



Mental Health for Incarcerated Women: How is America Treating Them?

This essay examines the effects of incarceration on the mental health of female inmates and comments on what America could be doing to help them. In this essay the topic of female incarceration is viewed through an intersectional lens in tandem with systemic racism and oppression. It begins with a personal narrative describing the life of a girl named Mar, who was wronged by the system, and moves into a discussion on the failings of our current system. This essay focuses on topics through the timeline of incarceration; entry into the system, life while incarcerated, and finally, life after incarceration. Each topic is discussed in depth and includes ways to improve standards for incarcerated women and assist them in receiving proper mental health care.

Introduction

All too often incarcerated women are overlooked by the system, stuck in a cycle of recidivism. The effects incarceration has on mental health are known to be detrimental to everyone. As a country, we need to focus on shifting back to rehabilitation and working on improving the quality of life of female inmates so they can return to society better off and avoid returning to prison or jail. Just because someone committed a crime does not mean that they don't deserve to be treated as human and given the mental health care they deserve. My research topic is focused on the mental health of convicted women, the

effects incarceration has on women's mental health, and what is being done to help them. The method I use to analyze this is through literature and personal narrative. America is not doing enough to ensure the mental health of female inmates or to allow them an adequate level of care, nor is it assuring that guards are trained in how to deal with mental health crisis, which can lead to worsened outcomes for many incarcerated women. My best friend was a victim of the system and cycle of recidivism, and I strongly believe that had she been given a proper mental health evaluation and allotted consideration for growth, she would still be here today.

Personal Story

Mar was an incredible person. We met online in a support chat for people going through mental illness when I was 13 and she was 12. She had just come out from the hospital after jumping off a bridge in a suicide attempt. I learned that her life was much different from mine, surrounded by family and friends suffering from drug addiction and alcohol abuse. Mar herself was already abusing alcohol from a young age and got roped into dealing marijuana by her family. At such a young age, it's hard to go against what your family tells you to

do, especially when it's all you've known growing up.

Mar and I would spend endless nights conversing over FaceTime, talking about school and how she was on the softball team. Mar had a dream to play for a college team, get a scholarship and a degree, and make her life better than it was. She swore to me she only dealt marijuana and never smoked it herself. She smoked cigarettes and drank alcohol at only 13 years old and had a job working for a mechanic shop. Mar was living the life of a child in her 40s, at the will of her family. In an abusive household where her father fought her, she never had the home life she deserved. Still, she had hopes that things would get better.

By age 15 Mar was smoking weed, drinking consistently, and purchasing illegal weapons to keep herself safe from kingpins and other higherups who might try to come for her. She would get into fights all the time at school. This was her reality. We called each other almost every night. We made a deal that if I didn't hurt myself, she wouldn't smoke or drink. We were trying to help one another recover from our vices, but as children living states away, the reality was that that was never going to happen. I was in an abusive relationship and Mar was in love with me. In trying to save

one another, we only would end up hurt by the reality that addiction is too hard to break without the resources we needed. She never went to therapy; I don't remember it ever being offered to her even after her suicide attempt. Her abusive ex convinced her to start using meth.

At age 16 Mar was stabbed in the stomach. The drugs and the people she saw for them started getting more serious. She refused to go to a hospital, assuring me she would be okay. I still don't know how she survived. Mar was dealing harder drugs, heroin, meth, molly, whatever people wanted from her that she could get. At 17, she started heavily using hard drugs to try to escape reality. She was constantly high, struggling through high school and no longer playing softball. Everything had become about escaping reality and making enough money selling to do so. We talked constantly still, and she came to me asking what to do when her friend was overdosing. Mar saw the realities of addiction and hard drug use first-hand and still couldn't escape. She got into a car crash and lost her best friend. Mar faced a great deal of trauma at a young age. I can remember her fear when the cops were coming to raid her home for the first time. She had over twenty unregistered guns and was planning on

using one to kill herself while on FaceTime with me. I convinced her to put it down and talk to the officers. Somehow her grandmother called in a favor and her home was never searched. Mar got lucky, and we tried to take it as a second chance. This just shows how deep into things she was mentally, where she would rather die than face the justice system. Sometime after this, her ex-girlfriend kidnapped and killed her dog. Mar was distraught and never stopped looking for her until she found out a year later her best furry friend was gone. Trauma after trauma and never once did she seek help for her mental health. She didn't have insurance to cover it, and nobody was able to help her.

In March of 2018, her parents divorced and wanted her to go to rehab. They looked around but couldn't find anywhere willing to take her, as they were mostly full from court mandates. That month, two weeks after her 18th birthday, she told me she appreciated my concern for her and for always being there. She said that if it weren't for me she'd probably either be in jail or dead. I don't credit myself with this, but I do think that my discouragement of her use led her to want to stop. Mar genuinely needed people in real life who weren't addicts and sincerely cared about her. She needed help. Her parents saw that

but were too preoccupied to get her the help she needed, and I was states away. Mar was scared to have to leave, as she had been taking care of her grandmother who was going through chemo at home and didn't want to leave her.

When Mar was 18, suddenly she disappeared. I couldn't get a hold of her, and I thought for sure she was dead this time. I searched online for obituaries, and after a few weeks, I was able to find a record for arrest. She had five misdemeanors and a felony. The wild part is that the first time she was arrested, it wasn't for possession. Mar had gone over to the home of an ex's uncle's house to make sure he was safe after a close friend of his passed. He tried to take his car while under the influence, saying he wanted to kill himself. She was also under the influence but still was trying to help, so she took his keys and ran to her ex's apartment where they would be safe, and he could get them the next day. Mar broke into her ex's apartment after trying to contact her to let her in. It was at this point that her roommate called the cops. Knowing she was under the influence, Mar ran from the cops and blacked out for the rest. When she was able to explain what had happened, nobody wanted to press charges for the break-in, but the state had already taken the case and wouldn't

let it go. She was away in jail for a few months and released. Eventually, she got out and went clean for a bit off hard drugs.

About a month after that, Mar was driving around with her girlfriend at the time. Her old dealer had just given her a bag filled with 400 prescription opiate pills. She wanted to get out of dealing hard drugs and go straight and did not want them to end up on the street. They were on their way to dump them somewhere safe where they would not get distributed when her ex got pulled over by an officer. He smelled marijuana because her ex had been smoking in her car earlier that day. Mar took responsibility for the pills and took the blow for her friend, who had a large sum of marijuana in the vehicle, going off to jail for a second time at 18. While she was there, over a month of her time was spent in solitary confinement. When Mar came out, she was not the same person. Before she re-entered the system, she was completely ready to turn her life around. After her second stay, the drug use came back.

In January of 2019, when Mar was 18 years old, she was a month clean off meth before her relapse. After her relapse, she swore she was done and was down to only acid and marijuana, with intentions to quit acid as well. Mar kept

taking care of her grandmother when she wasn't incarcerated, making sure she had groceries and spending most of her time with her. She was arrested again for a technicality of missing a meeting with her parole officer that she was unaware of because the letter for the appointment had been sent to the wrong address. Mar was arrested based on a mistake of someone else. When she came out after this time, she was using worse than ever. We talked a bit less and Mar would message me when she was having clean streaks or relationships were changing for her. I thought she was doing alright, but the final visit to jail seemed to send her over the edge. The system had wronged her and never once mentioned anything about a rehabilitative service. It was an endless cycle of recidivism, worsened drug usage, and more trauma. I would often try to contact her and get responses days later after her bender was over. Her friends outside of jail were only leading her further to relapse, and Mar had no system on which she could lean on for help getting off drugs. After her charges for other things, many clinics would not take her without a court order.

In October of 2019, her uncle passed away. This was the last time I spoke with her. Mar was distraught, and my assumption is that she relapsed harder

than ever. I couldn't get a hold of her for a few days, and I figured she had relapsed and gotten into trouble with her PO or the law again. I went to search for her in the arrest records when instead, an obituary popped up. I couldn't believe my eyes. I had lost my best friend to an overdose. After years of trying to urge her to quit the hard stuff, she finally succumbed to it one last time to her own demise.

I can't help but think that if I had been there for her more, Mar might not have relapsed. I know now that I can't blame myself for her choices, or for what happened. The system was unkind, uncompassionate, and blind to her struggles with mental health issues. If a proper mental health screening had ever been performed, they would have known her history of life-long depression and suicide attempts. There might have been a chance if they had tried to treat the root cause, rather than throw her behind bars for repeated use and distribution. I understand that being a drug dealer comes with its consequences, but that doesn't mean that they aren't also people struggling through life just the same. Mar deserved better, and had the system tried rehab or mental health counseling, I firmly believe she would still be here. I believe that I would be able to finally give my

best friend, someone who saved me from myself more times than I can count, a hug as thanks for everything she'd done. That maybe she would've been able to get off hard drugs, get that education she wanted, or go into the military (another dream of hers in high school). Our system needs to look more closely at the people it takes in and ask them; are you suffering, how can we help, rather than simply ignoring their struggles and locking them up for a short period of time. We need to break the cycle. We need to save our friends, as their upbringing into a life of abuse, trauma, and crime should not dictate their need or eligibility for help. We are all worthy of proper mental health care and human empathy.

Mar, I miss you. This research is for you, in hopes that maybe someday our system will be run by people who understand.

Time in Incarceration

The first step in helping women who have been incarcerated get the level of care they need is in screening for mental health directly upon arrival. While this is generally within the procedure for admittance, it is often not thorough enough to detect it in all inmates. A study by Teplin et al. (1997) based in Chicago found that, "Of the 116

subjects who needed mental health services, 23.5% received them during their jail stay" (p. 3). While this study was done in 1997, it is important to note that there is also over a 30 percent increase in female incarceration rates from 2000 to 2011 (Lynch et al., 2014). With the sudden high influx of inmates leaving fewer resources to assist them, the rates have remained similar. A study from 2017 noted that only 38 percent of women with mental health issues ever received treatment of any kind (Rodda & Beichner, 2017). This means that we are experiencing more inmates proportionately who have yet to ever receive care for underlying mental health conditions. In their study on mental health rates among female inmates, Lynch et al. (2014) found "91% (N=446) met lifetime criteria, and 70% (N=343) met 12-month or current criteria for at least one disorder" (p. 3). These extreme rates of inmates experiencing mental health issues leaves an already incredibly flawed justice system with nowhere near enough therapists and counselors to assist such populations.

There are many scales in existence that are used to assess mental health, but the most promising seems to be the DUNDRUM-1 and DUNDRUM-2. DUNDRUM stands for Dangerousness UNDERstanding, Recovery and Urgency

Manual. The DUNDRUM-1 and DUNDRUM-2 scales were created in 2013 by a group of individuals in Ireland to assess the need for care or hospital admission in inmates (Kennedy et al., 2016). The first known study of this being used to assess female inmates was performed in Canada in 2019 and was shown to be incredibly effective in assessing levels of need of care (Jones et al., 2019). If we were to implement this assessment upon arrival for all inmates, we could determine who needs what levels of care immediately. This would lead to a better chance of our female inmates receiving the help they need to get back on their feet.

Once the mental health assessment has been performed, it is then an issue of deciding where to take them, who to take and for how long they need this level of care. The issue at hand is that there are not enough mental health services for the general public, as many struggle yet few receive proper treatment. Governments are highly unlikely to distribute those scarce resources to those who have wronged their system, regardless of the fact that they need them at a disproportionately higher rate when compared to the general public. According to the Treatment Advocacy Center, “In 44 states, a jail or prison holds more mentally ill individuals than

the largest remaining state psychiatric hospital,” and in a 2004-2005 study it was found that jails and prisons held more than three times the number of mentally ill persons when compared to hospitals (2016, p. 1). This means that we are well beyond our capacity for individuals in need of care. Our country needs to start funding more hospitals and rehabilitative therapy programs, or we will worsen our mental health epidemic to an irreversible state. The intense disparity of required assistance and offered or available assistance is the main reason so many women are stuck suffering behind bars with no way to receive the help and care that they need.

Inaccessibility to Health Care

This lack of available care is typically something that many women have dealt with for all their lives. Springer (2010) stated, “Black women (with a prison and jail rate of 348 per 100,000) were nearly two and a half times more likely than Hispanic women (146 per 100,000) and over 4.5 times more likely than white women (95 per 100,000) to be incarcerated” (p. 13). The high incarceration rates of women of color are often a sign of other disparities in this country that we need to address. “More than one-third of Latinas are uninsured (37%), over twice the rate of white

women (16%). African American women are also more likely to be uninsured (20%) than white women” (Wyn et al., 2004, p. 2). This lack of health care availability often leads to unchecked medical issues, including mental health.

While systemic racism runs rampant in this country, it is not only the discrimination from law enforcement that contributes to the higher rates of incarceration. The discrimination faced in all areas has an astronomical impact on the lives of these women. When receiving health care, they are more likely to be told they are exaggerating, be ignored, undertreated, misdiagnosed or receive an overall inferior level of care. One African American woman reported being told, “I need to write this prescription for these pills, but you'll never take them and you'll come back and tell me you're still eating pig's feet and everything” (Grady & Edgar, 2003, p. 393). Another woman learned from a new doctor that her other doctor had never examined her before, while yet another was told she needed a hysterectomy when she did not (Grady & Edgar, 2003, p. 397-398). When receiving health care, if you are dismissed with such ease when the issue is physical, it is even more difficult to feel you'll be believed when the issue isn't

corporeal. Add in the heavy stigma that mental health carries in today's society, and it's no wonder why women of color are so undertreated for mental illness. This lack of treatment often leads to a lifestyle that nobody would willingly choose, one of addiction and suffering through yet another system that doesn't listen.

Many people struggle with addictions, but those who tend to fall most susceptible are the ones who decide to use substances in a depressed or altered mindset (Magee & Connell, 2021). Individuals with depression are susceptible to fall victim to addiction as when anything is used to fill a void, it tends to become a crutch. This coping mechanism of self-medication is often used to cope with a variety of mental illnesses due to the lack of available care. Those in lower-income residences, those lacking health insurance, and those who have pre-existing mental health conditions may be more susceptible to drug and alcohol abuse (Lesser, 2021; Magee & Connell, 2021). This is often the case for many women of color who are within the U.S. criminal justice system. In many cases, this leads to a life of unintended crime by ways of DUI, charges of public intoxication, prostitution, stealing to support habits or doing things that they may not have

otherwise done due to being under the influence. According to Rodda and Beichner (2017), “Women in jail are likely to be single mothers with a history of substance abuse and victimization, who are poor, uneducated, and traumatized” (p. 2). They also remarked that although just 7.6% of the general population in the county identified as African American, they comprised 32% of the incarcerated population (Rodda & Beichner, 2017). The disproportionate rate at which minorities are arrested comes as no surprise as it is a long-standing systemic issue in the country, but the focus should also shift as to why.

The Effects of Long-Term Systemic Racism

It is no secret that the United States has had a long history of racial oppression against Women of Color (WOC). The disparities at which they are arrested at such higher rates than white women can be traced back to slavery, as the oppression did not stop when people who were enslaved were made free. Black codes, vagrancy laws, and convict leasing are all ways in which the government sought to continue its discrimination against People of Color (POC) after slavery (Hinton et al., 2018). These laws sought to make it infinitely easier for POC to be arrested for things

as simple as going about their daily business. Though many of those laws do not exist today, WOC are still arrested at higher rates even as children. Not only are they arrested at higher rates, but they are more harshly punished than white children. “As with executions of Black and White women historically, Black girls today continue to receive more severe sentences than their White counterparts in the juvenile justice system” (Battle, 2016, p. 22). To punish children more harshly and arrest them at higher rates shows the true depth of racism in our system. The lives of WOC are still not valued at the same rate as white women, and it shows in how they are sentenced. According to research by Hinton et al. (2018), “Black people arrested on felony drug charges were still nearly twice as likely to receive a prison sentence compared to similarly situated white people” (p.5). When someone is nearly twice as likely to be sentenced for a crime solely due to the color of their skin, there is clearly an issue in our justice system. These disparities can also be seen in the modern-day lynching’s of WOC in their cells that go unrecognized.

Black women across the country including Sandra Bland, Kindra Chapman, Joyce Curnell, Ralkina Jones, Alexis McGovern, and Raynetta Turner, as well as countless

others that have not received national media attention, were all found hanged in their jail cells, a fate which presumably could have been avoided had they received social and legal protection (Battle, 2016, p. 22).

After all the discrimination these women faced throughout the process of arrest, sentencing and entering the system, they were wronged in the most unjust way. Unlike their white counterparts, these women must go through the added stress of fearing for their lives while in prison on top of trying to figure out where they went wrong. The ways in which systemic racism operates in this country make it so that WOC are not only arrested and charged at higher rates, but they also face more discrimination that may lead to their untimely deaths while incarcerated. Our system is built on the oppression and manipulation of WOC. Efforts to reverse the injustice are few and much too far between, making imprisonment a near-death sentence for WOC that goes unnoticed and underrepresented in the media. Without proper processes, ensuring the safety of these women cannot be afforded, which can lead to more mental stress placed on a disproportionate number of black women.

Lack of Understanding from Guards

Prison guards, just like any Department of Criminal Justice worker, are often undertrained in how to handle a mental health crisis. This rang true in the research done by Teplin et al. in 1997, and still stands to this day. When someone acts out due to a mental health issue or has behavioral issues, they are often harshly disciplined and misunderstood. Houser and Belenko's (2015) research states,

Women with CODs are at the greatest risk of receiving sanctions that will either isolate them or extend their incarceration period or both. For many of these inmates, forced isolation will further deteriorate their clinical condition, which will arguably intensify the symptomatic nature of their disorder causing more problematic behaviors for correctional staff (p. 32).

This quotation perfectly describes the cyclical nature that is punishment for disruptions caused by unchecked mental health issues. Officers do not have the proper training to comprehend that some actions are the result of circumstances beyond the individual's control. This could be the case of a woman with PTSD hearing a certain triggering phrase and throwing something or starting a fight. They may

not realize that they are in a “safe” space away from imminent harm (likely because it does not feel like one) and snap into a trauma state. Someone with Obsessive Compulsive Disorder (OCD) or anxiety may be more likely to snap or break hard rules, because it goes outside of their comfort zone or their internal set of rules. Reacting to individuals who are struggling to adapt to a new way of living under a strict set of rules with harsh punishments may only further exacerbate the detrimental effects of the system on these women. Being put into isolation has historically been known to deteriorate mental health. As the aforementioned quotation indicates, this is often a punishment used for minor infractions committed by those with co-occurring disorders. This will only serve to hinder the healing process, not help facilitate growth to avoid similar circumstances in the future.

One proposed solution to this is from Parker’s (2009) research utilizing the training program created by the National Alliance on Mental Illness, or NAMI. This program contains five two-hour weekly sessions given to correctional officers introducing them to a wide range of topics (Parker, 2009). These include psychiatric disorders, the biology of mental illness, an overview of treatment for mental illness, how to

interact with those with mental illness, and a final review session taught by those educated in these topics. It is an integrative and interactive curriculum that seemed to have quite a positive effect on the number of incidents within the correctional facility. They were first administered in 2004, and the training was repeated in 2005. Nine months before the original training, there were 148 marked incidents of use of force by officers, while nine months after the second set there were 63 such incidents (Parker, 2009). It is noted in this study that prior to this specific training, these correctional officers had only been given around 2.5 hours of training on working with inmates with mental illnesses, a terrible ratio of time considering they were in training for more than three weeks (Parker, 2009). This study clearly shows that with just ten extra hours of training a year, rates of incidents that are potentially detrimental to an inmate’s mental health can be reduced by a great deal.

Life After Incarceration

After initial screening and care for inmates during their incarceration, there is one final step that must be reviewed: life after incarceration. Most of the research that I examined did not follow up with inmates after they have been

discharged, much less focus on how they are doing in terms of mental health (Jones et al., 2019; Lynch et al., 2014; Springer, 2010; Teplin et al., 1997). A study in New Zealand shows that when women are referred to mental health specialists after release, two-thirds attended them (Collier & Friedman, 2016). They found that this may be promising in reducing the rates of recidivism and increasing engagement with mental health services in the community. It is hard when you have just been released from a hard-set, scheduled, and dictated existence into the wilderness of reality, especially when dealing with mental illness. Mothers may be trying to mend relationships with their children, daughters with their parents, and so on. This can be incredibly difficult without the proper guidance and help that can be provided by mental health professionals. Connecting inmates with resources and professionals outside of the correctional facility can help make it easier for them to assimilate back into society with a better chance of staying out of prison.

There are many changes that need to occur to give mentally ill incarcerated women a better chance at a better life. Screening methods for incoming inmates must be evaluated, standardized, and applied with vigor. They should be

thorough, making sure to use them not only upon arrival, but perhaps on a monthly or half-year basis to assure that any new development of mental illness can also be properly treated and managed. Each individual deserves a unique treatment plan with proper access to health care. Guards need to be trained on how to properly handle and comprehend situations that may occur with inmates who suffer from mental illness, as well as the circumstances that may lead up to these incidents. We need to make sure that, as a community, we are open-minded to those coming out of incarceration, not holding it against them. Once they return to the general population, there are resources that need to be in place to help them return to normalcy, including emphasis on therapy and counseling upon release. If we take better care of our women, we can reduce the cases of suicide, recidivism, and mental illness for these women and keep them united with their families. Women who have been incarcerated are people too. People with a past and present, and we should ensure their future is better than both.

Dear Mar,

You were the best friend I never knew I needed. I wish there was a way I could tell you how much you meant to me today, and how

much of an impact you had on my life. This piece will show the need for reform in prisons and draw attention to the issues you faced, hopefully sparking change in the system. We need to change, we need to start paying attention to our women, especially those who have been wronged by the system. You were one of those women, and I refuse to stay silent while other relationships get destroyed like ours did. I know you are more in my memory than the drugs you did, the crimes you committed. I know you had a better view of life and what yours could be before, and I'm sure

you could have lived that after you got clean. The thing is, you never got the chance. I'm sorry there wasn't more I could do to help you through it, and that everywhere you turned, doors were slammed in your face. I write this paper in hopes that someone will read it and see the failings of our system, someone who can do something about it and make the changes the women of this country need and deserve. Nobody should have to suffer like you did. Thank you for the time I had with you, though it ended too soon, I appreciated every second of it.

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