

Professor investigates psychiatric medication among incarcerated women

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Credit: Kia J. Bentley, Ph.D.

Incarcerated women experience mental illness at a disproportionate rate and heavily use psychiatric medication. A new study by Kia J. Bentley, Ph.D., a professor in the School of Social Work, examines this phenomenon, and digs deeper into the incarcerated women's experiences with and beliefs about mental health and psychotropic drugs.

Bentley's study, "Incarcerated Women's Experiences and Beliefs about Psychotropic Medication: An Empirical Study," will be published in a forthcoming edition of the journal *Psychiatric Services*.

What led you to want to investigate incarcerated women's experiences and beliefs about psychotropic medications?

I have long been interested in and writing about people's experiences with psychotropic medication, especially the meaning that medication has for them. My doctoral advisee, Rachel Casey, came with a longstanding interest and experience

in serving incarcerated [women](#) with mental health challenges. We decided to put our passions together in a project that would build knowledge to help social workers and other providers be more responsive to incarcerated women's mental health needs.

You surveyed 274 women incarcerated at an unnamed correctional facility in the mid-Atlantic region about psychotropic drugs. You also interviewed 25 of those women in more depth. What were some of your findings?

That attitudes and beliefs about psychotropic medication seem to be related to perceptions of its effect on their symptoms and impact on their lives. The good news is that most of the women who participated in our research reported positive effects of medication and a large impact on their lives. Importantly, given the prison context of the research, these women had a surprisingly strong sense of personal agency in decisions to use or not use medication, even with the cautionary note that it takes time and energy to navigate the lengthy trial and error processes to find just the "right" medication and "right" dose. The not-good news is that some of the policies around medication administration (what, when and where medication is distributed), as well as constrained resources, limit access to medications and providers in ways that are experienced as dehumanizing. We also found that trauma and substance use complicate medication use.

What conclusions can we draw from this study?

That taking psychotropic medication is a common and complex phenomenon among incarcerated women. While we know that misuse of medication exists, we should work to affirm their choices to use psychotropic medication when use is freely chosen and perceived as helpful and meaningful. It seems women want to be believed when they say they really need their medication. They don't want others

thinking it's a "crutch."

What do you see as the implications of your study's findings?

Mental health providers in forensic settings should intentionally create opportunities for women to tell their story—that is, to share their positive and not-so-positive experiences with the effects and side effects of medication, to offer their views of its importance and impact, and express how they believe use fits into their lives and plays a role in their quality of life and rehabilitation.

Are there reforms with respect to psychotropic medication in jails and prisons that you would recommend?

The hope is that a more comprehensive and nuanced understanding of incarcerated women's experiences might help providers design and deliver more tailored care that compassionately acknowledges their struggle with symptoms and with trauma, especially intentionally including interventions that give voice to their experiences and needs. Obviously all involved in care of women offenders should work to create policies and practices that affirm their choices and humanity, including making a broader array of mental health services available. This would include greater access to individual and group counseling, psychoeducation and skills training programs, as well as specialized interventions to help women cope with trauma and separation from family

How does this study fit into your larger body of research?

Other studies also show the predominance of psychotropic medication as a treatment modality for [mental health](#) concerns among offenders. Most of the studies about medication in this population, however, center on adherence. Our mixed method study is one of the largest studies of [incarcerated women](#)'s attitudes and beliefs about psychotropic medication in particular and seeks that knowledge through a social science lens of lived experiences.

Anything else you'd like to add?

More research is needed to understand if women's current perceptions of the importance of medication in their lives here is related to limited availability of other forms of care. Our research also suggested more research around women's locus of control and their experiences with stigma.

More information: Kia J. Bentley et al. Incarcerated Women's Experiences and Beliefs About Psychotropic Medication: An Empirical Study, *Psychiatric Services* (2016). DOI: [10.1176/appi.ps.201600078](https://doi.org/10.1176/appi.ps.201600078)

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