

Reintegration of convicts

Class 3

Reentry of prisoners and Mental Health Disorders



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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.

Therapeutic system

- Therapeutic system- In some prisons, there are therapeutic units/ wards for prisoners with non-psychotic mental disorders or sexual disorders, mentally ill or disabled and prisoners addicted to drugs or alcohol. Such prisoners are detained in a closed penitentiary institution with conditions adjusted to their needs.
- Convicts are sent to such units after previous diagnosis and stay there only for the duration of the therapy. The medical staff in such units includes psychologists, a therapists and educators. Inmates can enjoy a large range of activities and individual therapies.
- Prisoners are provided range of therapies including: pharmacotherapy, psychotherapy, addiction therapy, therapy meetings and even art therapy (including drama therapy).

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

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

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.

Solitary confinement as a prison health issue

Key points:

- ▶ Solitary confinement is used in prison systems across the world.
- ▶ Research demonstrates that solitary confinement has a negative impact on the health and well-being of those subjected to it, especially for a prolonged time.
- ▶ Those with pre-existing mental illness are particularly vulnerable to the effects of solitary confinement.
- ▶ Solitary confinement can affect rehabilitation efforts and former prisoners' chances of successful reintegration into society following their release.
- ▶ International human rights law requires that the use of solitary confinement must be kept to a minimum and reserved for the few cases where it is absolutely necessary, and that it should be used for as short a time as possible.

Short history

- ▶ Solitary confinement was first introduced in 1790 at the Walnut Street Jail in Philadelphia by the Society for Alleviating the Miseries of Public Prisons.
- ▶ It was seen as a humane alternative to overcrowded jails, whippings, and public humiliation.
- ▶ Prisons began to abandon solitary confinement in favor of the “Auburn System”: daily hard labor in groups, where prisoners worked silently and march in lockstep.
- ▶ By the late 19th century, long-term solitary was rare.
- ▶ Rapid growth took place in the 1990s and early 2000s.
- ▶ Hundreds of other prisons and jails started to have solitary confinement units

Solitary confinement as a prison health issue

What is solitary confinement?

- ▶ The term “solitary confinement” refers to the physical and social isolation of an individual in a single cell for 22.5 to 24 hours a day
- ▶ Different jurisdictions may use other terms to describe what is essentially a regime of solitary confinement as defined above, including segregation, isolation, closed confinement.
- ▶ The deprivation of human contact inherent in solitary confinement is usually accompanied by additional restrictions and controls applied to the prisoner.
- ▶ But in most, isolated prisoners will have very limited, if any, access to educational, vocational and recreational activities, all conducted in isolation from others. The number and type of personal belongings allowed in prisoners’ small, sometimes windowless cells are highly restricted and closely regulated.
- ▶ Their cells and few belongings are closely monitored and regularly searched. Inside their cells, prisoners are monitored either by closed circuit television or directly by guards. Family visits, where allowed at all, may be held through a glass barrier, preventing any physical contact between the prisoner and others. On the few occasions prisoners leave their cells, they are typically escorted by a minimum of two guards and restrained with handcuffs and in some cases placed in additional body restraints, such as legirons and body-belts. Prior to being returned to their cells, they will be body-searched and, in some jurisdictions, subject to a full body-cavity search.

Solitary confinement as a prison health issue

In short, isolated prisoners would typically spend a minimum of 22.5 hours a day locked up alone in a small cell with few personal belongings and little to do.

They are routinely subjected to body searches and the application of physical restraints, as well as limits on their communication with the outside world.

This regime can last for months or years, and can be of an indeterminate duration

(In Poland there is a time limit, but there is no limitation when it comes to dangerous prisoners - they also spend 22 hours per day locked up alone and it can last months or even years. Polish prisoners submit a lot of complaints to the European Court about being held in cell for dangerous prisoners for many years)

Solitary confinement as a prison health issue

In Poland solitary confinement is one of the disciplinary measures.

- ▶ It can be applied to the prisoners for up to 14 days (pre-trial detainees) or 28 days (prisoners)
- ▶ It may be imposed on a prisoner who seriously violated prison orders or discipline.
- ▶ The cells for solitary confinement have to be placed in the part of the prison where the prisoner's movement is limited, and in an area adjacent to the supervision room. Cell furnishings are limited to only a bed, cabinet, stool and table. The furniture shall be firmly affixed to the floor.

During solitary confinement the prisoner is deprived of the possibility to:

1. contact other prisoners and his or her family
2. participate with other prisoners in religious events
3. take part in cultural and educational activities
4. work
5. purchase food or tobacco products
6. receive food parcels
7. use his own clothing or footwear.

How does solitary confinement affect health and well-being?

- ▶ The physical conditions in solitary cells range from reasonably sized cells with windows and natural light, self-contained with a toilet and a shower screened-off from the rest of the cell to protect the prisoner's privacy, to small, windowless, filthy cells where prisoners have to use a bucket to relieve themselves.

Three main factors are inherent in all solitary confinement regimes: social isolation, reduced activity and environmental input, and loss of autonomy and control over almost all aspects of daily life. Each of these factors is potentially distressing.

- ▶ Similarly, in some prisons, isolated prisoners may have access to books, television and a radio inside their cells, whereas in others prisoners may only be allowed a copy of a religious text, if any books at all.
- ▶ Finally, the degree and quality of human contact prisoners enjoy varies greatly, from no human contact other than with silent prison staff who deliver food and medication to the prisoner inside his cell, to regular contact with family, lawyers, religious personnel and so on.

How does solitary confinement affect health and well-being?

The effects on health of solitary confinement include physiological signs and symptoms, such as:

- ▶ gastro-intestinal and genito-urinary problems
- ▶ diaphoresis
- ▶ insomnia
- ▶ deterioration of eyesight
- ▶ weakness
- ▶ feeling cold
- ▶ heart palpitations
- ▶ migraine headaches
- ▶ back and other joint pains
- ▶ poor appetite, weight loss, diarrhoea
- ▶ tremulousness
- ▶ aggravation of pre-existing

How does solitary confinement affect health and well-being?

Psychological symptoms occur in the following areas and range from acute to chronic:

- ▶ anxiety, ranging from feelings of tension to full-blown panic attacks
 - ▶ depression, varying from low mood to clinical depression
 - ▶ anger, ranging from irritability to rage:
 - ▶ cognitive disturbances, ranging from lack of concentration to confused state weakness
 - ▶ perceptual distortions, ranging from hypersensitivity to hallucinations heart palpitations
 - ▶ paranoia and psychosis, ranging from obsessional thoughts to full-blown psychosis
 - ▶ self-harm and suicide.
-
- ▶ **Particularly vulnerable groups:** while the effects of solitary confinement vary from one individual to another and depend on the factors listed above, some individuals are particularly vulnerable to the negative effects of isolation, including those with pre-existing mental and learning disabilities, children and young people and pre-trial detainees.

How does solitary confinement affect health and well-being?

Prisoners with mental problems:

- ▶ Experts largely agree that individuals with pre-existing mental illness are at a particularly high risk of worsening psychiatric problems as a result of their isolation.
- ▶ They may also behave in ways that, in the context of high-security confinement, are interpreted as violations of rules rather than a manifestation of their mental problems.
- ▶ Where prisoners' progression through the system depends on their behaviour and perceived adherence to prison rules, this can “turn a minor incident into a serious situation” and lead to a vicious cycle which results in a prolonged stay in isolation, where these very conditions make them worse and less able to abide by the rules and regulations.

Children and young adults:

- ▶ Children and young adults are still developing physically, mentally and socially. This makes them particularly vulnerable to the negative effects of solitary confinement which, as psychologists claim, is the equivalent of placing them in a deep-freeze.

How does solitary confinement affect health and well-being?

Pre-trial detainees:

- ▶ Detainees held on remand are another particularly vulnerable group, and research shows that their vulnerability is made worse in solitary confinement.

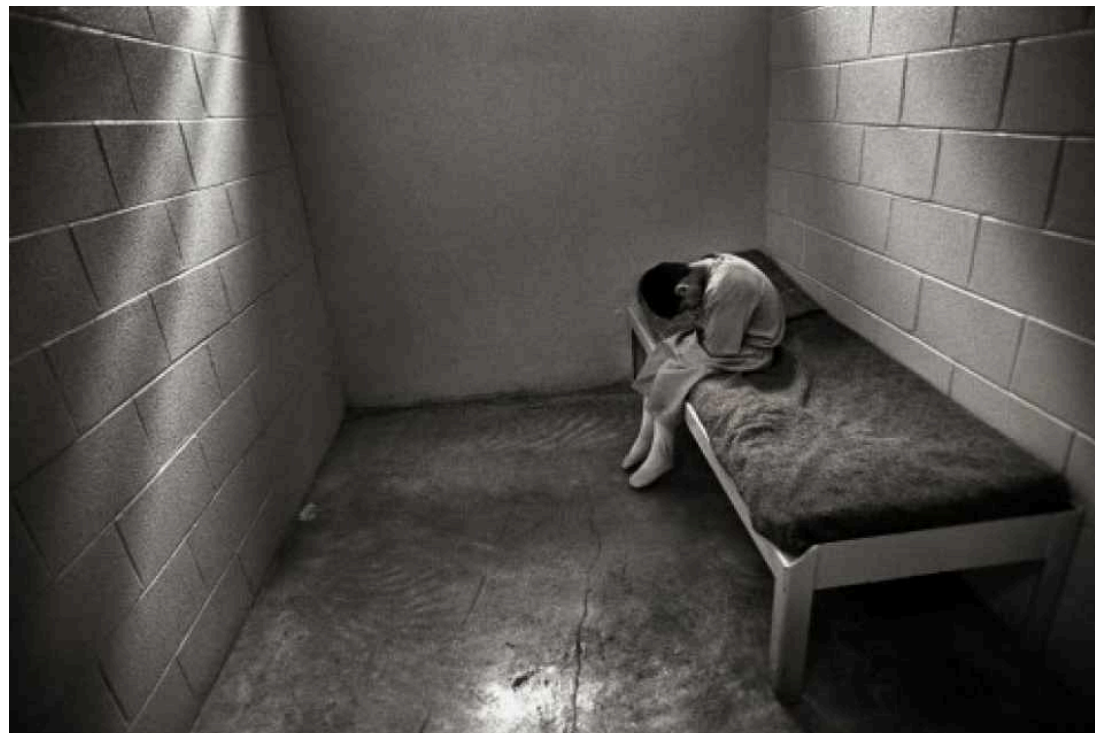
Long-term effects:

- ▶ The transition from life in solitary confinement to coexistence with others, whether in general prisons or in free society, can be sharp and unsettling.
- ▶ Some of the very survival skills adopted in reaction to the pains of isolation, such as withdrawal and going mute, render the individual dysfunctional upon release.
- ▶ Some become so dependent on the structure and routines of the prison for controlling their behaviour that they find it difficult to function without them.
- ▶ This problem of becoming institutionalized is experienced by many prisoners on their release, but it takes on a much more acute form when the transition is from years of social isolation

How do international law and human rights bodies view solitary confinement?

- ▶ The United Nations has gone as far as calling for abolition solitary confinement as punishment.
- ▶ [Rule 60.5](#) of the European Prison Rules states: “Solitary confinement shall be imposed as a punishment only in exceptional cases and for a specified period of time, which shall be as short as possible”

The courts and international monitoring bodies also pay particular attention to the practice and, in the light of its severity, have asserted that solitary confinement in some circumstances constitutes a form of torture, inhuman or degrading treatment



How do international law and human rights bodies view solitary confinement?

- ▶ More recently, in a case involving the isolation for more than three years of a Polish prisoner labelled as dangerous (*Piechowicz vs. Poland*) European Court states that:

“solitary confinement without appropriate mental and physical stimulation is likely, in the long term, to have damaging effects, resulting in deterioration of mental faculties and social abilities”



How do international law and human rights bodies view solitary confinement?

- ▶ While solitary confinement has always been viewed by international human rights law and bodies as an undesirable, if legitimate, prison practice, it is only in the last few years that a more concentrated and targeted campaign against its use especially for prolonged periods, has begun.
- ▶ In 2008, the then United Nations Special Rapporteur on Torture, Manfred Nowak, endorsed these recommendations and added that: “Regardless of the specific circumstances of its use, effort is required to raise the level of social contacts for prisoners: prisoner-prison staff contact, allowing access to social activities with other prisoners, allowing more visits and providing access to mental health services”



National Organizations with Campaigns Against Solitary Confinement

National Organizations with Campaigns Against Solitary Confinement:

- ▶ Amnesty International
- ▶ Human Rights Watch
- ▶ Physicians for Human Rights

International Agreements Limiting Solitary Confinement:

- ▶ International Covenant on Civil and Political Rights (ICCPR)
- ▶ UN Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (CAT)
- ▶ UN Standard Minimum Rules for the Treatment of Prisoners (SMR)

UN Special Rapporteur on Torture Juan Mendez Condemns Solitary Confinement

- ▶ Mendez reports to the UN Commission on Human Rights
- ▶ In October 2011, he called for a total ban on solitary for juveniles, mentally ill, pre-trial detainees.
- ▶ Solitary should be limited to 15 days for everyone else, and used only for safety purposes.



Conclusion

- ▶ Solitary confinement is a prison practice whose harmful effects on health and well-being are well documented. The existing literature demonstrates that solitary confinement has psychological effects, including psychosis and depression. The extent of psychological damage varies and will depend on individual factors (such as personal background and preexisting health problems), environmental factors (physical conditions and provisions), regime (time out of cell, degree of human contact).
- ▶ Prisoners in solitary confinement suffer, hallucinate, they deliberately injure themselves, and they lose the ability to relate to other human beings. When these prisoners are eventually released from solitary confinement (after very long time), they have difficulties integrating into the general prison population or (especially when they are released directly onto the streets) into life on the outside.
- ▶ The best way to avoid such damage to health and wellbeing is not to isolate prisoners. Where this is absolutely necessary, it should only be done as a last resort and for as short a time as possible.
- ▶ The decision to place a prisoner in solitary confinement must always be made by a competent body, transparently and in accordance with due process requirements, and be subject to regular, independent and substantive review.

Conclusion

More so,

- ▶ The prisoner should be kept in decent physical conditions and have regular access to fresh air and exercise.
- ▶ Educational, recreational and vocational programmes should be provided to prisoners, ideally in association with others, and prisoners should be allowed to keep books, magazines, hobbies and craft materials in their cells.
- ▶ Prisoners must be afforded regular, meaningful human contact, ideally also with people from outside the prison, but prison staff should also be encouraged to communicate informally with prisoners who are held in solitary confinement.
- ▶ Finally, isolated prisoners should be allowed, and encouraged, to maintain contact with their friends and family, through open (contact) visits, letters and telephone communications.
- ▶ Crucially, prisoners must always be treated with respect for their inherent dignity as human beings.

In addition, there is definite need to find alternative incarceration methods to effectively manage the behaviors of inmates without causing harm to their physical and mental health. Developing new incarceration methods is particularly important to ensure the well-being of confined inmates who are mentally ill prior to incarceration