

## **BREAKING THE CYCLE: HOMELESSNESS, MENTAL ILLNESS, AND INCARCERATION IN THE AGE OF COVID-19**

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In the wake of COVID-19, the rate of chronic homelessness in the United States is expected to increase drastically as many of those left unemployed by the pandemic are evicted from their homes—deepening an existing mental health crisis that is felt most acutely by women.<sup>1</sup> Before the pandemic, the number of women experiencing homelessness had already increased 17% since 2016.<sup>2</sup> In addition to the more obvious physical dangers of living on the streets, women experiencing homelessness are vulnerable to the added dangers that come with a lack of access to reliable and sufficient physical and mental healthcare.<sup>3</sup> Women are particularly susceptible to mental illness in normal conditions.<sup>4</sup> Moreover, there is mounting evidence that women experiencing homelessness suffer from mental health issues at higher rates than men in similar situations.<sup>5</sup> Similarly, incarcerated women report having suffered from mental health conditions at twice the rate of men,<sup>6</sup> and there is a strong link between incarceration and homelessness. The combination of mental health issues and homelessness can perpetuate a vicious cycle of poverty and incarceration. Thus, to mitigate the compounding crises facing homeless women, federal and state governments must prioritize expanding access to health coverage—both within the current Affordable Care Act (ACA) and Medicaid framework, while also working towards adopting a universal health care system.<sup>7</sup>

Certain mental health conditions are more likely to affect women than men, and if undiagnosed and untreated, can contribute to a cycle of impoverishment and incarceration that, ultimately, disempowers women. Depression, generalized anxiety disorder, and post-traumatic stress disorder (PTSD) are gender-prevalent

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<sup>1</sup> Jacob Passy, *COVID-19 Will Cause Twice as Much Homelessness as Great Recession, Researchers Say*, MARKET WATCH (Jan. 25, 2021, 6:36 AM), <https://www.marketwatch.com/story/covid-19-will-cause-twice-as-much-homelessness-as-great-recession-study-finds-11610482333>.

<sup>2</sup> Jackie Janosko, *Increases in Individual Homelessness: A Gender Analysis*, NAT'L ALL. TO END HOMELESSNESS (Jun. 4, 2020), <https://endhomelessness.org/increases-in-individual-homelessness-a-gender-analysis/>.

<sup>3</sup> Willem HJ Martens, *Vulnerable Categories of Homeless Patients in Western Societies: Experience Serious Barriers to Health Care Access*, 28 MED. & L. 221, 224 (2009).

<sup>4</sup> Nicholas Eaton, *Study Finds Sex Differences in Mental Illness*, AM. PSYCH. ASS'N (2011), <https://www.apa.org/news/press/releases/2011/08/mental-illness>.

<sup>5</sup> Manuel Villa, *The Mental Health Crisis Facing Women in Prison*, THE MARSHALL PROJECT (June 22, 2017), <https://www.themarshallproject.org/2017/06/22/the-mental-health-crisis-facing-women-in-prison>.

<sup>6</sup> Nat'l Health Care for the Homeless Council, *Incarceration and Homelessness*, <https://nhchc.org/clinical-practice/homeless-services/special-populations/incarceration-and-homelessness/> (last visited Mar. 13, 2021).

<sup>7</sup> See Azza Altiraifi & Nicole Rapfogel, *Mental Health Care Was Severely Inequitable, Then Came the Coronavirus Crisis*, CTR. FOR AM. PROGRESS (Sept. 20, 2020, 9:05 AM), <https://www.americanprogress.org/issues/disability/reports/2020/09/10/490221/mental-health-care-severely-inequitable-came-coronavirus-crisis/>.

mental illnesses that are much more likely to manifest in women.<sup>8</sup> In 1997, the World Health Organization (WHO) published a report outlining the deficits in the United States' approach to women's mental health care and how they can be mitigated.<sup>9</sup> The report highlighted a few sources for targeted intervention to address these deficits, two of which were training primary care providers to recognize signs of mental illnesses in women and implementing training within the criminal justice system regarding violence towards women.<sup>10</sup>

Although primary care providers would be an ideal source of mental health care for homeless women, the lack of consistent provider accessibility undermines this solution. Receiving adequate mental health care typically requires long-term relationships with physicians. This is because primary-care providers see their patients more routinely, and are, therefore, more likely to recognize the symptoms of a manifesting mental illness.<sup>11</sup> The ability to visit the same provider is helpful for allowing the doctor to become more familiar with the patient, and also facilitates the patient's trust in the doctor,<sup>12</sup> which helps them obtain the best possible care. However, people experiencing homelessness are less likely to form that kind of consistent relationship with a physician.<sup>13</sup> And unfortunately, where a homeless woman is able to gain access to a primary care physician, they often do not feel respected by their provider.<sup>14</sup> This can create a significant barrier in willingness to both seek out necessary care and to confide in their doctors when they do so, resulting in a lack of adequate mental health treatment.<sup>15</sup>

Even before homeless women can receive treatment from a provider, however, they face a number of significant barriers that further prevent access to reliable mental health services. Despite the fact that most women experiencing homelessness are eligible for Medicaid coverage because of the ACA's Medicaid expansion provision,<sup>16</sup> there are two well-known impediments to accessing long-term mental health-care services: (1) lack of knowledge;<sup>17</sup> and (2) Medicaid's lack of funding.<sup>18</sup> First, individuals experiencing homelessness are less likely than housed persons to be aware of Medicaid's provisions and eligibility requirements, so they may not

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<sup>8</sup> Leslie Prentice, *"At Risk for Incarceration": Women in Poverty, Post-Traumatic Stress Disorder, and Medicaid*, 32 WOMEN'S RTS. L. REP. 81, 82 (2010); See *Gender Differences in Mental Health, RECOVERY ACROSS MENTAL HEALTH*, <https://ramh.org/guide/gender-differences-in-mental-health/> (last visited Mar. 13, 2021).

<sup>9</sup> See generally MICHELLE K. GOMEL, WORLD HEALTH ORG., NATIONS FOR MENTAL HEALTH: A FOCUS ON WOMEN (1997), <https://apps.who.int/iris/handle/10665/67225>.

<sup>10</sup> *Id.* at ix.

<sup>11</sup> *Id.* at 6.

<sup>12</sup> Prentice, *supra* note 8, at 99.

<sup>13</sup> See Maeva Jago et al., *Improving Health Care Management in Primary Care for Homeless People*, 15 INT. J. ENVTL. RESEARCH PUB. HEALTH 309, 309 (2018).

<sup>14</sup> Martens, *supra* note 3, at 226.

<sup>15</sup> *Id.*

<sup>16</sup> Prentice, *supra* note 8, at 98.

<sup>17</sup> Lauren Fryling, Peter Mazanec, & Robert M. Rodriguez, *Homeless Persons' Barriers to Acquiring Health Insurance through the Affordable Care Act*, 46 J. EMERGENCY MED. 755, 755 (2015).

<sup>18</sup> Prentice, *supra* note 8, at 98.

know that the program exists or that they qualify for it.<sup>19</sup> People who are homeless are also less likely to have consistent access to a telephone or the internet, which makes it substantially more difficult to research and to take advantage of the Medicare program.<sup>20</sup> Thus, they are unable to benefit from it and receive the care for which they are eligible in their state.

Second, even though the ACA's expansion of Medicaid resulted in increased access to long-term health care for many impoverished people, not all states have expanded their Medicaid programs.<sup>21</sup> In states that expanded Medicaid, the legislation has generally led to "[b]etter patient coverage, improved access to services and quality of care, increased resources for health care providers, better address[ed] social determinants of health, [and] increased dignity and inclusion."<sup>22</sup> However, in states that opted not to expand their Medicare programs, including many southern states, accessing these healthcare advantages varies, mostly to the detriment of vulnerable populations. For example, southern states have a higher proportion of people of color, leaving minorities disproportionately affected by the refusal to expand Medicaid.<sup>23</sup> Research shows that states that have not expanded their Medicaid programs have less funding and coverage for people suffering from homeless and mental illness.<sup>24</sup> Thus, women of color who are experiencing homeless are even more likely to lack access to the mental health-care treatment that they need.

A robust policy response to dramatically scale access to mental-health resources will avoid the cycle of pushing women suffering from homelessness and mental health issues into a system of mass incarceration. Without medical and therapeutic resources to properly treat mental illness, women who then experience homelessness are at high risk of being incarcerated. "The majority of women in correction[al facilities] have spent their lives in poverty, and many of them lack access to more than a high school education," and a "large percentage of women offenders have experienced physical or emotional abuse by a partner or family member."<sup>25</sup> Long-term abuse often leads to PTSD, which requires consistent care

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<sup>19</sup> Fryling et al., *supra* note 17, at 755.

<sup>20</sup> *Id.*

<sup>21</sup> *Status of State Medicaid Expansion Decisions*, KFF (Mar. 12, 2021), <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>. Florida, Georgia, Kansas, Mississippi, North Carolina, South Carolina, South Dakota, Wisconsin, and Wyoming have not expanded their Medicaid programs. *Id.* See *Nat'l Fed'n of Indep. Bus. v. Sebelius*, 567 U.S. 519, 585 (2012) (holding that Medicaid expansion must be optional).

<sup>22</sup> Barbara DiPietro, *Five Ways Medicaid Expansion Is Helping Homeless Populations Ten Years After the ACA Became Law*, HEALTHAFFAIRS (Feb. 27, 2020), <https://www.healthaffairs.org/doi/10.1377/hblog20200225.434660/full/>

<sup>23</sup> Christen Young, *There Are Clear, Race-Based Inequalities in Health Insurance and Health Outcomes*, BROOKINGS (Feb. 19, 2020), <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2020/02/19/there-are-clear-race-based-inequalities-in-health-insurance-and-health-outcomes/>.

<sup>24</sup> Prentice, *supra* note 8, at 98.

<sup>25</sup> *Id.* at 87.

to manage.<sup>26</sup> There is a strong correlation between untreated PTSD in women and living beneath the federal poverty line, which may lead to homelessness.<sup>27</sup> In a survey of inmates at a women’s prison, nearly half reported having a problem with depression that is serious enough to seek medical help.<sup>28</sup>

Additionally, women who are suffering from untreated mental illnesses are also more likely to lash out violently—which can lead a greater risk of interactions with law enforcement.<sup>29</sup> When law enforcement become involved in a mental health emergency, the situation can spiral and lead to potentially more violence, escalating a previously nonviolent offense into assault charge.<sup>30</sup> Those suffering from mental illness also often have to remain in jail longer due to inability to understand and follow the prison rules.<sup>31</sup> Furthermore, even after being released, having a history of incarceration makes it incredibly difficult to find employment, which can perpetuate a cycle of poverty, homelessness, and potentially further incarceration.<sup>32</sup>

As more people are likely to experience homeless in the aftermath of the COVID-19 pandemic, it is imperative that policy solutions be tailored to ensure that these racial disparities do not worsen and to address these widespread disparities in access to health care. To that end, policymakers should adopt a universal health care system that will ensure that everyone, regardless of housing status, can access mental health-care services.<sup>33</sup> In our current system, the lack of sufficient mental health care, combined with medical professionals and law enforcement officers who are ill-equipped to handle mental health crises, can—and often does—increase incarceration rates, which has follow-on consequences as a criminal record can significantly reduce the future employability of these women.

To mitigate these interrelated crises, substantive policy changes are urgently needed to break the cycle of homeless and incarceration—including expanding healthcare coverage, which includes increased Medicaid funding, and providing educational resources for primary-care physicians and law enforcement officers to help them work more effectively with mentally-ill homeless women.

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<sup>26</sup> *Id.* at 89 (“To effectively treat a woman suffering from PTSD as a result of experiencing physical abuse would take several weeks of consistent care and then medication for up to twenty-four months.”)

<sup>27</sup> *Id.* at 87.

<sup>28</sup> *Id.*

<sup>29</sup> *Id.* at 101.

<sup>30</sup> Melissa Bailey, *Mental Illness*, BECKER’S HOSP. REV. (June 29, 2020), <https://www.beckershospitalreview.com/care-coordination/mental-illness-a-condition-not-a-crime.html>.

<sup>31</sup> Serious Mental Illness (SMI) Prevalence in Jails and Prisons, TREATMENT ADVOC. CTR. (Sept. 2016), <https://www.treatmentadvocacycenter.org/evidence-and-research/learn-more-about/3695>.

<sup>32</sup> CHRISTY VISHER ET AL., URB. INST., EMPLOYMENT AFTER PRISON I (2008), <https://www.urban.org/sites/default/files/publication/32106/411778-Employment-after-Prison-A-Longitudinal-Study-of-Releasees-in-Three-States.PDF>.

<sup>33</sup> See The Post Editorial Board, Opinion, *Congress Just Brought the Country Closer to Universal Health-Care Coverage*, WASH. POST (Mar. 14, 2021, 2:50 PM), [https://www.washingtonpost.com/opinions/congress-just-brought-the-country-closer-to-universal-health-care-coverage/2021/03/14/f65a93b0-836d-11eb-ac37-4383f7709abe\\_story.html](https://www.washingtonpost.com/opinions/congress-just-brought-the-country-closer-to-universal-health-care-coverage/2021/03/14/f65a93b0-836d-11eb-ac37-4383f7709abe_story.html); *Health Care & Homelessness*, NAT’L COALITION FOR THE HOMELESS (July 2009), <https://www.nationalhomeless.org/factsheets/health.html>.