiagnosis
- Under-researched, inconsistent measures of MI/incarc

Finding: conservatively, 12% prisoners
diagnosed mentally ill upon prison entry

(this is only a small portion of the ~56% of mentally ill in prison)

Arguments Against mental illness development during incarceration

Argument 2: 1960's deinstitutionalization led to increase of mental illness in prison

(Galanek, 2013; Onah, 2018)

- Comprehensive analyses of prison population after deinstitutionalization of 1960s found it contributed to no more than 4-7% of prison growth over the two decades that followed

(Lamb & Weinberger, 2020; Raphael & Stoll, 2013)

Finding: 1960's deinstitutionalization contributed to $\geq 7\%$ of all prisoners (x 20y)

Arguments Against mental illness development during incarceration

Argument 3: mentally ill persons are more likely than mentally 'healthy' to commit crimes
(Meyers, 2020)

- If so, mental illness would be as prevalent in crime as it is in prison
 - 3-11% arrestees are mentally ill @ time of crime
 - Persons w/MI = more likely to be victim than perp

(Gottfried & Christopher, 2017; Morgan et al., 2013; Peterson et al., 2014; Varshney et al., 2016)

Finding: mental illness is more prevalent in prison (~56%) than it is in crime (3-11%)

Evidence Supporting mental illness development during incarceration

Primary Evidence Supporting

- MI prevalence in prison: 56%
- MI prevalence in crimes: 3-11% –
- *MI development in prison..... 45-53% ?*
- Data represent too large indication to ignore, even at most conservative interpretation
- Numerous studies indicate 25-52% prisoners developed mental illness after incarceration

(Edgemon & Clay-Warner, 2019; Galanek, 2013; Haney, 2017; Nowotny et al., 2020; Preston et al., 2022; Semenza et al., 2023)

Evidence Supporting mental illness development during incarceration

- Prisons “increase psychiatric symptoms, create increased risks for first episodes of severe mental illness, and contribute to the clinical presentations of inmates during assessments.”

(Galanek, 2013, p. 213) – ethnographic research studying construction/conceptualization of mental illness in prison

- “Prisons are fraught with danger, dehumanization, and deprivation, and pervaded by all of the negative emotions that those things engender. They are the very antithesis of a treatment-oriented milieu”

(Haney, 2017, p. 311) - treatise on the impact of prison on prisoners' mental health

Research Overview

Purpose of Study

- Inform those who provide or facilitate mental health services to prisoners + institutions that incarcerate them, toward improved practices for prisoners, professionals/staff
- Align with others dedicated to maintaining the difficult discourse required for improving systems of incarceration
- Highlight the need for additional research re: the development of mental illness in prison

Research Overview

Data Source: *The Survey of Inmates in State & Federal Correctional Facilities*

- 18,185 total prisoners:
 - 14,499 state prisoners + 3,688 federal prisoners
- 2,984 questions

Sample: prisoners with no mental illness upon entry into incarceration

- 3,345 usable cases

Research Overview

Analyses of variables

- Descriptive statistics: demographic variables
 - Gender
 - Race
 - Education
 - Marital Status
- Exploratory Analyses:
 - Length/Type of sentence
 - Participation in self-help groups
(moderating variable)
 - Demographic variables

Select Findings

- No correlation between development of mental illness and demographic variables:
 - age, gender, race, marital status, education
- These findings suggest that **all prisoners are equally at risk for developing mental illness in prison**, regardless of age, gender, race, education, or marital status

Select Findings

- Significant correlation between length of sentence and development of mental illness
 - **↑ time = ↑ likely to develop mental illness**
 - supports theory: prison fosters mental illness
- No correlation between type or remainder of sentence and development of mental illness
- These findings suggest that **length** of incarceration is more important than type or remainder of sentence when it comes to the development of mental illness in prison/jail

Select Findings

- **1:1 correlation:
time in prison &
development of mental illness**
 - symptoms of MI emerged or increased incrementally with each year served

***more time in prison =
increased risk for
developing mental illness***

Select Findings

Limitations/potential criticism of research

- Prisoner self-report is perceived to be invalid
 - Prisoner self-report data found to be accurate and of equal quality as data obtained otherwise
- Mental illness is difficult to measure in prison
- Impossible to identify/measure all factors that contribute to or prevent mental illness

Such criticisms do not outweigh the necessity for research, driven by this & other compelling evidence

If incarceration is not effective *as a corrective, rehabilitative, or even deterrent entity,* what effect does it have?

Decades of professional observation across
a wide range of incarceration environments
+ focused scholarship in the history and
culture of incarceration in the United States
bears the conclusion:

**incarceration environments
are crazy-making places**

If incarceration is not effective *as a corrective, rehabilitative, or even deterrent entity,* what effect does it have?

“Although diagnosable ‘mental illness’ is an important and distinctive category of psychological vulnerability in prison, it is a more fluid category than often depicted and does not begin to encompass the extent of psychic pain and harm that adverse conditions of confinement can inflict.”

(Haney, 2017, p. 314)

treatise on the impact of prison on prisoners’ mental health

What is Crazy-Making about Incarceration?

Operational Culture

Physical Culture

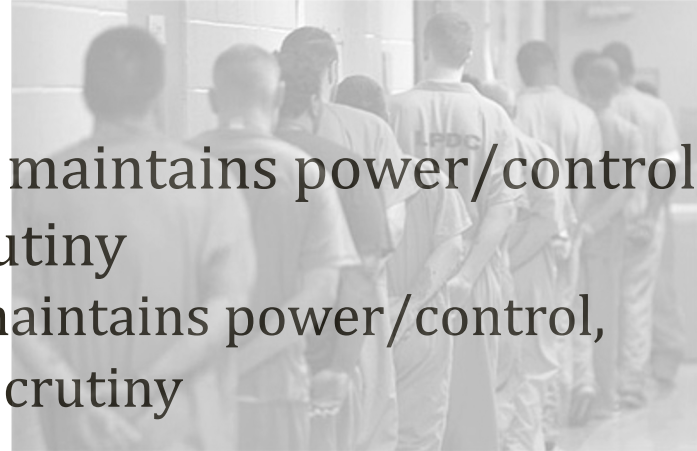
Social Culture



Culture of Incarceration

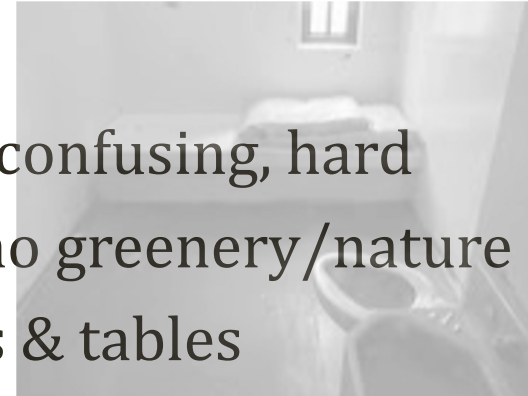
Operational Culture

- **Intentionally clandestine:** maintains power/control, avoids external/internal scrutiny
 - **Inherently enigmatic:** maintains power/control, avoids external/internal scrutiny
- **Intentionally chaotic:** maintains power/control
- **Inconsistent** order, organization, rules (power/control)
- **Complex:** multiple simultaneous rule sets
- **Violent:** anytime, anywhere, anyone
- **Traumatic:** shocking, life-threatening, similar to war (preparation is impossible despite media/rumor/reports)



Culture of Incarceration

Physical Culture



- **Buildings:** intentionally identical, confusing, hard
- **Yards:** concrete, fixed structures, no greenery/nature
- **Common Areas:** fixed/metal seats & tables
- **Cells:** 6x9, slab, 1/2" vinyl mattress, toilet/sink, shelf
- **Dorms:** $\geq 375\%$ cap; 2+ decades: "emergency" orders
- **Personal:** all clothing imposed (size/structure problems), all toiletries imposed (no "choice"), all effects must be approved (random/inconsistent)
- **Food:** over-processed, substandard; expired, spoiled; all diets imposed, religious observance difficult/impossible

Culture of Incarceration

Social Culture



- **Gangs:** dual role: protect, harm; compelled belonging
- **Prison Politics:** complex, inconsistent set of rules based on gang rules, concurrent w/“official” rules
- **Prisoner Hierarchy:** affiliation, LOS, TS, IO/viol, J-cat
- **Personnel Hierarchy:** custody --> admin --> medical
- **Schedule:** inconsistent/random
- **Cultural Concept of “Inmates”:** <human, <animal
- **Social Support:** poor/inconsistent resources (family, professionals, peers); strong stigma re: help-seeking
- **Green Wall of Silence:** whistleblower = life-threatening

The impact of prison culture on prisoners' mental health

- **Guardedness** (unsure of intension)
- **Mistrust** of system, staff, peers, themselves
- **Hyper-vigilance** (lack of safety; form of mistrust)
- **Startle response/Hypersensitivity** (learned bx)
- **Anticipation of politicking** (misguided intentions)
- **“Looking for trouble”** (fit/gang/affiliation)
- **Strong stigma against seeking help**
- **Hopelessness** (esp non-white; relentless stigma, recidivism is likely)

Lack of Research/Understanding

Why do we not care?

- Gross disregard/negative regard for prisoners
- Clandestine, chaotic research environment = barriers to research, lack of data
- Research not welcomed by prison
- Problem too large (mass incarceration)
- Incarceration = extension of slavery/oppression
- Requires acceptance that we have failed (harmed); requires commitment to change

(Adler & Flood, 2022; Haney, 2017; Mackenzie, 2013; Nowotny et al., 2020; Prins, 2014; Smith, Sitren, & King, 2019)

Lack of Research/Understanding

Should we care?

- Data reveals inefficacy of current incarceration practices (recidivism)
- Staggering financial cost of inefficacy
 - # of prisoners at any given time, recidivism
- Staggering social cost of inefficacy
 - crime, poverty, disparity, housing/re-entry
- Staggering human cost of inefficacy
 - mental health (+physical/spiritual health)

(Adler & Flood, 2022; Haney, 2017; Mackenzie, 2013; Nowotny et al., 2020; Prins, 2014; Smith, Sitren, & King, 2019)

References

- Adler, J., & Flood, C. (2022). Prison decarceration and the mental health crisis. *Federal Sentencing Reporter*, 34(4), 233-238. <https://doi.org/10.1525/fsr.2022.34.4.233>
- Al-Rousan, T., Rubenstein, L., Sieleni, B. et al. Inside the nation's largest mental health institution: a prevalence study in a state prison system. *BMC Public Health* 17, 342 (2017). <https://doi.org/10.1186/s12889-017-4257-0>
- Bird, M., Nguyen, V., & Grattet, R. (2023). Recidivism outcomes under a shifting continuum of control. *American Journal of Criminal Justice*, 48(3), 808-829. <https://doi.org/10.1007/s12103-022-09686-5>
- Bureau of Justice Statistics. (2021). *Survey of Prison Inmates, 2016: Indicators of Mental Health Problems Reported by Prisoners*. U.S. Department of Justice, Office of Justice Programs. Retrieved from <https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/rpr34s125yfup1217.pdf>.
- Bureau of Justice Statistics. (2021). *Recidivism of Prisoners Released in 24 States in 2008: A 10-Year Follow-Up Period (2008-2018)*. U.S. Department of Justice, Office of Justice Programs. Retrieved from <https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/rpr34s125yfup1217.pdf>.
- Bureau of Justice Statistics. (2021). *Recidivism of Prisoners Released in 34 States in 2012: A 5-Year Follow-Up Period (2012-2017)*. U.S. Department of Justice, Office of Justice Programs. Retrieved from <https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/rpr34s125yfup1217.pdf>.

References

- California Department of Corrections and Rehabilitation. (2024, February 13). Adult recidivism for offenders released fiscal year 2018-19. <https://public.tableau.com/app/profile/cdcr.org/viz/CDCRRRecidivism/Homepage>
- Canada, K., Barrenger, S., Bohrman, C., Banks, A., & Peketi, P. (2022). Multi-level barriers to prison mental health and physical health care for individuals with mental illnesses. *Frontiers in Psychiatry, 13*, 777124-777124. <https://doi.org/10.3389/fpsy.2022.777124>
- Edgemon, T. G. & Clay-Warner, J. (2019). Inmate mental health and the pains of imprisonment. *Society and Mental Health, 9*(1), 33-50. doi: <https://doi.org/10.1177/2156869318785424>
- Felthous, A. R. (2014). The treatment of persons with mental illness in prisons and jails: An untimely report. *The Psychiatric Times, 31*(8), 1.
- Galanek, J. D. (2013). The cultural construction of mental illness in prison: A perfect storm of pathology. *Culture, Medicine and Psychiatry, 37*(1), 195-225. doi: <http://dx.doi.org/10.1007/s11013-012-9295-6>
- Gottfried, E. D., & Christopher, S. C. (2017). Mental disorders among criminal offenders: A review of the literature. *Journal of Correctional Health Care, 23*(3), 336-346. <https://doi.org/10.1177/1078345817716180>
- Haney, C. (2017). "Madness" and penal confinement: Some observations on mental illness and prison pain. *Punishment & Society, 19*(3), 310-326. <https://doi.org/10.1177/1462474517705389>

References

- Lamb, H. R., & Weinberger, L. E. (2020). Deinstitutionalization and other factors in the criminalization of persons with serious mental illness and how it is being addressed. *CNS Spectrums*, 25(2), 173-180. <https://doi.org/10.1017/S1092852919001524>
- Listwan, S. J., Sullivan, C. J., Agnew, R., Cullen, F. T., & Colvin, M. (2013). The pains of imprisonment revisited: The impact of strain on inmate recidivism. *Justice Quarterly*, 30(1), 144-168. <https://doi.org/10.1080/07418825.2011.597772>
- Loeffler, C. E., & Nagin, D. S. (2022). The impact of incarceration on recidivism. *Annual Review of Criminology*, 5(1), 133-152. <https://doi.org/10.1146/annurev-criminol-030920-112506>
- Mackenzie, D. L. (2013). First do no harm: A look at correctional policies and programs today. *Journal of Experimental Criminology*, 9(1), 1-17. doi: <http://dx.doi.org/10.1007/s11292-012-9167-7>
- Mamun, S., Li, X., Horn, B. P., & Chermak, J. M. (2020). Private vs. public prisons? A dynamic analysis of the long-term tradeoffs between cost-efficiency and recidivism in the US prison system. *Applied Economics*, 52(41), 4499-4511. <https://doi.org/10.1080/00036846.2020.1736501>
- Mears, D. P., Cochran, J. C., Bales, W. D., & Bhati, A. S. (2016). Recidivism and time served in prison. *The Journal of Criminal Law and Criminology*, 106(1), 83-124.
- Meyers, T. J., Infante, A. A., & Wright, K. A. (2020). Treating the seriously mentally ill in prison: An evaluation of a contingency management program. *Corrections: Policy, Practice and Research*, 5(4), 256-273. <https://doi.org/10.1080/23774657.2018.1530077>

References

- Morgan, V., Morgan, F., Valuri, G., Ferrante, A., Castle, D., & Jablensky, A. (2013). A whole-of-population study of the prevalence and patterns of criminal offending in people with schizophrenia and other mental illness. *Psychological Medicine*, 43(9), 1869-1880. doi:10.1017/S0033291712002887
- Nicholls, T.L., Butler, A., Kendrick-Koch, L., Brink, J., Jones, R., Simpson, A.I.F. (2018). Assessing and Treating Offenders with Mental Illness. In: Ternes, M., Magaletta, P., Patry, M. (eds) *The Practice of Correctional Psychology*. Springer, Cham. https://doi.org/10.1007/978-3-030-00452-1_2
- Nowotny, K. M., Zielinski, M. J., Stringer, K. L., Pugh, T., Wu, E., Metsch, L. R., El-Bassel, N., Nunn, A. S., & Beckwith, C. G. (2020). Training the next generation of researchers dedicated to improving health outcomes for justice-involved populations. *American Journal of Public Health* (1971), 110(S1), S18-S20. <https://doi.org/10.2105/AJPH.2019.305411>
- Onah, M. E. (2018). The patient-to-prisoner pipeline: The IMD exclusion's adverse impact on mass incarceration in the United States. *American Journal of Law & Medicine*, 44(1), 119-144. <https://doi.org/10.1177/0098858818763818>
- Peterson, J. K., Skeem, J., Kennealy, P., Bray, B., & Zvonkovic, A. (2014). How often and how consistently do symptoms directly precede criminal behavior among offenders with mental illness?. *Law and human behavior*, 38(5), 439-449. <https://doi.org/10.1037/lhb0000075>
- Preston, A. G., Rosenberg, A., Schlesinger, P., & Blankenship, K. M. (2022). "I was reaching out for help and they did not help me": Mental healthcare in the carceral state. *Health & Justice*, 10(1), 23-23. <https://doi.org/10.1186/s40352-022-00183-9>

References

- Prins, S. J. (2014). Prevalence of mental illnesses in U.S. state prisons: A systematic review. *Psychiatric Services (Washington, D.C.)*, 65(7), 862-872. <https://doi.org/10.1176/appl.ps.20130066>
- Prins, S. J. (2014). Why determine the prevalence of mental illnesses in jails and prisons? *Psychiatric Services (Washington, D.C.)*, 65(8), 1074-1084. <https://doi.org/10.1176/appi.ps.650809>
- Raphael, S., & Stoll, M. A. (2013). Assessing the contribution of the deinstitutionalization of the mentally ill to growth in the US incarceration rate. *The Journal of Legal Studies*, 42(1), 187-222.
- Semenza, D. C., Grosholz, J. M., Isom, D. A., & Novisky, M. A. (2023). Mental illness and racial disparities in correctional staff-involved violence: An analysis of jails in the United States. *Journal of Interpersonal Violence*, 38(3-4), 4138-4165. <https://doi.org/10.1177/088626052211303>
- Smith, H. P., Sitren, A. H., & King, S. (2019). "A Call to Action" – Mental illness and self-injurious behavior occurring in jails & prisons. *Journal of Health and Human Services Administration*, 41(4), 16-44. Retrieved from <https://www.proquest.com/scholarly-journals/call-action-mental-illness-self-injurious/docview/2172049763/se-2>
- Varshney M., Mahapatra A., Krishnan V., Gupta, R., Sinha Deb, K. (2016). Violence and mental illness: What is the true story?. *Epidemiology & Community Health*, 70(3), 223-225.
- Vogel, M., Stephens, K. D., & Siebels, D. (2014). Mental illness and the criminal justice system. *Sociology Compass*, 8(6), 627-638. <https://doi.org/10.1111/soc4.12174>
- Wilson, A. B., Ishler, K. J., Morgan, R., Phillips, J., Draine, J., & Farkas, K. J. (2020). Examining criminogenic risk levels among people with mental illness incarcerated in U.S. jails and Prisons. *The Journal of Behavioral Health Services & Research*. <https://doi.org/10.1007/s11414-020-09737-x>

**Thank
You!**

**Questions?
Comments?**

Michelle Adams, PhD

Dr.Michelle.Adams@gmail.com

Please email me with questions

*or for more information about working in
LA County's Juvenile Justice Mental Health Program*