

10 Ways Women with SMI Are OVERREPRESENTED. UNDERSERVED.

COMPARED with men with the same psychiatric diseases and with women in the general population, women with conditions such as schizophrenia, schizoaffective disorder, bipolar disorder and major depression are

- **MORE** likely to be arrested, incarcerated, victimized, suicidal, and to suffer from multiple medical conditions or substance abuse
- **LESS** likely to be employed, housed or to live a normal life span

Serious mental illness (SMI) costs taxpayers more than any other disease in direct costs for services and indirect costs for lost productivity. Women with SMI pay for mental illness with their health and their lives.

Here are 10 ways that women with severe mental illness – typically, untreated mental illness – suffer more than the rest of the population and men with the same disorders.

#1 – MORE LIKELY TO BE INMATES

Women with SMI are twice as prevalent as men in state prison populations.

Women who met criteria for a serious mental illness diagnosis made up 32% of the state prison population in 2014.¹ Men with SMI represented 14.5% of the same population. The fastest-growing prison population in America is women, and women with SMI make up one-third of it.

#2 – MORE LIKELY TO BE VICTIMIZED

Adults with SMI are up to 23 times as likely to be victimized, and women are more likely than men.

Individuals with SMI are an estimated 11 times more likely to be victims of violent crime than the general public with risk ranging up to 23 times higher for some forms of abuse.² Women with SMI are more at risk than men.³ Among other risks, women with psychiatric disease are almost twice as likely to have been victimized in the previous months – to have been beaten, sexually assaulted or otherwise abused.^{4,5} They also are more likely to have been sexually assaulted by a stranger, assaulted by multiple assailants or assaulted more violently than women without SMI.⁶



**A REPORT FROM THE
OFFICE OF RESEARCH
& PUBLIC AFFAIRS**

#3 – MORE AT RISK FOR SUICIDAL BEHAVIORS

More than 40,000 Americans take their lives annually. All of them have mental health conditions.

The National Institute of Mental Health estimates the rate of SMI among suicide victims at virtually 100%. Women make up more than half the at-risk adults in nearly every category of suicide risk: having suicidal thoughts (53%), having a suicide plan (58%), attempting suicide (60%). Women with SMI are twice as likely to have made one suicide attempt and three times as likely to have made two or more attempts as men with SMI.⁷ They complete suicide at lower rates than men.⁸

#4 – LESS LIKELY TO RECEIVE NEEDED HOSPITAL SERVICES

Women with SMI are hospitalized for shorter periods than men, even when sicker.

Women with schizophrenia presenting in hospital emergency rooms are likely to report more severe symptoms than males with the same disease. Nonetheless, women with schizophrenia are less likely to be admitted to the hospital and, if admitted, they are hospitalized for fewer days than their male counterparts.⁹

#5 – MORE LIKELY TO BE RE-INCARCERATED

Women with SMI have much higher recidivism rates than men with the same conditions.

Women with SMI cope more poorly in the community after release from prison than men. As a result, the length of time they spend in the community between release from prison and re-arrest, and incarceration is half as long as it is for men with the same psychiatric conditions.¹⁰

#6 – MORE AT RISK FOR SELF-HARM BEHIND BARS

Women inmates with SMI are more dangerous to themselves and more likely to be disciplined.

Compared with males with SMI, women inmates are reported to have more “acute psychiatric disturbances, including risk of harm to self or others,” “greater perceived stress [and] more disciplinary problems, such as refusal to leave one’s cell, fire-setting, destruction of property” and other negative outcomes.¹¹

#7 – MORE LIKELY TO LOSE CUSTODY OF THEIR CHILDREN

Women with SMI are on a “fast track” for termination of parental custody.

At least half of women with SMI are mothers of dependent children.¹² A diagnosis of SMI is consistently found to be associated with increased risk of losing parental custody.¹³ Mothers with SMI are more likely to report negatively about their parenting abilities than fathers, even when fathers are providing a lower quality of care.¹⁴

#8 – MORE LIKELY TO HAVE A CO-OCCURRING DISORDER

With co-occurring SMI and substance abuse, women are at greater risk for arrest and incarceration.

Women with SMI are more likely to have a co-occurring substance abuse disorder than men with SMI, which puts these women at higher risk for arrest and incarceration than other women. Women with schizophrenia and substance abuse are six times more likely to be incarcerated than women with schizophrenia alone. Women with bipolar disorder and substance abuse are three times more likely to be in the criminal justice system than women with bipolar disorder alone.¹⁵

#9 – MORE VULNERABLE TO NON-PSYCHIATRIC HEALTH RISKS

Women with SMI have higher risks for serious physical health conditions than men.

Compared with men with SMI, women are twice as likely to be obese and more vulnerable to the health risks associated with obesity than men, including diabetes and heart disease.¹⁶ Compared with women in the general population, women with SMI are vastly more likely to contract HIV.¹⁷ Women with SMI also are 30% less likely than other women to be up to date on cancer screening tests including clinical breast exams, mammography and pap smears.¹⁸

#10 – MORE LIKELY TO EXPERIENCE EMOTIONAL BURDENS

Women with SMI feel more stigma and guilt than others.

Mothers with mental illness are almost twice as likely to perceive and internalize stigma associated with their diagnosis than fathers.¹⁷ The majority of mothers with mental illness feel extreme guilt due to their inability to keep up with motherhood responsibilities and often feel isolated because of the damage mental illness causes to their relationships with others.¹⁹ Dissolved parent-child bonds are common due to interrupted contact²⁰ and the loss of custody and visitation rights.²¹

REFERENCES

1. Steadman, H.J., Osher, F.C., Robbins, P.C., Case, B., Samuels, S. (2009). Prevalence of serious mental illness among jail inmates. *Psychiatric Services*, 60(6), 761–765.
2. Supply citation later.
3. Teplin, L.A., McClelland, G.M., Abram, K.M., and Weiner, D.A. (2005). Crime victimization in adults with severe mental illness: Comparison with the National Crime Victimization Survey. *Archives of General Psychiatry*, 62(8), 911–921.
4. White, M.C., Chafetz, L., Collins-Bride, G., Nickens, J. (2006). History of arrest, incarceration and victimization in community-based severely mentally ill. *Journal of Community Health*, 31(2), 123–135.
5. Latalova, K., Kamaradova, D., Prasko, J. (2014). Violent victimization of adult patients with severe mental illness: A systematic review. *Neuropsychiatric Disease and Treatment*, 10, 1925–1939.
6. Eckert, L.O., Sugar, N., Fine, D. (2002). Characteristics of sexual assault in women with a major psychiatric diagnosis. *American Journal of Obstetrics and Gynecology*, 186, 1284–1291.
7. Stanley, I.H., Hom, M.A., Joiner, T.E. (2015). Mental health service use among adults with suicide ideation, plans, or attempts: Results from a national survey. *Psychiatric Services*, 66(12), 1296–1302.
8. National Center for Injury Prevention and Control. (2015). *Suicide: Facts at a Glance* [Brochure]. Atlanta: Centers for Disease Control and Prevention.
9. Iniesta, R., Ochoa, S., Usall, J. (2012). Gender differences in service use in a sample of people with schizophrenia and other psychoses. *Schizophrenia Research and Treatment*, 1–6.
10. Cloyes, K.G., Wong, B., Latimer, S., Abarca, J. (2010). Women, serious mental illness, and recidivism: A gender-based analysis of recidivism risk for women with SMI released from prison. *Journal of Forensic Nursing*, 6, 3–14.
11. Steadman, H.J., Robbins, P.C. (2007). *Developing and validating a brief jail mental health screen for women*. Delmar, NY: National Institute of Justice.

12. Wittkowski, A., McGrath, L.K., Peters, S. (2014). Exploring psychosis and bipolar disorder in women: A critical review of the literature. *BMC Psychiatry*, 14, 281–295.
13. Seeman, M. (2012). Intervention to prevent child custody loss in mothers with schizophrenia. *Schizophrenia Research and Treatment*, 1–6.
14. Lacey, M., Paolini, S., Hanlon, M.C., Melville, J., Galletly, C., Campbell, L.E. (2014). Parents with serious mental illness: Differences in internalized and externalized mental illness stigma and gender stigma between mothers and fathers. *Psychiatry Research*, 225, 723–733.
15. Robertson, A.G., Swanson, J.W., Frisman, L.K., Swartz, M.S. (2014). Patterns of justice involvement among adults with schizophrenia and bipolar disorder: Key risk factors. *Psychiatric Services*, 65(7), 931–938.
16. Jonikas, J.A., Cook, J.A., Razzano, L.A., Steigman, P.J., Hamilton, M.M., Swarbrick, M.A., et al. (2015). Associations between gender and obesity among adults with mental illnesses in a community health screening study. *Community Mental Health Journal*, 1–10.
17. Collins, P.Y., Elkington, K.S., von Unger, H., Sweetland, A., Wright, E.R., Zybert, P.A. (2008). Relationship of stigma to HIV risk among women with SMI. *American Journal of Orthopsychiatry*, 78(4), 498–506.
18. Xiang, X. (2015). Serious psychological distress as a barrier to cancer screening among women. *Women's Health Issues*, 25, 49–55.
19. Dolman, C., Jones, I., Howard, L.M. (2013). Preconception to parenting: A systematic review and meta-synthesis of the qualitative literature on motherhood for women with severe mental illness. *Women's Mental Health*, 16, 173–196.
20. Gewurtz, R., Kruppa, T., Eastabrook, S., Horgan, S. (2004). Prevalence and characteristics of parenting among people served by assertive community treatment. *Psychiatric Rehabilitative Journal*, 28, 63–65.
21. Jones, D., Macias, R.L., Gold, P.B., Barrera, P., Fisher, W. (2008). When parents with severe mental illness lose contact with their children: Are psychiatric symptoms or substance abuse to blame? *Journal of Loss Trauma*, 13(4), 261–287.