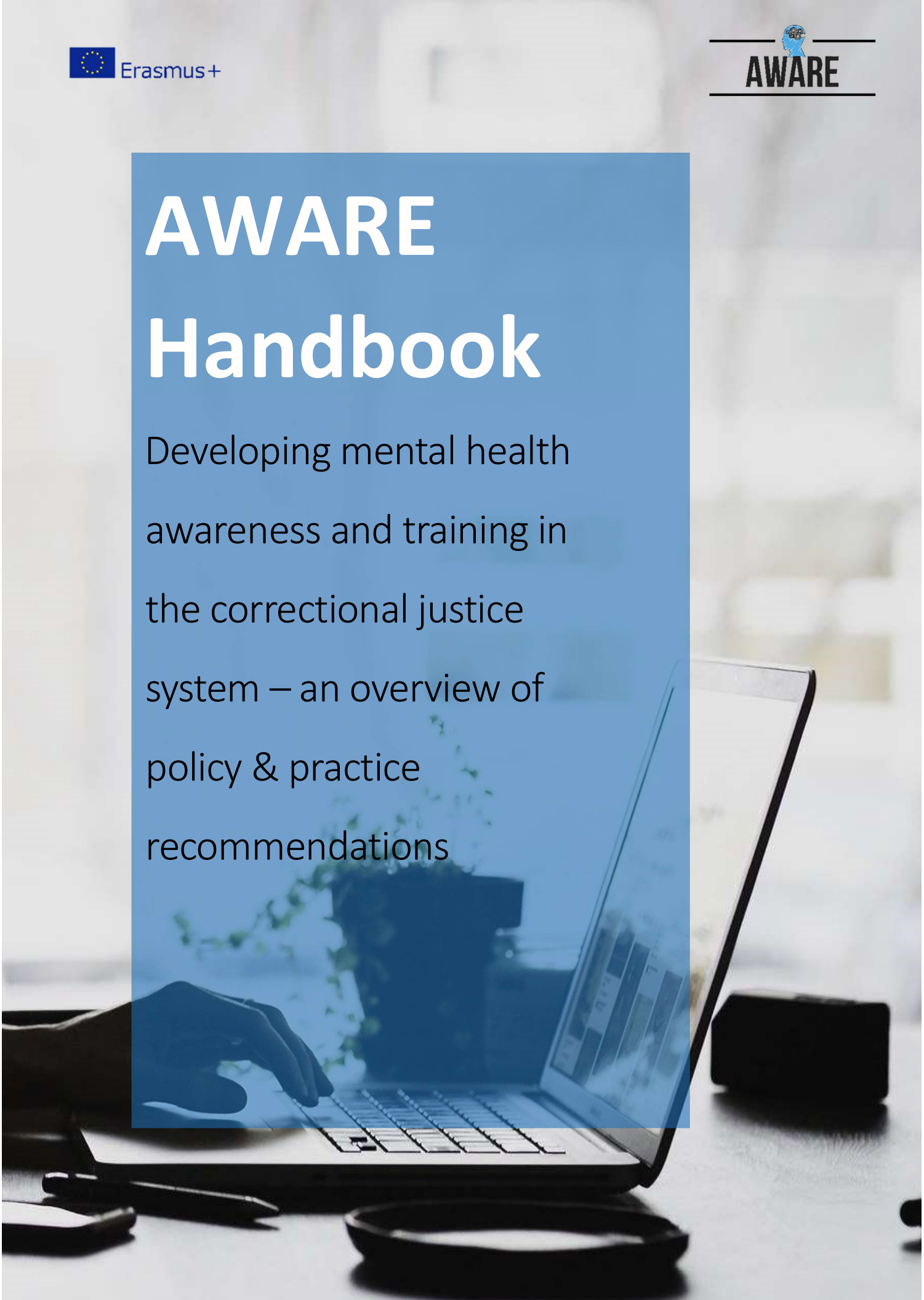
Erasmus+

AWARE

AWARE Handbook

Developing mental health awareness and training in the correctional justice system – an overview of policy & practice recommendations



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Introduction and context

This handbook provides recommendations intended for policy makers and policy influencers across the criminal justice system, who recognise mental health issues of prisoners as a key area of intervention both during imprisonment and on release.

Prisons have become a place used to hold individuals whose undiagnosed and untreated mental and emotional disorders present a barrier to rehabilitative initiatives and for whom prison is not a place of care and treatment. Inadequate awareness of prisoners' mental health problems during their re-integration in civil society means that offenders leave prison with the dual stigma of a prison sentence and mental health needs, thereby exacerbating known reoffending factors, which increases the likelihood of returning to prison.

Recent research points to high comorbidity between mental illness and substance misuse, which increases repeat offending and premature mortality following release, and stand-alone studies indicate more mental disorders among prisoners than the general population. Whether the person comes to prison with a psychiatric disorder which worsens over time, or whether prison is the cause of it, the outcome is the same: diagnosing and treating prisoners suffering from mental health disorders benefits the individual, other prisoners and prison staff. Even if critical points are noted, prison training is particularly lacking in awareness and psychological screening.

Leaving mental health issues undiagnosed and unsupported in the community means former prisoners must overcome or manage these problems alone before progressing with the education, training and employment (ETE) measures crucial for effective resettlement. The European Council and the World Health Organisation recommend for information and education on mental health issues to continue after release.

The AWARE Handbook builds on the Study Manual developed in this project and provides policy and practice recommendations on how to support the implementation of mental health awareness training in the prison context. These recommendations draw on literature review, research carried within the project, consultation with experts, feedback from stakeholders and valuable contributions made by the professionals who participated in the AWARE training activities.

AWARE Erasmus+ transnational project

AWARE ***Cross-sectoral awareness building on mental health needs in the criminal justice system and on release*** is an integrated response to non-discrimination and social inclusion of those who suffer from the double challenge and stigma of both a criminal record and mental health problems.

AWARE partners and collaborators have developed training materials for people working in the criminal justice system, communities and prisoners' families, both to raise awareness and to offer practical support. The goal to identify the critical points for mental health interventions during imprisonment and after release and to produce reasonable, realistic ways for non-medical, front line workers to identify, support and refer for help. Specific objectives are:

- ⇒ To narrow the gap between civil society and those suffering mental health issues in the criminal justice context through an exchange of mutual understanding and expertise
- ⇒ To provide a free mental health awareness training methodology for those working in a prison, probation or civil society context, to improve the outcomes for those within the criminal justice system, including reducing re-offending
- ⇒ To inform and educate families and communities on how prison exacerbates mental health issues, so they are better equipped to detect and support prisoners during critical points on release

Policy recommendations

Distinct categories of actors are involved in policy design and implementation.

For the purposes of this Handbook, we will refer to *policy makers* as being those with decision-making power and responsibility at national and European level, who are involved in the creation and implementation of policy:

⇒ Ministry of Justice, Ministry of Health and connected ministries depending on national context (i.e., Education, Social Welfare etc.)

⇒ Governmental institutions involved in the implementation of mental health / prison / education & training policy

⇒ Regional and local authorities

Policy influencers (or policy providers) are the institutions that can provide the evidence and contribute to the knowledge base for further policy development:

⇒ Prison & probation administration

⇒ Criminal justice NGO's

⇒ Social partners

⇒ National or regional networks of stakeholders

⇒ Trade unions and association of criminal justice professionals

In this Handbook, we describe key **issues** relevant at critical points in our systems. We suggest a **solution** and indicate what the **impact** of this solution might be. Then we provide a key finding from **AWARE research**, which we feel brings this issue to life. At 100 responses from prison inmates and 100 from staff and stakeholders per partner country, the sample in this AWARE study is too small to draw conclusions about that country's prison population or mental health support structure. Instead, these findings should be viewed in the context of its purpose: to inform the development of a prison mental health-training tool in a field where the user voice is under-represented. For more information visit www.awareproject.org

Policy makers

1. **Alignment of national mental health policies to include mental health support and care of prisoners.**

Issue: Sound mental health is a pillar of successful (re)integration and turning away from crime. Incoherent, complex patchwork of national mental health policies is incompatible with good and user-friendly treatment of mental health issues.

Existing mental health policies at national level are very often fragmented and do not cater for the mental health needs of the general population in a uniform approach, resulting in a complex patchwork of access to care, support and treatment. This often results in categories of individuals, such as prisoners, being left behind and discriminated in terms of their access to these types of services. On release, former prisoners contend with double stigma within a system, which remains opaque even to experienced professionals. Drill down into known groups in need of specific mental health care – such as juveniles, 50+, women – and this problem only gets worse.

Solution: National mental health policies and/or plans should encompass the mental health needs of the prison population. Access to assessment, treatment, and (when necessary) referral of people with mental disorders, including substance abuse, should be a clear pathway and an integral part of general health services available to all prisoners. The health services provided to prisoners should, as a minimum, be of an equivalent level to those in the community.

One, national mental health policy with clear pathways that identifies people who are at risk of, are or have been in the criminal justice system as a specific group with a clear assessment and support pathway which defines the responsibility of each stakeholder along the criminal justice pathway.

Impact: Continuous mental health care throughout a person's journey through the criminal justice system could improve service user outcomes and stop them reoffending.

> ***AWARE research:*** *50% of prisoners had received some kind of mental health care; two thirds of those said it helped. However, only 12% had received this inside AND outside.*

2. **Develop a national strategic plan dedicated to identifying and assessing mental health needs in the criminal justice system which includes a multi-agency approach from key stakeholders.**

Issue: Everyone is involved and impacted when poor mental health assessment and care result in crime, but no one agency is responsible. The MH in justice system is not navigable by the end user and they have no idea of their rights.

Multi-agency cooperation provides an array of valuable information from prior to conviction, during sentencing and afterwards, that can be crucial for the rehabilitation process of prisoners. At every stage of AWARE practitioners and end user urged health and justice systems to align data sharing and care strategies. Practitioners highlighted 'revolving door' prisoners who do not stay in prison but keep returning. This is where multi-agency cooperation is vital, to ensure mental health care begun in the community continues in prison and to have a clear pathway for care which started in the Prison or/and Probation Services is continued 'through the gate' by other agencies and society. Prisoners were unclear about their rights to treatment but also about the impact any treatment would have upon their sentence and handling in the justice system.

The Prison and Probation services work hard during a persons' sentence to minimise a prisoners' chance of recidivism, but this prisoner comes from and returns to a community, so a joined-up approach to successful (re)integration is key to a life away from crime. Good mental health is

one foundation of successful (re)integration, meaning accountability must be spread over all relevant, with a centralized body responsible for coordinating coherent, strategic plans to ensure that judiciary organisations, police, intelligence services, municipalities, housing associations, social work, and voluntary organisations coordinate their efforts effectively.

Solution: To reduce the impact which poor mental health has on crime, the national health policy must define a centralized body responsible for coordinating coherent, strategic plans between judiciary organisations, police, intelligence services, municipalities, housing associations, social work, and voluntary organisations. The user must be involved at every point of the development of this body and strategic plans must be designed to adapt to new threats and treatments for mental health. The end user must be systematically informed of the pathway and their rights.

Impact: Clearly defined duties and responsibilities means less negotiation and transfer work at the practitioner level, leaving more time for the end-user and giving him/her a user-friendly pathway.

> ***AWARE research:*** *40% of prisoners said they do not use mental health services because they feared lack of confidentiality. 49% said they thought mental health information would be used against them.*

3. Allocation of funding and resources to support mental health training in prison.

Issue: There is no standard and standardized training for prison and probation staff in mental health assessment, care and treatment in the justice system. General lack of funds in the justice system result in staff shortages and fewer provisions.

Every 5th prisoner who participated in the AWARE research stated that they had asked for mental health support inside prison and not received it. Many prisons across Europe are struggling with reduced pool of resources, both financial, human and material. When prisons are short-staffed, governors run restricted regimes where prisoners spend more of the day in their cells, making it both more challenging for prisoners to access mental health services and more likely that they will need to use these services. Staffing pressures can make it difficult for prison officers to detect changes in a prisoner's mental health and officers have not received regular training to understand mental health conditions. Also, mental health care usually falls under the general health care funding and allocation of resources, with little or no differentiation on what a whole mental health approach entitles (training of staff, infrastructure, treatment, support system etc.).

Solution: One coherent, national mental health strategy for justice must include standard training for all multiagency staff and stakeholders who support prior to, during and after detention. Minimum guidelines for financial and human resources to deal with mental health in prison should be agreed.

Impact: Even without additional funds or personnel, a strong procedure agreed between all justice stakeholders, embedded in training for all organisations staff and communicated to all inmates will bridge the gap between the current situation and proposed policy improvements.

***AWARE research**: 62% of AWARE staff surveyed said they have not had theoretical or practical training in how to deal with inmates' mental health. 60% of prison staff said practices for the assessment and diagnosis of patients existed but 2 out of 3 prison staff reporting that inmates are not psychologically assessed upon arrival.*

4. Promoting prisoner's human rights and improve detention conditions.

Issue: Human rights are not always explicit national legislation allowing for loopholes, interpretation and a lack of clarity about which statutory bodies are responsible. These rights are not communicated to prisoners or to their families, meaning key stakeholders do not know what provision they are entitled to and what impact provision has upon their criminal sentence plan. No recommendations exist for a mental health observatory for criminal justice systems.

All prisoners, including those with mental disorders, have the right to be treated humanely and with respect for their inherent dignity as human beings. Furthermore, conditions of confinement in prisons must conform to international human rights Standards. Mental health legislation can be a powerful tool to protect the rights of people with a mental disorder, including prisoners, yet in many countries mental health laws are outdated and fail to address the mental health needs of the prison population.

The development of legal provisions that address these needs must be generated with service user involvement in order effectively implement the rights of prisoners. These rights include the right to quality treatment and care, to refuse treatment, to appeal decisions of involuntary treatment, to confidentiality, to protection from discrimination and violence, and to protection from torture and other cruel, inhuman, and degrading treatment (including abusive use of seclusion, restraints and medication, and non-consensual scientific or medical experimentation), among others. Legislation should provide prisoners with mental disorders with procedural protections within the criminal justice system equivalent to those granted other prisoners. The protection, through legislation, of other basic rights of prisoners, such as acceptable living conditions, adequate food, access to the open air, meaningful activity, and contact with the family further contribute to

the promotion of good mental health. These must be communicated to the prisoner and to their family clearly and a feedback loop built in.

Solution: The same national legislation which allows for one body to oversee implementation of mental health care in justice, and to coordinate care and training must be explicitly founded on national legal provision for a prisoners' right to mental health care. These rights and subsequent legislation must be clearly communicated to all stakeholders. Where they do not already exist, AWARE officially recommends establishing national, independent prison inspectorates/ observatories, and further recommends that mental health assessment, care and treatment be a defined criteria.

Impact: Well-structured legislation based on service-user involvement will save time and resources, giving existing providers and stakeholders operational clarity. Working with a nationally recognised observatory could give lawmakers consistent and coherent feedback.

> ***AWARE research**: 56% of AWARE stakeholders said that the prison system approaches each inmate based on their personal characteristics and mental health problems, but 1 in 5 had observed cases of inmates not receiving their requested mental health assistance.*

5. Prison and probation staff support, creation of training infrastructure alongside workplace counselling.

Issue: Police, judiciary, prison, probation and voluntary service organisation staff all work with the same prisoner but do not (or not all) receive the same (or any) mental health training. Too much falls between the gaps. There is no common language, procedural knowledge or understanding between inside and outside. No consistent funding is given even to provide this training. Where workplace counselling is present in prisons, it too often goes unused due to stigma.

There is currently no uniform approach in training prison staff in recognising, supporting, or treating mental health issues of prisoners. Irrespective of the mental health care pathway that might exist in different prisons, training and support in mental health awareness is needed for all prison staff, particularly wing-based officers, to help them identify prisoners at risk of developing mental health problems, identify prisoners experiencing mental health problems and respond appropriately to the needs of these prisoners. No uniform approach exists either for probation staff or voluntary sector staff who support preparation for release, release and community measures. Without this standardized, person-centred training for the people working to support a prisoner, peers are unable to discuss, assess and implement mental health provision, even where it exists.

Prison staff in particular deal with the consequences of untreated mental health issues on a daily basis, ranging from aggression to self-harm and suicide. Skills-based training for prison staff must go hand in hand with increased and unstigmatised access to workplace counselling.

Solution: Further provision of qualifications to prison workers is needed, as well as greater funding of positions that cover mental health issues of prisoners, not only on a behavioural basis (through the use of drugs), but on a psychological basis as well, providing people that have the time and resources to listen to the true mental health needs of prisoners, even if they are not always accompanied by such behaviours. Better control and evaluation standards should be developed and update archaic methods of diagnosis that are not well suited and adjusted for prison environments in today's age.

Standardized multi-agency training so that ALL criminal justice stakeholders can recognize mental health issues and provide first response and referral services. Promote local mental health 'champions' in prisons and probation, who can trickle down knowledge of new threats and treatment, but also feed potential good practice back to justice administrators.

Impact: Providing the funds for standardized multi-agency training so that ALL criminal justice stakeholders can recognize mental health issues and provide first response and referral services could a) save long- term health resources b) help retain experienced staff c) help prevent unnecessary imprisonment

***AWARE research**: Half of AWARE's prison staff reported that they experience the suicide or attempted suicide of an inmate rarely, but an alarming percent (20%) reported these events occurring often. Every tenth AWARE inmate respondent (11%) had had thoughts about harming himself (all responders were male).*

Policy influencers

6. Promote a culture of mental health awareness and collaboration within the criminal justice context.

Issue: Information about mental health is crucial for prison and probation staff, as well as information for prisoners, their partners and families on what good mental health is, what their rights are, what they can expect to experience in prison and how, how to request psychological help if they think they need it and what that process would look like. Knowing how to identify and respond to mental health issues, and helping an individual to navigate a clear pathway, between equally knowledgeable colleagues.

Solution: An AWARE prison and probation service works together to listen, to inform, to ask, to respond and to build bridges with end users and with organisations on the outside which can support activities we

know prisoners need for their wellbeing (meaningful contact with family and partners, sustained contact with outside organisations). At its best, staff will have the training to identify and respond to a call for psychological help, and a prisoner or ex-offender will be thrown a mental health lifeline whenever he needs it the most.

Impact: Mental health sufferers in the criminal justice system are identified quickly, filtering those who would be best treated outside of prison and allowing prison and probation staff to focus on measures for successful reintegration.

AWARE research: *A large majority (85%) of prisoners said they would turn to their families/partner if they felt depressed or sad. However, most prison workers assumed inmates would first turn to the prison psychologists, medical or social support staff.*

7. Research and evidence on mental health issues in the criminal justice system to support effective and responsive legislation.

Issue: Large scale and representative research about mental health issues of prisoners is fragmented and heterogeneous, with little country-based evidence. Yet this representative study indicates the practitioner and user needs are consistent and homogenous across partner Member States. Designing responsive, evidence-based policy measures and implementing efficient interventions which users can navigate within criminal justice systems is a challenge. The core issue is that, even within the same national context, individual jurisdictions and separately operating statutory services apply different methods, measures and terminologies for reporting data on mental health in prison. The heterogeneity of data is also a barrier to establishing aligned standards of care and support for mental health issues of prisoners.

Solution: In order to generate meaningful research, analysis and comparison of data on prison mental health issues a common set of standards for data collection should be developed and adopted across

the country's criminal justice system. This should include methods for measurement and reporting adopted across all EU member states' prison institutions, as a first step, and could be supported by the functions of an independent prison inspectorate or observatory.

Impact: This need for change presents legislators with an opportunity to research and make informed policy changes based on evaluations of social costs and benefits, bringing about improved outcomes for prisoners, staff, families and communities.

8. **Advocate for basic training of prison staff on mental health issues of prisoners.**

Issue: Evidence from our research and feedback gathered from professionals revealed that prisoners are more likely to turn to a friend or family member to receive support for their mental health issues, rather than asking for help from prison staff. This is to a high extent related to the limited capacity of prison staff, especially prison, to recognise mental health issues and offer the first level of support to prisoners. This can be addressed by implementing minim requirements for prison staff to undergo basic training on mental health first aid. All criminal justice staff and stakeholders need information on how to recognize a need for psychological support, whether in their fellow colleagues or an inmate

Solution: As well as the prison and probation-oriented AWARE Training manual, the World Health Organisation publishes a general Psychological First Aid: Guide for Field Workers is available in 30 languages and covers psychological first aid, which involves humane, supportive and practical help to fellow human beings in crisis situations. It is written for people in a position to help others and shows clear steps to support people in distress and to care for yourself and your colleagues. The WHO guide gives a framework for supporting people in ways that respect their dignity, culture and abilities.

Impact: Higher staff retention is a likely direct outcome of training prison and probation staff in the right mental health skills, as well as providing essential provisions allowing service users to focus more on rehabilitation.

AWARE research: AWARE's survey seems to suggest that in contrast to prison and probation staff, NGO workers had adequate training, theoretical knowledge and experience, making them possible candidates for the transmission of knowledge and good practices to prison staff.

9. Mapping existing resources to build knowledge base on prison and community support system for mental health issues of prisoners.

Issue: Build and dedicate staff to supporting links between prison, probation and justice services and families and the local community groups. Outside organisations can support special groups (such as young people, women, 50+, foreign nationals and LGBTQ) and work to prevent or reduce the effects of mental health, drug or wellbeing issues. Acknowledge that prisoners first seek help with from their partners and families, and provide a wider support network for families, children and partners of prisoners. Inform prisoners and their family networks of their rights and make provision for them to feed back about both the good and bad practice. This community is a key part of the mental health and wellbeing picture. Build a bridge from the prison to organisations which support families with someone in prison, with substance abuse issues or who provide practical support with issues around money, housing and schooling.

Solution: Support links with families and local community groups, specializing in either mental health, drug or wellbeing issues, or providing a wider support network for families, children and partners of prisoners.

Impact: Family and community are an essential part of therapy. Training staff to work with and involve them in prison and probation could improve outcomes for service users and ease the burden for staff.

AWARE research: *55% of AWARE prison respondents feel like a failure and like they have let their families down (55%). 28% believe that therapy is only for crazy people.*

Practice recommendations

The practice recommendations in this handbook are intended to all key actors in the criminal justice system, who have a role in promoting, designing, and delivering training on mental health awareness. These are 'little' steps which, in addition to the policy measures, can create an immediate change in the system. The key actors to whom these recommendations are addressed can be among the following:

- ⇒ Prison & probation management
- ⇒ Public training bodies
- ⇒ Educational institutions
- ⇒ NGO's
- ⇒ Trade unions
- ⇒ Professional networks and associations,

The 11 recommendations presented below are the result of feedback and consultations we ran with prison staff, experts, and other key stakeholders. The message we intend to promote is that each of us, at each step of the way, can contribute to achieving that desired level of awareness on mental health of prisoners, through small actions and positive attitude towards what can be done, rather than focusing on the gaps and challenges of the system.

The Annex included at the end of this chapter provides a framework for reflection on the dynamics of mental health issues in the criminal justice and allows us to better identify key problems and corresponding potential solutions. In implementing any of the practice recommendations below, this reflection framework car serve as a useful tool in gaining clarification over the situation we want to address, which is not by all means limited to the questions included, but rather encouraging to be used as a starting point in the reflection and add any other questions that are relevant in a particular context.

1. **Promote the Mandela Rules The United Nations Standard Minimum Rules for the Treatment of Prisoners and The Bangkok Rules for the treatment of women prisoners**

   Both are available in all six UN languages.

   Promote prisoner's human rights and advocate for decent treatment and conditions during imprisonment. Enable prison staff to adhere to these rules by including information in training activities, informational and awareness raising campaigns, promotional materials etc. Give all prison staff the ability and means to carry out their complex duties in a professional and respectful manner.

2. **Welcome outside stakeholders: Build and support an independent and national prison inspectorate/ observatory for mental health**
   Example: Home - Independent Monitoring Boards (imb.org.uk)

   Example: Int. Association for Correctional and Forensic Psychology
   Example: Prison Policy Initiative section on Mental Health

   Independent members of the prison inspectorate/observatory would monitor the day-to-day life in their designated prison and ensure that proper standard of care for prisoners with mental health issues is respected. Members would have unrestricted access to their local prison or detention centre at any time and talk to any prisoner or detainee upon request. Inspectorate/observatory members would also play an important role in dealing with problems inside the establishment and prisoners could put in a confidential request to see a member of the inspectorate/observatory.

3. **Involve service users in mental health measures in prison and probation.**

   Because of their direct experiences of services, service users know better than anyone what works – and what does not.

   Example: Users in UK Probation download (revolving-doors.org.uk)

Service user involvement is an essential part of running an effective prison and probation service. Giving service users the opportunity to give their views and contribute to areas such as service design and monitoring has many benefits. It ensures the service is responsive to service users' needs, it gives service users a voice and develops their skills. Playing an active role in their community and taking on a measure of responsibility can assist in the journey away from crime.

4. **Promote prison health as an integral part of public health.**
   Example Health in Prisons, a WHO guide to the essentials in prison health
   Good prison health creates considerable benefits. It prevents the spread of diseases and promotes health through awareness of what everyone can do to help maintain their own health and well-being and that of others. In addition, however, it can help to improve the health status of communities, thus contributing to health for all. Use time in prison to promote healthier lifestyles, with better control over smoking and alcohol and perhaps over the use of violence in interpersonal relationship

5. **Start to train prison, probation, police, judiciary and other criminal justice stakeholders in how to involve community organisations and volunteers to improve provision.**

   Example: Valuing volunteers in prison | Clinks

   Volunteers undertake a wide range of roles in prisons, from the comparatively simple (staffing a tea bar in a prison visitor centre), to roles that are far more complex (acting as independent monitors of prison conditions). In some cases, volunteers directly support paid staff, and in other cases they work relatively independently. Volunteers offer a large amount of their time, with most volunteering at least once a fortnight and for at least two hours on each occasion. In promoting volunteering in prison, the following actions could be undertaken: Clear roles should be identified for volunteers, and their work should be strategically integrated; Prisons and their partners should proactively recruit volunteers from as diverse a base as possible; Volunteering should receive a consistent level of coordination and support

6. **Train prisoners on mental health issues to better cope with their own situation and provide emotional support to their peers.**

   Example: The Listener scheme | How we can help | Samaritans

   The Listener scheme is a peer-support scheme within prisons, which aims to reduce suicide and self-harm. Listeners are prisoners who provide confidential emotional support to their peers who are struggling to cope or feeling suicidal. They are specially selected and trained for the role by our volunteers.

   Example: Tie in with inmate publications (some prisons have inmate newsletters – also staff newsletters and bulletins)

   Example: Posters and brochures in visiting rooms and day rooms about what suicide prevention and mental health issues are and where to get help. See AWARE's conversation-starting infographics in 5 languages.

7. **Support the implementation of training such as the WHO's Preventing suicide: a community engagement toolkit, a step-by-step guide for people who would like to initiate suicide prevention activities in their community.**
   WHO | Suicide prevention: toolkit for engaging communities
   It describes a participatory bottom-up process by which communities (including community leaders, health workers, parliamentarians, teachers, social workers, police and firefighters and business leaders) can work together to identify, prioritize and implement activities that are important and appropriate to their local context and that can influence and shape policy and services.
8. **Give a 'Mental Health Champion' the time and resources to train colleagues and foster a culture of learning, as well as a culture of staff use of counselling and mental health support.**

   Example: A simple "If you see something, say something" mental health campaign for staff, prisoners and family members to help people recognize signs of potential mental health issues and who to report them to.

Example: encourage holding Mental Health First Aid classes for staff and inmates. Look for support from NGOs and religious or mental health organizations.

A Mental Health Champion is any employee who takes action to raise awareness of mental health problems amongst staff, challenges mental health stigma, and provides peer support to colleagues. Champions have the knowledge to advocate for mental health and ability to recognise if someone may need support with their mental health. Trained Mental Health First Aid Champions can promote greater understanding of mental health and help build a mentally healthy prison environment.

9. **Dynamic Security Training for prison officers, which includes factors that affect prisoner behaviours and interactions (e.g. communication styles, learning deficits, mental health).**

Example Trainers' Manual on Dynamic Security

Dynamic Security is a concept and a working method by which staff prioritise the creation and maintenance of everyday communication and interaction with prisoners based on high professional ethics, and ensure that there is sufficient purposeful and meaning activity to occupy prisoners, bounded by effective security. It aims at better understanding prisoners and assessing the risks they may pose as well as ensuring safety, security and good order, contributing to rehabilitation and preparation for release. A prison run on Dynamic Security principles means an alert group of staff who interact with, and who know their prisoners; staff developing positive staff-prisoner relationships; staff who have an awareness of what is going on in the prison; fair treatment and a sense of "well-being" among prisoners; and staff who make sure that prisoners are kept busy doing constructive and purposeful activities that contribute to their future reintegration into society.

10. **Promote the importance of mental health to prison staff to break barriers, misconception and engage prison staff prior to enrolling in dedicated training on mental health awareness.**

Example: Providing information and speakers at prison union meetings on helping staff and inmates with mental health issues

There is a lot of stigma and limited beliefs among prison staff concerning mental health issues, not only prisoners' but also theirs. Empower prison staff to make a shift in their perception towards mental health by first addressing their own mental health and emphasise the importance of empathetic attitude towards themselves, colleagues, and prisoners from a human perspective. Create dedicated support and structures for prison staff, such as a helpline, where they could seek for help, advice and information, with the possibility to remain anonymous. Argue the need of such a structure to be created by highlighting the impact and added value, for example research and data collection of mental health issues among prison staff.

11. **Prioritise professional development of prison staff to ensure that training activities are an active part of their professional role.**

Example: AWARE free training course in mental health in criminal justice (aware-project.org)

Prison staff do play a key role in supporting prisoners with mental health issues, especially wing based officers who are non-specialised staff of the prison. Or probation services, civil society and volunteers who work with former prisoners. In the AWARE training we are taking a holistic approach to reducing stigmata about mental health problems, raise awareness of mental health in the criminal justice system and thus contribute to the social integration of prisoners on release.

Annex. *Mental Health awareness reflection framework*

Experience / Actors	**Observations**	Relations: **conflicts**	Relations: **support**	Relations: **protection**	Relations: **sharing**	**Culture**
Prisoners	What do we observe as a sign of a MH problem (symptom/ disorder/ distress? In myself? In others? Results	What are the conflicts between us and what do they tell us about MH? Deprivation? Fear? Hopelessness? Pain?	Whom I am, or I can support in his/her approach to MH (an inmate, a member of the staff, a family member, a community member? Who is supporting me if and when I am struggling with a MH problem? Availability of the support.	What do I want to be protected from: Abuse? Violence? Neglect/Deprivation? How? Whom may I rely on? How prisoners needs are being evaluated and met? Prisoners providing protection	What MH knowledge /wisdom/ am I willing to share and with whom? Security and its many conflictual meanings… Prisoners as experts	How our routines/ attitudes/ customs help or prevent us from sharing, relating, supporting, protecting and sharing MH and wellbeing? Peers as important resource. Prisoner sub-culture: subversion, mistrust, seduction, aggression.
Staff	What do we observe as a sign of a MH problem symptom/disorder/ distress? In prisoners? In myself? In other colleagues? Results	What are the conflicts between staff and prisoners, and what do they tell us about MH? Deprivation? Fear? Disgust? Incomprehension?	What does it mean for the staff to support someone in a MH process? It is not just observing and referral. Why some officers are more supportive than others? How do we motivate prisoners to take care for their MH? Prisoners as a source of support. Results	What do I want to be protected from: Violence? (Conflicts and RJ in prisons.) Neglect/Deprivation? How? Whom may I rely on? Cameras, martial arts, staff, prisoners, culture?	What a multiagency cooperation should look like? What is the minimal improvement and how it can be sustained? Experiments and Results	Prison culture – power for the sake of security Seclusion, secrecy, repression of feelings. Mistrust… Results
Families	What do we observe (or did) as a sign of a MH problem symptom/ disorder/ distress? Family history of care and coping with MH.		Support as information about some condition and or/treatment?		Family conferencing	Shame and silence. Results
Community	What do we observe as a sign of a MH problem: symptom/ disorder/ distress? Results Probation as underused resource	Probation as underused resource	The big void after release. Circles of support not only for paedophiles? The medical follow up. Results Probation as underused resource	What are the vulnerabilities of the ex-prisoner and who would care for these? Results Probation …	Circles of support not only for paedophiles? Probation as underused resource…	Against stigma and alienation. Agents: Court, health, education, social services, probation, employment, Former prisoners. etc. Results Probation…

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