

# Reintegration of convicts Class 3

## *Reentry of prisoners with Serious Mental Health Disorders*



Academic year 2021/2022

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**KATEDRA PRAWA KARNEGO WYKONAWCZEGO**

# *Introduction*

## *Serious mentally ill:*

Schizophrenia/Psychotic Disorders

Major Depression

Bipolar Disorders

Organic Brain Syndrome

The mission of Prisoner Reentry is to enhance public safety by reducing offender recidivism through a seamless plan of services and supervision, delivered through state and local collaboration.

This plan will be developed with each prisoner from the time of his or her entry into the prison system through parole and reintegration into the community.

# *Introduction*

**MALE**

**26.6%**



**FEMALE**

**50.5 %**

# ***Mental health in prison***

- ▶ Prisoners with mental health problems benefit from good basic prison care.
- ▶ Prisoners with mental health problems will often also have several other vulnerabilities, such as substance misuse problems, poor physical health, learning difficulties, poor life skills, histories of trauma, relationship difficulties, unstable housing and/or homelessness, poor education and limited experience of employment.
- ▶ Mental health treatment and care need to address all the prisoners' needs, including their social needs, and be psychosocial in nature.

# *Mental illness and criminal liability in Poland*

- ▶ Criminal law in Poland provides a list of circumstances which **exclude the criminal responsibility of a perpetrator** despite the fact that she or he has committed the crime.
- ▶ There are two groups of circumstances which exclude **criminal liability**
- ▶ **Criminal liability** - criminal responsibility for committing a prohibited act

# *Mental illness and criminal liability in Poland*

- ▶ The first group includes: actions such as self-defense, acts of higher necessity, lawful experiment, medical procedures etc.
- ▶ The second group takes into account: the age of offender, acts committed in error and **incapacity**. So in that case, the court cannot blame a perpetrator for their actions e.g. they are too young, it was a justifiable mistake or **a mental illness**.

# ***Mental illness and criminal liability in Poland***

- ▶ **Incapacity**- the lack of physical or intellectual power or of natural or legal qualifications.
- ▶ Mental disorders according to the polish law are: **psychotic disorders** (mentally ill persons) and **non psychotic disorders** (sexual offenders, mentally disabled persons, persons showing other disorders of psychical activity, prisoners addicted to drugs or alcohol)

# ***Mental illness and criminal liability in Poland***

- ▶ Under Polish law - **persons with psychotic disorders can't be blamed and they can't be putted in prison.** Court may place such people in a psychiatric hospital or may impose a preventive measures
- ▶ **Only persons with non-psychotic disorders can serve sentences in prisons.** They are incarcerated ind therapeutic systems.



# ***Mental health in prison***

- ▶ All staff working in prisons should have an appropriate level of mental health awareness training, which should cover the specific needs of those with personality disorders.
- ▶ Maintaining links between a prisoner and his/her family can be crucial for the mental well-being of the prisoner, for a successful return to society on release, as well as benefiting the family.
- ▶ The mental health needs of different groups of prisoners such as women, older prisoners, children and young people, prisoners from minority ethnic or cultural groups and foreign prisoners, may need to be addressed differently.

# *Mental health in prison*

- ▶ Fellow prisoners or ex-offenders can often help to support mental well-being through mentoring.
- ▶ Where appropriate, preventing people with mental health problems from entering prison in the first place requires that mental health services liaise with police and courts and provide a diversion service.

Comprehensive community care services should see those entering and leaving the criminal justice system as part of their business.

# *Mental health in prison*



- ▶ Most studies have been conducted in developed countries and show consistently that a very high proportion of prisoners suffer from poor mental health.
- ▶ For example, the most exhaustive study in the United Kingdom found that 90% of prisoners aged over 16 years suffered from a mental illness, addiction or a personality disorder, and 70% of prisoners had two or more such problems.
- ▶ The prevalence of learning and communication difficulties and of addiction problems is also much higher than in the general population.

# *Mental health in prison*

- ▶ In addition, prevalence studies in many countries show that 10–15% of the prison population suffer from severe and enduring mental illnesses such as schizophrenia, bipolar disorder and autism disorders
- ▶ The prevalence rates of poor mental health for young people in prison are very high, including over half with conduct disorders and around a third of young girls having a major depression.
- ▶ Studies in some countries have shown that the risk of suicide is much greater in a prison population, particularly in adolescent prisoners.



# ***Mental health in prison***

Additional factors essential to maintaining mental health are:

- ▶ reliable, tangible assistance from people, settings and services that facilitate self-advancement and self improvement;
- ▶ recognition of the need to be loved, appreciated and cared for, and of the desire for intimate relationships that provide emotional sustenance and empathy;
- ▶ activity and distraction to maximize opportunities to be occupied and fill time;
- ▶ safety and environmental stability and predictability;
- ▶ privacy or autonomy

# ***Mental health in prison***

The impact of prison on mental health and well-being:

*The following are factors that WHO and the International Red Cross (10) identify as negatively impacting on prison mental health:*

- ▶ overcrowding;
- ▶ various forms of violence;
- ▶ enforced solitude;
- ▶ lack of privacy;
- ▶ lack of meaningful activity,
- ▶ isolation from social networks;
- ▶ insecurity about future prospects(work, relationships);
- ▶ inadequate health services, especially mental health services, in prisons

# ***Prisoners' views of their needs***

The best source of information on prisoners' mental health needs is prisoners themselves. Basic mental health needs assessments should be conducted on entry, including an element of direct consultation with prisoners.

In 2006, Durcan conducted just such a needs assessment in 5 prisons in the United Kingdom that involved interviewing about 100 prisoners in depth.

The prisoners included men, women and young males and juveniles, some sentenced and some awaiting for trial or sentence. Some of the prisoners had severe and enduring mental health problems and some had mild to moderate mental health problems.

The way in which they saw their mental health needs were remarkably similar.

# *Prisoners' views of their needs*

- ▶ Finding about prisoners' views on the best way to improve their mental health, when compared to the findings from interviews conducted with staff (particularly health and mental health staff), both staff and prisoners identified were similar, but the order of priority was different.
- ▶ Professionals prioritized direct mental health interventions, such as medication and psychological therapy, but the prisoners (who often focused most on their release) prioritized access to housing, access to adequate funds (especially through a job), and often support for a addiction problem as their first health need. The following summarizes these prisoners' views of their mental health needs.



# *Prisoners' views on what constitutes a good mental health service*

Prisoners identified the following positive characteristics of a mental health service:

- ▶ an ability to form trusting relationships with health professionals;
- ▶ continuity of care;
- ▶ not being misinformed or deceived with false information;
- ▶ clear and detailed information regarding side-effects of medications;
- ▶ education about the nature of their illness;
- ▶ involvement in planning their own care and pathways of care;
- ▶ rapid transfer to hospital if treatment cannot take place in the prison when acutely unwell;
- ▶ treatment or therapy appropriate to a prisoner's condition.

# *Prisoners' views of their needs*

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# *Prisoners and their families*

- ▶ Many prisoners lost contact with their families, and such situation can have a negative impact on both parties.
- ▶ Imprisonment of parents can lead to bad behavior of their children. Maintaining contact for both male and female prisoners (where appropriate) is important



# *Prisoners and their families*

From the perspective of prisoners with mental illness, their families are often the sole source of support.



They may be only option for a prisoner to re-enter society successfully.



Prisoners who are fortunate enough to get jobs on release often do so through personal contacts, primarily with help of their families.

# *Personality disorders*

*People with a personality disorder can have difficulty dealing with other people. They tend to be unable to respond to the changes and demands of life. Although they feel that their behaviour patterns are perfectly acceptable, people with personality disorders tend to have a narrow view of the world and find it difficult to participate in normal social activities. Consequently their behaviour deviates markedly from the expectations of their culture. It is persistent and inflexible, and can often lead to distress for themselves or others.*

*Some prisoners with personality disorders will pose the highest danger to others, but most will not.*

- ▶ How they relate to others can prove challenging to prison staff.
- ▶ There is limited evidence about the treatability of these disorders, particularly in prisons, but an understanding of them applied to the management of these prisoners can lead to improved outcomes and can help staff who may otherwise find people with personality disorders challenging.

# *Meeting the needs of different groups in the prison population*

Training that includes awareness of personality disorders should be part of broader mental health awareness training difficult for offenders.

## **WOMEN**

- ▶ Several surveys show that the prevalence of poor mental well-being among women is even higher than among the general prison population.
- ▶ It is also more common for women prisoners to have experienced traumatic events, such as sexual abuse.
- ▶ Additionally, women may well have been the main carer for their children and imprisonment often involves separation from them, which can add to the difficulties they experience with their mental health.

# *Meeting the needs of different groups in the prison population*

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## *Young people*

- ▶ Young adults may well express their thoughts and emotions differently and often have a very different language to describe their feelings compared to older people.
- ▶ This can add to the difficulty in detecting and recognizing mental health needs in young people.
- ▶ Additionally, their cognition is different to that of a mature adult.

# *Meeting the needs of different groups in the prison population*

Training that includes awareness of personality disorders should be part of broader mental health awareness training difficult for offenders.

## *Foreign prisoners and prisoners from different cultural communities*

- ▶ Foreign prisoners can experience greater isolation than other prisoners and can face greater uncertainty about life after release, which can add to any difficulties with their mental health.
- ▶ If possible, foreign prisoners should be transferred to prisons in their own countries.



# *The recovery approach*

- ▶ The needs of a person with mental illness are not necessarily determined by their diagnosis.
- ▶ Prisoners with schizophrenia, depression or personality disorder, while suffering from very different disorders, may have similar needs.
- ▶ This is because mental health problems do not just manifest themselves as a set of clinical symptoms. Poor mental health has many social symptoms and can have an impact on people's housing, employment, finances, ability to meaningfully occupy themselves, relationships and social networks.

# *The recovery approach*

- ▶ The notion of mental health recovery is gaining greater credence in many countries as the ultimate goal. It provides a radically new way of thinking about mental services.
- ▶ It is not one and the same as clinical recovery; it is recognized that some people with mental illness will continue to experience the symptoms of their illness. Mental health recovery is much more about social recovery and supporting the sufferer in overcoming many social deficits, thereby improving their quality of life.
- ▶ Such recovery is self-defined. Professionals cannot “recover” their patients: recovery is something that can only be achieved by the person experiencing the mental health problem.

# *The recovery approach*

- ▶ People who have experienced recovery themselves can provide credible support to current sufferers.
- ▶ In some areas, such “experts” are being employed by mental health services to become peer mentors and advocates.

# *Summary*

- ▶ In some prison systems, ex-prisoners provide mentoring support on release and give crucial support to otherwise isolated people.
- ▶ This usually involves meeting prisoners at the prison gate and being available, especially during the first few weeks when a released prisoner can be at his or her most vulnerable. Inside prisons, mentors can have very different roles. Some provide advice and guidance for new prisoners (a potentially vulnerable group), some provide crisis support and some provide health promotion advice.