Incorporating Prison Staff Mental Health Perspectives

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Abstract

In the Italian prison system, there is a distinction between physical and psychological health care. However, this and other changes to the penal system pose challenges to prison staff, which vary depending on their roles and backgrounds. This study collects and integrates the perspectives of 91 prison staff who work in various capacities in eight prisons in northeast Italy to create a process of dialogue and collaboration that includes different points of view, needs, and proposals regarding mental health in prisons. Each participant took part in either a focus group or a semi-structured interview, and the transcripts were processed using thematic analysis. During this process, ten themes emerged that highlight the challenges of working with prisoners suffering from psychiatric disorders.

Keywords: Prison staff • Human rights • Detainees • Qualitative analysis

Introduction

The Italian Constitutional Court decided to abolish the distinction between mental and physical health care for prisoners. Health is a fundamental right 'of the individual and in the interest of the community' in the Italian Republic, as described and guaranteed by article 32 of the Constitution. The World Health Organization's (WHO) definition of health as "a state of complete physical, mental, and social well-being" is increasingly being applied to the Italian penal system. Starting with these mental health considerations, which are intended as a broad concept encompassing many aspects of life, the following paragraphs will provide an overview of the conditions of the Italian prison system and its population, as well as the effects on their mental health. Psychosis, dissociation, affective disorders, anxiety disorders, personality disorders, substance abuse disorders, and comorbidities are the most common mental disorders among Italian prisoners. Suicide is much more common in prison settings than in the general population, and one out of every ten prisoners in Italian prisons engages in self-harming behaviour. Environmental conditions, such as dilapidated facilities, few hours outside, insufficient training and work activities, limited personal space due to overcrowding, high temperatures, and so on, all contribute to the onset of mental distress among prisoners. Some of these conditions prompted the European Court of Human Rights to issue a pilot judgement condemning Italy's inhumane prison conditions in 2013.

Literature Review

However, the problem becomes more complicated when we consider that many of those who end up in the penitentiary system had previously suffered from psychophysical conditions. Given that the structural elements of prison favour the emergence of psychiatric pathologies,it stands to reason that prison strengthens existing links between social marginality and psychiatric pathologies. Using these data, the following paragraph will explain how Italian legislation has attempted to manage the issue of mental health within the prison organisation over the last few decades.

Distress was defined by both prison workers and privileged witnesses as a change in psychological, physical, and social balance. Participants described mental distress as a temporary and contextual condition that can be distinguished from permanent psychiatric pathology. Furthermore, many defined mental distress as a "product of prison," reporting that the prison environment negatively affects both prisoners and staff. Participants discussed how mental distress causes emotional contamination in the staff-inmate relationship, which is characterised by mutual influence. Instead of feeling capable of assisting or compensating for the distress, it manifests as a contagion, as if he had thrown his distress onto me.

Discussion

The set of disorders referred to was consistently defined as psychiatric pathology, and it was strongly associated with the specialised, medical circuit of diagnosis and treatment. The importance of accurate diagnoses, which are often difficult to obtain due to the overlap between genuine pathology and psychological distress, was emphasised by prison workers in focus groups. As a result of the confusion, a correctional physician expressed it as follows: It is nearly impossible to distinguish between health and distress because, according to the WHO definition, health is an equilibrium gained within society, within a community. A variety of factors can jeopardise mental health; it's like a continuum'. Some interviewees reported that psychiatric pathology may occur prior to incarceration or as a result of it, as an exacerbation of a state of distress caused by incarceration.

Regarding the theme of 'Critical issues outside the prison,' it is worth noting that prison workers reported a lack of support from the prison administration. It would be beneficial to investigate this issue in order to determine what causes employees to think in this manner. All participants agreed that there was a lack of communication between the prison and the outside community, which was viewed as a valuable resource for the well-being of both prisoners and prison staff. Participants stated that they wished to begin a process of'expansion,' or openness, by building trusting relationships between the inside and outside of the prison, as opposed to the process of'implosion,' in which prison activities are entirely contained within the prison walls. It might be worthwhile to investigate whether this self-perception has the potential to become a radicalised belief. Interventions should be designed at the policy level to increase staff role identity and confidence in their own abilities. This is critical because low self-esteem can lead prison staff to dehumanise prisoners in order to avoid becoming involved in the prisoners' distress [1-5].

Conclusion

There have been significant and far-reaching changes in the strategies used to deal with mental health in Italian prisons in recent years. The current

study aimed to shed light on both sides of this issue by investigating the interrelationship between prisoners' and prison staff's mental health, as well as assessing and integrating the perspectives of prison staff in various organisational roles, ranging from frontline workers to prison directors and PPOs to healthcare staff. The findings depict a highly complex transformative process in prison institutions, as well as the ongoing struggles of various prison staff. The 'Deflection' theme, in particular,highlights the discordant cultural and organisational structures at work, as well as the varying conceptualisations of responsibility held by different types of staff.

Participants in this study expressed an urgent need to pursue new modes of collaboration, both inside and outside the prison. Many participants, both frontline and management, criticised the presence and treatment of mentally ill prisoners. Indeed, the institutional conflict between containing and curing mental illness causes psychological distress among prison personnel. Despite the fact that Italian prison legislation focuses on re-education, prison staff require additional resources, training, and support in order to mobilise internal and external networks and thus reduce recidivism. These collaborative connections, according to the participants, are critical to improving mental health conditions for both prisoners and prison staff.

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Conflict of Interest

There are no conflicts of interest by author.

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