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Women with Mental Illness in the US Prison System

Jessica Lee Roger entered New York's Bedford Hills Correctional Facility shortly after she turned sixteen. She was first arrested and placed in custody for biting her sister in a fight, but after she kicked a jail guard for trying to tighten loose handcuffs, her charge increased to second-degree assault on an officer. Before being admitted to an intensive program for emotionally troubled juveniles, Jessica set fire to a mattress at the hospital and her sentence was re-evaluated. If a solution involving both isolation and treatment had been an option during her 1999 sentencing, it would surely have been the preferred choice for Judge George Marlow, who tried to avoid sending her to prison. Since there was not such program, the end result was a 1200-day sentence, leading to a future of incarceration characterized by a series of unsettling lash-outs and punishments within the harsh prison system. At the age of twenty-one, Jessica strangled herself with a bed sheet—her last of over five suicide attempts at Bedford. Before her initial arrest for a relatively minor offense that snowballed into an unfit prison sentence, Jessica Lee Roger had been in and out of mental hospitals seventeen times.

What many may not realize is that Jessica's story is a common one. All across the nation, women are being swept up into a system that is not fully equipped to handle the effects that mental health disorders have on inmates. My paper will shed light on the conditions faced by incarcerated women in the United States and I will argue that prisoners' rights and needs are not being sufficiently met in regards to their mental health care. Women with mental health

disorders have the Eighth Amendment constitutional rights that are not met as a combined result of deficiencies in the system. Understaffing, inadequate training, counterproductive punishment methods, and unresolved misunderstandings can be remedied so that the vicious cycle of incarceration and reincarceration stops crowding our prisons and forcing jail systems to double as de facto psychiatric facilities.

In their most recent study done at midyear 2008 by the Bureau of Justice Statistics (BJS), over 1.5 million sentenced prisoners were under state or federal jurisdiction in the United States; almost 800,000 more were being held in jail, awaiting sentencing (2001). Of those 1.5 million, 7.5% were women—a 1.2% increase from yearend 2007—making women a faster-growing part of the prison population than males, who were up 0.7%. According to expert estimates, somewhere between two and four hundred thousand or more people with mental illnesses are housed in U.S. jails and prisons (Human Rights Watch, 2003, p.16). Compared to the rest of the U.S. population, people with mental illness are disproportionately represented in correctional institutions, with up to 5 percent actively psychotic at any given moment (American Psychiatric Association [APA], 2000). In an older study by Dr. Jeffrey Metzner, he reports that “somewhere between 8 and 19 percent of prisoners have significant psychiatric or functional disabilities and another 15 to 20 percent will require some form of psychiatric intervention during their incarceration” (1998). Due in part to deinstitutionalization and a lack of funding for community-based service, jails and prisons have become major mental health care providers, like Cook County Jail in Illinois and Los Angeles County Jail in California—two of the largest mental health providers in the country (Human Rights Watch, 2003). This paper will take a closer look at this growing population of mentally ill, incarcerated women and increase the awareness about

a variety of problems regarding mental illness and prison institutions that have yet to be solved in the United States.

Prison conditions aggravate the mentally ill. The most common mental health issues among women in prison—schizophrenia, bipolar disorder, and major depression—can stem from earlier life experiences like drug and alcohol use, rape, and abusive family and/or romantic relationships. Other causes, like stress and isolation, lead to worsened health conditions unless they are met with sufficient treatment (Slate, 2008). When the prison staff categorizes acts of self-mutilation and suicide attempts as malingering, or faking illness, inmates are punished and isolated; often times, their actions would be more appropriately attributed to a health disorder (Chesney-Lind, 2004). However, treatment possibilities and problems with medication, holding cell environment, and human interaction can be coupled with possible solutions that will strengthen the US prison system by making state and federal institutions safer and more productive for its inmates. By taking action, more women will succeed in free society after they complete a sentence. Although many promises have been made, there has been insufficient enforcement and the changes have often been minor. Community treatment facilities, care by trained staff, education for prison guards, and increased reporting if mistreatment are options that can be incorporated into the existing system in varying degrees—any level of change and reform is a step in the right direction.

In the past three decades, the number of women in the United States prison system has grown dramatically. Between 1980 and 2000, the 12,000 women in prison rose to over 85,000, and the imprisonment rates continue to grow (Bureau of Justice Statistics, 2001). A related study by the Bureau of Justice Statistics shows that rates of mental illness of female inmates in state prisons nationwide manifest at 73.1 percent, compared to 55 percent of male inmates (James et al,

2006). The American Civil Liberties Union (ACLU) online fact sheet, *Over-Incarceration of Women in the United States*, reports that in local jails, which are the first entry points in the criminal justice system before state and federal prisons, 75.4 percent of women exhibit mental health problems (ACLU, 2006). Recidivism, or the percentage of prisoners who are rearrested, results from a released inmate's inability to make lifestyle changes, and more so from existing health disorders, mental illnesses, drug and alcohol addictions, and homelessness. Nearly a quarter of both State prisoners and jail inmates who had a mental health problem, compared to a fifth of those without, had served 3 or more prior incarcerations (James et al, 2006). After being released from an environment that negatively affects their health condition, the chances of reentering the system are increased.

The impact that a history of drug usage, physical or sexual abuse, and homelessness have on the chance of incarceration cannot be overlooked. According the Bureau of Justice Statistics report, the number of inmates reporting involvement in these factors is higher for those who also report mental illness (2007). Three out of four prisoners suffering from mental disorders are dependent on drugs when they are arrested and are twice as likely to get injured in a fight once in prison, says Jennifer Warren's 2006 *Los Angeles Times* article (Talvi). Substance abuse in the family also plays a role. While they were growing up, 39.3 percent of mentally ill inmates in state prisons had parents who abused alcohol, drugs, or both; in comparison, 25.1 percent of those who did not report mental problems had similar experiences during their childhood. The number of mentally ill inmates who were physically or sexually abused prior to incarceration is three times that of healthier prisoners. Many abused women end up in custody because they engage in illicit activities for reasons that are clearly survival oriented, self-defensive, or self-destructive. Women arrested for prostitution, for example, struggle throughout their lives with

shame and self-destructive impulses and turn to alcohol or drug abuse so that their life becomes a blur of intoxication, violence, and suffering (Talvi, 2007, p.64). Homelessness and foster care, events that are twice as common among inmates who have mental health problems (BJS, 2009), can reoccur after women are released; temptations for drug use, a lack of safe or stable housing, and limited education or career opportunities make it likely (Talvi, 2007). When medical treatment that was being administered in prison is not continued, old habits are quick to resurface. Without proper diagnosis and treatment it is difficult for women with mental illness to improve their health and successfully reintegrate themselves in society.

Factors attributing to the connection between the increased female population in prisons and the high rates of mental illness are strengthened by the nation's renewed toughness on crime. The deinstitutionalization process that began in the 1960's "freed hundreds of thousands of mentally ill men and women from large facilities to which most had been involuntarily committed and in which they spent years, if not decades or entire lives, receiving greatly ineffectual and often brutal treatment" (Human Rights Watch, 2003, p.16). The downsizing of hospitals was carried out in conjunction with an availability of new anti-psychotic medications and federal funding for the establishment of community mental health centers. The promised funding was not ongoing and states failed to provide adequate financial support, leaving many suffering people without professional guidance or treatment. Mental illnesses and substance abuse are often linked to each other in a cyclical way, but few health care programs provide joint support for these co-occurring disorders. The federal Substance Abuse and Mental Health Administration has estimated that 72 percent of mentally ill individuals entering the jail system have a drug abuse or alcohol problem (2002). Over the past 20 years the war on drugs has caused significant rise in the number of women incarcerated. Of the criminal convictions leading

to incarceration of women in 2000, 40% were for drug crimes and 34% were for other non-violent crimes such as burglary, larceny, and fraud (ACLU, 2006). What has happened is that fewer women with mental health disorders have the means to receive treatment within the community, so when their condition worsens they have limited options for establishing themselves in the community; many turn to substance abuse and commit crimes out of necessity, which leads to their placement in a prison institution. Once they are in prison, the substandard conditions women face for extended time periods worsen and perpetuate the cyclical relationship between mental health and incarceration.

Mental Illness and Prison Conditions

The types of mental illnesses that are most commonly found in inmates are displayed through symptoms of major depression, mania, or psychotic disorders. Schizophrenia, bipolar disorder, and serious depression constitute the serious mental illnesses recognized by prisons (Human Rights Watch, 2003, p. 31). The Bureau of Justice Statistics bases its survey on the criteria specified in the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV), published by the American Psychiatric Association. The DSM-IV defines a mental disorder as:

a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g. a painful symptom) or disability (i.e., impairment in one or more important areas of functioning) or with a significant increased risk of suffering death, pain, disability, or an important loss of freedom.

The American Psychiatric Association (APA) website provides informational pages on mental health disorders that reflect simplified, summarized DSM-IV criteria, and explains that for schizophrenics, not taking medications, use of alcohol or illicit drugs, and stressful situations tend to increase symptoms (2009). These symptoms may include disordered thinking or speech, delusions, hallucinations, inappropriate emotions, confusion, withdrawal, and inattention to any personal grooming. Bipolar disorders are characterized by an alternation between manic and depressive episodes; mania can lead to extremely rash personal decisions, dangerous sexual behavior, and the use of drugs and/or alcohol (DSM-IV, 1994). Depressive disorders are biologically and environmentally impacted, and can be intensified by such situational factors as stress, a lack of a support system, legal difficulties, and illness in self or love ones. Suicidal thoughts, lack of intention and energy, difficulty paying attention or holding a conversation, and the situational factors themselves are symptoms that cyclically affect a depressed person (DSM-IV, 1994). Other mental disorders like posttraumatic stress disorder (PTSD), insomnia, and anxiety can also arise. Officials see an inmate's refusal to obey orders or a lash out without apparent provocation as mere disciplinary problems (Talvi, 2007). This behavior is often caused by an inmate's exaggerated or distorted perceptions, trouble with logical thinking, or a wide variety of other symptoms that arise from schizophrenia and other mental health disorders (APA, 2009).

Schizophrenic inmates may experience prison as a frightening and threatening environment that can result in inappropriate behavior including self-harm or violence directed toward staff or other prisoners (Human Rights Watch, 2003, p. 31). People with schizophrenia are far more likely to harm themselves than be violent toward the public (Metzner, 2009). As a result, these unhealthy women are punished for their actions in a way that worsens the true cause

and intensifies the effects of their disobedient behavior (APA, 2009). Acts of self-mutilation and suicide attempts are too often seen as malingering, punished as rule violations, and accumulate into extensive disciplinary histories (HRW, 2003, p.3). Serious mental illnesses commonly found in women prisoners—schizophrenia, bipolar disorder, and major depression—are worsened by physical conditions like overcrowding, poor ventilation, dark and dirty facilities, and uncomfortably hot or cold temperature. Emotionally, these women are vulnerable to assault, sexual abuse, exploitation, and extortion; this vulnerability is heightened with insufficient correctional staff who are inadequately trained to monitor, supervise, and protect mentally ill prisoners (HRW, 2003, p.56). Prison conditions negatively aggravate symptoms, causing mentally ill women to be punished in response to actions that they often have no control over.

Isolation is commonly used to penalize prisoners for acting out of line with rules, and often in response to suicide attempts. In her book, *Women Behind Bars*, Talvi writes that women are locked down in isolation for behaviors that are almost expected of men in prison (2007). The tendency for women to be isolated for their mentally disturbed behavior causes their health to deteriorate further, leading to more disruptions and longer sentences. Gender differences in society reveal that women turn to each other for support and basic survival in ways that are less accustomed to men, so punishment by isolation takes a bigger toll on females' mental health (Talvi, 2007, p. 127). Even prisoners with no prior history of mental illness who are subjected to prolonged isolation may experience depression, despair, anxiety, rage, claustrophobia, hallucinations, problems with impulse control, or an impaired ability to think, concentrate, or remember (Haney, 2003, p.124). Locked-down units house inmates in their cells for 22 to 23 hours per day for disciplinary or administrative reasons. It is not clinically appropriate to use such segregation housing units for inmates with mental illnesses who require the use of seclusion

or restraint, especially since there is inadequate nursing or other health care staff available for monitoring and treatment purposes (Metzner et al, 2009). These units do not provide a supportive or therapeutic context, and the environmental conditions often exacerbate the clinical condition of the inmate requiring seclusion or restraint.

To make matters worse, it is not uncommon for women to be abused by guards or other inmates while behind bars. After the passage of the 1964 Civil Rights Act and the 1972 Equal Employment Opportunity Act, the integration of the work force increased the contact between men with female prisoners and today an estimated 40 percent of guards in women's prisons are men (Talvi, 2007, pg. 57). True, there are men who act decently and lawfully in their position as prison staff, but more protection against mistreatment needs to be established. Verbal harassment has become a practice that women prisoners have to accept and adjust to; speaking out against it results in punishment. Other detention procedures like isolating suicide watch, strip searches, and cavity searches leave women vulnerable to inappropriate verbal comments and unsuitable privacy from males (Talvi, 2007, pg. 65). Some feminists, like Chesney-Lind (1995) and MacKinnon (1987) argue that complete equalization under the law will lead to women's equality in the social and economic spheres, since laws created from "concern and affection" are victimizing and oppressive rather than supportive (Chesney-Lind, 2004, pg.158). The American Psychiatric Association has recommended programs that specifically treat female inmates by addressing their high levels of trauma from childhood and incarceration, but development of such help programs are rare (APA, 2000).

Prisoners' Rights

The Eighth Amendment of the US Constitution requires prison officials to provide inmates with requisite medical, dental, and mental health care. According to the International Covenant on Civil and Political Rights and the United Nation's Standard Minimum Rules for the Treatment of Prisoners, prisoners have the right not to be subjected to cruel, inhuman, or degrading conditions of confinement and the right to mental health treatment consistent with community standards of care. In regards to mental health, the requirements set forth by the Eighth Amendment include a mandatory systematic screening process for evaluating inmates and determining the need for treatment, close supervision by a trained professional, maintenance of confidential records regarding the manner of treatment, and proper prescription and administration of medication (ACLU, 2005). In many cases, this screening process includes no more than a brief meeting with an official where the prisoner is asked a few simple questions and judged on their behavioral conduct history.

In the US, neglect and malpractice are not constitutional violations; a legal case for a mistreated inmate is only won when officers are "deliberately indifferent" to prisoners' known and serious mental health needs (Human Rights Watch, 2003, pg. 3). The ACLU "Know Your Rights" fact sheet on Health Care states that proving deliberate indifference requires evidence that an official recklessly disregards a substantial risk of harm to the prisoner; this is a higher standard than negligence since he or she has to have definite knowledge of the risk (2005). According to the ACLU website's Disciplinary Sanctions and Punishment fact sheet, The Supreme Court ruled that prison regulations violate the Constitution when they invoke punishment this is not found to have legitimate penological interests, like those that involve physical abuse or degrading conditions of punitive confinement (2009). Courts are often reluctant to interfere with the administration of prisons, but they act against prison punishments

that are disproportionate, or that offend idealistic concepts of dignity, civilized standards, humanity and decency. Courts rarely find prison punishments disproportionate (ACLU, 2009).

Treatment Problems and Solutions

By helping individual prisoners regain health and improve coping skills, safety and order is promoted within the prison community (Human Rights Watch, 2003). Especially for those women who commit non-violent crimes, alternatives to incarceration will keep prisons from having to double as psychiatric facilities. Basic education is of the highest importance, because it can dispel stereotypes and misconceptions that are furthering preexisting mistreatment. It is true that there is a danger involved, especially in those inmates who are considered the “worst of the worst”, but by ignoring signs of behavioral motivation there is little chance that these people will be released without a later re-entry into the system.

The Substance Abuse and Crime Prevention Act of 2000, or Proposition 36, was passed by 61 percent of California voters and permanently changed state law to allow first- and second-time nonviolent, simple drug possession offenders the opportunity to receive substance abuse treatment instead of incarceration (Drug Policy Alliance, 2009). By 2005, when the initial funding ran out, 150,000 people had been rehabilitated and \$1.3 billion dollars had been saved by the state. Major themes of the proposition—of rehabilitation, re-entry, and restorative justice—are criticized for concealing a goal of prison expansion (Bergman, 2007). If this program is further neglected and given improper funding, the treatment quality will remain inadequate and the program will decrease its capacity for improving the mental health of inmates that would otherwise be crowding U.S. prisons (Drug Policy Alliance, 2009). Other methods, like seclusion or restraint in special housing units for inmates with mental illness, can be

implemented in a clinically appropriate way, but logistic difficulties create a barrier. In addition, many special housing units for inmates with mental illness require an available around-the-clock nursing staff who are needed to implement relevant policies and procedures for inmates (Metzner, 2007). If the country continues to turn a blind eye to the counterproductive methods of housing and dealing with inmates suffering from mental illness, and if funding for programs that have shown potential for improvement are left unsupported, the justice system will struggle to remove itself from a hole that U.S. federal and government policies have dug for it. For the sake of women suffering from mental illness and the consequences of horrible lifestyle backgrounds, there needs to be immediate change and a renewed chance for a successful, crime-free life.

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