



# Cross-sectoral awareness building on mental health needs in the criminal justice system and on release

*(2018-1-DE02-KA204-005144)*

## **Output 2 Report:**

**Needs of multi-agency stakeholders dealing with mental  
health in the criminal justice system, transferable  
training provision and good practice**

**Developed by**  
Athens Lifelong Learning Institute  
December 2019

## **Table of Contents**

- 1. Introduction to the Project**
- 2. Review of goals and preview of Intellectual Output 2**
- 3. Sample Demographics**
- 4. Personal Experience**
- 5. Training**
- 6. Evaluation of Mental Health inside the Prison System**
- 7. Therapeutic Treatment**
- 8. Suicidal Behaviors amongst Prison Population**
- 9. After Release Care**
- 10. Conclusion**

## AWARE partnership

<p><b>Bremen Ministry of Justice and Constitution</b> Germany</p>	 <p><b>Freie Hansestadt Bremen</b></p>
<p><b>Athens Lifelong Learning Institute</b> Greece</p>	 <p><b>ATHENS LIFELONG LEARNING INSTITUTE</b></p>
<p><b>BSAFE LAB   Law Enforcement, Justice and Public Safety Research and Technology Transfer Laboratory</b> <b>UBI   University of Beira Interior</b> Portugal</p>	 <p><b>UBI</b> UNIVERSIDADE DE BEIRA INTERIOR</p> <p><b>BSAFELAB</b> LAW ENFORCEMENT, JUSTICE AND PUBLIC SAFETY RESEARCH AND TECHNOLOGY TRANSFER LABORATORY</p>
<p><b>CPIP   Center for Promoting Lifelong Learning</b> Romania</p>	 <p><b>CPIP</b> Dedicated to your development</p>
<p><b>ICPA   International Corrections and Prisons Association</b> The Netherlands</p>	 <p><b>ICPA Office in Europe</b> International Corrections &amp; Prisons Association</p>
<p><b>IPS_Innovative Prison Systems</b> Portugal</p>	 <p><b>IPS</b> INNOVATIVE PRISON SYSTEMS</p>
<p><b>New Bulgarian University</b> Bulgaria</p>	 <p><b>NEW BULGARIAN UNIVERSITY</b></p>

## Introduction to the project

### Aims and goals

The AWARE project falls under the Erasmus+ funding umbrella. It has been devised as a response to the existing problem of mental illness amongst prison inmates. These two highly overlapping characteristics end up exacerbating both the course of the illness as well as the treatment that inmates receive and thus, the way these people are being perceived, both by the correctional system itself as well as the general population, following release. The project consists of three main aims. The first one is to better provide training and skills regarding the stakeholders inside the prison system (prison staff, social workers, NGOs, etc.). This way, efficiency can be improved regarding both the prevention as well as the treatment of mental illness. On a second level, and as a result of the first aim, living conditions, and consequently life skills of inmates will also benefit, becoming a stepping stone for their reintegration to civil society after their release. Finally, the third aim is to create an inclusive context for civil society through the dissemination of information through different media outlets such as social media, online tools, etc. This three-way approach will act as an inter-supportive mechanism, as every single aim will provide additional support for the other two, increasing the efficiency and the efficacy of the initiative itself.

### Partner Organizations

The cross-national nature of the project guarantees both the universality of the project, as well as its ability to emphasize and observe cultural barriers or specificities that need to be taken into account when moving forward to the implementation and strategic planning of the training aspects of the project. In addition, input from different partner organizations can improve efficiency as well as a multi-pronged approach to the issue. The Project itself is run by the Bremen Senate of Justice and Constitution, with the contribution of an additional five organizations from four different countries. Below, the partners are briefly presented:

**Bremen Senate of Justice and Constitution - Germany.** The Bremen Senate of Justice and Constitution is a regional Public Body, with over 20 years of experience in the field. In this time, it has established partnerships with multiple other organizations that are active with regard to inmate reintroduction and reintegration to civil society as well as facilitating the acquisition of life skills for the aforementioned population.

**IPS - Innovative Prison Systems - Portugal.** Innovative Prison Systems is a research and consulting firm, involved in all aspects of the prison system and its surrounding structures and organizations. IPS also has an extended background on the creation and management of systems that facilitate the rehabilitation of ex-offenders into civil society, through the use of technological means.

**CPIP - Center for Promoting Lifelong Learning - Romania.** The Center for Promoting Lifelong Learning is an NGO, deeply invested in promoting the continuous education and acquisition of knowledge and skills throughout society, especially targeting vulnerable social groups, which of course include ex-offenders and prison inmates.

**Athens Lifelong Learning Institute - Greece.** The Athens Lifelong Learning Institute is an NGO with a long-lasting experience and interest in the creation and promotion of lifelong learning practices and educational curricula. Through a multidisciplinary approach, the end goal of the Institute is the promotion of social inclusion through innovative techniques and methods.

**ICPA - International Corrections and Prisons Association - The Netherlands.** The International Corrections and Prisons Association is an NGO acting as a consultant to the Economic and Social Council of the United Nations (ECOSOC) regarding workers inside the prison system. The Association has a long list of projects and partnerships with many different bodies from different countries, both inside and outside the EU, thus providing with the experience and connections that are essential for the success of the project.

**University of Beira Interior – Portugal.** The University of Beira Interior is one of the newest but also most innovative public universities of Portugal. The size of the institution along its research output and focus on areas such as education and health-related fields, provides the grounds for the creation and extension of ideas, core to the AWARE project, in addition to valuable experience and practical aid.

**New Bulgarian University – Bulgaria.** The New Bulgarian University is one of the top Universities of Bulgaria, with a solid background in fields like social work and law, with extensive experience in European projects and their implementation and many established professionals that have close relationships and knowledge of European organizations, forums and projects, thus making them an integral part of the project in all its aspects.

## Methodology

The main goal of the Second Intellectual Output was to report on the needs of multi-agency stakeholders, the primary interactors with the prison population of interest. These stakeholders include both prison staff workers of all kinds as well as NGO workers who act as a supportive mechanism, in the face of lack of personnel or other problems that may arise. In addition, the secondary goal of the output is to realize the attitudes that exist in civil society towards inmates and raise awareness on their behalf. Due to the interdisciplinary nature of the project as well as the experience of the participating organizations, it was decided that a multi-approach methodology is to be used. Consequently, the breakdown of the Output was based on three different phases. For the second phase, regarding data collection, a clustered sampling method was used since there was natural grouping in the sample occupation-wise. Thus, the participants were randomly selected from within these categorical pools. Finally, the data collection techniques varied with regard to country and convenience, and included, questionnaires sent through mail, telephone and through-the-Internet interviews, as well as face-to-face ones.

Furthermore, the reasons that a mainly quantitative type of methodology was used, can be traced first and foremost to the idea of generalizability and to the goal of the project, which is to raise awareness and produce change in the prison system through suggestions. In addition, especially in such a difficult and large population, quantitative data are easier to collect and are less prone to biased answers and confounding variables. Moreover, quantitative data are better for decision making and produce more accurate and control-sensitive results.

**EU Survey.** The EU survey tool for the development of questionnaires was chosen in order to ensure better and more organized results. Due to its inclusion of 23 European languages as well as the assurance of confidentiality and anonymity, the EU survey was deemed as the best solution to develop our questionnaire. In addition, the ability to share results through the server and update them regularly also contributed to that choice. Finally, online questionnaires provide better control and guidance over the

participants in order for them to answer all questions as intended by the creators of the tool.

**Phase 1 – Desk Research.** Firstly, the “Desk Phase”, consisted of a literature review, through which, primary information regarding the topic was collected and used as a basis on which the needs of the output were created and assessed. Thus, the two axes of existing provision for the training of stakeholders as well as the support of (ex) offenders were drawn. More specifically, during the literature review, the objective of the study was defined as mentioned above, before the more practical aspects of the output were introduced. The research design consists of the narrowing down of information into best practices, that seem to be the most effective in the context of the output, collected through all different sources, both academic and not (academic journals, national reports, books, training manuals, videos, etc.), thus creating a spherical and objective basis for the development of the assessment tools later on. Through this process, the best practices will be determined and be used as a guide throughout.

**Phase 2 – Development of Screening Tool.** After thorough research and narrowing down of different approaches and methodological bases of research, the development of the screening tool was introduced. The tool consisted of two different parts. A quantitative and a qualitative one, in order to better capture both the intricacies of the issue and the needs of the stakeholders.

On the qualitative aspect, in-depth interviews were conducted in order to provide an early indicator and guide of the problems relating to mental health in correctional institutes. These interviews consist of open-ended questions regarding the conditions, personal opinions and needs of the staff, as well as the procedures that take place (both positive or in need of re-evaluation) inside the correctional facilities. These interviews allow for greater flexibility in answering, giving rise to the true needs of the stakeholders, as well as their attitudes and beliefs towards the success of the current status quo inside prisons. After their collection, qualitative data will be coded and categorized in order to be analysed statistically as a supportive tool for the quantitative



part of the screening tool. Consequently, 25 interviews will be conducted, 5 for each participating country, including all possible stakeholder populations (wardens, scientific personnel, NGO workers, experts, probation officers and administrative staff).

On the quantitative aspect, a questionnaire for the stakeholders was created, consisting of six different parts, covering all aspects of the reality of prison workers and inmates and the interaction between the two, in the context of mental health. A total of 500 participants were set as the sample, 100 from each participating country, again, including all possible stakeholder populations. The questionnaire used mainly dichotomous answers (yes/no) in order to better illustrate the true beliefs of stakeholders and avoid Likert scales that may produce a range of statistical biases like the tendency for the middle or pseudo-differentiation of possible answers. In addition, open ended questions were used in order to support quantitative data and catch any missing subtleties in the answers of prison staff. Furthermore, the questionnaire included an informed consent in order to adhere to the ethical standards of proper research and give the participant the list of all of their rights and responsibilities regarding the present study.

Firstly, the type of position of the stakeholder was assessed in order to be later categorized and compared as a possible window into different attitudes and levels of knowledge and experience with regard to mental illness and prison life. On a second level (and if applicable), the personal experience of the employee was recorded, through questions of personal observation of mental health related issues in prisoners, their frequency, the types of mental issues or manifestation of symptoms that occur most frequently as well as the highest at-risk populations that will present them inside the prison (newcomers, refugees, drug addicts, etc.). In addition, the workers were asked to evaluate their own level of commitment and understanding towards the importance and necessity of covering the mental health needs of inmates.

Thirdly, the questionnaire examined the training that staff had received, both on a theoretical and a practical level, in addition to assessing the existence of any prior work experience regarding mental health in the prison system. Furthermore, the

workers were asked to determine what they thought was the most essential facet of mental health of prisoners that they would like to acquire additional training on as well as their attitudes towards current systems and methods of assessment and treatment of mental illness. Finally, the personnel was asked to self-assess the current state of the procedural aspects of the issue in addition to their beliefs about the importance of lifelong learning and possible fear of responsibility that may be a factor that deters them from actively pursuing the above.

Following training, the questionnaire preceded with evaluation related questions, in an attempt to paint an image on the current state of each specific prison when it comes to providing proper assessment and treatment, as well as doing so in a timely fashion, one of the most important and possibly overlooked parts of the equation. The questions included the existence of proper procedures regarding mental health, as well as their timely evaluation during the first introduction of the inmates to the completely new and possibly hostile environment of a correctional facility.

Another important aspect that was included in the questionnaire is related to the therapeutic provision component of prisons. In this segment, the participant was required to answer questions regarding both their personal experience and instructional knowledge on dealing with mental health problems of inmates, their view on how inmates prefer to deal with these issues and who they tend to confide in, as well as the existence of the necessary infrastructure (like the presence of a mental health professional inside the prison) for addressing them. Moreover, the questionnaire examined current provisional status in detail, by addressing the how, where and why of the system, as well as details regarding the types of therapy that are offered in each facility, their personalization and adjustment to each individual case and the possible denial of such services.

On the matter of observable symptoms and consequences of mental health problems in prison, it was decided that the most important and accurate indicator of their effects on prisoners were suicidal and self-harm behaviours, thus, a section was devoted to look deeper into their existence and frequency, as well as any possible

preventative mechanisms in place. Consequently, stakeholders were asked to rate the existence and the frequency of such events, as well as link them to the most vulnerable (in their opinion) groups that might exhibit them, in addition to evaluating their readiness in case of such an occurrence.

Finally, the last part of the questionnaire examined the provisions for the life after release, since one of the major issues with such people, is the probability of relapsing and possibly re-entering the correctional system. This can happen due to the fact that a person suffering from a mental disorder that is either undiagnosed, not properly treated, or treatment is disrupted after release, is at higher risk of re-offending. Thus, in order to prevent such incidents, the assessment tool examined the proper reassessment of inmates before release as well as the existence of programs, specifically tailored for the needs of mentally ill offenders during their reintegration process, either through the state or through NGOs.

**Pilot administration.** After its development, the questionnaire went through a pilot testing period, which was carried out by the Bremen Ministry of Justice in German prisons, in order to assess its efficiency and the ability of the participants to understand and complete it without any confounding variables affecting the validity of the results.

**Phase 3 – Report on Contemporary Picture.** The final part of this Intellectual Outcome refers to the present report, which will act both as a template as well as a comparative mean between different European countries and their attitudes, provisions and procedures regarding the mental health of their inmates, both during and after the fulfilment of their sentence. Through this report, the best practices will be presented, along with suggestions and future recommendations regarding better assessment and treatment of such issues in the population of interest. Below, there will be a full analysis of the results of the study using statistical analyses regarding descriptive data. The analyses will be carried out using SPSS and will be reported accordingly.

## Review of goals and preview of Intellectual Output 2

The goals of the 2<sup>nd</sup> intellectual output of the AWARE project, are based on the prison staff surrounding the inmates themselves, focusing on the attitudes, beliefs and experience that they possess, in reference to the way in which mental health needs are viewed, recognized and cared for inside the correctional system. Specifically, the developed questionnaire that was created for their assessment, evaluates the above based on six different axes, namely personal experience, training, evaluation, treatment, suicidal tendencies and after-release care. Each of these pylons contributes in a different referential way to the spherical understanding of the issues that arise when we are trying to combine proper mental health care inside the novel and unique conditions of correctional institutes across Europe. Consequently, through the realization of the primary research aspect of the output, the aim to recognize weaknesses, blind spots and areas of improvement regarding both the facilities and provision of services, as well as the knowledge and training of the stakeholders themselves. Through the analysis of the provided results in the form of the questionnaire that was created for the needs of the program, it is expected to form a better understanding on what and why is not working, or in is not in accordance to best practices, as seen in the literature review part. The six axes will be analyzed separately, while further classifications and categorizations will be taken into account, with regard to the analyses that were performed on a statistical basis.

## Analysis of Results

In order to analyze the results of the questionnaires, the SPSS 25 (Statistical Package for the Social Sciences) was used. SPSS provides a variety of different statistical analyses which can help interpret results of quantitative data. In this project, frequency tables were produced, in order to interpret the results of the survey. In addition, using the split file function, the results were categorized based on type of employment within the prison system, in order to understand subtle differences in beliefs and attitudes of stakeholders within the prison system. In the IO2 of the aware project, each partner country had the objective of obtaining a total of 100 multi-agency stakeholder questionnaires (e.g., corrections officers, psychologists, educators, etc.). Despite all the efforts, some countries were not able to achieve the required number of questionnaires.

## Sample Demographics

In this section, the characteristics of the targeted population regarding the specific intellectual output of the project will be presented and discussed. It is important to note here that the sample was chosen in order to create a balance between security staff and scientific staff to compare notions and observations of both. Besides a general look at the statistics of the sample as a whole, it was considered important and meaningful to break down results for individual sub-groups with regard to the position of employment of the participants, in order to create a clearer image of the beliefs of each group and produce a more practically useful report, focusing on the specifics of the problems in each different context of interaction of prison staff and inmate population.

The sample consisted of 364 participants. From those, 39% were Female and 61% were Male. Although at first glance there seems to be a relative balance between genders, when broken down with regard to current position inside the prison system, men seem to dominate the Security related positions (75%), while women seem to be employed at a larger scale in either technical/scientific (51%), NGO (89%), Probation authority

(75%) and Prison school (67%) positions (even though the individual sample sizes of those groups differ significantly to draw a concrete, generalizable conclusion).

In terms of educational level, most of the sample had successfully attained, either a secondary (33%), a tertiary (33%) or a graduate level (31%) of education, with very few extremes on either side, holding a Ph.D. or only having completed primary school. Between groups, security staff reported the lowest level of attained education, comparatively to the other groups, with almost half having completed secondary education.

Finally, most of the sample was employed in the security aspect of the penitentiary system (61%), with others being split between technical/scientific staff (19%), probation authorities (13%), NGOs (3%), Prison schools (2%) and Other (3%), which included individualized cases, such as forensic psychiatrists, prison administration staff and employees from the private sector.

## Personal Experience

In this section of the questionnaire, the personal experience of the stakeholders was examined in relation to the mental health of inmates, regarding frequency, severity and link to specific sub-strata of the inmate population and specific illnesses.

From the 364 participants, an alarming 85% reported that they are aware of inmates facing some form of mental health problem inside the correctional facility at which they are employed. Even more importantly, this trend was observed throughout all different sub-groups of employees. Moreover, above 1/3 of the participants reported that the frequency at which these incidents of problematic behavior occurred, was daily.

When asked about the most common manifestations of mental health illness among inmate populations, stakeholders focused mainly on substance abuse-related issues (22%), depression (21%), self-harm behaviors (22%) and personality disorders (18%)

as the main culprits, though, it is important to clarify that some of the above can be characterized as symptoms and not disorders in themselves, in addition to the fact that many of the staff are not qualified to diagnose elusive constructs such as personality disorders, which are hard to identify even by trained professionals (Hopwood et al., 2017).

In terms of inmate substrata vulnerability to mental health related issues, the most susceptible groups are reported to be substance users and newcomers in the prison facilities, while the most resilient ones seem to be the elderly and ethnic minorities. Again, these results are interesting, especially with regard to the latter, since one would expect that ethnic minorities would face the extra hardship of being away from their own country in a foreign environment, with language and cultural barriers in place in addition to imprisonment. One could argue though, that given that their population reaches a specific critical number, the sense of community and solidarity that is created between them, helps them cope and create meaningful relationships and a sui generis support system between ingroup members.

Finally, stakeholders agree that prison staff, in general, considers and cares about mental health issues that arise inside the prison. NGO workers and prison school staff don't seem to have the same stance, but again, their limited number makes these results difficult to assign importance to. Consequently, above half ( $\approx 65\%$ ) of all of participants, report that they take the physical and emotional problems of inmates seriously and that inmates can visit a social worker or/and a doctor or mental health specialist in due time.

## Training

One of the most important, if not the most, part of the questionnaire, delves into the training that stakeholders have received on the topic of mental health issues of the inmate population. The purpose of this part is to assess both the current knowledge as well as the needs of prison staff, when dealing with the mental health of prisoners. Due



to the special and unique conditions of correctional facilities and their effect on mental health, as well as having to deal with a specific population with novel needs, even trained psychologists and psychiatrists, need further specialization to become more efficient and adjust their knowledge to the specific context of prisons, thus making training a crucial aspect of the whole endeavor (Fazel, Hayes, Bartellas, Clerici & Trestman, 2016).

Indeed, the image that is produced through this report is similar to previous ones, in the sense that it points to the glaring gap in proper training of prison staff, regarding mental health of prisoners, on all levels (Hayes, Shaw, Lever-Green, Parker & Gask, 2008). The questionnaire focused on three different aspects of training, having been trained on handling prisoners with mental health problems, possessing theoretical knowledge on mental health problems in prison and having professional experience with this niche population in the past. In all three cases, most participants answered negatively (62%), showcasing a lack of both theoretical and practical insight on how to deal with inmates' mental health, in addition to a lack of training provided by the correctional facilities themselves. Consequently, when asked about possible areas of knowledge that they would like to increase their expertise on, the most common answers referred to general prevention and treatment of mental health issues, focusing mainly on their practical negative effects such as self-harm and suicidality, while many demanded psychometric tools that are properly adjusted to the prison population in order to have better guidance regarding diagnosis and thus, more timely and effective interventions on the specifics of each suffering inmate. It is worth mentioning, that NGO workers were the only group that contrasted with the general consensus, reporting that they had adequate training, theoretical knowledge and experience, making them possible candidates for the transmission of knowledge and good practices to prison staff. Still, the NGO workers' sample size is not great enough to generalize conclusions. Finally, when asked about their opinions on the current status quo of prison life and mental health, they agreed on both the lack of prevention and treatment provisions for mental health, as well as their vital role on the inmates' mental health and wellbeing while



simultaneously portraying eagerness to obtain more responsibilities on the topic on the long term.

## **Evaluation of Mental Health inside the Prison System**

In this section of the questionnaire, the participants were asked questions regarding the existing practices in the correctional facility that they are employed at. This section acts as a precursor to the following parts of the questionnaire, regarding treatment and self-harm behaviors inside prisons.

Indeed, even though above half of prison staff (60%) reports that there are practices for the assessment and diagnosis of patients, the timeliness of their implementation seems to be problematic, with 2 out of 3 prison staff reporting that inmates are not psychologically assessed during their arrival at the prison facilities even though they are supposed to.

## **Therapeutic Treatment**

Treatment of mental health issues within the correctional facilities can be a daunting task. This section of the questionnaire focused on the aspects of both provision as well as efficiency of treatment protocols within prisons. Most participants reported negatively when asked about the procurement of procedural instructions when dealing with such cases, again showcasing the lack of proper training on a formal level from the side of the prisons/organizations and the lack of implementation of it on earlier academic training curricula related to prison work. Interestingly, when asked about where an inmate is more probable to turn to in times of need, most prison workers referred to the prison psychologists or otherwise medical or social support staff, an answer that contrasts that of the inmates themselves, that unequivocally referenced family and friends as their primary contacts in such cases. This bides well with the reported lack of family participation in cases of individualized treatment within the prison. Indeed, this is a serious oversight, since the importance of family presence in therapy is crucial, according to the systemic model (Becvar & Becvar, 2013), one of the

most widely used ones, especially regarding cases of misconduct and criminal behavior or substance abuse, all of which are very common and overlap greatly with imprisonment.

In general, most participants answered positively to the existence of a mental health specialist (psychologist/psychiatrist) within the prisons, as well as their availability and timely response to an inmate's request. On the following questions, regarding treatment after diagnosis as well as the types of provided treatment options, opinions seemed to be divided and equivocal. Many prison workers reported that they did not know about the proceedings in such cases, especially as to whom the diagnosed inmates are referred to and where the treatment takes place. As for types of treatment, individualized sessions seemed to be the most common, again presenting an opportunity for criticism, since group sessions seem to have equal or greater effect, especially when combined with individual sessions (Khodayarifad, Shokoohi-Yekta & Hamot, 2009). However, more than half of the stakeholders answered that the prison system approaches each inmate based on their personal characteristics and mental health problems, adjusting to their needs (56%), while 1 in 5 participants answered that they have observed cases of inmates not receiving their requested assistance, even though the reasoning behind it seems to refer to accounts of malingering or attempts at reducing their sentences.

## **Suicidal Behaviors amongst Prison Population**

From all the possible symptoms of mental health problems, the most immediate and threatening one is suicidality. Unfortunately suicidality rates among prison inmates are far greater than those of the outside population, something that can be attributed both to the overlapping of criminal behavior and untreated mental illness and the conditions and environmental factors of the correctional facility systems across the world (Barker, Kolves & De Leo, 2014). Thus, in this section, the prevalence of such incidents and behaviors, as well as adjunct ones like self-harm, were investigated.

Regarding prevalence, self-injury behaviors seem to be very common, being reported by 1 in 3 participants in general, while 1 in 2 reported having experienced a suicide or a suicide attempt inside their prison at some point. Half of the prison staff reported that these events occurred rarely but an alarming percent (20%) reported them occurring often. Consequently, only 40% of the prison workers were positive on the existence of a suicide prevention program within their correctional facility, with many of them not knowing or denying its existence. Moreover, the same groups seem to be at risk of suicidal behaviors as in the overall mental health vulnerability question (newcomers and users of addictive substances), portraying the high correlation between mental health and suicidality which has been proven time after time (Farrelly, Jeffery, Rusch & Williams, 2015). The results of this section become alarming, especially when paired with the fact that 60% of the staff report having received no training on suicide prevention methods and strategies, which are crucial for the well-being of inmates.

## After Release Care

One of the most important and also underrated parts of the issue at hand is the care for inmates suffering from mental problems, not only during their imprisonment but also after it. This part of an inmate's life is one of the most important, since the correct re-introduction to civil society is crucial for the reduction in the probability of re-offense from the side of the inmate. Although this is a two-way street, in which not only the inmate but also society itself need to make steps in order to meet the other half-way, the way that one is stigmatized after a prison sentence, reinforces criminal behavior. This, combined with the vulnerability that comes with mental disease, makes things even harder and creates the exact double stigma that this project sailed out to combat in the first place. Moreover, correctional facilities play a vital role in communicating and continuing mental health care for inmates. Especially in the cases where the prison environment triggered or fostered the development of mental health problems, it is extremely important for prisons to act as providers of mental medical history to outside

organizations and institutions that will take on the mental health needs of inmates. Thus, the last section of the questionnaire is focused on existing practices regarding this aspect of after prison life, the provision and knowledge of such institutions and their structure and function.

When asked to respond on whether there is an assessment procedure after release, only 30% answered positively, while 35% answered that there isn't any and another 30% that they do not know. This uncertainty and confusion is also evident in the next question, regarding the existence of a plan to return to communities created for ex-inmates after release. In this case, 30% prison workers answered that this was the case sometimes, 22% never and 17% always. These answers showcase a lack of informed opinions or a confusion regarding the existence and definition of such organizations. However, when inquired on whether they know where to send inmates after their release in regard to their mental health issues, more than half (60%) of participants answered positively. Finally, in relation to the nature of those organizations, participants pointed to NGOs as the go to entities to refer ex-inmates. This contrasts the lack of knowledge or existence of state-run structures with a similar function, thus necessitating the need for NGOs to feel that gap.

## Conclusion

The purpose of the present questionnaire was to assess the needs and attitudes of stakeholders regarding theirs and the prison's role in the facilitation of the mental health needs of inmates, as well as the de-stigmatization of both of those qualities in order for them to re-integrate into civil society. From the results, specific glaring gaps in the system's function and provision can be pointed out in two main areas. On the one hand, it is clear that the main problem that needs to be dealt with, is training specifically designed to the needs of prison inmates that are suffering from mental illness or are in the process of developing it. Even trained psychologists and psychiatrists must realize that there is a different light under which mental health needs to be appreciated and provided for in correctional facilities. The environment as well as the limitations that

define a prison, are crucial factors when discussing treatment and diagnosis of such problems. There should also be emphasis on the security staff, since they are the ones that have the biggest timeshare with inmates on a regular basis, making it quintessential for them to be able to act as early detection agents of such issues and problematic behaviors and inform the proper authorities. Since NGOs seem to be the most confident in their knowledge, experience and theoretical background, regarding mental health in prisons, maybe they could act as possible trainers or mentors for prison staff, at least, until the training is implemented in their regular curricula as a prerequisite for working in the prison system. The second point that needs to be addressed is the lack of personnel available, as well as the lack of proper tools and infrastructure inside the prisons themselves. Again, these issues may not seem of extreme importance, but given the vulnerability of a person that suffers from a mental health disorder or portrays such symptomatology, in combination with the stress, anxiety and depression as well as lack of proper engagement that the prisons usually provide de facto, make them a huge priority. Indeed, many of the complaints of the staff were centered on that problem. Lack of personnel, causes longer queues in treatment, or worse, the need to transport inmates to external facilities, something that is an inconvenience for both the prison staff and the inmates themselves, while in addition, the psychologists/psychiatrists that actually get to treat or oversee the patient don't have the full image of their everyday environment, thus diminishing their ability to help efficiently.

## References

- Barker, E., Kőlves, K., & Leo, D. D. (2014). Management of Suicidal and Self-Harming Behaviors in Prisons: Systematic Literature Review of Evidence-Based Activities. *Archives of Suicide Research, 18*(3), 227–240. doi: 10.1080/13811118.2013.824830
- Farrelly, S., Jeffery, D., Rűsch, N., Williams, P., Thornicroft, G., & Clement, S. (2015). The link between mental health-related discrimination and suicidality: service user perspectives. *Psychological Medicine, 45*(10), 2013–2022. doi: 10.1017/s0033291714003158
- Hayes, A. J., Shaw, J. J., Lever-Green, G., Parker, D., & Gask, L. (2008). Improvements to Suicide Prevention Training for Prison Staff in England and Wales. *Suicide and Life-Threatening Behavior, 38*(6), 708–713. doi: 10.1521/suli.2008.38.6.708
- Hopwood, C. J., Kotov, R., Krueger, R., Watson, D., Widiger, T. A., Althoff, R. R., ... Zimmermann, J. (2017). The time has come for dimensional personality disorder diagnosis. *Personality and Mental Health*. doi: 10.1002/pmh
- Khodayarifard, M., Shokoohi-Yekta, M., & Hamot, G. E. (2009). Effects of Individual and Group Cognitive-Behavioral Therapy for Male Prisoners in Iran. *International Journal of Offender Therapy and Comparative Criminology, 54*(5), 743–755. doi: 10.1177/0306624x09344840

