CONFEDERATION EUROPEAN PROBATION

MENTAL HEALTH IN PRISON AND PROBATION

Reducing risk Factors

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Mental health in prison

Summary

1. COMMUN MENTAL HEALTH DISORDERS IN PRISON CONTEXT
   - Special needs of individuals with mental illness in contact with the criminal justice system

2. Survey on Mental Health Disorders and Disabilities of Persons in Penal Detention and under Probation Supervision
   - Findings and conclusions

3. Challenges for the future
   - Integrated approach

Mental health in prison

Reducing Risk Factors

- In terms of prevalence of mental illness in prison context, about 4% of inmates (males and females) present mental disorders.
- 10% of male inmates struggle with depression, and 47% have an antisocial personality out of 65% with personality disorders.
- 12% of female prisoners show signs of having a major depression, wile 21% have an antisocial personality disorder (out of 42% with PD9:

Male inmates *vs* Female inmates

- Psychotic ilnesses 4%
- Major depression 10%
- Personality disorder 65%
- Antisocial personality disorder 47%

- Psychotic ilnesses 4%
- Major depression 12%
- Personality disorder 42%
- Antisocial personality disorder 21%

Inmates vs General Population

Inmates present higher rates of mental illness...

...when compared to the general population

- Meta-analisys data confirms that inmates show higher rates of mental illness when compared to the general population.
- Emotional disorders rates can increase according to the stage of imprisonment.
- Research shows that during the first week of imprisonment, emotional disorders can be prevalent in almost 90% of the cases (after 6 months >50%)
- After trial, several inmates arrive in prison with previously detected mental health conditions, importing them to a whole new context.

Mental health in prison

Reducing Risk Factors

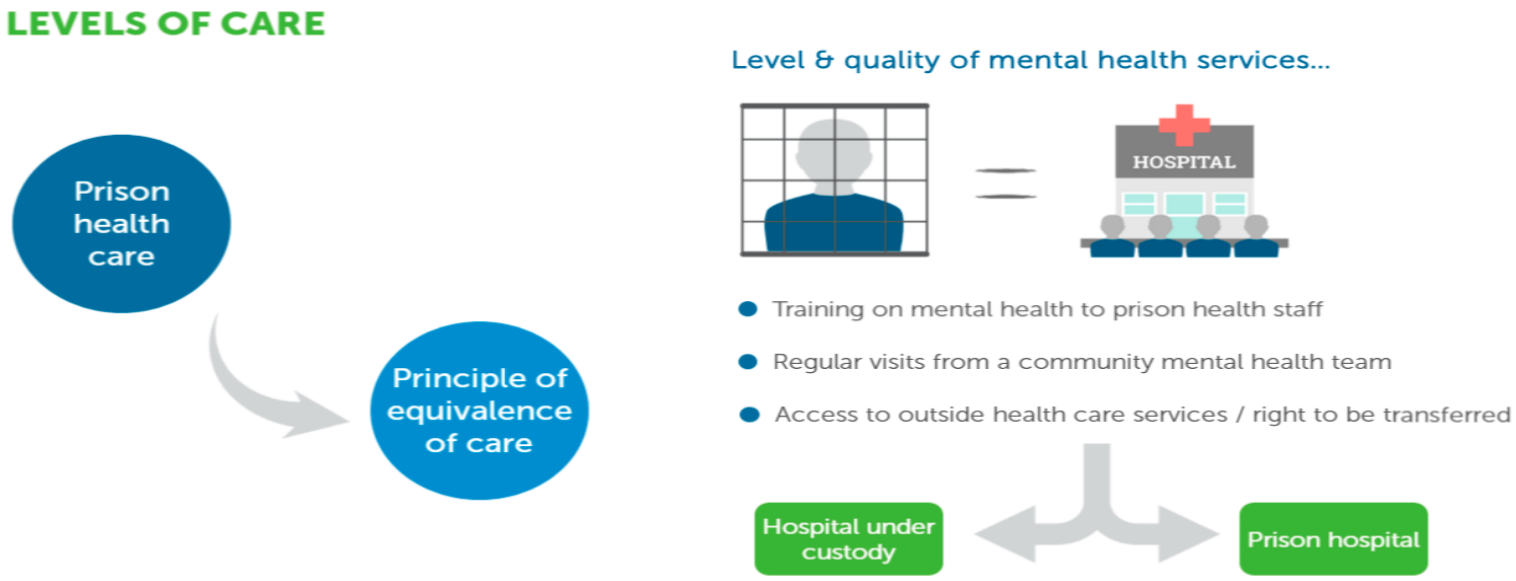
- Inmates with existing mental disorders area at further risk of acute mental harm, as they have fewer resources to cope in an environment lacking in privacy.
- This risk is higher in tendentiously depressive inmates, who may become suicidal and psychotic due to an increased emotional deterioration.

- Prisoners without any mental health problems prior to imprisonment may develop a range of mental disabilities in prisons, where they do not feel safe, dormitories overcrowded and staff not trained to deal with their specific psycho-social support requirements.

PRISON ENVIRONMENT

Mental health in prison

Reducing Risk Factors



- When analyzing prison health care issue, often the principle of equivalence of care is referred, highlighting the importance of prison services providing the same level of quality of the basic health services as in the community, including mental health.
- This principle might be achieved through different levels or means:
  - Prison health staff training on mental health;
  - Regular visits from a community mental health team;
  - Access to health care services outside prison.

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COUNCIL OF EUROPE
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Questionnaire on Mental Health Disorders and Disabilities of Persons in Penal Detention and under Probation Supervision

Charlie Brooker, Honory Professor, Centre for Sociology and Criminology
Royal Holloway, University of London

Jorge Monteiro, Head of Unit- Prison and Probation Services- Portugal

Council of Europe
Conseil de l'Europe

Council of Europe White Paper regarding persons with mental health disorders – P&P

Work in progress

- Two questionnaires were designed (P&P)
- Aimed to elicit government policies and practical approaches to mental health disorders in probation services and in prisons;
- The survey closed in July, 2021

- Confederation of European Probation (CEP);
- European Organisation of Prison and Correctional Services (EuroPris)
- International Corrections and Prisons Association (ICPA)

Survey (Fev-July 2021) → **Data collection** → **PC-CP WG** → **Comments**

- Professor Charlie Brooker - Royal Holloway, University of London (United Kingdom) and
- Jorge Monteiro - Head of Service Directorate General of Reintegration and Prison Services (Portugal)

- Registry of the European Court of Human Rights;
- Committee for the Prevention of Torture Secretariat (CPT)

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Mental health

Table 2 – Receiving mental health awareness training

	Prisons	*Probation Services*
Number receiving training	31	14
No. of Valid responses	42	38
*% 'Yes' training received**	73.8%	37%
Range	N/A	N/A

- In prison, many countries provide training for staff in the area of mental health, mostly raising awareness training activities but also specialized training for diagnose and treatment

- Clearly half the proportion trained in probation compared to prison (74% vs 37%)

Mental health in prison

Summary

Table 4 – Estimation of Prevalence of mental health disorders in Prisons and Probation

Mental health

- Range – 0% - 80%
- It was not a consensual topic, since it depends on the definition of mental health disorders and disabilities

	Prisons
No of valid responses	**26 (61.9%)**
List estimates by Country/Jurisdiction	Andorra- 20%; Armenia- 12%; Bulgaria- 0,36%; Croatia- 10/80%; Czech Republic- 60%; Finland- 65%; France- 6/24%; Greece- 9%; Iceland- 15%; 10%- Lithuania- 10%; Latvia- 38%; Luxemburg- 15%; Malta- 20%; Montenegro- 65%; Portugal- 2%; Romania- 16%; Russia- 8%; San Marino- 0%; Slovenia- 5-13%; Spain- 4%; Spain-Catalonia- 19%; Sweden- 46%; DE- NI- 30%; DE-SH- 20%; England - 78%

	Probation
No of valid responses	**21 (50%)**
List estimates by Country/Jurisdiction	Austria: 2.5% received a forensic order ; Belgium (French speaking): 30%; Belgium (German speaking): 8%; Catalonia: 7%; Czech: 11.6%; Denmark: 50%; England: 11%; Brandenburg (Germany): 50-60%; Hessen (Germany): 15%; Niedersachsen (Germany): 20%; Nordrhein-Westfalen (Germany): 13%; Hungary: 13.55%; Iceland: 15%; Ireland: 40%; Northern Ireland: 65%; Portugal: 50-60%; Schleswig-Holstein (Germany): 15-25%; Thüringen (Germany): 10%; Scotland: 70-90%; Slovakia: 2% certified ; Slovenia: 15%

- Range – 2% - 90%

Mental health in prison

Summary

- Most countries rely on the MoJ to provide care inside prison
- Nevertheless, in some countries MoH is performing treatment as well

- The bulk of mental healthcare provide outside of probation

Mental health

Table 5 – Organisations providing mental health care in prisons and probation services

	Prisons	*Probation Services (n=36 valid responses)*
Ministry of Justice	a) 42,8%); b) 73,8%	7 (19%)
Healthcare	a) 14,3%); b) 21 (50%)	31 (86%)
Voluntary sector	b) 4 (9,5%)	10 (28%)
Other	a) 8 (19%); b) 2,3%	8 (%)

a) Only institution providing mental health care
b) Combined with other institution

Mental health in prison

Summary

Mental health

Table 6 – When does screening for mental health problems take place in prison

	Prisons
Intake	30 (71,4%)
Admission	34 (80,9%)
Preparation for release	12 (28,5%)
Probation	

- Most of the countries have screening procedures established in the first phase of incarceration (Intake and Admission)

Table 7 – When does screening take place in probation

- Most screening takes place at the court stage in probation although prisons important too

	Probation
Valid responses	36
Arrest	15 (42%)
Court	34 (94%)
Prison	31 (86%)
Probation	16 (44%)

Mental health in prison

Summary

Mental health

Table 8 – How often are prisoners screened for MH problems

	Frequency of Prisoner screening for mental health problems
By request of the prisoner	28 (66,6%)
By medical order	28 (66,6%)
Once a year or less	24 (57,1%)
Every two years or more	28 (66,6%)

- Mainly health professionals are conducting the screenings, although some countries replied that prison staff is also assessing inmates

Table 9 – Who usually screens for mental health disorders in prison and probation?

- Many countries stated that screening for mental heath problems are conducted at least once a year

- Mostly psychiatrists and psychologists screen

	Prison	*Probation Services*
Valid responses	42	36
Prison Staff	12 (28,5%)	
Probation staff		10 (28%)
Other criminal justice staff	5 (11,9%)	2 (6%)
Nurse	16 (38%)	3 (8%)
General Practitioner	32 (76,2%)	11 (31%)
Psychiatrist	33 (78,5%)	22 (61%)
Psychologist	35 (83,3%)	22 (61%)
Social Worker	17 (40,4%)	9 (25%)
*Other **	1 (2,3%)	7 (19%)

Mental health in prison

Summary

Mental health

Table 11 – Does the prisons in your country/jurisdiction have special units to provide treatment to detainees with psychiatric mental health disorders?

- A significant number of countries mentioned that there are special units with specific resources (including physical conditions) adapted to the needs of prisoners with mental health disorders

	Prisons
No of valid responses	**42**
% stating 'yes'	29 (69%)

Table 12 – Does the service, prison or probation, have any special order/requirements for people with mental health disorders?

	Prison	*Probation services*
No of valid responses	42	37
*% stating 'yes'**	16 (38%)	12 (32%)

- About the same number of countries have special requirements (Law orders, acts, internal guidelines) for treatment of this inmates

- Overall only one-third of probation services have specific mental health treatment orders

Mental health in prison

Summary

Mental health

Table 13 - Do you collate the number of deaths by suicide nationally

	Prisons	*Probation services*
Valid responses	42	37
*% stating 'yes'**	38 (90%)	5 (14%)

- Major difference between prisons and probation

Table 14 – Is there a prison suicide reduction programme established in your country/jurisdiction

	Prisons
Valid responses	42
% stating there is such a programme	37 (89%)

- Suicide in prison is a concern of all countries and jurisdictions
- It´s a very important topic with large positive responses rate
- Many countries have in place suicide prevention programs that combine screening for early signs and symptoms of risk of suicide and follow-up of cases of risk

Mental health in prison

Summary

- Good reaction from members states to the questionnaire (63%)
- Training and raising awareness on mental health disorders is provided for all prison staff in many countries (74%). Nevertheless, in Probation the coverage is smaller (33%)
- Importance of research on the prevalence of mental health disorders among inmates in order to better acknowledge the specific needs of this population (62% of answers)
- By far the most common model for probation clients to access mental healthcare was through the use of external healthcare agencies (86%), 10% accessed services in the voluntary sector.
- Increasing shared responsibilities between MoJ and MoH in the treatment of inmates with mental disorders (66%).
- Most probation responses indicated that the role of probation services was to direct probationers to external services (as above).
- Most prison organizations provide treatment themselves, but also invite external services (mainly specialists), as well refers to the health services in the community
- Existence of specials units with physical conditions and human resources specialize in the accommodation and care of inmates with mental health disorder and other disabilities (69%)
- Very impressive rate of positive responses to the collection of data related to suicide behaviors (90%)
- As well as the existence of suicidal prevention programs and strategies (89%)
- Good responsive rate referring to the work with the community in resettlement plans

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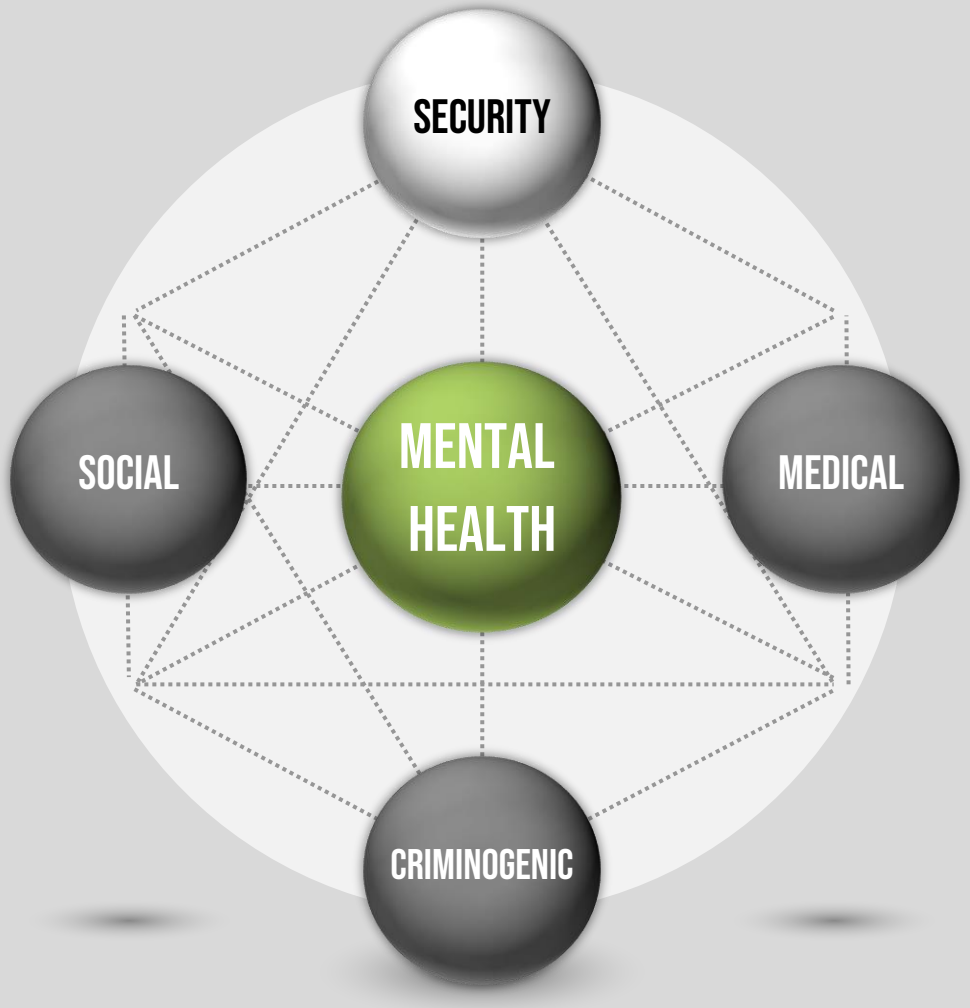
Risk and Needs Assessment

Mental Health in prison context

- History of antisocial behavior
- History of violent acts
- Previous attempts against others or themselves
- Family support
- Housing
- Work habits and history of being fired



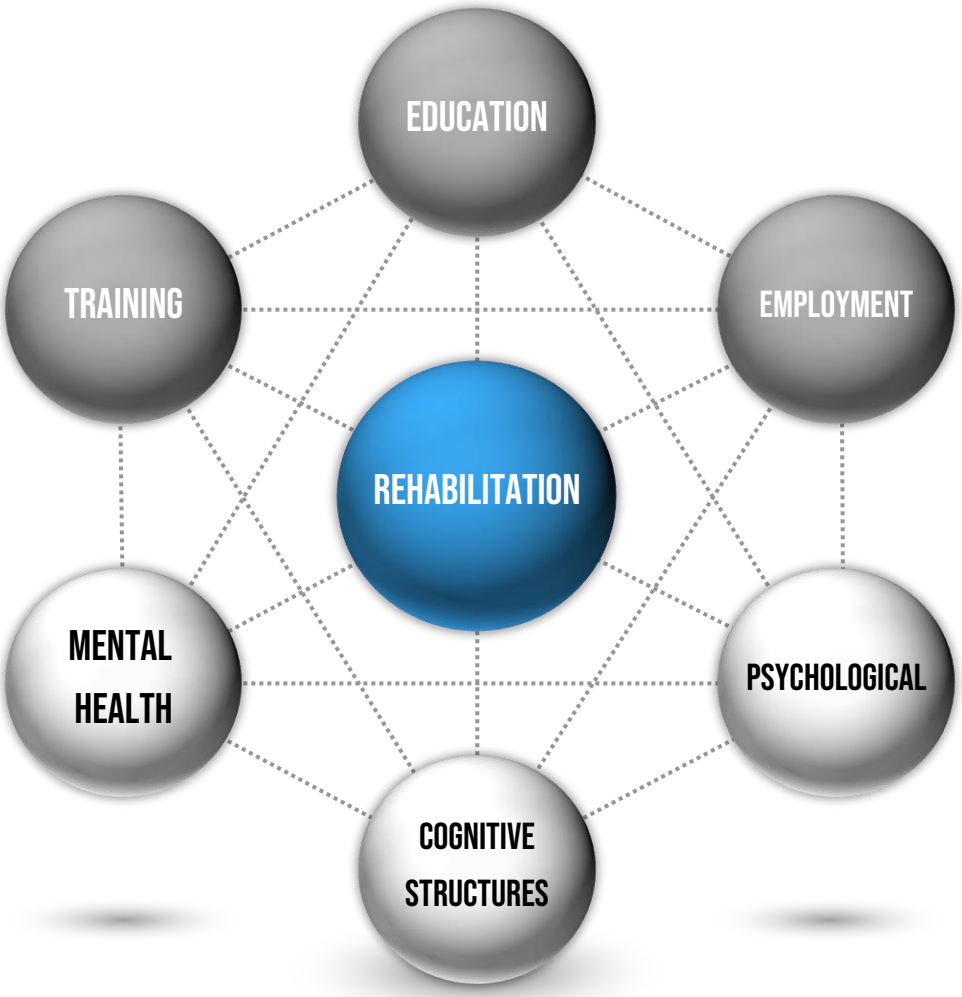
- Use of drugs and/or alcohol
- Personality disorder
- Depression and anxiety
- History of Psychotic episodes
- Adherence to medical treatment

7S-FRAMEWORK (MCKINSEY)

The seven Success Factors for rehabilitation

„HARD“ FACTORS

„SOFT“ FACTORS



Assessment

Risk, Needs and Protective factors

Intervention

Transversal activities

Specific programs

Rehabilitation Model (RNR)

Risk-Needs-Responsivity

- Changing risk factors and hard skills
- Reducing criminogenic needs
- Improving protective factors
- Rehabilitation programs vs Specialist psychological interventions

- Mentoring programs
- Mental Health treatment
- Theological education and pastoral support

- Social and family support
- Resettlement plans
- Transition management
- Social and organizational support

Promoting change…

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