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## Policy Recommendations to Address How Trauma, Mental Health & Substance Use Disorders Contribute to Incarceration

By Brandy Henry (Columbia University)

### Executive Summary

This brief summarizes research by Henry (2019) which describes how trauma, mental health and substance use disorders contribute to incarceration. Policy recommendations based on this evidence include 1) investing in early intervention services to reduce exposure to traumatic experiences, 2) increased access to health care, and 3) increased services to alleviate poverty and social isolation.

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### Policy Problem

As a consequence of decades policies that were tough on crime and soft on services, the US became the leader in per capita incarceration, even as crime rates dropped. Policies like harsher sentences for drug related crime, including mandatory minimum sentences, and “three-strikes policies” contributed to this high incarceration rate. During the same era that these punitive policies were enacted, services for mental health and substance use treatment were reduced, leaving prisons and jails as the behavioral health providers of last resort (Collier, 2014).

Consequently, people with mental health (Prins, 2014), substance use

disorders (Mumola & Karberg, 2006) and trauma histories (Briere, Agee, & Dietrich, 2016) are incarcerated at disproportionately high rates. Within US jails, the proportion of people with mental illness is as high as 60% and almost half of incarcerated people in the US have problems with substance use (Mumola & Karberg, 2006). The high incidence of incarcerated people with past trauma is likely explained by the high rates of mental health and substance use disorders, since traumatic experiences contribute to the development of mental health and substance use disorders (Felitti et al., 1998).

The high rates of mental health and substance use disorders among incarcerated people is particularly problematic given that incarceration typically leads to worse health (Wildeman & Wang, 2017), thereby creating a vicious cycle of harm. New policy approaches to addressing criminalized behaviors of people with mental health and substance use disorders are needed. In order to understand the best approaches to addressing this issue, it is necessary to understand the underlying factors of how people with mental health and substance use disorders become incarcerated, and what those people understand to be potentially effective programs and policies to disrupt this cycle.

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### Brandy Henry

*Brandy F. Henry, PhD, LICSW is a clinician scientist who uses her years of practice experience to inform her research which aims to improve the health of criminalized populations. She is a former recipient of the Rappaport Institute for Greater Boston Public Policy Summer Fellowship, which is when she began the work detailed in this brief. Currently, Dr. Henry is Postdoctoral Research Fellow at the Columbia University School of Social Work and can be reached at [bh2756@columbia.edu](mailto:bh2756@columbia.edu)*

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**Rappaport Institute for Greater Boston**  
Harvard Kennedy School  
79 John F. Kennedy Street  
Cambridge, MA 02138

617-495-5091  
[www.hks.harvard.edu/centers/taubman/program-research/rappaport](http://www.hks.harvard.edu/centers/taubman/program-research/rappaport)

## Research Findings

My recently published study (Henry, 2019) provides evidence to address this policy problem. Using open-ended in-depth interviews, I examined how trauma, mental health and substance use disorders contributed to the incarceration of adults in Massachusetts. Participants explained how these factors contributed to their incarceration and what they believed might be useful programs/policies to prevent incarceration. The below figure summarizes what participants described as drivers or “social determinants” of their incarceration. At the society level participants reported difficulty meeting basic needs and discrimination, while at the community level neighborhood factors were the primary contributor to incarceration. The interpersonal and individual levels were interconnected, in that interpersonal trauma contributed to social isolation, substance use, and mental health symptoms, which in turn led to criminalized behavior. Four types of crime were reported by the men and women who participated. About a third of participants reported crimes related

to impaired judgement (36%), or a need to obtain money (36%), while smaller proportions reported a desire to gain acceptance (18%), or a need to release emotion (7%).

**The interpersonal and individual levels were interconnected, in that interpersonal trauma contributed to social isolation, substance use, and mental health symptoms, which in turn led to criminalized behavior.**

## Policy Recommendations

Participants suggested increasing policies which promoted investment in early intervention services to both reduce exposure to traumatic experiences and provide assistance to children who had experienced child abuse and neglect. A relevant evidence-informed program in this area is the Parent-Child Assistance Program which is aimed at preventing child

Figure 1: Relationship between Social Determinants, Criminalized Behavior, and Incarceration

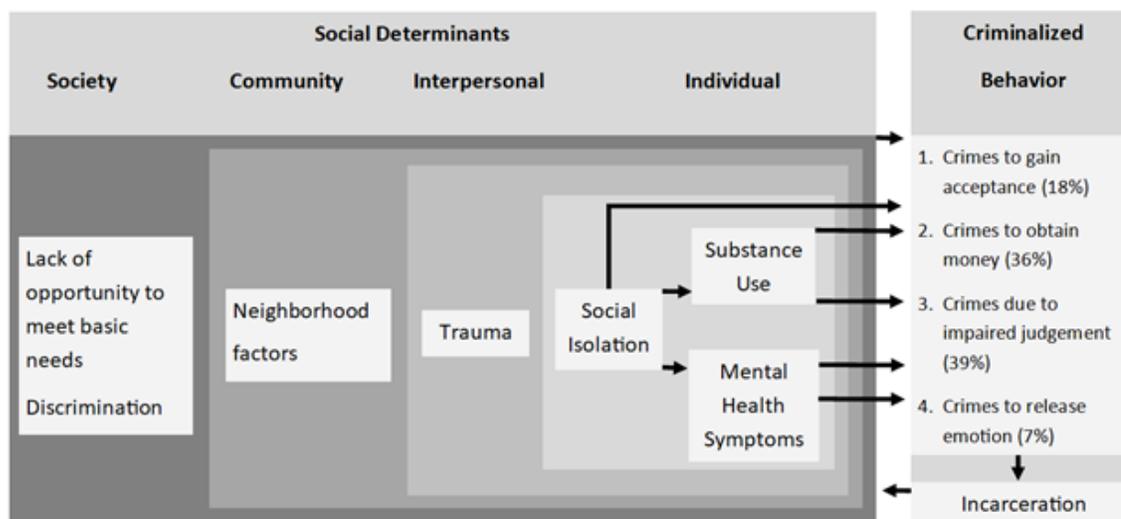


Figure published in: Adverse experiences, mental health, and substance use disorders as social determinants of incarceration, Henry, BF, *Journal of Community Psychology* © [2019], Wiley Periodicals, Inc.

abuse and neglect related to maternal substance use; it also aims to prevent prenatal exposure to alcohol and drugs, which is a risk factor for later substance use and mental health problems. This program provides three years of case management to high-risk mothers and their families, and links them to services to support the mother's recovery and the child's development (Grant, Ernst, Pagalilauan, & Streissguth, 2003). Policies which could promote this program include increasing funding to state departments of health to increase access to this service.

**Participants also called for increased access to health care, including a need for dental, mental health, and substance use disorder services.**

Participants also called for increased access to health care, including a need for dental, mental health and substance use disorder services. Beyond supporting programs like the Parent-Child Assistance Program, policies which could promote this recommendation include state Medicaid expansion under the Affordable Care Act, which is associated with increased access to mental health and substance use services for people residing in the community (Dey et al., 2016). Access to services for currently incarcerated people can be expanded by policies which promote funding of evidence-based services delivered in jails and prisons. In particular, policies are needed which allow the use of medications for opioid use disorders during incarceration (Wakeman & Rich, 2015).

Finally, participants suggested an increase in services which alleviate poverty and social isolation. Recommendations in this area also spanned both community and carceral

settings. Regarding community-based services, participants cited an increased need for housing, transportation, job training, childcare, and employment opportunities. These recommendations connect directly to those for social isolation, as participants described how stigma and discrimination served as barriers to accessing existing services in these areas. Programs and policies must be developed to simultaneously expand both existing services and reduce stigma and discrimination-based barriers to those services. For example, policies currently exist which limit people who have certain criminal convictions from accessing public housing, welfare benefits, drivers licenses, and opportunities to employment (Geiger, 2006). Policies which dismantle these barriers are needed, in addition to policies which expand these services. Programs delivered in jails and prisons which alleviate poverty job training and educational services delivered during incarceration. Social isolation during incarceration can be addressed through jail/prison based mentoring and parenting programs, religious services and trauma-informed management strategies, which seek to promote connection rather than punishment.

**These policy and program recommendations should be implemented via justice reinvestment strategies which reinvest corrections and police spending towards the drivers of crime.**

In conclusion, these policy and program recommendations should be implemented via justice reinvestment strategies which reinvest corrections and police spending towards the drivers of crime. Results from my study (Henry,

2019) suggest that trauma, mental health and substance use disorders are substantial drivers of crime, and therefore such spending should be directed towards addressing these issues.

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