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The Association between Mental Illness and Incarceration Among the African American/Black Population in the United States

Brittany Oladipupo

ABSTRACT

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By

Brittany Oladipupo

April 27, 2020

INTRODUCTION: Intergenerational trauma in addition to other social determinants of health, place the Black population in the United States at risk for health disparities. Mental illness is also a contributing factor for health disparities in this population. Studies have shown there is a linkage between mental illness and incarceration especially among the Black population. Efforts are being placed to research and mitigate the rise of people with mental illnesses being incarcerated. However, there is a lack of information about the programs and policies that are in place to mitigate this observed problem, especially as it pertains to the U.S. Black population.

AIM: The purpose of the study was to evaluate existing policies and programs from states that have both high and low mental illness prevalence and incarceration rates among the Black population to understand what policies and practices may mitigate incarceration due to mental illness.

METHODS: Existing data from 2017 was obtained from the U.S. Census Bureau, National Institute of Corrections, and National Institute of Mental Health to develop a database that included national and state by state estimates on demographic distribution, prevalence of mental illness and incarceration. Ranking was conducted to identify states with the highest prevalence of mental illness and incarceration and states with lowest prevalence of mental illness and incarceration, taking into consideration the population size and demographics of the state. The states were identified by comparing the national prevalence of mental illness which in 2017 was 18.29%. States were also identified based on low incarceration rates versus high incarceration rates among African American/Black compared to the federal incarceration rate which was 67,818 for African American/Black. All of these comparisons took into account the overall population of African American/Black population in 2017.

RESULTS: A total of six states were selected and evaluated on programs and policies. The states that had low mental illness prevalence and incarceration rates among the Black population had various policies and programs to decrease these rates and aid individuals in need. Common programs throughout these states were Crisis Intervention Training, Mental Health Courts, Mental Health First Aid, etc. to help de-escalate situations and provide help and treatment instead of incarcerating individuals due to their mental illnesses. However, states that had high mental illness prevalence and incarceration rates offered little to no mental health funding or services. Many of these states were also concentrated in the South where the Black people have endured discrimination and racism, lack of access to health care, and unfair treatment.

DISCUSSION: After a preliminary review of the various states and their behavioral health and corrections plans, the states that had low prevalence of mental illness and incarceration rates had programs and policies in place to improve mental health and decrease low level imprisonment rates.

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Author's Statement Page

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Chapter 1: Overview/Background

What is Mental Illness?

The American Psychiatric Association defines mental illness as "health conditions involving changes in emotion, thinking, or behavior and distress and/or problems functioning in social, work, or family activities" (AHA, 2018). The World Health Organization defines mental health as "a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community" (WHO, 2018). There are ways that we can utilize services and treatment options around mental health to treat mental illness. It is essential to note the difference between mental health and mental illness because they are often used interchangeably; however, they have two different meanings.

Mental illness, on the other hand, can be defined as a wide range of conditions "that affect your mood, thinking and behavior…examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders, and addictive behaviors" (Mayo Clinic, n.d.). Mental illnesses are prevalent health conditions that affect one in five adults in America (AHA, 2018). Some of the common mental illnesses are depression, anxiety, bipolar disorder, and post-traumatic stress disorder (CDC, 2018). According to the American Psychiatric Association, depression affects the way one thinks and feels; it causes feelings of sadness, loss of interest, changes in appetite, and a list of other symptoms that can be mild to severe. Bipolar disorder is a brain disorder that affects one's emotional state, which affects their mood, ability to function and concentrate, and their interest in tasks (APA, 2017). Anxiety disorders are another common type of mental illness that makes someone nervous and anxious but at a higher rate than average; anxiety disorders come in various forms such as panic disorder, social anxiety disorder,

separation anxiety disorder, and more (APA, 2017). Posttraumatic stress disorder (PTSD) is a common mental illness that is caused by witnessing or experiencing traumatic events. Common symptoms of PTSD are avoidance of places, activities, and things that may remind one of the traumatic events, thoughts of the traumatic event, feelings of guilt, and other possible symptoms (APA, 2017). Even though some of the mental illnesses have similarities, they also have differences, and based on the differences are how they should be treated. Therefore, treatment for the various mental illnesses differs based on the type, severity, and the individual.

Biological, environmental, or psychological factors can contribute to mental illness. Achieving sound mental health is the ultimate goal when treating mental illness. However, marginalized, disadvantaged populations are not able to attain mental health treatments compared to other populations due to barriers in seeking and obtaining culturally competent services and access to care for their mental illnesses and mental health needs. Social determinants of health affect individuals, communities, and populations due to societal conditions such as early childhood experiences, income, and occupation, education levels, discrimination such as racism, stress, and housing such as location, environment, and conditions (Manderscheid et at., 2010).

Mental illness affects not only the individual, but it also affects children who grow with mentally ill caregivers, guardians, and people who surround them, the economy, and the environment. On an individual level, mental illness is co-morbid with physical health issues, such as cardiovascular and gastrointestinal health issues, substance use and abuse, a decrease in relationships and quality of life, an increase in self-harm, self-doubt, and suicide, and an increase of being incarcerated due to untreated mental illnesses (Robson & Gray, 2006; WHO, 2003; Thoits, 2012; Link et al., 2001; Greenberg, 2008; Connell et al., 2014; Gates et al., 2017).

On an economic level, mental illness can affect employment and income loss due to having poor mental health (Davlasheridze et al., 2018). People who have a mental health disorder can have decreased motivation, which can cause a decrease in productivity and job performance. Thus, the increase in people having an untreated mental illness in the workplace can cause higher unemployment rates due to being let go by their employers due to lack of productivity, performance, and other possible barriers to getting their work done. Aside from the economic effects due to employment and income, in 20 years, the cost of mental illness globally will exceed $16 trillion (Davlasheridze et al., 2018). Much of the costs associated with mental illness are not due to health care such as hospitalization, medication, doctor visits, and more, which are considered direct or visible costs (Trautmann et al., 2016). Many of the economic costs attributed to mental illness are those indirect or invisible costs such as going on disability, being absent from work, and a decrease in production. Economic growth contributes to labor and capital; however, negative impacts create a loss in economic output. Thus, when healthcare expenditures, disability, and mortality from untreated mental illnesses impact capital and labor, economic output decreases (Trautmann et al., 2016). Therefore, untreated mental illness is not just an individual problem due to the effects that it has on the economy both nationally and globally.

Environmental factors can have both a positive and negative impact on mental health. Environmental factors noted as anything that is not a biological trait or an inherited gene (Schmidt, 2007). Greenspace, pollution, noise, housing and community conditions, nutrition, and more can have a positive or negative effect on one's mental health. Lack of green space, lots of noise, horrible pollution, housing, and community conditions can lead to adverse mental health outcomes. In contrast, lots of green space, less noise and pollution, and better housing and

community conditions can lead to positive mental health outcomes (Barton & Rogerson, 2017). Thus, people who are considered disadvantaged or live in disadvantaged communities have a higher chance of getting a mental illness due to the stressors and things that their environment lacks. One's environment has an impact on their behavior, mood, motivation, and interactions with others. Therefore, when people do not have the means to healthy foods, no outdoor space or safe outdoor spaces to work out or spend time in, and no place to relax due to the noise in their environment, this begins to affect their mental health. Being surrounded by chaos and stressful situations will reduce the ability to enjoy life, make and keep meaningful relationships, understand the emotions one is feeling, and enhance specific triggers.

Culture, religion, and beliefs affect mental illness due to mental health stigma and challenges, not receiving communal support or resources, and not being able to talk about feelings and symptoms to the people around them. However, for some groups, not only does culture, religion, and beliefs affect mental health, medical distrust, and communication barriers play a role in not receiving adequate mental health care and treatment. For this reason, many people of color do not seek treatment or try to find treatment until it is too late. Therefore, culture and race is a barrier to most who need mental health treatment due to historical and current medical distrust.

Purpose of the Study

In American history, the African American and Black population have had a traumatic past, which has set a framework for how this population is currently treated, especially concerning racism. Historical and generational trauma is interwoven into the narrative of Black people in America. Medical distrust has also played a role in Black people not seeking medical

treatment due to being used for medical experimentation purposes from the Tuskegee Syphilis experiment to the "father of modern gynecology" who used black women as experiments for gynecological purposes, and the list goes on.

Throughout history, there is evidence to indicate that the American criminal justice and legal systems have always had a racial bias against Black people and other vulnerable populations (Roberts, 2008). The impact of mass incarceration and police brutality has contributed to trauma within the black community from the fear of police and police brutality, the fear of being arrested and incarcerated. Studies have identified mental illness effects of being incarcerated due to treatment from officers and other inmates, being told when and what to do, being locked up in a cell for long periods of time or being placed in solitary confinement, and a list of other things that impact one's mental health.

Much of the criminal justice system is inherently similar to slavery from the 13th Amendment, the Black Codes, and other Jim Crow laws, which helped expand the prison industry and aided in the mass incarceration of Black people and other people of color (Roberts, 2008). Slaves were fearful of their master and being beaten, the fear of being caught if they escaped, and the mental illness effects of being a slave due to the conditions they lived in and the harsh treatment they endured. Wherein the same traumatic results from slavery have been passed down throughout generations, both genetically and mentally, through racism and other barriers to being black in America.

Dr. Joy DeGruy coined a term called *post-traumatic slave syndrome*, which "is a condition that exists when a population has experienced multigenerational trauma resulting from centuries of slavery and continue to experience oppression and institutionalized racism

today…the benefits of society in which they live are not accessible to them". The traumatic effects of slavery also mirror the criminal justice system, which has a high population of Black people in the prison system.

Black people in the United States are disproportionately affected by incarceration and mental illness (Dumont et al., 2012; Hatcher et al., 2009). Mental illness has an impact on those who are imprisoned, and being confined has mental illness effects (Dumont et al. 2012; Metzner & Fellner, 2010). According to the U.S. Census Bureau, in 2017, 13.40% of the population in the United States identified themselves as Black or African American. Based on this information, the Black population in the United States is the top three in the nation based on population. According to the National Institute of Corrections, on the Federal level, there were 67,818 Blacks imprisoned, and the incarceration rate for Black people was 1,549 per 100,000. There was a comparison with the Federal rate and State level rate to identify the best states to identify. The prevalence of mental illness among blacks in the United States was 16.2% compared to the overall prevalence of mental illness, which was 18.9% in 2017 (National Institute of Mental Health, 2017). This study will look at the prevalence of mental illness and incarceration among Blacks in the United States across each state. The specific States were chosen to identify existing policies and programs that are working towards mitigating incarceration due to mental illness. There will even be a review of states that have high incarceration rates and high prevalence of mental illness to identify the policies and programs or lack thereof that are creating this barrier for their residents.

It is important to note specific terms used throughout this text, such as people of color, and black or African American. People of color describe people who are not white or of

European descent. In this text, Black or African Americans may be used interchangeably due to not every Black person in American being a descendent from Africa.

Chapter 2: Literature Review

History of Mental Health Treatment

Historically, mental illness has always been viewed negatively and contributed to the harsh treatments of people who had a mental illness or deemed to have a mental illness. Mental illness was considered by many as divine punishment or in need of religion, a personal problem, or a demonic possession put onto that person (Foerschner, 2010; Concordia, n.d.; Unite for Site, 2014; PBS, 2012). Much of modern medicine is starting to revert to Hippocratic medicine or Hippocrates' way of thinking, which encompassed mental care and trauma care interventions (Klesiiaris et al., 2014). Hippocrates believed in removing people from their environments instead of using techniques that stemmed from religion (Klesiiaris et al., 2014). Utilizing medicine was also a part of how Hippocrates helped treat his mentally ill patients. However, Hippocrates' methods were unique for this period due to the other mental illness treatment options that were out there.

Throughout history, much of the world believed that people who had mental illnesses had some kind of demonic possession or needed religion, which would help treat their mental illnesses (Foerschner, 2010; Concordia, n.d.; Unite for Site, 2014; PBS, 2012). The earliest forms of treatment for mental illness were inhumane or did not address the mental illness were trephination, bloodletting, isolation, Metrazol therapy, or induced seizures, to name a few were believed to treat the mental illness and other health conditions (Foerschner, 2010; Concordia, n.d.; Unite for Site, 2014; PBS, 2012). In the late 1800s to the mid-1900s, is when the expansion

of asylums and institutions started, which housed criminals, homeless people, and the mentally ill. These asylums and institutions were inhumane, understaffed, underfunded, and provided poor treatment (Forerschner, 2010; Unite for Site, 2014; Concordia, n.d.; Luchins, 1988). However, these institutions were where most of the mental health care services were provided. The negative perspective of mental illness continued throughout the 18th Century, which lead to mental illness stigmatization, unfair treatment, and harsh conditions of mentally ill patients (Foerschner, 2010; Hensley, 2010).

Beginning in the 1950s is when the decline of asylums and institutions began to occur based on the adverse effects of people being institutionalized (Chow & Priebe, 2013). The patients of these institutions began to lose life skills and started showing deficit symptoms (Chow & Priebe, 2013). Being institutionalized also did not help treat patients; in some ways, it made their illnesses worse. The institutions also had a long history of poor management, low funding, and did not meet guidelines or requirements for inspection and quality (Forerschner, 2010; Unite for Site, 2014; Concordia, n.d.; Luchins, 1988).

The decline of asylums and institutions gave way to community-based interventions that provided individualized treatment and care based on the need that utilizes hospitals and mental health agencies and providers. This intervention aims to provide hospital care with a community health intervention approach rather than the negative aspects of hospitals and institutions (Kohrt et al., 2018). Community-based interventions are the present-day way to help treat mental illness and promote mental health. Community-based interventions have made mental health services acceptable, affordable, and accessible, which increases treatment and improves positive clinical outcomes (Kohrt et al., 2018). Community-based interventions also incorporate the community

by having train the trainer programs, help decrease social stigma by utilizing peer to peer support and having people that come from the same communities like them, and it increases access.

Historical Context of the U.S. Black Population

The ancestry of the Black population in the U.S. traces back to about a little over 200 years of slavery where they were considered property instead of people by their owners (U.S. Department of Health and Human Services, 2001). During the Slavery, enslaved people had no rights, could not learn to read or write, everything they could do had to be approved by their owners, they were often raped by their slave owners and others, stripped away from their families by removal or sale, punished, beaten, and killed, among a list of other inhumane circumstances. There were even laws that stated that made it legal for a slave master to kill slaves, such as the Virginia Casual Killing Act of 1705 and the Unlawful Assembly Act of 1680 (DeGruy, 2005). The laws against the Black population in the United States, along with the laws that allowed slave masters to do whatever they pleased, created systemic oppression and racism that is interwoven in the policies within America.

During this time, there were various movements and rebellions to abolish slavery and to get out of the conditions enslaved people were in. However, since these rebellions and movements occurred, those who were in support of slavery believed that the reason why slavery existed was to keep enslaved people in order and to discipline them. Hence, enslaved people had to endure 400 years of slavery and trauma

After slavery was abolished in 1865 by the 13th Amendment, there were other ways to enslave people. The 13th Amendment states "neither slavery nor involuntary servitude, except as a punishment for crime whereof the party shall have been duly convicted, shall exist within the

United States, or any place subject to their jurisdiction" (U.S. Const. amend. XIII). The same amendment that abolished slavery was the same amendment that could enslave the Black population in the United States through other means.

After slavery was abolished, African Americans or Black people in the United States, other historical aspects occurred to keep them oppressed and continue the cycle of slavery by another name. After 1865, Jim Crow Laws and other Black Codes were enacted that segregated Black people from White people, whether that was in schools, restrooms, water fountains, restaurants, and more (Edwards et al., 2010). The Jim Crow Era (1892-1954) was also the era where convict leasing, peonage of sharecropping, Ku Klux Klan, and lynching occurred (DeGruy, 2005). The convict leasing system was similar to slavery, where under the penal system, African American men had to work in slave-like conditions for plantation owners. Peonage or peonage of sharecropping was known to work off debt in slave-like conditions or sharecropping, which was living on someone else's land and farming for that person. The Ku Klux Klan and lynching were and still is a period where white people terrorize, rape, and kill black people, and the main form of killing was lynching, among others.

After the Jim Crow Era was the Great Migration, Civil Rights Era, and then the Institutionalized Era (DeGruy, 2005). The Great Migration occurred due to the abuse black farmers endured and sharecropping; thus, they left the farm industry jobs. The Civil Rights Era was put in part to enact the Civil Rights Act of 1964, which abolished segregation, among other things. After the Civil Rights Era was the Institutionalized Era, which was sparked by the war on drugs and the prison industrial complex, which started the expansion of the inmate population, also known as mass incarceration, which is the era that is present day.

Historical Aspect of Psychiatric Distrust Among Black Population in the U.S.

The history of mental illness among the Black population has much to do with intergenerational trauma, oppression and discrimination, barriers to access to care, and social stigma. The stressful situations that Black people have endured and still are enduring causes emotional distress, which causes mental health problems, which can be attributed to racial stratification (Brown, 2003).Throughout history, there has been medical mistrust among physicians and the Black population throughout the world. Pseudo-science and falsifying information was a common theme among physicians, psychiatrists, and others who have an influence which contributed to false narratives of Black people having mental illnesses that would be used for their benefit or advantage. Historically, much of the data around mental illness within the Black population in the United States has been skewed due to data that is not accurate, misrepresentation of data, and not enough people reporting their mental illness due to social stigma or not having access to mental health care and services.

Throughout U.S. history, physicians have embedded a narrative for Black people, coined disorders that were specific for Black people, and inhumane conditions and treatments for Black people. Many of the physicians that coined various narratives and disorders specific to Black people were well-respected in their field or geographic area.

The American Psychiatric Association has Dr. Benjamin Rush on their official seal due to him being known as the "Father of American Psychiatry" for his contributions to American psychiatry. However, Dr. Rush believed that Black people had a disorder that was similar to leprosy called *Negritude*, and the only cure for this was to become white (Jackson, 2002). Misinformation and inaccurate information such as this causes people to have a medical distrust

of physicians. White was seen as superior and cleaner, while black was seen as dirty and inferior (Tobe, 2017), which also causes self-hate and internalized racism within due to wanting to be white instead of black because it is believed to cure a disorder and it is seen as superior. Dr. Rush was well respected in his field and was a co-founder of an anti-slavery society, which may have led people to believe the information that he was giving was reputable (Jackson, 2002).

Drapetomia and *Dysaesthesia Aethiopica* were both terms coined by Dr. Samuel Cartwright, who was a well-known physician who also provided care for Black people in Louisiana. Cartwright believed that slaves who ran away from their masters had a mental disease which he called *Drapetomia*, and the only intervention to prevent and cure this from happening was whipping and treating slaves like children (Cartwright, 1851). *Dysaesthesia Aethiopica* was another disease coined by Cartwright; Cartwright believed that Black people needed a white person to care for them due to Black people being lazy, not having work ethic, and not being able to care for themselves (Tobe, 2017). Cartwright may have been very influential during this time due to being known to provide medical care for Black people. During this time, some people may have believed that Black people could not be able to care for themselves. However, this narrative still exists in the U.S. and throughout the world that Black people are lazy and do not have work ethic, which is a cycle that continues to Black people and other people of color.

Between 1840-1890, census records indicated an increase of insanity among the Black population in the United States. Dr. T.O. Powell contributed this insanity among freed Black people due to them not having structure and not taking care of their hygiene, as Powell believed they would have structure and hygiene upkeep if they were slaves. In essence, all in all, freedom made Black people crazy in Powell's opinion (Jackson, 2002). However, this notion was challenged by a physician named James McCune Smith, who noted that some of the findings

from the 1840 census was not accurate due to it being used by pro-slavery writers (Jackson, 2002). These pro-slavery writers believed that if they showed an increase in insanity of freed Black people that it would correlate to enslavement being beneficial to slaves (Jackson, 2002).

More recently, in the 1970s to present day, there has been a surge in both overdiagnosis and underdiagnosis for mental illnesses among people of color, especially among African American/Black people (Suite et al., 2007). The over- and underdiagnosis has been attributed to clinical prejudice and lack of contextual diagnostic analysis, which have much to do with racism, lack of diversity in the mental health field, and lack of cultural competency. (Suite et al., 2007). Even in the present day, there is discrepancy and distrust amongst the Black population due to the historical aspect of both the medical and mental health field.

Factors that Contribute to Mental Illness Among U.S. Black Population

False narratives and pseudo-science around mental illness and Black people by psychiatrists, physicians, and others who have influence have been rooted in racism. Racism has been embedded within the history of the U.S. and within the history of the Black population in America and other parts of the world. Studies have shown that minorities experience higher levels of risk factors such as racism, which has an impact on mental health (Molina & James, 2016).

Thus, all forms of racism, such as internalized, institutionalized, and personally mediated racism, all affect an individual's mental health. It is important to classify the various forms of racism due to how they can be a barrier to mental health or mental health services. Institutionalized racism stems from limited access to services, good, and opportunities that can create disparities among institutions and systems for people of color (Molina & James, 2016).

Personally mediated racism is discriminatory acts against people of color through prejudice and negative interactions (Molina & James, 2016). Lastly, there is internalized racism, which stems from negative ideologies, stereotypes, and attitudes that society deems or believes a certain racial group has, which creates a self-perpetuating cycle of oppression, self-hate, self-doubt, and low self-worth (C.P. Jones, 2000 & Speight, 2007).

One of the most common mental health disorders in the United States and throughout the world is major depressive disorder; major depressive disorder has the highest burden of disease among all mental disorders (Molina & James, 2016). Major depressive disorder is a common mental illness among the world indicates that at-risk populations such as the Black population have higher rates of getting this type of mental illness. The symptoms of major depressive disorder can include things such as changes in appetite, loss of interest in activities and other things once enjoyed, lack of concentration, and changes in sleep patterns. Major depressive disorder can come from the psychological stress of discrimination, such as unfair treatment, poorer services, insults, which all cause self-devaluation and other forms of internalized self-hate or self-doubt.

Mental health care has several barriers to treatment, such as uninsured or underinsured, medical mistrust, and lack of diversity and cultural competency (APA, 2017). Uninsured and underinsured populations are people who typically are economically disadvantaged, and those who do not have the means to obtain quality healthcare. Medical distrust has been deeply rooted in the narrative of Black people due to medical experimentation, misdiagnosis or underdiagnosis, little to no physician-patient relationship, and differing values from physicians. Lack of diversity in the medical and mental health field also contributes to medical mistrust, lack of cultural competence, contributes to not feeling in place, and lack of confidence to inform their physician

about medical history, signs, and symptoms. There are also cultural barriers that people face that contribute to misdiagnosis or underdiagnosis based on the language or type of language used, not being culturally competent, misunderstanding of symptoms from patient or provider, the stigma around talking about mental illness and fear of treatment (APA, 2017 & Haynes et al., 2017).

Mental Illness and the Criminal Justice System Among the Black Population in the United States

Blacks in the United States and various parts of the world are subjected to racism, discrimination, oppression, and other various disadvantages that affect their lives daily. However, this is not new for Black people, especially in the United States and other places where their ancestors were subjected to slavery. The effects of slavery for individuals living in that period and through generations have embedded intergenerational trauma throughout the Black population.

Trauma has been woven into the history of Black people in America, particularly through slavery, laws such as Jim Crow, Black Codes, Segregation, 13th Amendment, the prison industrial complex, and policing.

Intergenerational trauma among the African American and the Black population is contributed to slavery, and the inhumane and degrading practices slaves had to endure during that time. From seeing family members, friends, and strangers being beaten, raped, tortured, and killed caused much trauma, which was passed down through generations. There are many other things that slaves had to endure and hear that made them question themselves, their worth, their mental health, and much more. This created internalized racism among black people, along with self-doubt and hatred. The effects of this plays a significant role in mental health due to being too overwhelmed by internalized and structural racism.

The trauma that Black people endure with the criminal justice system and law enforcement such as fearing the police and police brutality, the fear of being arrested and incarcerated. Incarceration can also cause mental illness effects, which then puts a toll on one's mental health. Mental illness, due to incarceration, affects re-entry, which then creates a cycle of incarceration due to untreated mental illness.

Structural racism is embedded in the policies within the United States and the criminal justice system due to black communities dealing with hyper policing and mass incarceration more than other communities. The criminal justice system is fragmented and disproportionately incarcerates more people of color than White Americans, which explains why more African Americans and Black people are imprisoned and have higher imprisonment rates than their white counterparts. Much of this is attributed to racism and race inequity, which produces mass incarceration and impacts the health of those incarcerated and not incarcerated (Blankenship et al., 2018).

Black men are more likely than other races to have negative interactions with police officers and three times more likely to be killed by police officers than white Americans, which play a factor in their mental health (Bor et al., 2018). The negative interactions and police brutality amongst the Black population are inherently similar to the interactions that the Black population had with slave owners during slavery. Police brutality and negative interactions not only affect the individual who is dealing with law enforcement, but it also affects their family, the community, people who are witnessing and hearing about the incidents via social media and regular media. There has been discussion around treating police killings within the black community as a public health issue for the population's mental health (Bor et at., 2018). However, police killings and the mental health effects around the fear of the police, being

arrested, and incarcerated will not change if the structures that are embedded within the criminal justice system does not change.

Trauma around law enforcement and policing is common among the black community, which is perpetuated by law enforcement, instilling fear within these communities (Goodwin, 2019). The trauma that black communities face due to police and hyper-policing can be similar to post-traumatic stress disorder for those who have experienced anxiety and fear of the police, to those who have heard stories about policing, and those who have seen the effects of policing. Due to law enforcement heavily policing disadvantaged neighborhoods, it also compromises the people in that community's mental health, which creates higher anxiety and trauma for the people in those communities (Geller et al., 2014). A study conducted by the National Survey of American Life asked a subgroup of Black people "Have you ever been unfairly stopped, searched, questions, physically threatened, or abused by the police?" and 27.94% of the respondents stated this has occurred in their lifetime (Oh et al., 2017). According to the U.S. National Survey of American Life, the most common mental health disorders associated with negative law enforcement interactions were mood or anxiety disorders, PTSD, suicide (ideation, plan, or attempt) (Oh et al., 2017). Producing fear and anxiety was common amongst slave owners and the Ku Klux Klan, and it currently is shared amongst the modern-day Black population in America, which has the Black Lives Matter era. Some individuals have a mental illness, which can increase due to the mistreatment of law enforcement, which could spark a mental health crisis (Oh et al., 2017).

Transinstitutionalization or "patient to prisoner pipeline" which is the phenomenon where people are deinstitutionalized to then be sent to jails or prisons, this is a common theme among the criminal justice system with people who have mental illnesses (Prins, 2011; Onah, 2018).

There is a familiar cycle of being deinstitutionalized after that being sent to a community based mental health treatment facility, which has no to low funding, which leads to being criminalized for one's mental illness or the things they may do due to their mental illness (Earley, 2006). Prisons and jails housing people due to mental illness has occurred throughout both the history of prisons and jails and psychiatric centers. Studies have shown that "states were incarcerating vastly more people with a mental disorder than they were treating in a public hospital (Onah, 2018). However, housing people due to their mental illness has not helped treat them, and it creates a cycle of them being pushed out and pushed back in because of their untreated mental illness. Some of the reasons why people are incarcerated due to their mental illness are severe offenses while others are "trespassing, disorderly conduct, public urination, and possession of small amounts of illegal substances" (Onah, 2018). Black people conduct many of these low-level offenses due to their mental illness, the disadvantages they have, and substance use compared to White people in the U.S.

National Policies Around Mental Health and Illness

Throughout history, the United States and other parts of the world conducted more research and studies linked to mental health and illness to help mitigate those issues, find resources, and protect those who have a mental illness. In the early 1900s, Mental Health of America was created to conduct research and lobby for the mentally ill to be a resource and improve their lives. The National Mental Health Act was established in 1946, which formed the National Institute of Mental Health and became a source of funding for mental illness treatment and research (Unite for Sight, 2014).

After the Mental Health of America and the National Mental Health Act was created, there was a shift to providing funding to community based mental health services. The community-based framework for mental health services started in the 1960s, and it is still being used throughout the United States as a resource and treatment for mental illness. Along with the community-based framework, there has been an increase in government interventions and programs around mental health to improve access to mental health care. Thus, more people can receive mental health counseling, medications, or participate in assertive community treatment.

The Cures Act was signed into law in 2016, which aims to improve health outcomes to vulnerable populations and people with mental illnesses, decriminalize substance abuse, and to address the disparities in the criminal justice systems (Cole et al., 2018). The Cures Act aims to send people who are dealing with mental illnesses and substance abuse disorders to treatment rather than incarceration. Reducing racial disparities and increasing access to treatment for mental illness and substance abuse is the hope for this act. Black people are impacted the most when it comes to sentencing, charges, and incarceration based on racial bias and the criminal justice system (Cole et al., 2018).

Chapter 3: Methods

The information obtained throughout this text came from existing sources and data such as the 2017 National Institute of Corrections, the 2017 National Institute of Mental Health, and the Census. The National Institute of Corrections has information on each state's incarceration rates and federal incarceration rates, and it breaks it down further by race in each state. The National Institute of Mental Health has information on the prevalence of mental illness in each state, and it also has information on the incidence of mental illness by race in each state. The

Census gave insight on the population in each state, gave a percentage of the population by race, and the national average by race in the United States. Each of these sources helped determine which states to identify based on their prevalence for mental illness and incarceration, whether it was high or low among Blacks in the United States.

The data for each state was input into an Excel spreadsheet, which included the state and national estimates for mental illness, incarceration, population, and the population of Black people in each state in determining which states to identify. The selection process encompassed identifying states that were at or above the national average for Blacks in each state. Based on the Census, the national average for Blacks in the United States is 13.40%. Therefore, states that had below the national average for African American/Black were not identified. The states that were identified had 13.40% and higher for Black in the state. Since there was no national average prevalence data on mental illness among African American/Black, the national average prevalence data on mental illness throughout the United States was used, and this percentage was 18.29%. Lastly, the Federal rate of incarceration among African American/Black in the United States was 67,818 per 100,000. Therefore, states that had high incarceration rates or close to the Federal rate were identified for this study.

The following states were identified to examine to see why the rates are low or high for mental illness or incarceration and included: Alabama, Arkansas, Georgia, Louisiana, Michigan, and Mississippi. Alabama (19.51%) and Michigan (19.05%) had a slightly higher prevalence of mental illness compared to the national average, which is 18.29%. However, these states are great to look at due to the population of the African American/Black population in these states and how close it is to the national average. Arkansas (7,387) had a low incarceration rate compared to the Federal number of African American/Blacks imprisoned, which is 67,818.

Georgia has a high prevalence of mental illness (33.90%), and the federal imprisonment rate was (32,243) compared to the national average for mental illness (8.29%), and the federal imprisonment rate was (67,818). Louisiana (40.40%) and Mississippi (40.90%) have high rates of mental illness compared to the national average, which is 18.29%. Thus, examining policies and identifying why the prevalence of mental illness and incarceration is high or low in these states will help make informed policy recommendations to help mitigate mental illness and imprisonment within the Black community.

Chapter 4: Results and Discussion

Alabama

In 2017, Alabama had a mental illness prevalence of 19.51% among Blacks compared to the national average, which was 18.29%. The low prevalence rate for mental illness could be attributed to the Wyatt v. Stickney case, which helped shift mental health in the state of Alabama. State leaders wanted to cut cigarette taxes, which might not have seemed like a big deal; however, this was a big deal due to the taxes being earmarked for mental health services. The money from the cigarette taxes contributed a lot to the mental health system in the state. Once the tax cut was imposed, it cut a lot of the staff that worked at a major hospital that served mental illness patients. The team whose jobs got cut at this hospital worked together and included a patient by the name of Ricky Wyatt, who was a minor at the time and considered a juvenile delinquent who was involuntarily placed in the hospital to improve his behavior (Disability Justice, n.d.). This case was a long-running case, but it gave insight on the number of patients that state institutions and hospitals were seeing that was involuntarily committed to the institutions to help with mental illness and developmental disabilities to help with the return into

society (Disability justice, n.d.). Due to this case hearing, it helped create minimum standards of care for those with mental illness and developmental disabilities for institutions who held people for offenses or lack thereof but provided no treatment or a treatment plan for these people who were admitted. Thus, the Wyatt Standard was created based on the lack of having minimum standards of care, which helped Alabama with their mental health care and helped much of the nation develop standards of care for those with mental illness and developmental disabilities. This case also helped reduce the number of people who were placed in institutions and helped shift attention to the community- based treatment. The community-based treatment not only helped the state save money due to them shifting care and not admitting as many patients as they used to, but it also allowed some of the social stigma around mental illness to be shifted and helped with access to care.

In 2015, the State of Alabama Community Health Improvement Plan for 2015-2019 was developed, which helped contribute to the low prevalence of mental illness in 2017. The three priority concerns for the improvement plan were 1) access to health care, 2) nutrition and physical activity, and 3) mental health and substance abuse. There were three goals within the mental health and substance abuse portion that aimed to improve mental health care in the four year period which was 1) strengthening the infrastructure for mental health promotion and substance abuse prevention, 2) strengthening training for providers and community leaders on promotion and prevention for behavioral health, and 3) reducing the prevalence of those at risk or with substance abuse or mental illness within the state (State of Alabama Community Health Improvement Plan, 2015). Each of the goals had objectives to determine how these goals would be completed and when they would be completed.

The state looked at state agencies to identify and disseminate mental health indicators to collaborate with practitioners, researchers, and community leaders on evidence-based interventions and policies to strengthen the infrastructure. The development of training programs for primary care providers, community members and leaders, medical students, and other stakeholders for mental health screening tools, projects, and mental health and substance abuse within these systems (State of Alabama Community Health Improvement Plan, n.d).

The goals and objectives for the State of Alabama Community Health Improvement Plan 2015-2019 aligned with the research that was done by the Public Affairs Research Council of Alabama (PARCAL) in 2018. The Public Affairs Research Council of Alabama surveyed people in the state to identify some of the voter priorities. At that time, the 4th voter priority within the state was mental health and substance abuse among 17 issues. PARCAL recommended four things the state can do to improve mental health care in Alabama, such as access to care, mental health workforce, social stigma, and standards of care. Access to care is a common issue amongst all states in the U.S. Therefore, some of the solutions in the report were expanding Mental Health First Aid and Crisis Intervention Training for law personnel so they can help defuse situations, understand and acknowledge what the signs and symptoms are for mental illness, and mitigate sending people to jail based on their mental illness. The social stigma was another issue point around mental illness; however, the solution to dealing with social stigma is to use peer to peer programs and developing a mental health awareness campaign to normalize mental health. Expanding standards of care was also a suggestion based on expanding medication for substance abuse, providing a mental health consultation with those who are getting substance abuse treatment, including wrap-around services in the harm reduction program, and reducing recidivism by expanding both mental health and substance abuse

treatment in the criminal justice system (PARCAL, n.d.). Lastly, expanding the mental health workforce was of concern to people in the State of Alabama. Therefore, solutions to developing the workforce are to provide incentives for those entering the mental health profession to attract and retain these professionals and providing mental health training and certification for licensed medical professionals so they can practice and identify mental health needs.

The Alabama Department of Mental Health under the direction of Lynn Beshear created Envision 2020 in 2017 to create a mental health agenda for the improvement of mental health in the state. The three programs that were suggested in this agenda were Sequential Intercept Mapping, Crisis Intervention Training, and Mental Health First Aid. Sequential Intercept Mapping is a tool to provide behavioral health interventions for communities that can potentially offer opportunities and resources. Crisis Intervention Training is a tool to help law enforcement identify signs of mental illness along with techniques to reduce a potential situation from occurring when dealing with someone who is dealing with mental illness. This tool will also help officers to identify individuals who need treatment instead of resorting to putting them in jail.

Even though Alabama had a low mental illness prevalence among Blacks in 2017 compared to other states in the United States, mental health was still a concern for residents in the state. Alabama has been at the forefront of mental health reform from the Wyatt v. Stickney case in the 1970s to Envision 2020 that was proposed in 2017. The policies and programs that have been enacted in the state after 2017 will identify if the recommendations are successful or not and continue to improve the mental health of residents.

The mental illness community programs that Alabama currently has to help provide mental illness services are Individual Placement and Support, Projects for Assistance in

Transition from Homelessness (PATH), Crisis Continuum of Care, Housing Continuum of Care, School Based Mental Health Collaboration (SBMHC), First Episode of Psychosis (FEP) (Alabama Department of Mental Health, n.d.)

Arkansas

Arkansas is one of the states that had low incarceration rates for Blacks at 7,387 per 100,000 compared to the national average, which is 67,818 per 100,000. Even though Arkansas had a low incarceration rate for Blacks, the incarceration rate, and the number of Blacks incarcerated was growing at a fast rate compared to other states. However, Arkansas has implemented policies and acts to help decrease incarceration and recidivism rates. In 1987, the Emergency Powers Act 418 (EPA) was enacted gave the Board of Corrections the ability to conduct measures if the prison population exceeded 98% capacity (Arkansas Department of Correction, 2017). Emergency Powers Act 418 was also similar to Act 1721, which allowed the early release to those who served at least six months for inmates if the county jail exceeded 500 inmates.

Often there is a correlation between mental illness, substance abuse, and incarceration due to the mixture of things going on with the individual. Arkansas passed an act in 2007 named Act 1034, which allowed people to accrue good time and reduce their sentence up to 50% for those who had drug-related crimes (Arkansas Department of Correction, 2017). After that, SB 750 was passed to help substance abusers go to drug and accountability courts instead of incarcerating them to help reduce recidivism rates (Criminal Justice Reform in Arkansas, n.d.).

However, with the various policies created in the state, the incarceration rate was still increasing, which is why there was a task force created in 2015 under Act 895. The taskforce

under Act 895 discovered that the increase in incarceration came from parole violations and non-violent misdemeanors instead of violent crimes and offenses. In 2017, SB 136 was presented to reduce incarceration rates by placing individuals who violated their parole into community correction facilities instead of prison or jail. This Senate Bill aimed to reduce incarceration, recidivism, and created intervention centers for those with mental illness and substance abuse.

Arkansas is working on ways to reduce incarceration rates based on what is and is not working in the state, which will also save money, reduce recidivism, and increase safety. Based on the criminal justice history in Arkansas, it is believed that rebab for non-violent offenders, along with education and vocational training can help individuals get back on their feet and prepare them for successful re-entry in society.

Arkansas currently has various programs that assist inmates while incarcerated to help them with their mental illness and other programs that positively impact re-entry. According to the Arkansas Department of Corrections, there are numerous programs and services that help with mental health and illness such as a Habilitation Program, Hobby Craft Program, Inmate Panel, Mental Health Services, Mental Health Residential Programs, Pathway to Freedom, Inc, Paws in Prison, Preparing for Success, Principles and Applications for Life (P.A.L. Program), Reduction of Sexual Victimization Program (RSVP), Restrictive Housing Anger Management Treatment, Sex Offender Female Treatment Program (SOFT), Sheltered Living Unit, Special Needs Unit, Substance Abuse Therapeutic Community Program (T.C.), Substance Abuse Treatment Program, and Suicide Prevention Program.

Georgia

Georgia has a high prevalence of mental illness at 33.90% and a high incarceration rate at 32,243 among Blacks compared to the national average for mental illness prevalence 18.29% and federal imprisonment rate 67,818. The high prevalence rates for both mental illness and incarceration indicate there are barriers to access to services and care, which can play a role in people getting incarcerated due to their mental illness. Mental illness has an impact on an individual's physical and emotional well-being, and it also has economic effects due to higher health care costs from the physical conditions compared to those who do not have a mental illness. Also, the state tends to have higher unemployment rates for those who have a severe mental illness.

In 2017, the Department of Corrections identified that around 10,000 of the inmates in Georgia were on Level 2 or above for mental health, which costs the state over a billion dollars to provide care for the inmates (NAMI Georgia, n.d.). Individuals in county jails consume millions of dollars for psychiatric drugs and transportation for mental health-related needs. Georgia is one of the states that are in the epicenter of the opioid crisis, with it being one of the top states that are dealing with opioid-related deaths. Due to this crisis, money has been allocated to create more opioid treatment centers to help mitigate this problem.

Based on "The State of Mental Health in America" report, Georgia ranked 47 for access to care, ranked 40 for adults with mental illness and access to care, and 22 for children with mental illness and access to care. Georgia has various community service boards that provide mental health services; there are a few crisis centers that offer inpatient services along with private and state psychiatric hospitals. Utilizing integrated healthcare could be a solution to help; however, there is a shortage of primary care physicians, along with behavioral health providers. Therefore, if primary care physicians were to get trained in integrated care, it would still be a

barrier due to not having the time to spend on regular treatment and for behavioral health symptoms and treatment.

Along with the shortage of physicians and behavioral health providers, access to care is a significant issue for Georgians due to them not having health insurance and being in the coverage gap where they do not qualify for Medicaid. This creates another problem due to those who cannot afford or receive those services based on not meeting specific qualifications. However, there are organizations such as NAMI and Mental Health America of Georgia that provide mental illness services, work on mental health and illness policies, and create campaigns to help reduce the stigma around mental health.

Mass incarceration is a problem in Georgia, especially among blacks due to drugs, mental illness, mandatory minimum sentencing, and the two strikes law. Black communities are more likely than white communities to be policed; thus, drug possession in black communities has contributed to blacks being imprisoned. The lack of mental health services in the state also contributes to a higher incarcerated population, especially among blacks in the state. Jails and prisons have become the new psychiatric institutions and less focus on treatment and prevention for mental illness. The incarceration rate is much higher than other states due to inmates having to serve mandatory minimum sentencing instead of shortening their sentences due to good behavior, non-violent offenses, and an increase in the inmate population. Georgia also has a two-strike law, unlike other states that have a three-strike law. Therefore, if someone were to get two strikes in Georgia, this would result in a life sentence which increases the inmate population due to people getting two strikes and serving life sentences.

Through, Georgia's Inmate Services Division, there is a Health Services, Substance Abuse, Cognitive Behavior, and Mental Health Services programs and sub-divisions. The Inmate Services Division in the Department of Corrections are key issues that "are critical to Governor Nathan Deal's criminal justice reform and prison reentry initiative" (Georgia Department of Corrections, 2020), These key services have been introduced in 2020 to help improve criminal justice reform and reentry. According to the Georgia Department of Corrections, these programs are Mental Health Services, Residential Substance Abuse Treatment (RSAT), Probation Substance Abuse Treatment Program, Integrated Treatment Facility, Intensive Reentry Program, Moral Reconation Therapy, Faith and Character Based Program, Motivation for Change, D.E.T.O.U.R., and Thinking for a Change.

Louisiana

Louisiana had a high prevalence of mental illness (40.40%) compared to the national average of 18.29% in 2017. Louisiana has consistently ranked high in mental illness prevalence and incarceration rates. The Combined Behavioral Health Block Grant Plan that was put out in 2017 stated the needs of the state and some of the reasons the state has ranked high in the prevalence of mental illness. Thus, a three-step plan was created to help identify strengths and weaknesses within behavioral health in the state of Louisiana to assess the strengths and capacity of the service to address specific populations, identifying unmet service needs and gaps within the system, and prioritizing state planning activities (Combined Behavioral Health Block, 2017). These steps were implemented to ensure the best policies and practices were used for FY 2018-2019.

The behavioral health strengths that were identified in the state were the various types of assistance needed for residents to ensure the best of services such as high coverage for Medicaid for children, assistance for medication treatment for pregnant women, and grants to address substance abuse and addiction. The state implemented a campaign that was similar to Mental Health First Aid, and Crisis Intervention called One Mind Campaign that launched in August of 2017 that educated law enforcement about mental illness signs and symptoms to help de-escalate the situation and reduce incarcerating those with mental illness (Combined Behavioral Health Block, 2017). Along with educating law enforcement on proper techniques to use when dealing with someone who is mentally ill, the state also works alongside the Department of Corrections to provide educational workshops on mental health and substance abuse to identify the intersectionality of mental health, substance abuse, and the criminal justice system. System delivery also has areas of strength based on admission screenings and reviews.

However, the Office of Behavioral Health had weaknesses that impacted the mental health needs of the people in the state. The state loss funding which eliminated the Access to Recovery program and the Louisiana Care Authorization Management System. The Access to Recovery program provided access to care, treatment, and recovery services to individuals who were uninsured and had substance abuse disorders. The Louisiana Care Authorization Management System also provided care for people who were uninsured and provided a certain level of care. However, the loss of funding for LaCAMS did not severely impact care due to it being transitioned to local government entities. (Combined Behavioral Health Block, 2017). Louisiana, like much of the United States, has taken a tremendous hit due to a shortage of mental health professionals and access to care, especially in rural areas of the state.

Southern states tend to have more health disparities than states in other areas throughout the United States, and people of color, primarily blacks, tend to suffer more significant health disparities than their white counterparts. Mental illness is still not an acceptable topic in many households of color and in the south in general due to the social stigma around mental illness and health. Therefore, along with the lack of funding for behavioral health, the stigma around mental illness, and the racial discrimination one faces has a toll on one's mental health, especially when health disparities are prominent within a state and area of the United States.

Louisiana currently has the following programs through the Department of Corrections in the state such as Substance Abuse Treatment which includes substance abuse education programs and the Steve Hoyle Intensive Substance Abuse Treatment program that uses a "community approach to house, treat, educate, and reintegrate returning residents with identified substance abuse challenges" (Louisiana Department of Public Safety and Corrections, n.d.). According to the Louisiana Department of Public Safety and Corrections, this department also has a Faith Based and Values Development Programming such as the Moral Reconation Therapy, Thinking for Change, Chaplains and other faith based services.

Michigan

In 2017, Michigan had one of the lowest prevalence in mental illness compared to other states that had a high population of Blacks in the states. Michigan's mental illness prevalence among Blacks was 19.05% compared to the national average, which was 18.29%. The State of Michigan has a Mental Health Code called Public Act 258, which is their publicly funded mental health system. Public Act 258 helped fund and form Community Mental Health boards in the state to help decrease psychiatric institution admissions and increase the use of mental illness

treatment (Flinn Foundation, 2019). Public Act 258 was similar to the Community Mental Health Act that was signed by President Kennedy in 1963. The Community Mental Health Act was enacted to help provide services around mental health and developmental disabilities to those who could not afford those services. This act was also brought about to shift mental health care services to a community level with treatment instead of institutionalizing mental health patients. Michigan has prepaid inpatient health plans or PIHP, which helps works with Medicaid HMOs to hep behavioral health needs.

Based on the information that the state obtained in 2016-2017, Michigan provided areas of focus in 2018 for their incoming 2019 gubernatorial administration. The areas of discussion were the integration of behavioral health services in primary care sites and recommendations from the Section 298 initiative. Within the integration of behavioral health and primary care, it was suggested that primary care providers be of aide to screen patients for behavioral health issues, provide support for behavioral interventions, treat behavioral health conditions, and then refer to psychiatrists or psychologists (CHRT, 2018). Utilizing Section 298 is an initiative to merge physical and behavioral health benefits within Medicaid. The executive budget for FY 2016-2017 was aimed to help transition the existing PIHP system to Medicaid health plans with behavioral health benefits (CHRT, 2018). The Section 298 working group also came out with over 70 recommendations that can help behavioral health within the state (Final Report of the 298 Facilitation Workgroup, 2017). Some of the topic policy recommendations for behavioral health that were in the report are the coordination of physical health and behavioral health services, access and continuity of services, protection for mental health and epilepsy drugs, and self-determination and person-centered planning. The policy recommendations were created to help the behavioral health services and treatment of residents in Michigan. Therefore, Michigan

has had progressive marks when it comes to behavioral health with residents to ensure they have the services they need to have a low mental illness prevalence, especially among those populations who are on Medicaid.

More research needs to be conducted on the institutional level to see what Michigan has done in 2017 and is currently doing around Behavioral Health. There are a host of different organizations and agencies that are not at the state level, however, it would be great to see what programs and services are at the State level.

Mississippi

Mississippi had a high prevalence of mental illness, which was 40.90% in 2017 compared to the national average, which was 18.29%. In the Fiscal Year 2016-2017, the Mississippi Department of Mental Health created a state plan that addressed children with serious emotional disturbance and adults with serious mental illness.

In FY 2016-2017, Mississippi took an approach that was specific to the mental health needs of children and adults. The strengths for children in the state worked with wrap-around services for transitional youth, evidence-based practices, and programs, review boards for children with emotional disturbances, mental health services in schools, and the juvenile justice system to focus on youth mental health needs. The strengths for adults were the implementation of a system for individuals who have a mental illness to provide services, creating crisis intervention teams and mental health first aid in partnership with law enforcement, clinicians, and other agencies, providing peer to peer support services, psychiatric hospitals, and crisis stabilization units, campaigns to address the stigma and awareness for individuals, families, and

their caregivers, and various teams and tasks force to work on mental health initiatives (Mississippi Community Health Plan, 2017).

The lack of mental health professionals and turnover was a common problem for both children and adults. However, the lack of mental health professionals specializing in children's mental health was more significant. The needs for children encompassed addressing the mental health needs but also identifying that there can be other developmental disabilities that have to be discussed along with the mental health needs. However, mental health professionals need to figure out how to deal with both needs. There were also areas where development needed to occur to help inform parents, caregivers, and youth about the mental illness and the development of the intensive outpatient services for children in the state to help with mental illness services and treatment. Thus, since these items were not developed at the time, this created a barrier for family members and caregivers to understand what the youth is going through, and not having an intensive outpatient psychiatric service decreased the amount of assistance the child would be provided.

Many of the barriers and needs that affected adults with serious mental illness were employment and creating systems that acknowledged and work with adults with mental illness instead of not having the same support and opportunities that people who do not have severe mental illness have. Access to treatment, housing, and other support services is a barrier to adults who have a severe mental illness. Thus, Mississippi was working to create a system to provide shelter and those services so that it will give them some of the same opportunities. Lastly, being able to create a transition and network to help people with mental illness with re-entry and a normal life in their community was another need for those living in Mississippi.

Mississippi needs to work on medical distrust due to an investigation that the Department of Justice produced in 2011, which exposed the over-institutionalization of adults with mental illness in Mississippi (Smith, 2017). The over-institutionalization meant more money was spent on institutions than on community-based care, which is where some of the funds needed to be allocated to so people can learn to live with their mental illness in the community rather than being dependent on the care of an institution. Therefore, the state was identified as not providing adequate care to its residents, along with having cuts in funding throughout the years.

Mississippi, like Louisiana, is a southern state that needs to educate and destigmatize mental illness within the state so people can seek services, talk about the signs and symptoms, and also realize that other people may have the same mental illnesses they face. Access to care is a common problem within the state when it comes to health and mental health care. Thus, there are rooms for improvement to dismantle the barriers and health disparities, especially among Blacks who have the highest mental illness prevalence in Mississippi.

According to the Mississippi Department of Mental Health, Mississippi currently has two state level hospitals that specialize or have behavioral health programs and there are four satellite programs affiliated with these state hospitals. The types of services that are included are “acute psychiatric care, intermediate psychiatric care, continued treatment services, nursing home services, medical/surgical hospital services, forensic services, alcohol and drug services, and adolescent services” (Mississippi Department of Mental Health, n.d.).

Chapter 5: Recommendations

Integrated behavioral health should be at the forefront of primary care providers to provide both physical and mental health needs of their patients. Primary care physicians should

be trained on how to provide mental health assessments and screenings or trauma-informed care, treatment, and medication to those patients. However, a line should be drawn to determine the capacity that the primary care physician has and where the line is drawn as to when the behavioral health clinician should come in. Primary care physicians are supposed to be on the front line for their patient's care, which means their mental health should be part of an annual exam. Thus, there should be a shift in medicine to look at wholistic care due to physical health affecting mental health, and mental health affects physical health. Increasing the number of people who are involved in behavioral health will create more advantages for medical providers and behavioral health practitioners. However, it will also increase the number of mental health providers due to a shortage of these providers.

Language and cultural barriers are common barriers to access to mental health care. Mental health literacy would help mitigate some of the language and cultural barriers. The lack of awareness for treatment options and understanding symptoms is a common barrier to seeking mental health care (Haynes et al., 2017). Utilizing community members from community based mental health centers or programs can help provide insight into the type of language, metaphors, and other culturally responsive language deemed necessary to use for their specific demographic. Mental health literacy will not only help community members, but it will help the community, various families, and key figures within the community. This literacy component will also help physicians, psychiatrists, other medical professionals, and law enforcement to be informed on how to treat specific patients, all while having a cultural competency component added to the literacy to determine ways to speak with their patients or people who may be mentally ill. Literacy around mental health can help people who are not in the mental health field learn about signs, symptoms, and ways to deescalate a potential situation from happening.

The stigma associated with mental health and illness could also be mitigated by mental health literacy but also the use of community members and community based mental health centers and programs. Utilizing people who look like them and normalizing talks about mental health and illness can help to reduce the stigma, which will encourage people to seek treatment. Thus, creating more funding for community-based mental health treatment centers and programs can help the population mental health within states and throughout the United States. Utilizing community members can also provide train the trainer programs for not only the community members but also providers who serve Black communities to encourage and develop cultural competency. Thus, utilizing community members and having mental health literacy that is targeted for various target audiences can aim to increase cultural competency among those who work at community-based mental health treatment centers as well as physicians and behavioral health practitioners.

Cultural competency as a whole should be integrated within the medical school and behavioral health programs to provide access to culturally competent mental health treatment. Practitioners should be knowledgeable about the historical or intergenerational trauma that various groups and populations face, the disparities and barriers these groups had to face in the past and present, and effective treatment options for these populations as a whole and on an individual level. Incorporating cultural competency as part of licensure and continuing education for these groups can help increase culturally competent access to mental health treatment.

Mental Health First Aid is a mental health education tool that can be incorporated within the law enforcement, other public service personnel, hospitals, clinics, community organizations, schools, and other places that may need these skills to be informed about signs and symptoms of mental illness and ways to deescalate situations rather than contribute to escalating a situation.

Mental Health First Aid incorporates mental health literacy within this educational program, which aids in decreasing stigma and being culturally competent, which creates a positive impact on social support (Haynes et al., 2017).

Crisis Intervention Training is another tool that can be implemented with law enforcement specifically so they can identify the signs and symptoms of mental illness and know how to de-escalate situations from occurring when dealing with mentally ill persons while on duty. Crisis Intervention Training can also mitigate the number of people being incarcerated if law enforcement can de-escalate the situation and place them in a treatment facility rather than incarcerating them and placing them in a jail or prison. Understanding the signs and symptoms can help promote treatment, which will decrease the number of people being incarcerated due to mental illness. It will also decrease the number of people being housed in institutions who need treatment rather than to be jailed, which potentially creates a continuous cycle of incarceration due to untreated mental illnesses. However, mitigating the number of people that are incarcerated for low-level crimes and mental illnesses can place more emphasis, time, and resources on more serious crimes. It will also allow officers to handle better situations that can be de-escalated through training.

Positive police interactions can help mitigate the policing practices that are currently upheld while reducing the threat to both the physical and mental health of those in urban communities where there is a high population of Black people (Geller et al., 2014). Use of force, stop and frisk, and other negative encounters have produced trauma within the Black community. However, if police-community relations were enhanced and promoted, this could help reduce the anxiety, PTSD, and other mental health impacts for those communities. In turn, this would decrease the number of people being incarcerated due to the lack of hyper-policing or police-

community relations. The police-community relations would also reduce the amount of anxiety, PTSD, and other mental health effects in which the community faces if law enforcement builds a rapport with the community. Thus, the health and mental health outcomes in these communities with positive community relations can improve (Geller et al., 2014). Training should also be incorporated to discuss accountability and community based restorative justice approaches for law enforcement to better serve the communities they work in (Oh et al., 2014).

Mental health courts can also help decrease the amount of incarcerated people who have mental illnesses. Mental health courts help determine if someone should be incarcerated or if they should seek mental health treatment instead of incarceration. Recidivism is one of the primary reasons for mental health courts due to the goal of decreasing the number of people who return to jail or prison based on their mental illness (Canada et al., 2019). Since intergenerational trauma, daily stressors such as discrimination and racism, and hyper-policing are common within the Black communities, this consistently puts a toll on their mental health. However, stigma or lack of access to services or mental health providers is a barrier that many of the mental health and illnesses goes untreated. Therefore, the use of mental health courts as a way of treatment with those who successfully complete it can keep people out of jails and prisons (Canada et al., 2019).

Access to health care is a significant barrier for Black people in which 11% of nonelderly Black people in the U.S. were uninsured in 2018, which does not account for the individuals that are underinsured (Artiga, Orgera, & Damico, 2020). Insurance coverage is a barrier. However, if access to health care were not a barrier, then it would increase access to mental health treatment. Medicaid expansion for those in the insurance gap can help provide access to health care, which can provide access to mental health treatment (Snowden & Thomas, 2000). However, there will

still be individuals who are not in the coverage gap who are not able to receive health coverage. However, it will be a higher rate of people receiving treatment due to Medicaid expansion in states that have not expanded Medicaid.

Limitations

The data, policies, and programs within this text are from before 2017 to 2017. More research can be conducted to focus on how things were going on in society and the economy before 2017 and up until 2017. More research can also be conducted to identify if some of the events that occurred before 2017 had a toll on population mental health such as hurricanes such as Hurricane Harvey, Irma, and Maria that affected Louisiana, Texas, and Puerto Rico, which displaced many people especially people of color. The mass shootings that occurred in Nevada & Texas, terrorist attacks around the world, and violent rallies that occurred in Virginia. There could also be more research conducted to see how the #MeToo movement affected population mental health, especially those in disadvantaged communities such as the Black community. The Black Lives Matter movement could be researched more to identify if anxiety and fear due to policing and police killings

There could also be more research conducted to identify the effectiveness of states that have mental health courts, crisis intervention training for their law enforcement, and mental health first aid training to personnel who would benefit from these services. Comparing states who have these programs versus those who do not can identify the effectiveness or lack thereof of these programs.

More research can go into the history and timeline of both the criminal justice system and mental health system in each state to identify things that have worked for states to mitigate the

number of people who have been incarcerated due to mental illness and what each state has done to enhance population mental health.

Research can be conducted to identify the differences and similarities amongst discrimination and race per region of the United States. This can see if certain regions are more assessable to mental illness due to racism and place.

Identifying the differences and similarities in which the Black population and other populations of color have around mental illness and incarceration. Also, looking to see what historical and intergenerational traumas these groups have faced, and ways culture can play a part in creating a robust mental health treatment plan for various populations based on culture.

Looking at the mental illness of ex-inmates and identifying states that have re-entry programs with wrap-around services, one being mental health treatment to help mitigate recidivism due to mental illness. This can be looked into to determine the best practices and to see if this affects successful re-entry or not. There can also be research done for states that have mental health programs in their prisons and jails and mental health treatment plans for re-entry compared to states who do not have mental health programs for those who are incarcerated and as part of their re-entry program.

Research can be conducted with states who have integrated behavioral health programs to examine them further to see if this type of program helps provide mental health treatment from their primary care physicians and other providers. Identifying the effectiveness of this program versus states that do not have an integrated behavioral health program. Further research can also be conducted to see if having primary care physicians integrated into this program helps with the shortage of behavioral health professionals.

Lastly, more research can be conducted to look at the cost-benefit analysis with states that have a low prevalence of mental illness and low incarceration rates, especially for the Black population compared to states that have a high prevalence of mental illness and high incarceration rates. This information can be used to inform policies, practices, and programs to recommend based on if having these policies and programs mitigate mental illness and incarceration but also the impact that it has on the state's budget such as does it positively or negatively impact the state's budget due to having programs and policies aimed to decrease mental illness and incarceration.

Conclusion

Historical trauma has been embedded within the history of the Black population within the United States. Slavery was a main component of the trauma within the African American population due to them being taken away from their continent and being brought to America as slaves. The trauma that slaves had to endure from being killed, raped, beaten, and other inhumane conditions have been interwoven into the history of the Black population in America. After slavery was abolished, there were systems and policies put forth that made Black people in America free from slavery, but these systems were just slavery by another name. One of the existing policies that exist today that has continued the cycle of slavery and has aided mass incarceration is the 13th Amendment. It is important to note that the 13th Amendment is the same amendment that abolished slavery. The 13th Amendment states "neither slavery nor involuntary servitude, except as a punishment for crime whereof the party shall have been duly convicted, shall exist within the United States, or any place subject to their jurisdiction" (U.S. Constitution, 1865). Thus, the 13th amendment made it legal for slavery to exist in jails and prisons for those who committed crimes. However, throughout the criminal justice system, there

has been an influx of the number of Black people who have been incarcerated compared to White Americans. Studies have shown that Black people are more likely to be incarcerated for the same crimes that White people commit. There has also been research done to indicate that the urban community's which are frequently housed by people of color are hyper-policed compared to other communities. Research has further stated that police tend to exude fear and anxiety in the very communities in which they are supposed to protect and serve. Thus, policing and seeing police brutality creates a population mental health crisis for these communities and negatively impacts their health and mental health. Communal- police relations can help mitigate the negative health impacts that burden Black people and communities.

Utilizing crisis intervention training and mental health first aid for law enforcement and other personnel dealing with the public can help reduce the number of people who are incarcerated due to their mental illness if those who are working with the public understand the various signs and symptoms of mental illness and can de-escalate potential situations from occurring. Law enforcement and other public-serving personnel can help reduce the number of people who have a mental illness who are housed in jails and prisons instead of receiving mental health treatment to mitigate this cycle.

Aside from the criminal justice system, Black people experience discrimination and racism, which has been proven to impact their mental health and health negatively. There is no way to mitigate discrimination and racism as it is embedded within history, society, and throughout the world. However, finding ways to cope and deal with discrimination and racism will push the needle. Thus, utilizing community-based organizations and mental health centers can help uplift and help Black communities and other communities of color to cope and deal with racism and discrimination. Community-based organizations and mental health centers will

also aid in de-stigmatizing mental illness due to having people who look like them, come from the same or similar backgrounds, and understand the community, historical trauma, and culture within the community. Incorporating mental health literacy and cultural competency amongst community mental health centers, primary care physicians, behavioral health practitioners, and other personnel who deal with the public can also help inform them on how to provide services and be mindful of the community they serve. Mental health literacy will also create the language to de-stigmatize mental illness and make it signs and symptoms relatable to that community.

Mental health literacy can also be used within the integrated behavioral health program to provide primary care physicians the necessary tools to not only have cultural competency skills but also know what kind of language to use for their patients. The mental health literacy component will not only help physicians and other behavioral health practitioners, but it will help patients, and potential patients understand signs, symptoms, reduce jargon, and de-stigmatize mental health and mental illness.

However, more work needs to be done around mental illness and incarceration and seeing this as a public health issue. Some states have a low prevalence of mental illness and low incarceration rates that are working to provide more treatment options to the residents of their states in order to decrease the number of people who are incarcerated due to mental illness. Some states have a low prevalence of mental illness or incarceration rates, which can be examined to identify the things that are being done to mitigate mental illness or incarceration that other states can use to decrease their rates. However, there are still states that have both a high prevalence of mental illness and incarceration rates, which goes back to their priorities around mental health treatment and policies that subject people to incarceration. The states that have a low prevalence of mental illness and incarceration have identified cost savings based on the plans and

recommendations in which they have committed to their residents to combat these issues. If other states who have a high prevalence of mental illness and incarceration rates look at the cost-benefit analysis of reducing the number of people that are imprisoned and increasing access to mental health care and programs, this could create change not only on an individual level but on a population health level and a budgetary aspect.

All in all, policymakers at local, state, and national levels need to understand that mental illness and incarceration intersect. The better one's mental health, the least likely they will be sent to jail or prison for a mental illness related offense. Increasing police training around communities of color and increasing police-community relations can help mitigate the fear and anxiety of law enforcement. However, it can also decrease the likelihood of someone being sent to jail or prison just for the color of their skin. The more we look at the intersection of incarceration and mental health, the public health implications of both, and the ways that both can be mitigated the better population health and mental health we can have. This will also encourage treatment rather than the historical and current trend of the patient to prison pipeline.

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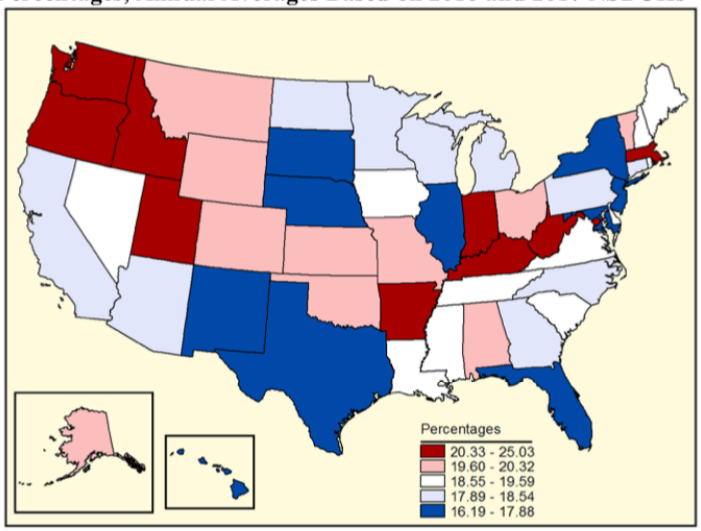
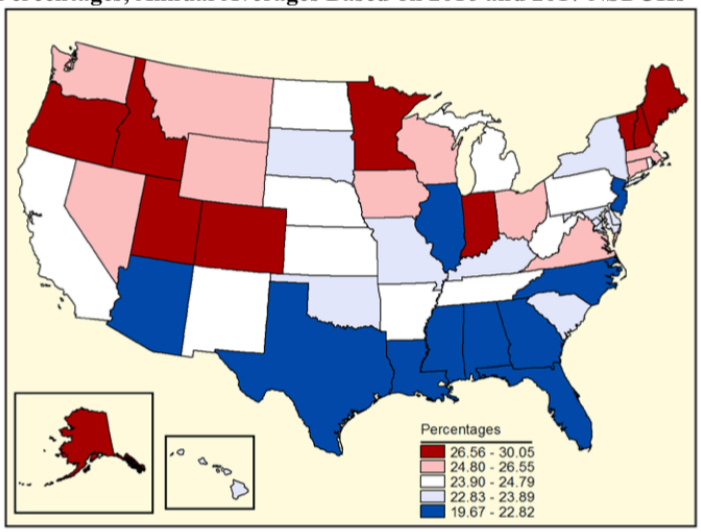
Appendix A: SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH, 2016 and 2017

Figure 28a ***Any Mental Illness in the Past Year among Adults Aged 18 or Older,*** **by State: Percentages, Annual Averages Based on 2016 and 2017 NSDUHs**



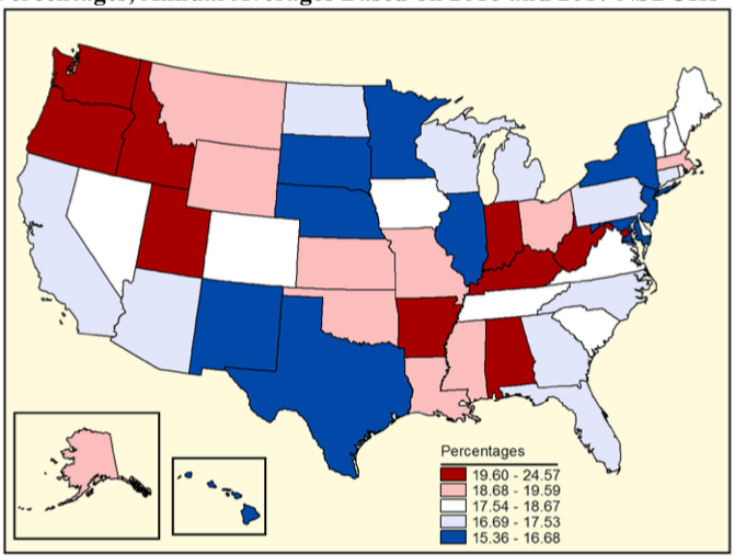
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH, 2016 and 2017.

Figure 28b ***Any Mental Illness in the Past Year among Adults Aged 18 to 25,*** **by State: Percentages, Annual Averages Based on 2016 and 2017 NSDUHs**



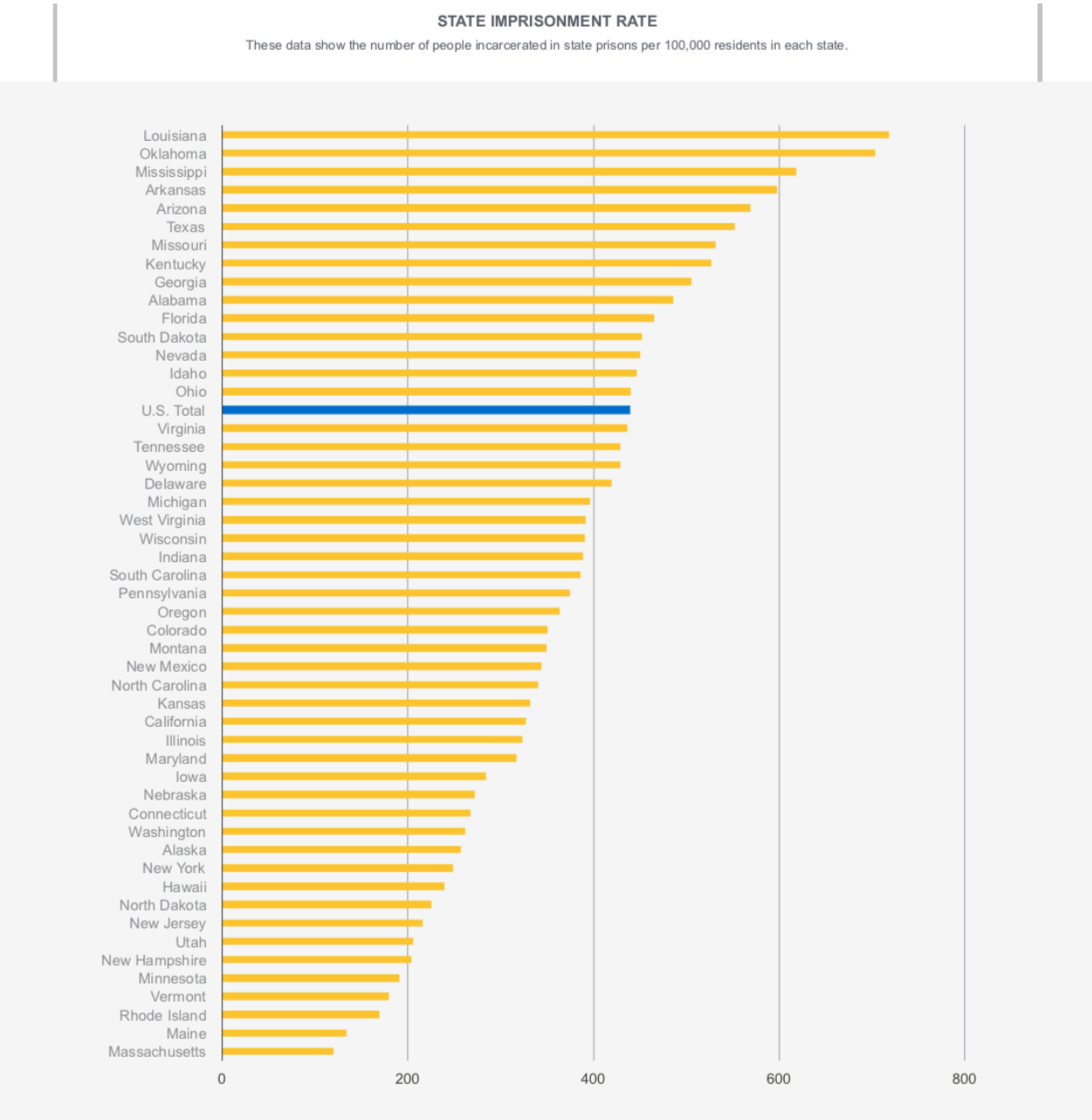
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH, 2016 and 2017.

Figure 28c ***Any Mental Illness in the Past Year among Adults Aged 26 or Older,*** **by State: Percentages, Annual Averages Based on 2016 and 2017 NSDUHs**

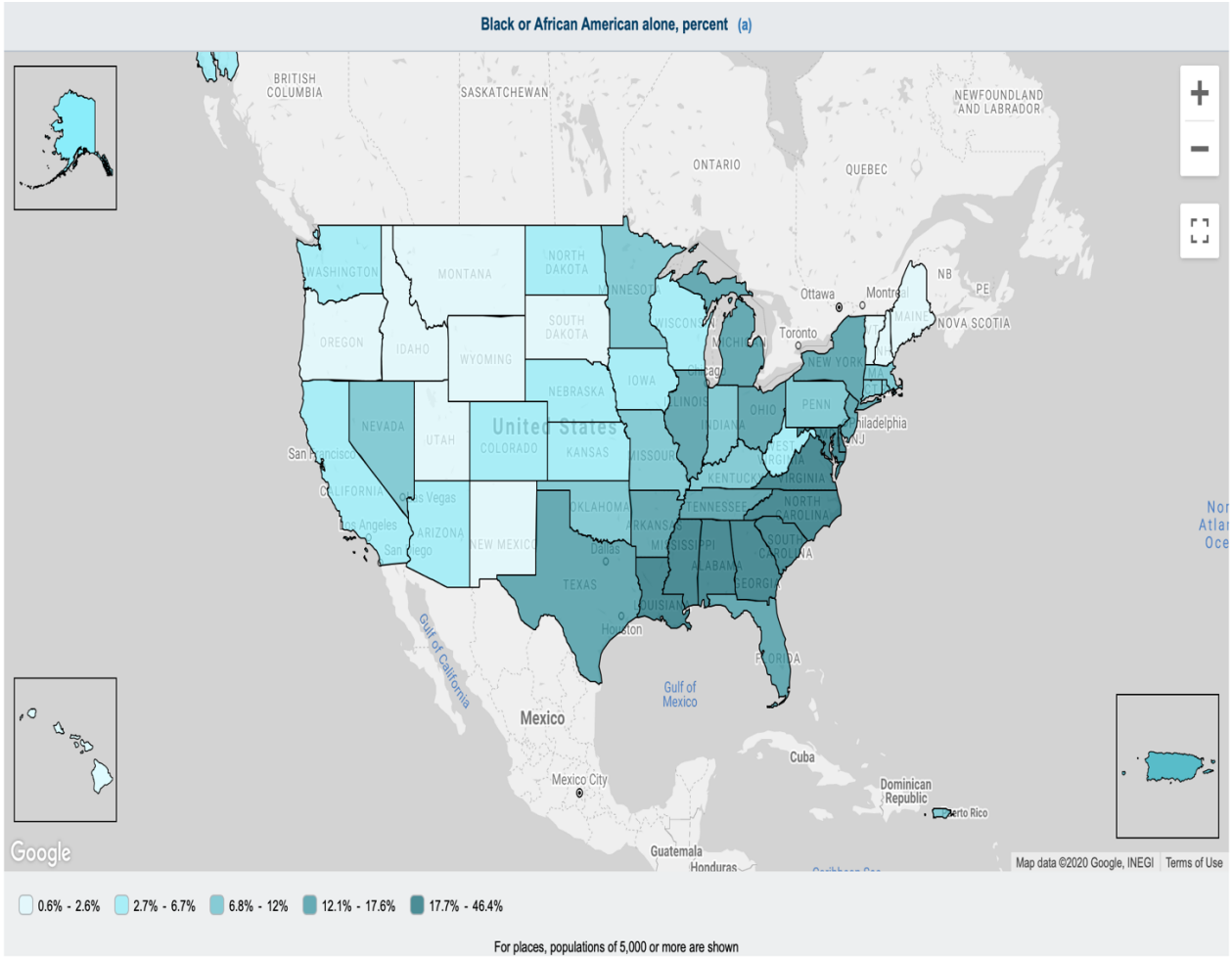


Source: SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH, 2016 and 2017.

Appendix B: 2017 State Imprisonment Rate. Sentencing Project.



Appendix C: U.S. Census Data of Black or African American in Each State. Quick Facts.



Appendix D: States Identified in This Study