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**A Systematic Review of Mental Illness, Criminogenic Risk, and the U.S. Prison System**

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Psych 307: Writing Within Psychology

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### **Abstract**

The incarceration rates in the United States are the highest in the world. Within the U.S. prison population, mental illness is overrepresented as compared to the general population. The present study examined existing literature that researched the connection between the prison system and mental illness, and the potential solutions to this crisis. The studies looked at focused on psychiatric disorders, substance disorders, and trauma. They also focused on the intersection between race, mental illness, and the prison system, and the intersection between mental illness, gender, and the prison system. These studies revealed a high prevalence of untreated mental illness in U.S. prisons, as well as a co-occurrence of substance use disorders. These studies showed that trauma increases the risk of developing mental illness. High rates of a history of trauma exist among U.S. prisoners. Women and African American prisoners in particular have the highest rates of a history of trauma. The studies reviewed showed how these factors increase criminogenic risk and are disproportionately present in U.S. prison populations. Additionally, the factors that contribute to the development of mental illness and subsequent criminogenic factors were addressed. The review of these studies exposes the need for mental health services to be made available and accessible to incarcerated people in the U.S.

*Key words:* mental illness, prison system, substance use disorder, trauma

## **A Systematic Review of Criminogenic Factors, Mental Illness, and the Effects on Inmates**

There is a disproportionate number of people in U.S. prisons as compared to the rest of the global community (Weiss & MacKenzie, 2010). The United States of America has the highest incarceration rate in the world (Mckinnon et al., 2016). The United States accounts for approximately 5% of the global population, however it accounts for 25% of the global incarcerated population (Weiss & MacKenzie, 2010). There are currently over 2.3 million people who are incarcerated in U.S. prisons (Weiss & MacKenzie, 2010). The actual U.S. incarceration rate is between 716-754 per 100,000 people (Mckinnon et al., 2016; Weiss & MacKenzie, 2010). Other Western countries have incarceration rates of about 100 per 100,000 people being in prison (Weiss & MacKenzie, 2010). Compared to just other Western countries, the U.S. has disproportionately high incarceration rates.

Several factors account for the high rates of incarceration in the United States. Less federal and state-level spending on social programs, income inequality, and greater reliance on the use of incarceration as a sanction are three systemic factors that contribute to high incarceration rates in the U.S. (Weiss & MacKenzie, 2010). Personal factors also contribute to American incarceration rates. Detrimental experiences during childhood, such as poor parental supervision, conflict with guardians, parental incarceration, and being disciplined harshly, are all predictors of future criminal behavior (Farrington, 2020).

One of the most prevalent criminogenic predictors in the U.S. criminal justice system is a history of mental health issues (Lurigio, 2011; Skeem et al., 2010). Individuals with mental illnesses such as schizophrenia, bipolar disorder, and depression are overrepresented among the incarcerated population in the United States (Skeem et al., 2010). The likelihood of a male inmate to have a mental illness is three times as high as compared to the general male population,

and the likelihood of a female inmate to have a mental illness is two times as high compared to the general female population (Skeem et al., 2010). Additionally, 75% of incarcerated individuals with a psychiatric illness have a co-occurring substance use disorder (Skeem et al., 2010).

Individuals with serious mental illnesses (SMI) are overrepresented in the U.S. criminal justice system and once involved, people with SMIs reenter the system more quickly and often than people without mental illness (Wilson et al., 2020). Studies have shown that evidence-based mental health treatment available to incarcerated individuals has little positive impact or affect on them (Wilson et al., 2020). The lack of proper treatment contributes to disproportional representation of individuals with SMIs in U.S. prisons and the high rates of criminal recidivism among previously incarcerated people with SMIs. Some evidence-based treatments are not always made available to incarcerated individuals with mental illness. This paper will review and investigate the literature studying the disproportionate presence of mental illness within U.S. prisons, the factors that contribute to inmates' mental health issues, the resources that could be provided to reduce high incarceration rates of those with mental illness, and the intersection of race, gender, and mental health in the U.S. prison system.

### **Methods**

The present study aimed to find and review peer-reviewed journal articles that studied mental illness representation within U.S. prisons. Electronic searches for studies were conducted on PsychINFO, ScienceDirect, and Google Scholar. The keywords searched were a combination of the terms "prison," "psychological," "criminogenic," "substance use disorders," "mental health," and "mental illness." These initial searches resulted in over 50 studies to be reviewed.

The inclusion criteria for studies were as follows: peer-reviewed, published since the year 2010, consisted of either new quantitative or qualitative data, focused on current mental illness presence in U.S. prisons, or tested potential solutions to reducing mental illness as a high criminogenic risk. The exclusion criteria were as follows: focused on prison culture rather than institutional systems, looked at effects on individuals working within the prison system rather than inmates themselves, or took place in a country other than the United States of America. There were no limits on demographics looked at within the studies.

## **Results**

### **Chronic Psychiatric Disorders and the Criminal Justice System**

Regardless of age, gender or race, mental health disorders are disproportionately represented in American prisons than they are in the general American population (Haugebrook et al., 2010; Stoliker & Galli, 2019). People with mental disabilities are more likely to be involved with the criminal justice system (Baloch & Jennings, 2019). Serious mental illness is defined as a diagnosable mental condition that impairs function to some degree (Baloch & Jennings, 2019; Wilson et al., 2017). Over 25% of people in the public mental health system with a serious mental illness (SMI) will become involved with the criminal justice system at some point (Wilson et al., 2017). A 2017 study investigating effective mental health treatment for incarcerated individuals found that a majority of inmates with mental illness reported a need for psychiatric interventions for criminogenic risk factors to be offered to justice-involved individuals with SMIs by existing mental health service institutions (Wilson et al., 2017). This study was limited by its sample size, with only 46 participants being studied. However, this study exposed the high rates of mental illness within the incarcerated population and the lack of mental health help provided for those inmates. Not only are psychiatric disorders overrepresented in

U.S. prisons, there is a lack of services addressing these criminogenic risk factors available to those who need them.

Additionally, another study investigated mental illness rates among juvenile offenders and the implications. This study found that 44% of juvenile offenders met the criteria for having at least one diagnosable mental health disorder (Schubert et al., 2011). This study further investigated the connection between mental illness and other criminogenic risk factors. The results showed that youth with mental health disorders have significantly higher rates of additional criminogenic risk factors than youth without mental health disorders (Schubert et al., 2011). These additional criminogenic factors include poor school attendance, higher detention rates, and higher rates of being fired from employment. This study was limited by its lack of inclusion of all possible mental health disorders and by its lack of inclusion of all possible additional criminogenic factors. Despite these limitations, this study shows how mental illness is criminalized by the U.S. justice system among youth specifically. It suggests a need for more rehabilitative, therapeutic, and supportive services to be made accessible and available to justice-involved people with mental health disorders.

### **Substance Use Disorders and the Criminal Justice System**

Substance use disorders are prevalent among the U.S. prison population (Haugebrook et al., 2010). In one study from 2020, approximately 32.6% of inmates in the U.S. prison system reported having an alcohol use disorder in the year prior to their incarceration (Henry, 2020). In this same study, approximately 43.6% of inmates in the U.S. reported experiencing a substance use disorder in the year prior to their incarceration (Henry, 2020). While this study is limited by the data of diagnosed disorders being self-reported by participants, it shows the significant rates of substance and alcohol use disorders among U.S. prisoners. Furthermore, substance use

disorders are also a major factor in the difficulty of adjusting to society for people who have been released from prison (Schubert et al., 2011). This study exposed the significant prevalence of substance use disorders in U.S. prisons and the complications they create even after inmates are released. The results in this study provide information that could be used to develop programs to properly address substance use disorders and help criminal justice-involved individuals with substance use disorders both inside prison and after they are released.

There is also a high prevalence of substance use disorders among the juvenile offender population (Schubert et al., 2011). It is estimated that between 50%-70% of minors involved with the criminal justice system have a diagnosable mental health disorder, and a majority of these youth have a co-occurring substance use disorder (Schubert et al., 2011). Compared to the 9%-12% of the general juvenile population with diagnosable mental health conditions, mental health and substance use disorders are disproportionately represented in the juvenile offender population (Schubert et al., 2011). This study was limited by its lack of assessment of all possible mental illnesses. Despite this limitation, the study suggests a particular focus on treating substance use disorders within the incarcerated juvenile population, due to the high rates of substance use disorder and the increased risk of reoffending among youth in the criminal justice system.

### **The Effects of Trauma on Criminogenic Factors**

There are high levels of past traumatic experiences and life event stressors within the population of individuals involved in the criminal justice system (Haugebrook et al., 2010). Life stressors include job loss or loss of a loved one, while trauma includes physical, sexual, or psychological abuse (Haugebrook et al., 2010). Trauma or life stressor events have been shown to increase the risk of developing a mental health or substance use disorder and becoming

involved in the criminal justice system (Henry, 2020). In a national study of approximately 984,000 incarcerated individuals, 79.8% reported a history of trauma or life stress (Haugebrook et al., 2010). The number of traumatic events experienced by inmates ranged from 0 to 20, with 2.59 events being the average number reported (Haugebrook et al., 2010). Although this study is limited due to the data being self-reported, it has significant implications. This study shows the high rates of a history of trauma for U.S. inmates, suggesting a need for more evidence-based treatment to be made available to incarcerated people with a history of trauma.

Furthermore, a history of childhood trauma or abuse, specifically, is also prevalent among U.S. prisoners. Childhood trauma includes lack of housing, abuse and neglect, while childhood abuse includes physical, sexual and psychological abuse (Henry, 2020). In the same 2010 study, 52.6% of inmates reported a history of childhood trauma specifically (Haugebrook et al., 2010). Within this sample of incarcerated individuals reporting a history of childhood trauma or abuse, inmates most often reported experiencing sexual abuse, at 10.5% (Haugebrook et al., 2010). This was followed by 8.8% reporting experiencing physical abuse, 5.3% reporting experiencing neglect, and 1.8% reporting experiencing psychological maltreatment (Haugebrook et al., 2010). Additionally, a study from 2020 showed that people who have experienced four or more adverse experiences during childhood are four times as likely to develop anxiety, depression, and/or schizophrenia (Henry, 2020). Additionally, those who have experienced four or more adverse experiences during childhood are six times as likely to develop an alcohol use disorder, and over ten times as likely to develop a drug use disorder (Henry, 2020). This increased risk of developing a mental health or substance use disorder increases the risk of criminogenic behavior (Baloch & Jennings, 2019). Although these studies are limited due to self-reported data by inmates, they show results that make a case for program intervention at an early

age to aid the decline of child abuse, and new programs to treat those coping with childhood trauma. The high rates of a history of general and childhood trauma experienced by inmates in the U.S. suggest that further studies could be conducted to investigate how a decline in abuse and an increase in treatment for trauma potentially correlates to a decline in incarceration rates in the U.S.

## **Intersectionality**

### ***The Intersection of Race and Mental Health Within the U.S. Prison System***

The U.S. prison system is disproportionately populated by minorities (Baloch & Jennings, 2019). African American make up about 13% of the U.S. population, and approximately 3% of all African American males in the U.S. are imprisoned (Baloch & Jennings, 2019). Combined, African Americans and Hispanics make up over 60% of the incarcerated population in the United States (Baloch & Jennings, 2019). The disproportionate representation of minorities in the U.S. prison system has the research implication to study the intersection between race and mental illness in U.S. prisons, as both minorities and mental illness are overrepresented in U.S. prisons. A national study of 30,269 White, Latino/Latina, and African American people with disabilities living at correctional facilities in the U.S. found that approximately 53% of incarcerated people with disabilities were African American, with mental disabilities being the prevailing category of disability among this population (Baloch & Jennings, 2019). This study had the limitation of only looking at prisoners with documented diagnosed disabilities, however there is a lack of attention given to mental disabilities specifically, in the U.S. criminal justice system. However, the study does show an overrepresentation of mental illness in a disproportionately represented racial demographic in U.S. prison populations.

Furthermore, another study found that about 52.7% of imprisoned African Americans had a history of traumatic experiences in childhood (Haugebrook et al., 2010). This same study found that about 33.3% of Latino/Latina prisoners had a history of childhood trauma (Haugebrook et al., 2010). These results show that a history of trauma is disproportionately represented in U.S. prisoners who are racial minorities. This suggests that a demographic that is already disproportionately at risk to be imprisoned is also disproportionately at risk for developing mental illness, a significant criminogenic risk factor.

### ***The Intersection of Gender, Mental Health, and Trauma in the U.S. Prison System***

Between men and women in U.S. prisons, women have higher rates of mental health issues. Incarcerated women have significantly higher rates of mental health and substance use disorders, as compared to the general and prison populations (Henry, 2020). Trauma, specifically, is prevalent among incarcerated women. Female inmates report higher rates of every adverse experience, aside from military combat (Henry, 2020). Over two-thirds of incarcerated women experienced physical or sexual abuse during their childhood (Kennedy et al., 2021). A 2020 study showed that 46.7% of female inmates also reported experiences of being physically assaulted, compared to 12.6% of male inmates who reported experiences of being physically assaulted (Henry, 2020). Compared to 3.7% of incarcerated men who reported being sexually assaulted more than once, 27% of incarcerated women reported being sexually assaulted more than once (Henry, 2020). This study provides data that demonstrates the concept known as the abuse-to-prison pipeline. These results show that incarcerated women were more likely to have experienced abuse and trauma, suggesting that women are at a higher risk for developing mental illness, thus increasing their criminogenic risk.

Additionally, in a more recent study looking at abuse in childhood specifically, 183 randomly selected incarcerated women in Southeastern prisons in the U.S. participated in a survey that inquired about their experience with trauma and mental health. The results showed that incarcerated women have high rates of childhood polyvictimization, and this is strongly linked to posttraumatic stress disorder, depression, suicidality, and anxiety for these women (Kennedy et al., 2021). Despite these high rates of traumatic experiences, there is little trauma-informed mental healthcare for women within prisons (Kennedy et al., 2021). This study is limited by its relatively low sample size. However, it does have significant implications. Along with Henry's 2020 study, this 2021 study suggests that women are more at risk for experiencing trauma and mental illness, leaving women more at risk for becoming involved in the criminal justice system. Additionally, the 2021 study exposes the lack of resources and treatment made available to incarcerated women with a history of trauma or mental illness. The high rates of a history of trauma or mental illness among female inmates suggests that this is not being addressed and female inmates are not being given the proper treatment to aid with their psychiatric issues.

### **Discussion**

Within the United States' high incarceration population, there is an overrepresentation of mental illness among incarcerated individuals. People with diagnosable mental illnesses are more likely to become involved with the criminal justice system. Over half of the national prison population meets the criteria for having a diagnosable mental illness. Those who have psychiatric disorders are also more likely to be treated poorly inside prison. In addition to psychiatric disorders, close to half of U.S. inmates have a co-occurring substance use disorder. The prevalence of co-occurring substance use disorders and psychiatric disorders are especially high

among the juvenile incarcerated population. A history of trauma also increases the likelihood of becoming involved in the criminal justice system, as a history of trauma increases the likelihood of an individual developing a mental illness. Women in particular experience higher rates of trauma and adverse experiences, increasing their predisposition to developing mental illness and becoming involved in the criminal justice system. African Americans are disproportionately represented in U.S. prisons in comparison to the general U.S. population, and they experience higher rates of mental illnesses within prisons.

This research has certain limitations. Several of these studies had relatively small sample sizes, with around 200 or less participants in the study. Many of the studies also used methods of data collecting that involved incarcerated individuals self-reporting their mental health disorders. There is also little transparency in the prison system. Records are not always kept correctly, up to date, or completed.

Further research implications include testing and developing new, research-based programs to treat criminal-justice involved people with mental health disorders, substance use disorders, and a history of trauma. Studies could look at how effective certain programs are for incarcerated individuals. Additionally, further research could be conducted to investigate how treatment for mental illness, substance use disorders, and trauma affects criminogenic risk and incarceration rates.

The implications of this research include the need for prison reform. Psychiatric treatment is not widely available and accessible to people involved in the criminal justice system. Untreated mental illness increases criminogenic risk both before and after one is imprisoned. Mental health services being made available and accessible to people when they are younger, especially to those who live with other factors that increase criminogenic risk, could potentially

act as a preventative measure. This could decrease incarceration rates over time. The high incarceration crisis in the United States has long been an issue, and the present research exposes one area that, if focused on, could aid the decline of incarceration.

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