

ABSTRACT

Through a group project in the P4 (Population Patient, Physician, and Professionalism) course, 2nd-year medical students conducted a literature and digital media search on women's health and mental health in correctional facilities to identify disparities, examine how health system and policy factors contribute to said disparities, and develop potential interventions to improve outcomes pertaining to these patient populations. Several disparities were identified, and strategies were devised to address these disparities both through clinical practice and advocacy.

INTRODUCTION

Mental health and women's health disparities in the criminal justice system are not routinely taught in medical school curricula. Initiatives designed to enhance medical school curriculum regarding health disparities and social determinants of health at Wayne State University School of Medicine include a formal course designated as Population, Patient, Physician, Professionalism (P4). P4 is administered in a flipped-classroom format. During this course, medical students participated in a series of educational activities designed to encourage self-education of topics related to social determinants of health and health disparities. Activities included:

- Patient Panels:
- Individual self-education
 - Community resource exploration
 - Small group summative project

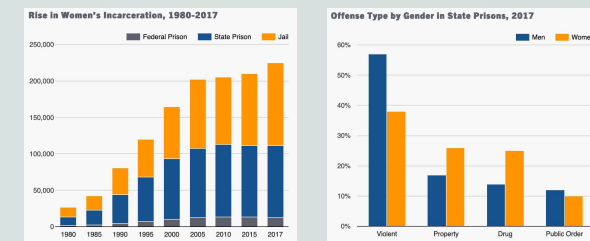
- Objectives of the course are as follows:
- Identify health disparities for underserved, marginalized and minority populations.
 - Examine the patient, community, physician/health system and policy level factors contributing to those disparities
 - Explain effective strategies for eliminating health disparities through interventions at the patient, community and physician levels
 - Discuss opportunities for increasing professionalism in the practice of medicine

METHODS

Literature and media research was utilized to create a comprehensive analysis of the connections between mental health, women's mental health, and correctional facilities.

Group members established strategies to address issues by utilizing background knowledge and already established guidelines in the literature.

DATA



Figures 1 and 2: Since 1970 there has been a dramatic rise in the number of women imprisoned for state and local law violations - this indicates that **state and local policies are responsible for the increase in female incarceration.** Women are mainly imprisoned for non-violent crimes (1).

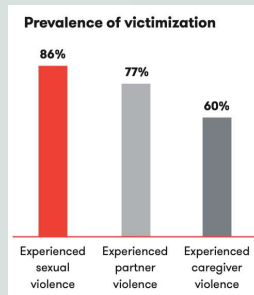


Figure 3: A majority of incarcerated women have been subjected to sexual and domestic violence, yet they receive limited support for these concerns while incarcerated (2).

References:
 1. "Incarcerated Women and Girls." The Sentencing Project website. Updated June 6, 2019. Accessed November 1, 2020. <https://www.sentencingproject.org/publications/incarcerated-women-and-girls/>
 2. Swavola E. Overlooked: Women and Jails in an Era of Reform. Safety + Justice Challenge. August 17, 2016. Accessed November 1, 2020. <http://www.safetyandjusticechallenge.org/resource/overlooked-women-jails-era-reform/>

RESULTS

Disparities Identified for Women in the Criminal Justice System:

- High rates of substance abuse (1)
- Lack of proper STI screenings
- Lack of proper prenatal care for pregnant inmates (2)

Disparities Identified Regarding Mental Health in the Criminal Justice System:

- High rates of substance abuse (3)
- Disproportionate imprisonment of those with untreated mental illnesses
- Lack of standardized mental health care in correctional facilities.

Contributing Factors:

- Criminalization of drug use.
- Stigmas surrounding providing healthcare to inmates.
- High costs of health care. (4)

Strategies to Address Identified Health Disparities:

- Legislation to increase standards of care in correctional facilities
- Screening tools for clinicians to utilize in outpatient settings for previously incarcerated patients,
- Increasing access to preventative care and mental health treatment.

References:
 1) Declaration on women's health in prison: correcting gender inequality in prison health. Copenhagen: World Health Organization Regional Office for Europe; 2009. Available from: http://www.euro.who.int/_data/assets/pdf_file/0004/76513/E92347.pdf
 2) Rebecca Project for Human Rights, National Women's Law Center. Mothers behind bars: a state-by-state report card and analysis of federal policies on conditions of confinement for pregnant and parenting women and the effect on their children. Washington, DC: Rebecca Project, NWLC; 2010. Available at: <http://www.rebeccaproject.org/images/stories/files/mothersbehindbarsreport2010.pdf>
 3) Kubiak, S. (2019). Mental Health Across the Criminal Legal Continuum: A Summary of Five Years of Research in Ten Counties. Center for Behavioral Health and Justice at Wayne State University's School of Social Work, 1-24. https://today.wayne.edu/cbh_diversion_5_yr_summary_super_report.pdf
 4) Raphaelson Samantha, (2017, Nov. 30). How The Loss Of U.S. Psychiatric Hospitals Led To A Mental Health Crisis. Retrieved November 2, 2020 from

CONCLUSIONS

There needs to be greater incorporation of these topics in medical school education to prepare future physicians to combat and improve disparities for these patient populations

Using small group presentations allows students the chance to independently research and synthesize information on the health care disparities plaguing the criminal justice system, and then creates an opportunity for the students to then educate and be educated by their peers

Ideally these sessions not only bring attention to the issues but also combat stigma and can change the way these future physicians will think about and care for incarcerated patients