Mental Health, Disability, and Incarceration
Iowa’s Leadership Education in Neurodevelopmental and Related Disabilities (ILEND) Project

Objective:
The ILEND interdisciplinary research project on the intersection of mental health, disability, and incarceration is an opportunity to analyze how mental health and disability intersect with incarceration in Iowa.

Background:
The U.S. incarcerates more people per capita than any other nation in the world. Although less than 5% of the world’s population reside in the U.S., it is home to 20% of the world’s incarcerated population (Wagner & Bertram, 2020). Currently, 1.8 million adults are incarcerated in jails and prisons in the U.S. (Kang-Brown et al., 2020).

An additional 60,000 incarcerated Americans are children under age 18 (American Civil Liberties Union, 2021). Some of these children are funneled into carceral systems through over-surveillance and punitive, exclusionary disciplinary policies in public schools. This phenomenon is referred to as the school-to-prison pipeline.

Mental health and disability are correlated with risk of arrest, conviction, and incarceration of both children and adults. Some mental disorders, such as schizophrenia and bipolar disorder, may include behavioral symptoms that are interpreted as threatening (Montross, 2020). Furthermore, developmental disabilities, such as autism, may lead to communication difficulties that police interpret as noncompliance. Crisis Intervention Training (CIT) for police may improve safety outcomes by decreasing the likelihood that encounters between people with disabilities and law enforcement escalate (Treisman, 2020).

Incarceration is inherently traumatic, and jails and prisons in the U.S. are especially brutal (Roth, 2018). During incarceration, vulnerable individuals are at risk of experiencing sexual abuse, physical abuse, and social isolation. A lack of mental health care and practices such as long-term solitary confinement exacerbate existing mental health conditions and may trigger onset of others (Montross, 2020). Incarcerated individuals who self-harm or become suicidal do not receive the help they need and are often punished. Suicide is the leading cause of death in jails in the U.S. (Wang, 2021).

Empirical research does not support the efficacy of mass incarceration in decreasing crime or making our communities safer. In fact, 20% of incarcerated individuals are in jail or prison due to nonviolent drug charges (Sawyer & Wagner, 2020). Most of these individuals have substance use disorders and would benefit from treatment.

The use of Collaborative and Proactive Solutions provides an alternative to punitive and exclusionary discipline at school and may disrupt the school-to-prison pipeline (Greene, 2016). Culturally responsive teaching may reduce racial disparities in school discipline. Diversion programs provide access to rehabilitative programs. Restorative justice can be used to repair
harm when crimes are committed. More humane confinement systems, such as those utilized in Norway, better prepare individuals who currently pose a risk to the public for the day they will reenter their communities.

**Methods:**
The ILEND 2021-2022 cohort were divided into five research groups to conduct a literature review regarding the following goals:

Goal 1: Explain how policies and practices at Iowa’s public schools contribute to children being funneled into the juvenile justice and/or criminal legal system.

Goal 2: Learn how developmental disabilities and mental health impact the likelihood of arrest, conviction, and incarceration.

Goal 3: Learn about policies and practices that adversely impact mental health during incarceration and research alternatives to current practices.

Goal 4: Learn how self-harm, suicidal ideation, and suicide attempts during incarceration are handled and research alternatives to current practices.

Goal 5: Research alternatives to seclusion, restraint, punitive discipline in public schools and the wider community.

The findings of each literature review were combined and used to formulate a presentation to state legislators and key ILEND campus and community partners as well as a poster presentation to be presented at the 2022 ILEND Research Symposium.

**Results:**
The key findings of each of the groups are as follows:

**Institutional Bias in Iowa’s Public Schools**
- Since 2015, despite making up only 19% of enrollment, Black students accounted for 63% of all student suspensions within the Iowa City School District, and 75% in the 20/21 school year.
- Students receiving special education services received disproportionate suspension rates. These students represent 9% of students enrolled, yet account for 41% of students suspended.
- 80% of students suspended were eligible for free-and-reduced lunch, despite making up only 37% of enrollment.

**Suicide and Self Harm During Incarceration**
- Current Policies within Iowa Department of Corrections (DOC):
  - Mental health appraisal and identifying mental health level of care
  - Suicide and self-injury prevention
• Crisis intervention

• Populations Affected:
  o Ethnic minority populations such as Latinx and Hispanic groups
  o Socioeconomic status
  o Gender

• Overrepresentation of mental health diagnoses occur among ethnic minorities. As a result, these individuals have a heightened risk of experiencing suicide ideation and/or attempts.

Mental Health and the Likelihood of Arrest, Conviction, and Incarceration
• Mental illness played a role in 1 in 4 fatal police shootings in 2015 & 2016 in the U.S.
• Individuals with mental illness have 3-5 times more contact with law enforcement.
• There are educational programs to expand the knowledge of police officers such as Crisis Intervention Training (CIT).
  o Iowa City and Coralville Police require 20 hours of CIT.
• Not all Iowa police departments require CIT & additional training opportunities vary by department.

Incarceration Policies and Practices that Impact Mental Health
• Visitation Policies
  o Frequent visitations:
    ▪ Reduce depressive symptoms
    ▪ Reduce rule-breaking behavior
    ▪ Reduce recidivism
    ▪ Improve reentry experiences

• Solitary Confinement
  o Greater risk for:
    ▪ Sleep disturbances
    ▪ Paranoia/Aggression
    ▪ Depression & Anxiety
    ▪ Exacerbation of conditions

Seclusion, Restraint, and Punishment Alternatives
• Restorative Justice
  o All parties contribute to resolution

• Collaborative and Proactive Solutions
  o Adult and child work together to solve problem of lacking skills and unsolved problems

• Culturally Responsive Teaching
  o Connecting students' cultures, languages, and life experiences with what and how they learn

References:
Group 1:


Losen, D. J., & Gillespie, J. (2012). *Opportunities Suspended: The Disparate Impact of Disciplinary Exclusion from School*. https://escholarship.org/uc/item/3g36n0c3


Group 2:


Kuntz, J. (2022, January 19). Interview with an Iowa City Police Department Officer [Personal communication].

McKnight, A. (2022, January 19). Interview with an Iowa City Police Department Sergeant [Personal communication].


**Group 3:**


**Group 4:**


James, D. J. (2006, September). *Mental health problems of prison and jail inmates*. Bureau of


**Group 5:**


