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CONCLUSIONS PAPER

RAN event - Mental health in prison

23-24 September 2020

Digital meeting

MENTAL HEALTH IN PRISON

Summary

On 23 and 24 September, a group of mental health professionals, from across Europe, working in preventing and countering violent extremism (P/CVE) in the penitentiary system discussed the promotion of good mental health in prisons. The different EU Member States have their particularities and distinct approaches to this topic, but all practitioners agreed that the health services provided to prisoners should be equivalent to the specific needs of each type of inmate (including those radicalised or at risk of radicalisation). Mental health care should involve the recognition and basic management of common mental problems and disorders, together with the promotion of physical health and the prevention of radicalisation in inmates.

This conclusions paper is the result of this meeting and shares the different conceptual ideas, experiences, and practical tips and insights on:

- promotion of awareness of the importance of inmates' health as a form of containment, prevention and rehabilitation;
- good prison management of the resources intended to promote the health of inmates;
- raising awareness on human rights, challenging stigmatising attitudes, and encouraging mental health promotion for staff and prisoners;
- training for prison staff on mental health and P/CVE-related issues (including health workers, prison administrators and prison guards).

Introduction

Prison authorities and staff deal with mentally ill and/or radicalised offenders in their daily work. Efforts have generally been focused on the development of assessment processes, treatments, interventions, deradicalisation and disengagement programmes, etc. The evidence on how best to do so is still growing, and the challenges in dealing with this kind of inmate reinforce the need for an evaluation of each case to identify what work is needed (e.g. a case-managed intervention that aims to address the mental, psychological, social, theological and ideological needs of mentally affected and radicalised inmates). This is achieved through individually tailored intervention plans, which are delivered by a team of mental health practitioners in partnership with others, such as a religious support officer and/or service and programme staff. The engagement of family members is also a focus ⁽¹⁾. Health service approaches and responses need to be flexible to respond to such circumstances.

All issues related to the management and promotion of mental health in the prison context need to be tackled in a holistic fashion, balancing the goals of security/incarceration with rehabilitation/reintegration and release. A range of factors will influence the effectiveness of such plans and responses, including offenders' experiences of incarceration, their perceptions of the prison framework, and the type and extent of care and attention they receive from technical staff. By discussing three real cases, presented during the first day, the meeting participants addressed all these issues and highlighted a series of points to be covered for better control and management of health promotion in the prison context. These points were grouped into six main challenges (see Box 1), which were discussed in greater detail during the second day.

This paper consists of several sections: contextualisations of the topics proposed during the meeting; the main outcomes and the key lessons agreed upon amongst the participants regarding the highlights and the proposed challenges; and some recommendations and a set of practical action-oriented tips and next steps for mental health professionals.

Context

The World Health Organization (WHO) says that countries should create positive legislation and integrate criminal and social health policies ⁽²⁾. Prisons should be considered a part of society. The United Nations has laid down certain minimum standards for the basic principles on how inmates should be treated ⁽³⁾. One of the fundamental principles contemplated by RAN is the need for evaluation, management and intervention with mentally ill inmates and/or violent extremists ^(4,5). "Some prisoners have mental health problems. Prisons urgently need to improve programmes and mental health actions to provide for those with a concurrent condition. This care needs to be continued upon release" ⁽⁶⁾.

⁽¹⁾ Molenkamp, M. (2018). *The role of family and social networks in the rehabilitation of (violent) extremist and terrorist offenders*, Ex Post Paper. Utrecht, the Netherlands: Radicalisation Awareness Network.

⁽²⁾ World Health Organization. (2005). *Mental health promotion in prison-Resource book on mental health, human rights and legislation*. Geneva: World Health Organization.

⁽³⁾ Counter-Terrorism Implementation Task Force. (2008). *First Report of the Working Group on Radicalisation and Extremism that Lead to Terrorism: Inventory of state programmes*. New York, NY: United Nations.

⁽⁴⁾ Radicalisation Awareness Network. (2014). *Preventing radicalisation to terrorism and violent extremism: Strengthening the EU's response. Approaches, lessons learned and practices*. Brussels, Belgium: Radicalisation Awareness Network.

⁽⁵⁾ Walkenhorst, D., Baaken, T., Ruf, M., Leaman, M., Handle, J., & Korn, J. (2020). *Rehabilitation manual – Rehabilitation of radicalised and terrorist offenders for first-line practitioners*. Brussels, Belgium: Radicalisation Awareness Network.

⁽⁶⁾ Møller, L., Stöver, H., Jürgens, R., Gatherer, A., & Nikogosian, H. (Eds) (2007). *Health in prisons: A WHO guide to the essentials in prison health*. Copenhagen: WHO Regional Office for Europe. <https://apps.who.int/iris/handle/10665/107829>

The participants generally agreed on the following statements:

- There is increased incidence of mental illness in the penitentiary context. Many inmates already have mental health problems before entering prison. The environment in prison is usually detrimental to protecting and maintaining the mental health of prisoners. In the best interest of society, inmates (including radicalised or vulnerable to being groomed) should be treated in prison according to their needs. Obviously, factors such as overcrowding and discrimination of inmates must also be taken into account.
- The mental health problems of inmates may be linked with traumas or bitter experiences in life. The main forms of mental health diseases referred to are anxiety, depression, substance misuse and minor mental illness. The symptoms include persistent sadness, loss of interest, decreased appetite, agitation, uncontrollable anger, loss of sleep or excessive sleep, etc. Many inmates have attempted suicide more than once, others have a feeling of worthlessness. They have a decreased ability to concentrate.
- Mental health promotion can be best achieved by maintaining a positive environment inside the prison. Some recommendations for the health promotion of inmates involve recruiting specially trained mental health practitioners while also increasing general awareness.
- The inmates should engage in activities and programmes that may offer self-improvement and autonomy. These actions need to provide the inmates with emotional sustenance and empathy.

Lastly, there are a number of challenges that must be considered in order to increase the efficiency of the services provided by the mental health practitioners in prisons:

Box 1: Challenges

The six main challenges addressed were:

- 1) How to train and motivate prison staff (or keep them motivated).
- 2) How to achieve a holistic approach in dealing with mental health issues in prison.
- 3) If someone is mentally ill, to what degree is that relevant for radicalisation/extremism in prison? What tools are to be used to determine the mental state of an inmate?
- 4) How to motivate inmates with mental health issues to participate (to “open up”, so to speak) and how to engage with them.
- 5) How to deal with the dilemma of “security and punishment” versus “care and rehabilitation” (including the topics of isolation and stigma in prisons).
- 6) How to best set up cooperation with religious figures on working with religiously motivated inmates.

Key outcomes & relevant practices

While addressing the challenges mentioned in the previous section, there was a general consensus amongst the participants on the following key outcomes, results and relevant practices:

Selection and training of prison staff

Prison staff are one of the key elements in any prison system. This fact should be recognised already during recruitment and selection and all training of personnel should be aimed to support the personnel in the right way, to make sure they have all the right skills and knowledge needed. For this purpose, the *Emotional Intelligence Assessment* (a useful and easy instrument to apply when it comes to tracking the main psychosocial skills necessary in technical staff) was suggested ⁽⁷⁾.

“Staff working with radicalised inmates require a good combination of personal qualifications and technical skills. They need personal qualities that enable them to deal with all prisoners, including the difficult, dangerous and manipulative, in an even-handed, humane and just manner” ⁽⁸⁾.

The way prison staff treat inmates is central to human rights observance. Without appropriate behaviour by staff, other reform measures will flounder. Yet, prison staff training is often non-existent, minimal or inappropriate.

Therefore, changing staff attitudes and behaviour is usually central to the success of mental health actions. Training in psychosocial aspects and human rights is often seen as a low-cost reform measure. However, its effectiveness depends on how it is delivered, by whom and within what context. Training that involves freeing up prison staff to control their work and make decisions is most likely to reap benefits.

Then, selecting the right staff and providing them with additional training is one of the best ways to improve the management of prisons in mental health and P/CVE issues and ensures greater human rights observance. It is recognised that the attitudes of the staff are the key to how inmates are treated and that providing staff with training and opportunities for professional development is an important way of changing their attitude towards their work ⁽⁹⁾.

Need for a holistic approach

P/CVE needs a holistic approach that would enable each prison actor to develop their individual capacities and skills at a suitable time and pace. Making sense of the holistic approach involves revising relevant contexts, conceptions and paradigms by drawing up the best ways of working and dealing with radicalised inmates, extremely violent offenders, or prisoners with any mental or psychological pathology or illness.

⁽⁷⁾ Learn more about the Emotional Intelligence Assessment here: https://www.psysoft.com/eq-i-2-0-training?gclid=EA1aIQobChMIo5Cy8cCB7AIVAdd3Ch1pTgkMEAAAYASAAEgJ9KfD_BwE

⁽⁸⁾ For further details, see Chapter 3 of: United Nations Office on Drugs and Crime. (2015). *Handbook on the management of high-risk prisoners and the prevention of radicalization to violence in prisons*. Vienna, Austria: United Nations Office on Drugs and Crime.

⁽⁹⁾ Learn more here: International Centre for Prison Studies. (2004). *Prison staff and their training*. London: King's College London. https://www.prisonstudies.org/sites/default/files/resources/downloads/gn8_6.pdf

The general opinion of the participants is that it is crucial to invest in early prevention measures (in connection with mental health issues, processes of radicalisation and the prison context). Mental health practitioners cannot control all factors and deal with all key actors. As such, a holistic approach will make sure to learn about and collaborate with all existing local initiatives relating to an inmate's lifeworld.

Mental illness & radicalisation: Tools, therapies and programmes

Mental illness generally plays a minor role in prison radicalisation., it depends on what mental illness we are talking about. It can be either a cause or an effect of the radicalisation processes, but also a protective factor. Untreated (e.g. schizophrenia), the inmate with a mental illness can become (more) paranoid and he/she might be radicalised (although it might be more a manifestation of their mental illness). However, it wouldn't change the treatment in the end. Even if it is radicalisation, normal treatment will most likely work best.

Mental wellness is very different. The feeling of injustice or not being treated as human is problematic and creates vulnerabilities to radicalisation. The result could be that inmates express this through violence against the institution or prison staff, and this forms a very effective breeding ground for groomers, who can then engage them on these push factors and even pull them into their ideology (although it might also just serve emotional needs).

Generic assessment tools are available for people with mental illness, but these evaluative instruments are not always very specific nor are they designed for prison samples. Some therapies and programmes were mentioned to manage violence and/or extremism (for instance, Terror Crimes: Intervention Programme for Violent Extremist Inmates - DEPAR TERROR IP), Entré Programme ⁽¹⁰⁾ and the *Mentalization Based Treatment Training Programme* ⁽¹¹⁾. These psychological instruments can be very helpful in building a trusting and cooperative relationship with inmates.

Likewise, core correctional principles and practices (CCPPs)⁽¹²⁾ are an evidence-based approach that can improve the quality of the prison environment and enhance prisoner outcomes. CCPPs focus on increasing the effectiveness of treatment interventions as well as the therapeutic potential of relationships between inmates and prison staff ⁽¹³⁾.

Tips to motivate and engage mentally ill inmates

Like all human beings, inmates want to advance their lives. Of course, they want positive changes and to bring meaning to their stay in prison. Prison staff in general and mental health practitioners in particular should show inmates that they can somehow reconcile with society and they can aspire to become something more. But what is the best way to get such results? Following is a summary of some of the most outstanding tips throughout the RAN meeting:

⁽¹⁰⁾ Learn more about the Entré Programme here: <https://www.cep-probation.org/treatment-of-violent-extremist-offenders-in-sweden-the-entre-programme/>

⁽¹¹⁾ Learn more about the Mentalization Based Treatment Training Programme here: <https://www.annafreud.org/training/mentalization-based-treatment-training/about-mbt/>

⁽¹²⁾ Hass, S.M. & Cynthia A.H. (2007). The Use of Core Correctional Principles and Practices in Offenders. Charleston, WV: Mountain State Criminal Justice Research Service.

⁽¹³⁾ Haas, S. M., & Spence, D. H. (2017). Use of core correctional practice and inmate preparedness for release. *International Journal of Offender Therapy and Comparative Criminology*, 61(13), 1455–1478.

- Improving the relationship between the prison staff, mental health practitioners and Prevention Contain Violence staff; prison staff will properly inform mental health professionals about the daily behaviour of the inmates. Prisons can be violent environments. It is therefore impertinent to work towards a supportive and safe environment, which will create a secure base for prisoners and staff alike.
- Being really interested in the internal world of the inmates, aside from the agendas of the goals that are set. This also requires a trauma-informed approach¹⁴, with prison staff trained in trauma, triggers and impacts.
- Building trust, connect on a “human to human” level with all of the prison staff (not only with therapists). For example, prison staff participating in activities with the inmates (like lifting weights¹⁵). By establishing this contact with them, a greater trust and a positive connection with the inmates can be achieved. It also helps inmates join a different culture than the one that encourages them to radicalise. Prisons are a unique environment, different from the outside where inmates that dealt with a broad scale of problems can turn their life around if supported in the right way by prison staff professionals.
- Talking the same language as the inmates; talk about their beliefs, thoughts and needs. From there, you can build a relationship and find out how to connect.
- Being aware (as a prison practitioner) of your own feelings about a prisoner. Stay open and in contact, don't be too judgmental and always try to be respectful of the inmates own agency.
- Incorporating critical thinking to build resilience and connections. A clear example of this approach is the BOECIO project¹⁶, which aims to increase resilience and prevent manipulation of criminal and social ideologies by using the philosophical and critical thinking workshops with Spanish and Iberoamerican inmates.
- Facilitating the relationship between staff, the mentally ill and extremist prisoners by organising conferences where they themselves participate in discussing their possibilities.

“Security and Punishment” vs “Care and Rehabilitation”

“The primary function of prisons holding alleged, accused or convicted extremist prisoners remains equal to that of any other prison, namely to contribute to public safety. In order to carry out this function, prisons must keep them securely and ensure that they do not escape from lawful custody. Prison administrations are also expected to work towards their disengagement from future violence and, by doing so, to prepare many for their social reintegration into the community” (17).

⁽¹⁴⁾ For further details, see: Kessler, R.C. (2017), Trauma and PTSD in the WHO World Mental Health Surveys. *European Journal of Psychotraumatology*. Retrieved March 2019 from: <https://www.tandfonline.com/doi/full/10.1080/20008198.2017.1353383> (

¹⁵ Experiences were reported (e.g in Finland); sources and more experiences could be provided.

⁽¹⁶⁾ For further details, see: Jose Barrientos Rastrojo ed., (2007), *Philosophical Practice. From Theory to Practice*, Retrieved October 2020 from: <https://icpp.site/img/spain/Philosophical%20Practice.pdf>

⁽¹⁷⁾ For further details, see: United Nations Office on Drugs and Crime. (2015). *Handbook on the management of high-risk prisoners and the prevention of radicalization to violence in prisons*. Vienna, Austria: United Nations Office on Drugs and Crime.

Consequently, there should be no disparity between criteria, and the two objectives should be taken into account and addressed equally. In light of the risk that prisons constitute potential locations for the radicalisation to violence of inmates (with or without mental pathologies) sentenced for offences unrelated to violent extremism. At the same time, prison administrations should keep in mind that prisons also provide an opportunity for inmates to disengage from violence and extremism. Time in prison may bring about a transformation that moves away from violent extremism and could even prove a catalyst for positive change ⁽¹⁸⁾.

The implementation of this double focus and approach will improve the management of the general prison population while, at the same time, enabling the prison staff to identify more clearly those who need some special interventions to disengage from extremist ideas. So, focusing on security should not divert attention from another purpose of prisons: rehabilitation and reintegration. Prison staff would be supported with approaches that help them work adequately with mentally ill inmates. Not only will this help prison staff in their daily work, but it will also prevent mentally ill inmates from being or feeling marginalised.

Finally, although not less important, the coexistence of a therapeutic and forensic role is a topic of debate that pans into the ethicality of prison practitioners. To be of benefit to the prison system and elicit ethicality, one should develop a sense of divergence between both approaches. Shifting focus to maximise ethical potential helps avoid misconduct and enforceable disciplinary action and encourages positive ethicality in one's profession ⁽¹⁹⁾. Understanding the perception of why some practices are unethical appears as one of the most vital concepts. Although certain practices are clearly identified as unethical, there are remaining grey areas that require the consideration of their implications and the possible repercussions of one's chosen reaction to the practice. Although the duties and roles of the therapeutic and forensic approaches differ in legal issues, there lies the potential of overlap between the roles.

Using mainly a clinical approach may render it difficult to maintain the neutral role required by forensic settings due to the interpersonal relationship created in the therapeutic setting. An absence of neutrality becomes an opinion based on subjective emotions rather than scientific and legal evidence derived from forensic assessments and/or interventions. But the mental health professional runs, in turn, the risk of stigmatising the most vulnerable inmates and damaging trust and the much-needed patient–doctor relationship if he/she only focuses on the most forensic concepts of an inmate's evaluation or intervention.

Both therapeutic and forensic roles require a series of rules and ethical actions that the mental health practitioner should never lose sight of. However, their handling will differ as long as one or another role is adopted ⁽²⁰⁾.

Role of religious figures

Generally speaking, inmates are often individuals excluded from society. Prisoners can easily be overwhelmed by feelings of isolation, shame and rejection that threaten to shatter their hopes and

⁽¹⁸⁾ Jones, C. (2014). *When foreign fighters return: Managing terrorists behind bars*. The Conversation, 1 September.

⁽¹⁹⁾ Neal, T. M. S. (2010). Choosing the lesser of two evils: A framework for considering the ethics of competence for execution evaluations. *Journal of Forensic Psychology Practice*, 10, 145–157.

⁽²⁰⁾ For further details, see: Krasenberg, J., & Keijzer, F. (2020). *Ethics for mental health professionals working in P/CVE*, Conclusions Paper. Online: Radicalisation Awareness Network.

aspirations for the future. Within this context, religious figures are sometimes called on to be shepherds of the soul. In cooperation with civil authorities, they are entrusted with the weighty task of helping the incarcerated rediscover a sense of purpose (meaning-making) so that they can reform their lives, be reconciled with their families and friends, and, insofar as possible, assume the responsibilities and duties that will enable them to conduct upright and honest lives within society. From a mental health perspective, religion can provide much needed guidelines, which can help individuals to devise a course for their lives and in many cases can offer redemption. The stresses and strains as well as uncertainties of life in prison can be tolerated more easily ⁽²¹⁾. Basic training in psychology would also be an important component of the training for religious figures, as their work will involve a large psychological dimension.

A separate issue, and of great relevance when dealing with radicalised jihadist inmates, is the requirements, functions and purpose of imams in prison. The agreements generated in the RAN meeting were the following:

- The background of imams should be in line with that of the detainees. With so many denominations within both Islam and Christianity, and other subdimensions between communities, adequate attention should be paid to the differences between them by any religious or spiritual leader.
- Being mindful of the possible generational gap between an imam and homegrown young jihadists. Young adults are normally seeking religion and identity, so what they are seeking is different from older inmates when dealing with religion.
- It is important that imams undergo some training before entering the prison. They have to learn about the aspects of correctional services, the detainees, the group processes in prison and the leaders/followers.
- Building trust. For the prison staff this can be done by including a staff member who speaks the same language as the imam. This can also be done to control or check what the imam talks about with the detainee; but when the prison staff does not interact carefully, this can also damage the relationship between the prison staff and imam.
- The imam can help the prison staff when dealing with a religiously motivated inmate, learning about how to set up a meeting and have an open conversation about religion with inmates, and learning about how to have a neutral way to ask questions about religion.
- It will be crucial to also include some basic training for prison staff on how to speak with religious figures or religious inmates, since it should be important for the staff to understand the philosophy of religion and what kind of role religion might play in some inmates' lives.

(21) United Nations Interregional Crime and Justice Research Institute / Government of Spain (2013). *Building on the Global Counterterrorism Forum's Rome Memorandum – Additional Guidance on the Role of Religious Scholars and other Ideological Experts in Rehabilitation and Reintegration Programmes*. Madrid: United Nations Interregional Crime and Justice Research Institute / Government of Spain.

Recommendations and practical tips

- 1) Appropriate modelling and reinforcement (mental health practitioners and prison staff need to be engaged in prosocial modelling and provide appropriate feedback on inmates' performance).
- 2) Use positive reinforcement with mentally ill inmates (practitioners need to demonstrate and reinforce appropriate alternatives or styles of thinking, feeling and acting).
- 3) Pay attention to gender dynamics and divisions (women get less support than men from families).
- 4) Pay attention to the role of family (it is essential to have the participation and help of the families and reference persons of the inmates).
- 5) Approach to problematic behaviour from detainees and inmates (not only mental pathologies or disorders are important, but disruptive behaviours should also be a very special focus in the work of mental health professionals in prisons).
- 6) Stimulate the capacity and will to rehabilitate inmates, and aim not to focus on just punishment (appropriate use of authority where prison staff and practitioners respectfully guide offenders towards improvement and progress).
- 7) Skill-building and problem-solving strategies (mental health professionals should make use of cognitive and behavioural techniques and improve their skill development and problem-solving ability).
- 8) Effective use of community resources (working with NGOs — outside support is very important for inmates).
- 9) Connect to helping agencies (working with external professionals who provide support or intervention-based services (e.g. substance abuse treatments)).
- 10) Relationship factors (pay attention to the quality of staff–inmate relationships; use open, respectful, caring and genuine manners; and follow an approach that is empathic, competent and committed to helping the inmates' approach).

Further reading

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