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Literature Review: Access to Healthcare within the Prison System

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Opening

Access to healthcare and the quality of care that we receive are extremely important topics that are not being addressed to their full extent. While it can be difficult to address and fully understand the lack of access to healthcare and the quality of medical care with the constant changes being made, it is something that requires our attention. The focus of this literature review is to understand the importance of access to healthcare and the quality of it specifically within the prison system.

Through this literature review we will be exploring general healthcare access within the prison system; acknowledging the problem ~ lack of access to healthcare / medical care; recidivism and its' relationship to mental illness; as well as what is being done to improve access to health care, more specifically mental health care and reduce recidivism (future research). Each of these topics will be analyzed through their literature in order to gain a better understanding of the healthcare system within a prison and its' inmates' access to it. It will be done by focusing on the relationship between access to healthcare, mental health, drug use, and its affect on recidivism.

As part of the research process the data bases used were, google scholars and EBSCO (academic search complete). Multiple combinations of the following key terms and phrases that were used are prison(s), prison system, healthcare / health care, medical care, access to, and United States / U.S. It was difficult to obtain recent literature and information that had been recorded within the last five years about prisoner's access to healthcare. Which is surprising due to the United States prison system being the largest in the world (Hoke, 2015). The most recent source was from the year 2017.

General Health Care Access within the Prison System

Access to healthcare and medical care is a necessity to which everyone should have easy access to. However, jail and prison systems are not the most favorable environment for someone who requires acute psychiatric treatment (Steadman, Osher, Robbins, & Samuels, 2009). The United States prison system is the largest (Hokes, 2015) and has the highest incarceration rate in the world (Regenstein & Rosenbaum, 2015). Meanwhile, its' jails health care is hardly ever associated to community-based health services as their providers or to the health insurance process itself (Regenstein & Rosenbaum, 2014). This problem is present across the prison system regardless of the institutions size and population (Regenstein & Rosenbaum, 2014).

While healthcare is extremely important there is not much known about its availability, its use, its cost, or the quality of it within jails and prisons across the justice system (Regenstein & Rosenbaum, 2014). However, what is known is that jails are not set to provide the optimum and adequate service and treatment for those suffering from mental health conditions, substance abuse, or simply are in need of medical services and treatment (Hokes, 2015). Keeping a prisons health or medical component well and properly staffed is a problem (Finger, 2016). A contributing factor to this is can be the institutions medical staffing process. That which is fulfilled through contracts with local health care providers that provide their services to separate jails or through correctional health companies that serve many jails at a time (Regenstein & Rosenbaum, 2014).

Within a prison or jail medical staff, the main focus is to provide treatment for conditions or diseases that could spread quickly and affect the rest of the population through an inmate's release. Some of these conditions include HIV and tuberculosis (Finger, 2016). The lack of appropriate treatment and access to healthcare of patients who require it, has resulted in the

acknowledgment of the fact that prisons are not properly prepared to provide inmates with the treatments they need (Regenstein & Rosenbaum, 2014). Simply because they are duty-bound to provide a safe living space for individuals with substantial behavioral health needs (Regenstein & Rosenbaum, 2014) does not mean that their personnel has received the appropriate training as well as having the necessary equipment. For example, not being able to properly treat inmates who suffer from a mental health condition, community programs have taken the initiative to reduce the sentencing of those who suffer from a mental condition which has helped inform the public about mental illness (Hoke, 2015). As it comes to the main treatment being provided, informing inmates about drugs instead of actually providing them with a treatment is another thing that is being done in addition to providing treatment to those suffering from a condition that spreads quickly. While this has helped to reduce drug use along with other crimes associated with its use, there are many more inmates who suffer from drug abuse and do not receive the appropriate treatment for it (Chandler, Fletcher, & Volkow, 2009).

Acknowledging the Problem ~ Lack of Access to Healthcare / Medical Care

The case of *Estelle v. Gamble*, states that a prisoners' right to access to health and medical care are part of their Eighth Amendment right(s) which are violated when their medical needs are not met (Regenstein & Rosenbaum, 2014). The continuous growth of the correctional population has resulted in the limited ability of jails to not only acknowledge but respond to the inmate's requests for treatment due to their unique and individual medical needs (Steadman, Osher, Robbins, Case & Samuel, 2009). The situation is even worse for those who make up the inmate population that suffers from a mental illness, for which they are overrepresented within jails and prisons (Steadman, Osher, Robbins, Case, & Samuel, 2009). While there are alternatives to being in prison for someone who suffers from a mental disorder, this is not always

possible. That is because many of the institutions that provide the services needed by inmates suffering from a mental disorder have been closed resulting in the remaining open institutions such as private hospitals to limit the number of patients that they see and provide treatment for (Hoke, 2105).

Not only are inmates suffering from mental and or psychiatric disorders over represented within the prison system, they also are unable to receive some form of treatment in a timely manner because treating them is not the focus. The focus of medical staff within a prison is to treat conditions that can affect the general population (Finger, 2009). In addition to not being seen when feeling sick or properly continuing their treatment upon their entry into the system many do not receive the initial medical exam that is part of the entry process. As well as not receiving the appropriate blood tests needed while serving their sentence (Regenstein & Rosenbaum, 2014). Having little time to identify the extent of an inmate's conditions even when their sentence is long (Regenstein & Rosenbaum, 2014), in conjunction with seeing patients only when they have time instead of when they need it contributes to the worsening of an inmate's (Finger, 2016) condition. Their living situations also do not offset the adversities they are facing due to their health status, because they are placed into a stressful situation that may contribute to the worsening of additional health factors (Finger, 2016). At the time of an inmate's entry into the prison system their access to medical insurance if any is supposed to be suspended in order to allow for a fast return to receiving coverage when released. When this does not occur, inmates are unable to begin or continue the treatments they may need, increasing the possibility of their reentry into the prison system (Regenstein & Rosenbaum, 2014).

The U.S. prison system response to providing adequate care standards is extremely slow, which does not help reduce the problems that appear between the healthcare providers and a

prisons' security code (Exworthy et al. 2012). Even when well informed of the conditions of a prisons health system as a result of the national study done by the U.S. Center for Disease Control and Prevention, an inmate's health may be put at even more risk than if their condition were to go untreated. That is because the diagnosis or course of treatment determined by one member of the prisons medical staff not being accurately reported with the rest of the prisons staff returning to a prisons healthcare component being inappropriately or understaffed (Finger, 2016).

The literature being used did a good job at acknowledging the problem of there being a lack of access to health care for inmates within the prison system. While the literature did provide several examples that acknowledged the lack of access to healthcare and the possible effects that this problem could have on the inmates, the sample sizes being used were too small and specific. That is because the information covered in multiple of the articles were focused on only a couple of institutions within one or two states at a time. As well as there not being many articles overall that focused on the U.S. prison system.

Recidivism and its Relationship to Mental Illness

As stated in the opening, this literature review is focused on the relationship between access to healthcare, mental illness, drug abuse and its effect on recidivism. Recidivism is the repeated reentry of an individual regardless of sex into the prison system (Hoke, 2015). While it is something that hasn't technically been proven, a large number of the prison's population is associated with mental health conditions along with substance use and abuse (Regenstein & Rosenbaum, 2014). A person who suffers from a mental or psychiatric disorder tends to be off their medication when imprisoned. They are predisposed to serving longer sentences than those

who have committed similar crimes and do not suffer from them (Baillargeon, Binswanger, Penn, Williams, & Murray, 2009).

Those who tend to reenter the system often possess higher rates of chronic physical, mental health, and substance abuse conditions tend to lack access to constant health care (Regenstein & Rosenbaum, 2014). One of the articles states that those who become prisoners and possess health care coverage, should have it suspended rather than terminated, but there were many whose Medicare or Medical was completely terminated. Although this does not directly refer to the lack of access to healthcare coverage for prisoners, it is a contributing factor as to why they may possibly reenter the prison system. Due to this occurring upon their release from prison it would take inmates longer to full fill the requirements needed to reapply for healthcare. The process to obtain healthcare coverage is long and time consuming. Consequently, this may negatively affect a prisoners mental and physical health because they won't be able to receive the treatments they may need (Regenstein & Rosenbaum, 2014). In addition to simply qualifying for healthcare coverage, do to the inability to properly fulfill all the requirements.

What the literature showed about mental illnesses and recidivism was not much, which is why further research needs to be done in this area. This is something that was constant across majority of the articles. Due to the lack of access to health care, inmates seem to be reluctant to take advantage of it when it is offered, which may contribute to the worsening of their condition as well as possibly reentering the system upon their release.

What is Being Done to Improve Access to Health Care (mental healthcare) & Reduce Recidivism ~ Further Research~

The absence of a system that assist inmates with their reentry back into society as well as access to some form of medical coverage regardless of previously having or not having access to it, can occur if the current system is changed (Regenstein & Rosenbaum, 2014). Doing something like that is ambitious because it requires that many people collaborate and support one another in order for it to be a success (Regenstein & Rosenbaum, 2014) and make their way around the red tape. Attempting to do so, strategies and techniques that could help work through the policies that contribute to the coverage and lack of coverage for adults specifically, have been made (Regenstein & Rosenbaum, 2014). In addition to that, at an attempt to provide better access to health care there are some jails that are working on developing an electronic system through which all of an inmate's medical team may have access to their medical records allowing them to keep better track of their appointments and the progression of their condition (Regenstein & Rosenbaum, 2014). There are reports whose results showed that, there are high number of inmates with psychiatric disorders within the general population. It is still obscure whether suffering from mental illness is a contributing factor for episodes of recidivism (Baillargeon, Binswanger, Penn, Williams, & Murray, 2009).

Majority of the articles included a series of possible solutions that if followed accordingly could result in better medical and health care access for individuals that have been part of the prison system. Substitute methods for incarceration can help an inmate upon their release by providing them with a cleaner record that allows them to obtain a job so much easier and decreasing the effect that it has on their families and support systems (Chandler, Fletcher, & Volkow, 2009). The article "The Inmate Exception and Reform of Correctional Health Care" provided multiple ideas through which general health care access would be improved if they were to be followed. Using savings from Medicaid payments would contribute towards the cost

of providing medical and healthcare for prison inmates. As well as providing treatment and resources for mental health disorders, and chronic medical and behavioral conditions that will make their reentry back into society much easier (Fiscella, Beletsky & Wakeman, 2017).

Another way in which to improve access to medical and health care within the prison system was through the use of legislation by making correctional institutions accountable for the health care they did provide in addition to what was considered standard health care (Fiscella, Beletsky, & Wakeman, 2017). This would be done through switching the foundation from voluntary to mandatory similar to that in hospitals. In addition to having set procedures and standards for medical, addiction and mental health care. It would incorporate everything from the clinical practices to the organization aspect of it in order to target the public's best interest (Fiscella, Beletsky, & Wakeman, 2017).

As previously stated, suspending an inmate's Medicare or Medical coverage instead of completely canceling it due to their entry into the prison system, allowing them to continue treatment and providing them with connections to continuous treatment once they are released (Fiscella, Beletsky, & Wakeman, 2017) would contribute to the reduction of their possible reentry. Having records through which states and countries would be kept accountable of their assistance to inmates during their reentry back into society and decreasing recidivism (Fiscella, Beletsky, & Wakeman, 2017).

The literature obtained as part of this research addressed both the lack of access to health care and the issues that limit an inmate's access to it. As well as what are some possible conditions that could be met in order to move forward and improve an inmate's access to quality medical and health care. While all the different possibilities mentioned here can result in better access to medical and health care treatment during an inmate's incarceration it all comes down to

acting towards it instead of simply making propositions about how it can be improved. That is something that is missing from the literature pertaining to this topic, more on how or the steps that need to be taken in order to provide actual results from which measurable data can be obtained. This would consider the number of inmates that take advantage of the medical and health care access that they are able to obtain. As well as the accessibility to resources once they are released from prison and difference between how many of them reenter the system and how many do not. While it will take time to occur, slowly moving forward and reducing recidivism is a good way to start.

Conclusion

There is the need for additional research done on access to medical care within the prison system in the United States. The current literature does address the fact that prisoners lack access to the appropriate medical and health care treatment based on their condition. But it does not address in detail the extent to which an inmate may be receiving treatment based on his or her condition. This is because the literature only mentioned that the medical staff of a prison would focus on medical or health conditions that can spread quickly and affect everyone upon the inmates' release.

While it was not a component being addressed through this literature review, the different forms of healthcare and medical care to which male and female prisoners have access to, is something which also needs further research. This is because throughout the research there was only one scholarly article that addressed an inmate's access to gender specific medical and health care treatment as well as resources. The problem with inmates being seen when the medical staffed had time instead of when they needed it was a point the literature addressed but did not provide any details as to why it was occurring. Further research on why this was occurring is

needed in order to identify or develop methods through which this can be prevented from continuing to occur.

There have been attempts to make changes to the healthcare system in order to improve inmates' access to healthcare and quality medical care, but there are many things out of their control that prevent this change from taking place. Another difficulty encountered while completing the research needed in order to obtain a wide variety of sources to properly complete these literature review based on scholarly articles about prison systems and their prisoners' access to healthcare was that many did not include the United States and were from other countries. In addition to this there needs to be further research a prisoner's access to healthcare within each individual state as well as how this is affected based on the institution's location. This is because sometimes the amount of resources that are allocated is based on an institution's location.

Lack of access to healthcare before, during, and after an inmate's incarceration period, is definitely a contributing factor to their initial entry or reentry into the prison system otherwise known as recidivism. While most of the literature did a good job at identifying the lack of access to appropriate health care treatment as being a problem there is not much research that has been done to address and reduce this problem. More of it is needed in order to help reduce recidivism and allow for the inmate's re-incorporation back into society.

All of these reasons in addition to my dream career goal which is to provide access to health and medical care to those who lack access to it is why I have worked on this literature review in order to identify where there is a gap in the research. As well as what can be done to provide inmates with the appropriate medical and health care treatment they need, in order to reduce their reentry back into the prison system.

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