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Mental Health in Prision Enviroments: From the general to the particular and its importance in the enforcement of sentences

Saúde Mental em ambientes prisionais: Do geral ao particular e a sua importância na execução das penas

Ana Conduto

Forensic and Clinical Psychologist

Forensic Psychologist Consultant in Portuguese Association of Forensic Nursing

Order of Portuguese Psychologists - Member of Working Group of Psychology in Prison Context

Correspondence address to: e-mail:analuisaconduto@gmail.com

REVIEW

Abstract

Mental Health during the carrying out of a sentence is unanimously considered as one of the subjects with the greatest impact in terms of prison treatment. This subject, studied and worked on in various countries, by various investigators, has been presented as an interesting point when working with the inmate population, not only on an interventional point of view, but also on a preventive perspective. This article is prompted by the need to address and discuss the issues of mental health in the execution of a sentence in Portugal, covering legal issues and the prison dynamics related to this issue. By looking at "Prison Mental Health" on the whole, where not only the inmates have a prominent role, but also all of those who, by working in this environment, are subjected to a psychological strain.

Keywords: prison system, enforcement of sentences, mental health, imprisonment

Resumo

A Saúde Mental durante a execução da pena é tida por unanimidade como uma das temáticas com maior impacto ao nível do tratamento penitenciário. Assunto estudado e trabalhado em vários países, por vários investigadores, tem-se apresentado como um tema de interesse no trabalho a desenvolver com esta população reclusa, não apenas numa perspectiva interventiva, mas também preventiva. Este artigo surge na necessidade de abordar e discutir as questões da saúde mental na execução da pena em Portugal, contemplando as questões legais e as dinâmicas prisionais relativas a este tema. Olhando a “Saúde Mental Prisional” de um modo global, onde não só os reclusos têm um papel de destaque, mas também todos aqueles que ao trabalharem neste meio estão sujeitos a um desgaste psicológico.

Palavras-chave*:* sistema prisional, execução da pena, saúde mental, reclusão

Introduction

To think mental health in a prison environment implies the thinking of a variety of paths that cross, or should cross, in a way as to give a true meaning to the issue and positively contribute to the purpose of a prison sentence: protection of legal rights (protection which is intended not only in the present time but also in future terms), and the reintegration of the individual in the society, as stated in Article 40, paragraph n. º.1 of the Portuguese Criminal Code (CP).

To think mental health in a prison environment, is therefore, to think on a macro system level – firstly by thinking about the mental health of the country, since the individual, before and after the incarceration, is part of the community. Seen as matter of social concern, mental health has legal provision, both in the Portuguese legislation, on a general level, in the mental health law and, more specific to this context, in the Code of Execution of Penalties and Custodial Measures (CEP) and in the Prison Facilities General Regulation (RGEP); and in the international legislation and guidelines, in particular The Universal Declaration of Human Rights, the WHO resource book on Mental Health, Human Rights and Legislation (2005), the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984) and the WHO guide to the essentials in prison Health, among others.

Last but not least, it is important to state that to talk about mental health in the prison context, is not only to just talk about the mental health of the prisoners, it is also to talk about the mental health of the employees, particularly the Security Service, who due to the characteristics and conditions of their profession are more exposed to the characteristics of the prison system.

This article, taking into account the various points mentioned above, aims to, on one hand, address the current state of Mental Health in the Prison Context and, on the other hand, reflect on important aspects to be worked on and improved in the system.

As a result of working as a psychologist in the prison context, more specifically, in a Maximum Security Facility, and being a 3rd year Law student, to work on this issue is certainly a challenge, but an essential exercise for those who are aware of the importance of psychology in the enforcement of a sentence.

Mental health in the community, the starting point for mental health in confinement

To talk about mental health in a prison environment, as mentioned before, it is required first to analyze the mental health in the community, not only to understand the prevalence of mental illness in this context, but also to analyze and discuss the answers available after serving the sentence.

The mental health policies adopted in our country, mirroring what has also been done in other European countries, have privileged the deinstitutionalization, that is to say, to reduce the number of patients who are assigned to psychiatric units, looking for the clinical response to be achieved in community.

It is indisputable that this thinking is correct, by bringing the patients closer to their families, it allows a bigger and better social inclusion, and obviously, it reduces the public spending.

However, for this measure to be a success, it is necessary not only to send the patients to their homes, thereby reducing the number of beds in psychiatric units, even closing some of these; but also, for the success of deinstitutionalization, it is important to create conditions of support

and treatment for these cases, that is, to develop the so-called community network of mental health care, that in many cases has failed to materialize, which means the available options are far short of the real needs.

In the face of this mental health policy, and its actual and theoretical measures, many of the users of these services were left unaided from a medical point of view and without any technical monitoring, which, most likely, has contributed to a worsening of their clinical condition, and in many cases, for the adoption of behaviors that under the law are regarded as crime.

In these situations, Prison Facilities have appeared as a second answer to mental health problems, usually to the most serious cases, which translate into violent behaviors from individuals who need social restraint, but on a medical perspective, with the necessary care in terms of mental health as a mean of restraint, but also as a form of rehabilitation.

Since prisons are not designed to offer a response to this pathology, a job which belongs to the hospitals, over the years this scenario has contributed to the crisis we are experiencing today in terms of mental health in prisons. It is common and frequent to hear within the prison comments about the ever increasing number of prisoners who suffer from this type of pathology. As seen in this case, if the answers are scarce prior to incarceration, as a factor to prevent crime, they still are after the incarceration period.

When preparing the release of an inmate with mental illness, the difficulties in finding mental health services for continued monitoring are many. Usually, besides referring the individual to an appropriate hospital in his residential area, little more is achieved, which in most cases translates into a lack of proper following and monitoring of his clinical

condition and therefor, accentuating the continuing cycle of freedom - deviant behavior – imprisonment. This situation is particularly noticeable in cases where the individual himself does not accept his diagnosis and is not available to continue the treatment after imprisonment.

Mental Health in the Legislation

To understand what is being done in terms of mental health, and discuss what can be done, it requires one to analyze the law, particularly when we discuss the institutions that spring from this system, as is the case of Prison Facilities and everything that happens within these, which have mandatory legal provision.

On this topic, Foucault (1999: 134) states: "An incessant production of standards, laws and theories to turn these two environments (hospitals and prisons) in effective and disciplinary places", later concluding, Foucault (2009), that despite the discussion since the eighteenth century on the effectiveness of the prison and its moralizing objectives, the "moral healing", the prison system was never able to achieve its goal.

As we have seen before, it is important to begin by understanding the mental health in the community and, only then, to analyze the mental health in prisons. Thus, when we analyze the Mental Health Act, we quickly see that this does not include any section relating to crime, that is to say, with the appropriate and necessary intervention for individuals who combine mental disorder with behaviors considered crime under the Portuguese Criminal Code. Only a reference when it comes to cases with pending criminal proceedings (Article 28, paragraph n.º.1 of the Mental Health Act) where is established an independence rule between the internment process and the criminal case, whether or not there is a coincidence (partial or total) with the facts being assessed by the court; and in paragraph nº 2 of that Article, which states that in the event of hospitalization, the hospital has

the duty to report on the evolution of the individual's health state to the court where the criminal proceedings are pendent, information that, if contemplated and considered by the judge may be relevant to a decision on whether or not the individual is fit to stand trial.

In a very discreet manner, this combination between mental health and crime, is indirectly referred to and as grounds for hospitalization in Article 8, paragraph n. º. 2 of the Act: "... it can only be determined if it is proportional to the degree of danger and the legal asset in question."; in Article 12, paragraph n. º.1 "an individual who suffers from a severe mental disorder that creates, for its strength, a significant threat to his own, or others, legal rights, of a personal or patrimonial nature, and refuses to submit to the required treatment, may be admitted to an appropriate institution ".

Given this legal vacuum, in a comprehensive law about mental health, in which is made reference to instances when mental illness and criminal behavior intersect, it is necessary for said law to more specifically address the appropriate intervention in these cases, not only from the point of view of the patient, but taking into account the security of the community itself, clarifying and enforcing the specific role forensic Psychology and Psychiatry occupy in these cases, only then it is possible to provide a proper response to the dichotomy between social mental health and crime.

We are then forced to change the perspective with which we discuss this dichotomy and pursue other legal responses to mental health issues in this particular context, by first looking into the crime issue and then to the mental health issue.

In criminal law, when faced with severe clinical conditions in which the individual loses his critical capacity, for various reasons, compromising his

freedom of choice, the law allows for the possibility of the judge to deem the individual unfit to stand trial on grounds of mental disorder (according to Article 20º of the CP), and order his institutionalization (according to articles 104º and 105º of the CP). Although this solution is present in the law, there are several cases of individuals who, despite being suitable to benefit from this legal provision, but due to the lack of proper medical assessment, are judged and sentenced as someone mentally fit and consequently sentenced to imprisonment.

There is also a large number of inmates with mental illness, who despite having critical awareness of their actions, which means they are fit to stand trial in the eyes of the law, are assigned to prison facilities to serve their sentence, requiring a specific and qualified intervention, as to provide an adequate clinical response to the situation, respecting the prisoners' right to healthcare, and therefore contributing to what the purpose of the sentence is (Article 40º of the CP): the protection of legal rights and the reintegration of the individual in the society.

Addressing once again, but from a different standpoint, the dichotomy between mental health and crime, it is now time to analyze the legal provision of mental health in the CEP and RGEP, and the concerning directives about inmates with mental illness, who, by not being considered unfit to stand trial, were sentenced to imprisonment.

CEP, in Article 2º, immediately presents a premise to consider in this issue concerning the purposes of the sentence: "... it aims the reintegration of the individual in the society, preparing him to conduct his life in a socially responsible way, without committing crimes; and the protection of legal rights and the protection of the society."

Regarding the execution of the sentence, Article 5º paragraph nº 1, which concerns the individualization of said

sentence, states: "... it is based on the assessment of each prisoner's risks and own needs ", which interconnects with the prisoner's rights referred to in Article 7º, subparagraph a): "the protection of life, health, personal integrity and freedom of conscience ...", and it is the duty of the clinical staff, as Article 37º of the law states, "... to follow the evolution of the prisoner's physical and mental health, specifically: the emotional or psychological pressure related to imprisonment (subparagraph c); and physical or mental health problems which may hinder the social reintegration (subparagraph e). "

In general, the CEP provides for the monitoring of mental health and notes its importance in the path for the rehabilitation and social reintegration of the prisoners, however, this thought ends up being devalued and neglected, in the operationalization of the Code, both in the RGEP itself, as we shall see next, as in the internal directives of the Prison Services, particularly in the Clinical Procedures Manual, and in the Manual regarding the psychologist's intervention in the prison environment.

The Prison Facilities General Regulation (RGEP) which aims to regulate the CEP, with regards to the mental health field, does not define, in a clear and unambiguous way, how this intervention should be done or by whom, using a generic language, in which only through an extensive interpretation of the law can the specific role of Psychology and Psychiatry be defended, leaving mental health tied to the general concepts of health. In some cases, there is some confusion on the part of the legislator by failing to distinguish the technical skills of an Education Technician or Social Worker from the technical skills of a Clinical Psychologist, for example, in Article 219º RGEP, on the evaluation of the prisoner, in subparagraph b) it refers to the need of including in the assessment of the prisoner: "a report from the departments

responsible for monitoring the execution of the sentence containing (...) the evolution of the psycho-emotional state." Although, the technical staff responsible for the execution of the sentence may have an educational background in psychology, it is not legally required to have one (according to the Decree-Law 346/91 of September 18), that assessment, which is exclusively psychological in nature, may be made by a Social Worker, or by a teacher who performs the functions of an Education Technician.

After this comprehensive approach to the Portuguese legislation, of which is important to have a good understanding to be able to discuss the proposed topic - Mental health in prisons - it is essential to know, when discussing international guidelines and legislation, the WHO Guide to the Essentials in Prison Health, which in its chapter 11 specifically addresses the issue of mental health and intervention proposed for this population.

Finally, a reference to the basic principles for the foundation and guidance of mental health in prisons, referenced in The Universal Declaration of Human Rights (UN, 1948), which states that the basic rights to health are ensured, hence mental healthcare, considered by WHO as one of the most important areas in health; and the principle on which prisoners should not be released from prison in a worse condition than when they entered, reinforced by recommendation 7 of the Committee of Ministers of the Council of Europe (1998) and the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment

Current mental health landscape in the prison environment

In a brief characterization of the Portuguese prison system, considering the variables of interest to the theme that is being discussed, it is important to begin by noting that the prison system (mainland and islands) consists of forty-nine Prison

Facilities, with different levels of security, where are currently detained around 14,000 inmates.

Among the Prison Facilities mentioned above, one of them fits into the Prison System hospital unit – the Prison Hospital São João de Deus, which among other services, includes a Psychiatric Service. This hospital operates as an in-patient facility, (however it is not possible to state the number of beds, since this data is not in the Annual Report) as well as on an outpatient capacity.

Another prison facility worth mentioning is the Santa Cruz do Bispo Prison, home of the Psychiatric and Mental Health Clinic, where are interned individuals unfit to stand trial, and other inmates serving sentences in Institutions destined for forensic mental care.

These two examples are the only facilities, at a national level, which provide an adequate answer to the mental health needs of the prison population. Among the remaining 47 facilities, some offer clinical services that provide Psychiatry and Clinical Psychology consultations, however it is important to stress that this is not a reality common to all prisons, contrary to the European guidelines, that try to ensure that all inmates in need for structured follow-up in terms of mental health, have access to these services.

After this brief description of the prison structure and its resources in the mental health field, it should be noted that there is no official data regarding the number of inmates with mental illness, or the number of prisoners receiving ongoing mental health care, since the Rehabilitation and Prison Services DG has not disclosed such information.

Given the inexistence of official data on this subject, and aware of its importance as one of the emerging issues in terms of justice, not only in the immediate timeframe, but also after serving the sentence, scientific research

gains relevance as a way to contribute to the proposal and orientation of policies and health strategies within the field, it is then important to look at the results of some national and international studies developed as part of academic research.

Farrell et al. (2007) found a high correlation between drug use rates (cocaine and cannabis) and the prevalence of psychosis among the prison population. When talking about mental disorders related to substance use, national studies estimate prevalence rates of around 40-70% of the prison population (Oliveira & Gonçalves, 2007; Pires, Pereira, & Brites, 2007) and international studies point to rates between 31%, according to research conducted by Coid (2002), and 74% according to James and Glaze (2006).

In another study conducted in the UK by 57 independent researchers, it was found that 90% of prisoners have, at least, one diagnosis of mental disorder (Sansone & Sansone, 2009).

According to the results of several studies conducted in the US, it was determined that the rate of severe mental illness among the prison population varies from 10% to 15% (Teplin et al., 1996; Steadmen et al., 1996.).

According to Hartwell (2004), the incidence of mental illness in the prison population is four times bigger than what was found in the general population.

When comparing the overall incidence of personality disorders in the general population, researchers found a lower rate within the general population, between 0.5% and 3%, than within the prison population, whose rates vary from 10% to 15% (Morana, Stone, & Abdalla - Filho, 2006). It is important not to forget that personality disorders may be associated with the increased risk of violent and criminal behavior as well as with the weak response to programs of psychosocial rehabilitation (Stephen, 2002).

In Norway, the studies conducted by Harting and Osterb (2004) found that the estimated rates of psychosis and depression diagnosis, in prisons, were lower than those found in others international researches, which the authors say is related to the fact that the inmate population of the country has better opportunities of receiving appropriate mental health care.

Another area of mental health in the prison environment which deserves attention is related to suicidal thoughts/intention. According to Moreira (2008), in the years between 1999 and 2004, for every suicide in the general population, 14 suicides occurred in prisons.

This tendency of high rates in terms of mental health issues in the prison system, compared to the general population, is common to all studies, both national and international, with only some variations in terms of percentages.

Given these results, and taking into account the limitations that mental health brings into the rehabilitation of these individuals, as mentioned previously, it is essential to analyze, discuss and contribute to the creation of interventional policies in the mental health area, as a way to meet the ultimate purpose of incarceration.

A custodial sentence means to inhibit criminal practices, to isolate socially dangerous individuals and to promote their rehabilitation.

From a broader perspective of the concept of health in prisons, to better rehabilitate an individual, the facility should provide a positive environment through access to health care, psychosocial care, educational and employment support, recreational activities and sports. However, due to the precarious conditions in some prisons, such as a sedentary lifestyle, drug use or health issues; we are met with the ideal conditions for both the spread of

physical diseases, as well as for the development of psychopathologies.

The characteristics of confinement, and even the deprivation of liberty, are itself a stress factor, which has a different impact depending on the type of prison regime the inmate is assigned to (Souza, 2004).

The mental health care of prisoners, both from a preventive perspective as well as from an interventional perspective, is a necessary condition to prevent criminal recidivism (Damas & Oliveira, 2013).

When discussing mental health in prisons, particularly in Portugal, it is frequent to, mistakenly, only talk about the inmate population. Nonetheless, it is important to acknowledge that the same adverse characteristics, which can often contribute significantly to the deterioration of the prisoners' mental health, can also have the same effect on the employees' mental health as well, especially in the case of prison guards, who work long hours and often have a more intervening role when dealing with the prisoners (Dejours, 1999). According to Damas and Oliveira (2013), prison guards have a higher risk of becoming sick than the general population.

After a brief characterization of the physical organization of the Prison System and its problems on the mental health front, we should now look at the existing solutions currently available.

Health care in the prison system is regulated between Articles 32º - 37º of the CEP, which general principles state as fallowing: "... access to health care in terms of quality and continuity identical to those guaranteed to all citizens" (Art.32 paragraph nº 1 CEP); "The prisoner is, for all intents and purposes, a National Health Service user." (Art.32 paragraph n. º.2 CEP); "Inmates victims of physical, psychological or sexual abuse and who suffer from a chronic illness are

guaranteed access to specific and continuous care" (Art.32 paragraph n. º.5).

Looking at these general principles, it is important to remember that imprisonment, as has been explained, brings together a group of individuals with a different incidence in terms of percentage of mental health illness when compared to the general population, as well as the fact that the imprisonment itself may have a negative impact on a mental health level, which intensifies the need for answers in this field. Lastly, and as already mentioned, promoting mental health is an essential pillar in the rehabilitation project and in the fight against recidivism.

CEP also provides legal ground concerning the necessity of intervention from clinical services in the defense and promotion of health (physical and mental) (Article 33º CEP), with reference to preventive, educational and interventional health policies; it also foresees the possibility of jointly imposed health care in Article 37º paragraph nº 2.

With regards to the duties of the clinical staff concerning the mental health of the prisoner, Article 37 paragraph nº 1 of CEP, explains: "it is the physician's or other legally authorized personnel, responsibility to monitor the health (...) and the mental progress of the prisoners", while also mentioning the issue of "psychological or emotional pressure" in subparagraph c) from paragraph nº2 of the same article.

The Prison Facilities General Regulation (RGEP), regulates the application of the CEP on health issues, in the Articles 53ª – 66ª RGEP, being important to highlight in the field of mental health the following articles: Article 53, paragraph nª 4, which refers to the aspects that deserve special attention during the medical consultation, subparagraph a) "Presence of mental disorders," and subparagraph b) "suicide

risk factors"; Article 55º paragraph nº 2 "Application of specific plans for clinical intervention, particularly in the areas of drug addiction and substance abuse, (...), mental health and also suicide prevention and deliberate self-induced harmful behaviors, it needs approval from the Director-General ".

Although in a very general way, both the CEP and the RGEP mention the essentials points of mental health in prison environments, whether in terms of intervention work, or in terms of prevention work, however, it is during the implementation and definition stage of who is eligible to perform certain tasks, that the law is silent, allowing both restrictive interpretations of the law, in which the doctor assumes all clinical functions without the need for intervention from other specialty, and extensive interpretations of the law, in which the medical specialty can be interpreted in light of the needs, and clinical psychology included in the term of "legally authorized personnel," that the law states (Article 37, paragraph nº 1 EPC). This legal subjectivity, gives room to a multitude of strategies and types of health management in the prison system.

In order to provide further clarification on the implementation of the Prisons Facilities Bureau of Health, in 2009, when the health care provision was privatized, the former Directorate-General of Prison Services created the Clinical Procedures Manual, which aims to clarify and operationalize all clinical treatment.

Falling in line with the European Directives in this regard, the Manual clearly references the existence of specialized healthcare in Prisons, including clinical psychology and psychiatry.

The Procedures Manual defines the intervention of clinical psychology as: "1) General Intervention: Meeting the situations addressed by the various medical specialties, specifically, referral and interconnection with psychiatry;

urgent care; intervention in a crisis situation (self-mutilation, self-harm, aggression towards other people, suicidal ideas); 2) Occasional Intervention in specific programs of the Directorate-General's responsibility, particularly in cases of drug addiction treatment programs and behavioral disorders.

Regarding the duties of the psychiatrist, the Procedures Manual states: "The psychiatrist should examine prisoners that are referred to him, including those who are in a special detention regime, diagnose and treat mental disorders. After performing the diagnosis, he must establish the therapeutic strategy to be developed for the treatment of the prisoner, from both the pharmacological point of view and the psychotherapeutic point of view. When deemed necessary, he shall refer the patient to specialized units. "

Later, in 2011, the former Directorate-General of Prison Facilities, publishes a new manual entitled -

MODEL OF INTERVENTION IN THE CONTEXT OF CLINICAL PSYCHOLOGY IN THE PRISON ENVIRONMENT - Technical recommendations

This guide presents a different perspective from the until now contemplated in the law, due to the omission of the clinical psychologist figure and its purpose; and from the one presented in the Clinical Procedures Manual, in which the psychologist's role is reduced to the monitoring of inmates referred by other specialties and the intervention in emergency situations, setting aside the important work of preventive psychology.

According to this new manual, in its introduction, the psychologist no longer has a role solely in the clinical services field, for he also becomes involved in the Prisoner's Rehabilitation Plan, stating as follows: "Based on this legal framework (Article 19º, Article nº 21, paragraph 1 and

2, and Article 32º n.º5 of the CEP), it is intended that the clinical psychologist in a prison facility to have the role of a therapist and, in a broader sense, to be a transforming agent of the inmate, in a way as to shape his personality, trying to avert the individual from reoffending and promoting his legal readjustment. "

However, when the Manual describes the functions of the clinical psychologist, these are again restricted to interventional work, with the exception of the initial evaluation, as mentioned in the following duties: 1) initial assessment of the inmate; 2) individual monitoring (urgent care / crisis intervention, psycho-emotional support); 3) development of information/reports (the Board of the prison facility, Central Services, Courts and government entities with inspection functions) ". The psychologist is again described only as operating on a prevention level when dealing with mental health problems, and excluding him from the Prisoner's Individual Plan, contrary to what is stated in the beginning of the manual.

In reality, despite all these attempts to clarify and define a mental health policy, the role of Clinical Psychology is confined to consultations and crisis intervention, such as the role of Psychiatry, due to the lack of human resources and of a clear and defined strategy in terms of prevention - intervention.

Therefore, there is no initial assessment of the inmates and consequently, no characterization in terms of the mental health of this population, which is arguably the only solid starting point to develop the Prisoner's Individual Plan (PIR) that the law itself predicts in Article 21º CEP, as well as a way to contribute to a better management of the prisons units, namely when dealing with security measures.

Finally it should be mentioned that the Surveillance Services, as well as any other employee of the Prison Services,

have no mental health monitoring provided by the Rehabilitation and Prison Services DG, unlike what happens in other countries, like for instance Brazil, where prisons are equipped with mental health units within the facility itself exclusively intended for monitoring employees, particularly prison guards.

Mental Health in a Prison Context - Challenges and Proposals

After this round up about mental health in the prison context, we should now analyze and reflected upon its reality, and propose measures that positively contribute to the complex process that is the execution of a sentence.

As we have seen throughout the article, the issue of mental health in this context should first be divided into preventive and interventional action, when defining its strategy.

Then, two realities should be considered in this population: those who before the imprisonment had already had mental health problems, and those who have not suffered from any psychopathology. Within this last group, a division should be made during the incarceration period between those who continue without any disease and those who develop a mental pathology.

Starting from the assumptions mentioned above, we have the conditions to, in our point of view, define what should be the role of the clinical psychologist in the prison context, and then, how the Mental Health Service should be organized.

Mirroring the reality of other countries, namely Spain, the creation of the correctional psychology profession / specialty is essential, since the intervention of the psychologist in this context requires, on one hand, training in clinical psychology, and on the other hand, training

in forensic psychology, both in terms of evaluation and prevention, and finally, a clear legal understanding of the diplomas concerning the execution of the sentence and mental health. Only then will the psychologist be prepared to adequately respond to the demands of the environment.

The psychologist's functions in this context, that in a general way are to observe, classify, prevent and treat (if necessary), can be divided into three major areas:

a) Expert - Initial evaluation of the inmate population; prison classification, preparation of information on the classification of prisoners as a whole, as a way to contribute to a better prison management; risk assessment; analysis of the evolution of prisoners in order to prepare reports for regime change, temporary release of prisoners and probation.

b) Treatment - Individual psychological intervention with prisoners; group intervention; elaboration of intervention proposals if necessary; coordinate intervention groups on issues such as drug abuse, impulse control.

c) Others - Planning and programming group projects; employee training; creation of reports for the responsible authorities (the Board of the prison facility, Central Services, Courts and government agencies with investigative function); scientific research.

With regards to the overall organization of the mental health service, it is important that it contemplates three essentially elements, which should coordinate with each other and develop a joint effort, despite the need for decentralization of services due to the territorial extension of the Prison System.

a) Specialized Technical Assistance Vector: a unit for psychiatric patients who were not considered fit to stand trial; a

psychiatric and psychological unit for outpatient and inpatient treatment, with the existence of an intermediate regime in case the patients who are hospitalized need to be transferred before returning to the wards; a drug-free treatment unit; a forensic psychiatric and psychological unit to conduct expert reports; a psychiatric and psychological unit for employee support.

b) Scientific Research Vector: Developing scientific research that will allow a sociodemographic, psychological and psychiatric characterization of the inmates; sociodemographic, psychological and psychiatric characterization of hospitalized inmates and of those considered unfit to stand trial; monitoring and psychosocial assessment of the different types of offenders; studies of predictive factors of violence and protective factors; development of intervention programs for different types of offenders and problematic issues usually present in this population.

c) Training Vector: carrying out professional internships for psychiatry and psychology students; orientation of academic work; scientific publications; conducting training for other employees; conducting psychometric tests for tenders in careers in the prison area; conducting training in forensic psychology and psychiatry.

Taking up again the statement of Damas and Oliveira (2013), who argue that the mental health of prisoners is a necessary condition to reduce criminal recidivism, we should also add the mental health of those who interact daily with the prisoners and are on the front line of the re-socialization process, specially prison guards, who due to a stressful profession, also need to have available resources in terms of mental health, both from a prevention perspective as well as from an intervention perspective.

A Mental Health System organized within the prison system is essential for a

successful incarceration period. The specific type of intervention that is required by this population entails a technical expertise that goes beyond the classic psychology and psychiatry fields and the answer cannot thus be found in the National Health Service Psychiatry unit, which has different functions and a different target population, not to mention that, due to the lack of resources that the NHS faces, the response provided is insufficient to meet the necessities of the prison population.

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