Ohio Journal of Public Health, June 2019, Vol. 2, Issue 1
ISSN: 2578-6180

OJPH
Ohio Journal of Public Health
Ohio Public Health Association

EDITORIAL

Incarceration and Mental Health: The Often-Ignored Public Health Crisis

Amy Ferketich, PhD

The Ohio State University College of Public Health, Columbus, OH

Welcome to the second issue of the Ohio Journal of Public Health (OJPH). OJPH features articles on public health education, practice, and research occurring in Ohio. In this issue, you will read an Op-Ed about politics and public health, four research articles, three research briefs, and our first public health practice article. One research article and one brief focus on stress, depression, and mental health needs of incarcerated adolescents and adults. I would like to devote part of my editorial to this important public health problem. In Ohio, close to 80,000 individuals are incarcerated in a state or federal prison, local jail, or in the juvenile system.[1,2] As in the rest of the United States, Ohio's incarceration rates exhibit large racial disparities: among White adults, the rate of incarceration is 289 per 100,000 in the population, whereas the rate is more than five times as high (1,625 per 100,000) among Black adults; among Hispanic adults the rate is also higher (334 per 100,000).[1] There are similar disparities among juveniles in custody, where rates per 100,000 in the population are 98, 560, and 109 for White, Black, and Hispanic youth, respectively.[1]

Clemens and colleagues explored the association between depression, stress, and incarceration among participants in the Toledo Adolescent Relationships Study (TARS). This longitudinal cohort study allowed the authors to investigate the impact of incarceration on depression and examine whether stress mediated this relationship. Because of its large sample size and oversampling of Black and Hispanic youth at baseline, TARS provides an incredibly and uniquely rich data set to study incarceration among Lucas County residents as they transition from adolescence to young adulthood. The authors report that previous incarceration was significantly associated with depressive symptoms at follow-up and that this relationship was only partially mediated through stress. Thus, young adults who have a history of incarceration have more symptoms of depression, even after accounting for other confounding variables such as a history of depression, substance use, race/ethnicity, gender, and age.

In the second paper, Wilson et al. examined behavioral health needs among individuals who were processed for non-violent offenses at the Montgomery County Jail between 2016 and 2018. Among the 484 individuals who completed a criminogenic assessment, over half of men and over two-thirds of women had a mental health diagnosis. Moreover, nearly 60% of men and 77% of women had a substance use disorder. Assuming these estimates are representative of other county jails, these results suggest the local jail population in Ohio has significant behavioral health needs, that includes both substance use and mental health treatment.

In Ohio, the Medicaid Pre-Release Enrollment (MPRE) program has been in operation since 2014.[3] This collaboration between the Ohio Departments of Medicaid (ODM) and Rehabilitation and Correction (ODRC) provides individuals with Medicaid upon release from prison. Prior to release, participants in the MPRE program are connected with a peer navigator who assists them by stressing the importance of Medicaid and guiding them through the application process. In 2018, an independent evaluation of this program suggests that it has been successful at connecting individuals with a behavioral health need (substance use or mental health) to care.[4] Results from the survey of MPRE participants suggest that approximately 30% of individuals reported having at least 7 days of mental health incapacity in the past month and, further, nearly 30% reported past or current substance use treatment since reentering the community. Recent national estimates suggest that only 10% of people with substance use disorder receive treatment.4 Importantly, 85% of participants reported that having Medicaid was beneficial to their mental health. In the words of one participant, "[Medicaid has] kept me sober going on 3.5 years now. Seeing that therapist really helped me get over that shame and I was depressed. Seeing a psychiatrist…I never thought about going to the doctor and worrying about my heath; I was too busy doing drugs."[4]

With the continuing national and state-level debates about the costs and value of Medicaid expansion, it is important that public health officials and advocates in Ohio not forget that one of the most vulnerable populations – those formerly incarcerated – benefit tremendously from Medicaid expansion. As reported in the evaluation of the MPRE program, 88% of those receiving substance use treatment stated that having Medicaid made it easier for them to obtain such treatment.[4] Without Medicaid, mental health and substance use treatment needs could largely be unmet.

The other highlights of this issue include two articles focused on tobacco control. In one, Abide et al. show that Ohio, like other states, has a higher density of tobacco retailers in low-income communities, as well as rural areas (which was not the initial hypothesis). They suggest several policy approaches to addressing this public health problem. In the second, Kauffman et al. report that smoking relapse rates among smokers who call state tobacco quit lines are not related to community contextual or policy factors. In general, smoking cessation rates are low and relapse rates are high among smokers trying to quit. Thus, efforts should focus on all smokers calling state quit lines. Two other research articles published in this issue were conducted on university campuses in Ohio. In the first, Meinzer et al. report on their model of engaging pharmacists in discussions about immunizations, with a particular focus on vaccination for tetanus, diphtheria, and pertussis (Tdap). They show that pharmacists can be effective in encouraging individuals to receive vaccines. In the other paper, Welch et al. surveyed college students on one Ohio campus to determine effective methods for communicating public health emergencies, the example being Toledo's "Do Not Drink" advisory in 2014. The authors report that text messaging is the most effective way to communicate such messages to young adults, which is an important finding for public health officials as they develop plans for how to address local public health emergencies. The remaining two articles in this issue include a research article and a public health practice article. In the former, Kingori et al. present the results of their qualitative study with women

who recently gave birth in Southeast Ohio and report that not all expectancies of pregnancies match reality. The message is that healthcare providers should acknowledge that pregnant women have different expectations and experiences and thus may need tailored care. Finally, the Journal's first public health practice article by Chiyaka et al. presents a model for coordinating care to address chronic illnesses at the community level. The authors describe the program and the steps they took to implement it in Lucas County.

In my last editorial, I noted that OJPH provides an avenue for OPHA to serve as the "Voice of Public Health" in our state. I am grateful to the authors of the papers in this issue for their dedication to these important public health matters in Ohio and their willingness to use the Journal as an avenue to communicate their findings. I continue to be optimistic that the Journal will allow for the development of partnerships between organizations and universities in Ohio to address important public health issues in the state.

REFERENCES

1. The Sentencing Project. State-by-state data. https://www.sentencingproject.org/the-facts/#detail?state1Option=Ohio&state2Option=0. Accessed June 4, 2019.
2. Prison Policy Initiative. Ohio data. https://www.prisonpolicy.org/profiles/OH.html. Accessed June 4, 2019
3. Jannetta J, Wishner JB, Peters R. Ohio's Medicaid Pre-Release Enrollment Program. Urban Institute: Washington, DC: https://www.urban.org/sites/default/files/publication/88051/ohio_medicaid_1.pdf. Accessed June 5, 2019.
4. 2018 Ohio Medicaid Released Enrollees Study: A Report for the Ohio Department of Medicaid. https://medicaid.ohio.gov/reports. Accessed June 6, 2019.