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# Mental health in prison

**A short guide for prison staff**



## Mental health in prison: a short guide for prison staff

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# Mental health in prison

## A short guide for prison staff

### Introduction

According to the World Health Organization (WHO), one in four people will be affected by mental or neurological disorders at some point in their lives.<sup>1</sup> Over 10.35 million people are in prison globally, and prisoners have a disproportionately high rate of mental ill-health; research suggests that around one in seven prisoners has a serious mental health condition.<sup>2</sup> Women in prison are known to have more complex and higher levels of mental health conditions than men, much of which is linked to trauma from previous violence that they have suffered.<sup>3</sup>

There is widespread stigma and discrimination towards people with mental ill-health, and mental health conditions are often misunderstood.

Protecting mental well-being and addressing mental ill-health are two of the most challenging issues in prisons worldwide. The set-up of prison healthcare varies from country to country, and many prisons do not have the resources to provide adequate mental healthcare for both prisoners and staff.

Prison staff face the consequences of supervising people with mental ill-health on a daily basis, yet frequently do not receive the necessary training or support. Appropriate responses to mental ill-health help create better working conditions and safer work places for prison staff. The promotion, protection and restoration of mental health in prisons are also vital measures for prisoner rehabilitation and their safe reintegration back into the community.



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## Scope of the short guide

This guide seeks to help prison staff understand and respond appropriately to the mental health needs of adult prisoners. It focuses on how prison staff can promote and protect mental health and well-being and enable those with existing conditions to function better in the prison environment. It does not detail the diagnosis and treatment of specific conditions, as this is the responsibility of mental health professionals. It is not intended to replace mental health training, which all prison staff should receive as part of their professional and ongoing development.

## Understanding mental health

People with good mental health are generally able to think, feel and react in ways that enable them to enjoy life, whilst those with poor mental health may find life difficult to cope with and may find it hard to constructively interact with others. It can be particularly difficult for those with poor mental health to participate in, or contribute to, daily prison life. Poor mental health can also reduce engagement in rehabilitation activities and it is therefore associated with reoffending.

### Terminology

#### Mental health

WHO defines mental health as ‘a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community’.<sup>4</sup>

#### Mental ill-health and mental health conditions or disorders

This guide uses these terms to describe a wide range of psychiatric disabilities, including those explained on pages 7–8. They can be described as ‘health conditions involving changes in thinking, emotion or behavior (or a combination of these)’.<sup>5</sup> There is no clear distinction between the symptoms of low-level, common and severe mental health conditions – it is a continuum or a ‘spectrum’.

#### Intellectual disabilities

These are ‘a condition of arrested or incomplete development of the mind characterised by impairment of skills and/or overall intelligence in areas such as cognition, imagination, language, and motor or social abilities’.<sup>6</sup>

Whilst intellectual disabilities and mental ill-health have different causes and effects, they can all affect an individual’s ability to function in a prison environment and they frequently co-occur. For this reason, prison staff should apply the appropriate approaches outlined in this paper for both categories.

## Cultural perspectives on mental health

Across the world there are many different ideas about the causes and diagnoses of mental ill-health and which treatments are the most effective. In some cultures, mental health is associated with religious or spiritual traditions and beliefs. Mental health professionals in many countries use the same clinical diagnosis and treatments; however, the terminology used is not the same in all countries. Culturally-relevant approaches to mental healthcare are important, including for Indigenous people in prison.

## Common symptoms of mental ill-health

There are many different types of mental health conditions, with a broad range of symptoms which may change over time. Some people experience more than one mental health problem and some symptoms are associated with more than one condition.

Signs of mental ill-health listed below can also be common responses to imprisonment. Many prisoners will display such signs during their imprisonment, but this does not mean they have a specific mental health condition or that they require a medical or clinical response. However, prison staff should be aware that low-level symptoms of mental ill-health may develop into more serious, longer-term conditions, and they should be equipped to deal with both.

### Common symptoms:

- Suicide and self-harm
- Confused thinking and speech
- Experiencing extreme moods
- Sudden mood/behaviour changes
- Erratic behaviour
- Not looking after oneself
- Being quiet, sad or withdrawn
- Disruptive, impulsive or aggressive behaviour
- Drug and alcohol use
- Not being able to recognise and communicate problems and needs

- Disconnectedness
- Bound to regime/rigidity
- Irritability
- Apathy
- Fear and anxiety
- Inability to cope with daily tasks
- Difficulty concentrating
- Sleep problems
- Eating problems
- Demanding of staff time and attention

## Types of mental health conditions

Some people have mental health conditions that are never diagnosed. This can be due to a lack of mental health professionals or available expertise.

Common mental health conditions which prison staff are likely to encounter include:

### Depression

A prolonged feeling of low mood which can affect everyday life and, in some cases, lead to self-harm or suicide. People with depression often feel hopeless, worthless and unmotivated. Antenatal and postnatal depression are types of depression related to pregnancy and childbirth.<sup>7</sup>

### Anxiety

Intense and prolonged feelings of worry or fear which can be overwhelming. People with anxiety may get easily stressed about everyday life or things which are unlikely to happen. Anxiety can lead to sleeplessness, panic attacks and an increased heartbeat.

### Personality disorders

Those with personality disorders think, feel and behave differently from most people, causing distress or problems functioning.

### Post-traumatic stress disorder (PTSD)

An anxiety disorder caused by traumatic events. PTSD may develop months or years later, often relived through vivid flashbacks and nightmares, and accompanied by physical sensations such as pain, sweating, nausea and trembling.



### Eating problems

Uncommon among men in prison, eating problems commonly affect women prisoners, including anorexia, bulimia and binge eating, which are often expressions of pain and difficulties in life.

Some other conditions which prison staff may encounter more rarely include:

### Bipolar disorder

A condition involving extreme and overwhelming mood swings – from feeling low and lethargic to feeling high and overactive. These changes are distressing and can have a severe impact on daily life.

### Schizophrenia

A condition that causes hallucinations, delusions and disorganised thinking. It may also lead to people being disconnected from their emotional state.

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### Screening and assessment

Through an initial screening of new prisoners, as required by the UN Nelson Mandela Rules and the Bangkok Rules, critically poor mental health can be detected. This is important for preventing suicide or self-harm, ensuring appropriate interventions, and can improve the safety of prisoners and staff.<sup>8</sup>

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Where studies of mental illness have been conducted with prison populations, the prevalence has been consistently shown to be high.<sup>9</sup>

# Understanding causes of mental ill-health among prisoners

## Prisoners arrive with existing mental health conditions

### Backgrounds

Poor mental health is often associated with poverty, unemployment, violence, discrimination, stress, social exclusion, substance dependencies and physical ill-health. Troubled backgrounds contribute to both criminality and mental ill-health. It is common for people with mental health disorders to have received no treatment before arriving at prison.<sup>10</sup>

### Imprisonment as a result of mental ill-health

In some countries, people with mental health conditions who have not committed a crime, or who have committed a minor offence, are sent to prison rather than given appropriate care.

### Mental health contributing to offending

Offenders with mental health conditions also have a high rate of imprisonment. Some commit crimes as a result of their condition or because of poverty. They may be more likely to be arrested and convicted due to prejudices in the criminal justice system and may be less likely to be granted parole.

In many African countries it is possible to be arrested for being a 'rogue', 'vagabond' or an 'idle and disorderly person'. In one reported case, a school teacher with a psychosocial disability missed his medication due to a local drug shortage and was walking down the road singing – he was arrested, charged with being 'idle and disorderly', and subsequently spent three months in prison.<sup>11</sup>

## Alternatives to detention

People with severe mental health conditions should never be held in prisons, and there is an absolute prohibition of detention on the basis of impairment.<sup>12</sup> In cases where they are detained, accommodation should, at a minimum, be in facilities with appropriate specialised treatment, in units supervised by healthcare staff. [Mandela Rule 109 (3)]

Those with less severe mental health conditions should be diverted away from the criminal justice system where appropriate. If diversion is not possible, sentencing alternatives should be considered, in consultation with mental health professionals. Prison should only be used as a pre-trial measure or sanction as a last resort, particularly given the negative impact it has on mental well-being.

[UN Tokyo Rules, Rule 6]

## Imprisonment causes and exacerbates mental ill-health

### Impact of imprisonment

Sentence length, uncertainty about the future and a lack of mental stimulation can cause or contribute to mental ill-health amongst prisoners, as can reduced contact with support networks. Mental health is also impacted by the availability, or lack of, drugs in prisons.

### Conditions of detention

Prison overcrowding and poor conditions of detention contribute to mental ill-health, as do factors such as limited privacy and isolation, including solitary confinement. Poor physical health and lack of appropriate treatment is also closely related to mental ill-health.

### Mistreatment in detention

People's mental health can also be impacted by mistreatment inside prison, such as violence, including sexual violence, bullying and harassment, stigma, discrimination and dehumanisation by staff.



### **Mental health and drug use**

There are many associations between mental health and drug use, which prison staff should be aware of. Drug use (or drug withdrawal) may mirror some of the symptoms of mental ill-health or can exacerbate symptoms. Use of substances may be a sign of mental ill-health and people with mental health conditions may be more likely to use drugs, in some cases to alleviate the symptoms of mental ill-health.

### **Sudden or significant changes cause or exacerbate mental health conditions**

Mental ill-health can be triggered by sudden or significant changes in a person's life. These could include receiving a prison sentence, outcomes from court hearings, family breakdown or the death of a family member. Separation from children and the loss of child custody particularly impact women in prison.<sup>13</sup>

### **Mental health of women in prison**

Widespread domestic violence against women and sexual abuse prior to imprisonment have been documented in countries worldwide. Women who are admitted to prison are more likely than men to have existing mental healthcare needs, often as a result of domestic violence and physical and sexual abuse. Furthermore, most women who are admitted to prison are mothers, and the separation from their children, as well as from the rest of their family, can have a severely negative impact on their mental well-being. (Bangkok Rules 12 and 13)

### **HIV and mental health in prisons**

People in prison are five times more likely to be living with HIV than adults in the general population and studies have shown that rates of mental illness are exceptionally elevated among this population.<sup>14</sup> There are also higher rates of substance use, anxiety and PTSD among prisoners living with HIV.

*Prisoners with mental health problems will often also have several other vulnerabilities, including substance dependencies, poor life skills, histories of trauma, unstable housing and limited experience of employment.*

# Mental healthcare in prison

## Key international standards

At the international level, UN member states recognise that people in prison have complex mental health needs and have adopted standards that outline mental healthcare provision in prison, based on best practice.

These include the UN Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) and the UN Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules). The UN Convention on the Rights of Persons with Disabilities (CRPD) also provides key safeguards for people with mental impairments in prison.

## Basic principles

- All prisoners have a human right to the highest attainable standard of physical and mental health. (**International Covenant on Economic, Social and Cultural Rights (ICESCR), Article 12**)
- States have an obligation to provide adequate treatment and care for the mental health of all prisoners, and to mitigate the effects of imprisonment on mental well-being. (**Mandela Rules 24, 25 and 33**)
- Mental healthcare and support must be provided at the same level of care as in the community. (**UN Principles of Medical Ethics, Principle 1; Mandela Rule 24**)
- Prisons should retain a sufficient number of specialists on their staff, including psychiatrists and psychologists. (**Mandela Rule 25**)
- Prisoners with mental ill-health must be treated with humanity and respect for their inherent dignity. (**Mandela Rule 1**)
- Gender-specific provision of mental healthcare should be provided to women prisoners. (**Bangkok Rule 10**)
- All prisoners have the right to protection from exploitation and abuse, including torture and ill-treatment. (**CRPD, Article 16; Convention against Torture, Article 2; Mandela Rule 1**)

- Prisoners with mental health conditions have the right to equal recognition before the law. (**CRPD, Article 12**)
- All prisoners must be protected from discrimination, including on the grounds of their mental health status. (**Mandela Rule 2**)

## The role of prison healthcare staff

As in the community, the primary responsibility of all healthcare professionals in prisons is the care and treatment of their patients, based on individual assessments of their medical needs. Their fundamental ethical obligations are to respect the autonomy and best interests of the patient, to evaluate, promote, protect and improve the physical and mental health of prisoners, and to avoid harm being done to them.

There are clear responsibilities of prison healthcare staff to prevent and treat mental ill-health, including:

- Ensuring that medical assessments include screening for mental health conditions and the risk of suicide and self-harm. (**Mandela Rule 30**)
- Ensuring there is continuity of care, including the transmission of files in cases of transfer, and close links with community healthcare services. (**Mandela Rules 24(2) and 26(2)**)
- Protecting medical confidentiality and ensuring informed consent for any medical treatment. (**Mandela Rules 26, 31 and 32(b),(c)**)
- Referring any cases requiring specialist treatment to relevant professionals. (**Mandela Rule 27(1)**)
- Reporting to the prison director any adverse effects on mental health from restrictive measures, and advising if the measure should be terminated or altered. (**Mandela Rule 46**)

## Trenčín statement on prisons and mental health

‘Promoting mental health and well-being should be central to a prison’s health care policy. This will address such matters as the general prison environment, prison routines and levels of prisoner activity, education and work opportunities, and staff-prisoner relationships.’<sup>15</sup>



# The role of prison staff in addressing mental ill-health and promoting mental well-being

Prison staff can play a vital role in the prevention of mental ill-health and can improve prisoner well-being as part of their regular work. The way staff treat and interact with prisoners can prevent, cause or exacerbate mental ill-health. Whilst staff cannot control the numbers of people entering prison with mental health conditions, they can tackle many of the factors that exacerbate such conditions and which contribute to mental ill-health, without the need for additional resources.

Prison staff should not be expected to diagnose specific conditions or to perform the functions of mental health professionals, but their timely and appropriate responses are crucial. Early detection and intervention by staff can prevent minor issues from developing into more serious conditions and may help prevent suicide and self-harm.

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*'[M]uch can be done, even in countries with the most limited resources, to make substantial and long-lasting improvements to the treatment and care of those people in prisons with mental disorders.'*<sup>16</sup>

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## Urgent responses

There are some situations related to mental ill-health that require urgent responses from prison staff, including if prisoners pose a threat to themselves or others or to the safety and security of the facility.

### Identify warning signs

Staff should be equipped to recognise the signs of serious mental health conditions in individuals that require immediate attention. These could include:

- Suicide and self-harm attempts
- Active suicide preparation
- Confused thinking and speech
- Experiencing extreme ups and downs
- Sudden mood/behaviour changes
- Erratic behaviour

### What can staff do?

If staff suspect that a prisoner has a serious mental health condition that requires urgent attention, they should immediately:

- Inform the prison healthcare staff and their managers and communicate necessary information to other relevant staff members.
- Take urgent protective action if there is danger to the relevant individual or others.
- Speak in an open and sympathetic manner with the relevant individual to try to understand their situation.

### Prison staff must:

- Not use restraints, unless it is strictly necessary to prevent prisoners from injuring themselves or others or from damaging property. **(Mandela Rule 47)**
- Not use force, except in self-defence or in cases of attempted escape or physical resistance to an order, and any such force must be based on law or regulations. **(Mandela Rule 82)**
- Not place the prisoner in solitary confinement as it is likely to exacerbate the prisoner's condition. **(Mandela Rules 43–46)**

'Suicide is often the single most common cause of death in correctional settings... [a] stressful event for officers and other prisoners faced with it.'<sup>17</sup>

## Suicide and self-harm prevention

Proper supervision of prisoners and the ability of staff to identify those at risk are key components of effective suicide and self-harm prevention. If a staff member suspects that a prisoner is at risk of suicide or self-harm, or if a suicide attempt or self-harm has occurred, they should take the following actions.

### Immediate actions:

- Secure the area and provide any first aid necessary.
- Inform healthcare staff and managers immediately.
- Ensure uninterrupted supervision of the prisoner and provide them with human contact.
- Initiate meaningful conversations with the prisoner.
- Remove any items which could be used for suicide or self-harm.<sup>18</sup>
- Inform other staff members of the situation.
- Do not place the prisoner in isolation.

### Longer-term actions:

- Ensure the prisoner is seen and treated by a mental health professional.
- Provide them with appropriate support and counselling.
- Place them in suicide-safe accommodation and reduce access to means of suicide and self-harm.
- Properly supervise and monitor all those at risk.
- Properly report, record and investigate all incidents of suicide and self-harm, including to determine what authorities could have done better to prevent them.

### Prison staff must:

- Not punish prisoners for self-harm incidents and suicide attempts.

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For more information on preventing suicide and self-harm go to: World Health Organization, Preventing Suicide in Jails and Prisons ([who.int/mental\\_health/resources/preventingsuicide/en](http://who.int/mental_health/resources/preventingsuicide/en); available in multiple languages).

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# Monitoring risk factors

## Be alert to situations of heightened risk

There are particular times or situations when prisoners with mental ill-health might experience a deterioration in their condition, including the possibility of self-harm or suicide. Staff should be aware of these situations and put precautions in place as necessary. Factors that could result in a deterioration in a prisoner's mental well-being could include:

### Personal factors

Illness or death of family/friends; marital and other family breakdown; significant family events; major public or religious holidays; news related to physical health; financial worries/debts; withdrawal from substances; and the end of support programmes.

### Criminal justice-related factors

Pre-trial detention, sentencing, court and parole hearings/decisions; decisions on prison transfers/allocation; and the period leading up to release.

### Relating to detention conditions

Periods of isolation, particularly solitary confinement; the imposition of disciplinary measures and the use of restraints or force; periods of inactivity or over-activity; deterioration of physical conditions of detention; incidents of bullying, harassment or violence, including sexual abuse.

## Be aware of at-risk individuals

Whilst everyone in prison is at risk of mental ill-health, it is important for prison staff to be aware of particular groups or individuals who may (but not necessarily) be more at risk, including: women; children/young people; foreign nationals; lesbian, gay, bisexual, transgender and intersex (LGBTI) prisoners; the elderly; and prisoners with physical disabilities. Prisoners who have been sentenced to death or those with uncertain or indeterminate sentences, including pre-trial detainees, are often affected by mental ill-health, as are segregated prisoners.

Prisoners with certain backgrounds are also at risk of mental ill-health, including people who have experienced abuse and trauma.

Those with primary care responsibilities for family members are more likely to experience anxiety about the situation of their family, including their children – this commonly affects female prisoners. Research has highlighted that mothers separated from their infants are at high risk of mental health difficulties, particularly following recent childbirth.<sup>19</sup>

# Communication and culture

## Positive communication and interaction with prisoners

Isolation and a lack of mental stimulation or communication with others are common factors which contribute to mental ill-health in prisons. Positive staff attitudes and interactions are therefore critical to the well-being and rehabilitation of prisoners. Staff can offset the negative psychological impact of imprisonment, and ward off common reactions, such as depression and anxiety.

Staff who communicate positively with prisoners, using dynamic security approaches, may also be able to identify warning signs and potential triggers for mental health decline.

### Dynamic security

Dynamic security combines positive staff-prisoner relationships with fair treatment and purposeful activities that contribute to effective rehabilitation and reintegration to society.

The first step  
in understanding  
the mental health  
situation in a  
prison is to ask  
prisoners their  
views on their needs  
and how these  
might be met.

For example, conversations with prisoners may reveal problems they are facing.

The opportunity to talk about a concern may be enough to relieve stress and staff may also be able to provide solutions.

- Build rapport with prisoners, using positive body and verbal language.
- Engage prisoners in meaningful conversations and listen to their problems and concerns.
- Be alert to warning signs of mental ill-health, including sudden changes in moods and behaviour, and share information with colleagues.

### Understand the problem

When prison staff understand the causes and consequences of mental ill-health they are in a better position to understand the impact on prisoners.

Thorough and regular needs and risks assessments, individualised sentence planning, appropriate security classification and good record-keeping will help prison staff understand and respond to specific risks and triggers.

- Talk to prison healthcare staff and mental health professionals about mental ill-health, and read available information about prisoner mental health.
- Talk to prisoners with mental ill-health to understand how their condition impacts them and what can be done to improve their situation.
- Request training on mental ill-health.

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### Promising practice: Samaritans' prison Listener scheme

The Listener scheme is a peer support service which aims to reduce suicide and self-harm in prisons in England, Scotland and Wales. The Samaritans organisation selects, trains and supports prisoners to become Listeners. Listeners provide confidential emotional support to fellow prisoners who are struggling to cope. At the end of 2015, there were 1,803 active prison Listeners.<sup>20</sup>

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# Prison regime

## Promote physical health

Poor physical health can increase the risk of developing mental health conditions, and vice versa – poor mental health can negatively impact physical health.

- Talk to prisoners about their health and any problems they are facing.
- Encourage prisoners to participate in physical activities.
- Ensure that all prisoners have access to prison health facilities and that they are able to request and attend medical appointments.
- Ensure that all prisoners have access to adequate food and water.

### Promising practice: Yoga and t'ai chi

In Thailand, yoga and t'ai chi practices were used in two projects that aimed to improve the health of women prisoners. Ten women prisoners from Ratchaburi Central Prison became instructors and travelled to Koh Samui women's prison to teach yoga. The project also boosted the morale of the prison staff and built better relationships between prisoners themselves and between prisoners and staff.<sup>21</sup>

## Promote meaningful activities

Prisoners can develop mental ill-health due to a lack of physical activity and mental stimulation. On the other hand, prisoners who are able to participate, on a voluntary basis, in different aspects of prison life will be less isolated and more engaged. In well-functioning systems, prisoners can play an active role in improving prison life.

Prisoners who are engaged in physical and intellectual activities generally have improved moods and self-esteem, as well as reduced levels of stress and anxiety.<sup>22</sup>

Staff should also be aware that those with existing mental health conditions may face barriers to getting involved with physical or educational activities, which may be due to a lack of confidence, anxiety, or fatigue.

- Support the development of prisoner-led activities and promote programmes throughout the prison.
- Talk to prisoners about available activities, including work, training, sports and recreation and their potential participation in such programmes.
- Try to understand and address any barriers to participating in activities faced by prisoners.
- Ensure that activities are tailored to a range of interests, abilities and confidence levels.

### Promising practice: Prisoners raise awareness of mental health

In Ireland, under a partnership between the Red Cross, the prison service and the country's education training agency, a group of prisoners in each prison attended a weekly training session on health, for between four to six months. Following completion of the course, the prisoners were supported by staff to work on a peer-to-peer basis, raising awareness and implementing projects to improve the overall health and well-being of prisoners in their community, including on mental health and self-harm/suicide prevention. Almost 800 Irish Red Cross volunteer prisoners have been recruited since 2009 and roughly half of these have completed the full course and graduated.<sup>23</sup>

## Consider physical conditions of detention

Conditions of detention and levels of overcrowding can have a significant impact on mental health and well-being. Contributing factors include silence, constant noise or specific noises like doors banging, smells, temperature and ventilation. Hygiene levels and access to toilets/showers, sleeping arrangements, and a lack of privacy also impact mental well-being.

Prison staff can take steps to improve conditions of detention for individual prisoners. In many cases, the costs of dealing with physical conditions are less than the long-term costs of mental ill-health.

- Seek to understand the issues that are impacting prisoners' mental health and how many prisoners such issues may be affecting.
- Deal with the situation directly if possible or refer the problem to the prison administration.

### **Keep prisoners informed**

Uncertainty, doubt and fear of the unknown can be major contributory factors in mental ill-health. Prison staff can offset some of these issues by making sure that prisoners receive all the information and support they need, in a format they understand, to help them adapt to prison life.

(Mandela Rules 54, 55 and 56)

- Check prisoners have received and understood information about prison life and their rights and responsibilities, including in relation to procedures such as body searches, and how to make requests and complaints.
- Ensure that prisoners know how they can access legal advice and representation.
- Check that they understand what is happening in relation to the case against them and that they are informed about key dates, decisions, etc.
- Ensure that those with mental health conditions are able to defend themselves during disciplinary hearings and have access to any help, including legal representation as necessary.

### **Facilitate contact with the outside world**

The lack of contact with family, friends and social networks is a key contributory factor to mental ill-health in prisons. Those who have regular outside contact are less isolated and may be able to participate in decisions about family and community life. Such contact can also reduce prisoners' anxieties about their family members and other personal matters.

*'From the perspective of prisoners with mental illness, their families are often the sole source of support. They may be critical for a prisoner to re-enter society successfully.'*<sup>24</sup>



- Inform prisoners of the different ways they can contact their family/friends, and pay special attention to ensuring that those with mental health conditions are able to establish and maintain this contact. **(Mandela Rule 58)**
- Ensure that all prisoners have equal access to different means of communication and help to overcome any difficulties in contacting families/friends.
- Ensure that external independent prison monitors have access to people in prison with mental health conditions and can inspect relevant services and facilities. **(Mandela Rule 84)**

### Stop bullying, harassment and violence

Prisoners who are subjected to bullying, harassment and violence, including sexual violence, are at risk of developing mental ill-health.

Body searches can be intimidating and degrading; they represent a high-risk situation for abuse and ill-treatment and are sometimes misused to intimidate, harass, retaliate or discriminate. The psychological impact of body searches can be exacerbated for those with mental health conditions.

- Be aware that prisoners with mental ill-health may be particularly vulnerable and put protective measures in place as necessary.
- Report any instances of bullying, harassment and violence by either staff, prisoners or external visitors.
- Ensure there are avenues for complaints and safe spaces for prisoners to speak with someone they trust.
- Body searches should be resorted to only when strictly necessary to ensure the security of staff and detainees, and they should be conducted in a manner that respects the dignity of the person, in line with safeguards. **(Mandela Rules 50–53, Bangkok Rules 19–21)**

### Tackle discrimination and stigma

It is likely that prisoners with mental health conditions will encounter discrimination throughout their detention, which can impact on access to educational and vocational programmes and other services. Discrimination of prisoners with mental ill-health is also common in the application of early release mechanisms and disciplinary measures (see page 31).<sup>25</sup>

- Be aware of stigmatisation and any barriers affecting equal access to opportunities within the facility, and act to end discrimination.
- Consider whether and how a prisoner's mental health condition may contribute to their behaviour in the context of the assessment of risk for release, or any reward or privilege system based on 'good behaviour'. **(Mandela Rule 39)**

### Preparation for release

Release from prison can present particular risks for prisoners' mental health and well-being, not least if there is a gap in healthcare provision.

- Ensure prisoners receive adequate preparation for release (which should begin upon arrival at prison) and check that post-release support programmes are in place (e.g. links to community health services). **(Mandela Rules 87, 90, 108 and 110)**
- Ensure that relevant information about prisoners is fed into post-release care programmes.
- Facilitate visits with families and friends, including the possibility of extended/home visits as the release date approaches.

### Reintegration

Mental ill-health makes reintegration even more difficult upon release from prison. People released from prison who have mental health conditions may find it difficult to secure appropriate, sustainable employment and housing, and their capacity to successfully engage with the world outside prison may be compromised, particularly if their condition remains untreated. Post-release support therefore must be holistic and ensure continuity of care with regards to mental and physical health.

'There is unequivocal evidence that solitary confinement has a profound impact on health and wellbeing, particularly for those with pre-existing mental health disorders, and that it may also actively cause mental illness.'

<sup>26</sup>

## Discipline, sanctions and restrictions

### Solitary confinement

The negative impact of solitary confinement on physical and mental health and well-being is well-documented.<sup>27</sup>

- Only use solitary confinement in exceptional circumstances as a measure of last resort, for as short a time as possible and subject to independent review. (Mandela Rule 45)
- Never place those with existing mental health conditions in solitary confinement 'when their conditions would be exacerbated by such measures'. (Mandela Rule 45(2))
- Ensure that those segregated, as defined by the Nelson Mandela Rules, are regularly monitored for adverse effects on their mental health. (Mandela Rule 46(2))

### Use of restraints and use of force

The use of restraints poses particular risks for those with mental health conditions.

- Only use restraints as a measure of last resort if the prisoner becomes a danger to themselves or others, or to prevent them from damaging property, and use for the shortest possible time. Never use restraints as a form of punishment. (Mandela Rule 47)
- Instead of restraints, use preventive and defusing techniques, such as negotiation and mediation.
- Ensure that prisoners with mental ill-health who are restrained (as a last resort) have access to health professionals.
- Never use force, except in self-defence or in cases of attempted escape or physical resistance to an order based on law or regulations. Do not use force more than is strictly necessary. (Mandela Rule 82)



# Prison administration and management

To ensure that prison staff can respond effectively to mental ill-health, prison management need to ensure a safe and constructive environment. Prison managers and policymakers should primarily ensure there are clear policies, procedures and lines of responsibility relating to mental ill-health.

Institutional culture, 'the shared assumptions and values of staff and detainees, which guide behaviour with the detaining organization',<sup>28</sup> will define the experiences of prisoners with mental ill-health. It is therefore essential that everyone in the prison environment contributes to an institutional culture that recognises individual differences, is responsive to mental ill-health, and does not tolerate abuse and discrimination. This might involve challenging deep-seated beliefs and attitudes towards mental ill-health over a long period, but will result in a more positive and safer environment for both prisoners and staff.

## Protecting and promoting the health of prison staff

Staff themselves may experience physical and mental health problems, which may be caused or exacerbated by working in a prison environment.

Factors that might affect the mental health and well-being of staff include work stress, lack of contact with family, long working hours, isolation, dangerous working conditions, bullying and intimidation, and exposure to traumatic events, such as suicide attempts and deaths in custody. Staff mental ill-health is also more likely in overcrowded, understaffed and under-resourced facilities and amongst staff who feel undervalued and unsupported. The important role of prison staff must be recognised at management level and strategies should be in place to protect and promote their health and well-being.

Measures that managers can take include counselling and staff support initiatives, anti-bullying initiatives, good management and supervision, good working terms and conditions, and the possibility of advancement and promotion.

## Staff training

Staff training on mental health should be provided by mental healthcare professionals throughout service, and should involve all staff working in prisons, including prison management. Training should include the different types of mental health conditions, causes and symptoms, and early detection and intervention, including the recognition and prevention of suicide and self-harm.

Staff should also receive training on the psychosocial needs of prisoners with mental health conditions, and how to communicate with them. There should be a focus on encouraging mental health promotion for both prisoners and staff and breaking down the stigma and discrimination related to mental ill-health.

## Architecture, design and location

The physical design, availability of space and prison location are also important factors in the promotion and protection of mental health. Facilities in remote areas usually result in less family contact, and designs with heavy security features such as heavy gates and stark decoration are likely to cause or exacerbate mental ill-health. Conversely, facilities that are designed to be welcoming and user-friendly can contribute to overall mental well-being. This might include the incorporation of therapeutic colour schemes, access to open spaces, and the provision of multi-purpose spaces for rehabilitation purposes.<sup>29</sup>

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### Promising practice: Improving physical conditions of detention

New Zealand's Department of Corrections has announced a plan to spend over NZD\$11 million to create better prison environments and to help prison officers support prisoners with mental health conditions, including improving the physical environment of at-risk units. Statistics show that 62 per cent of those imprisoned in a 12-month period had some form of mental health or substance abuse disorder.<sup>30</sup>

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## Multi-agency and community based-approaches

Approaches to mental ill-health in prisons should be well-coordinated across the different agencies and individuals working in prisons, including the private sector. There should also be good cooperation with community organisations specialised in mental health.

# Endnotes

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