Mental Health Promotion in Forensic & Correctional Environments

Secure environments, such as prisons, jails, forensic psychiatric hospitals, and juvenile detention facilities, are among the most controversial and stressful environments in society. Contemporary dispositions and treatment are fraught with enduring contradictions, and public and political animosity frequently prevail. Unfortunately, for a variety of reasons and life circumstances, such environments have become sanctuaries for a large portion of vulnerable and at-risk populations (Peternelj-Taylor, 2004).

The correctional and forensic population is extremely varied and complex, composed of both young and old, male and female, and victims, as well as perpetrators, of crime. Often, offenders’ lives have been impaired by chronic health problems, illiteracy, poverty, unemployment, homelessness, and high-risk behaviors. Typically, as a group, they are highly marginalized and stigmatized, and lack supportive, nurturing relationships commonly associated with emotional or mental well-being.

Offenders with mental illnesses and those representing cultural minorities are overrepresented in correctional institutions. Morbidity and mortality data suggest that incarcerated individuals experience higher rates of disease and disability, compared with non-incarcerated individuals (Anno, Graham, Lawrence, & Shansky, 2004; Canadian Public Health Association, 2004). Regrettably, prisons and juvenile detention facilities, by default, continue to be repositories for individuals with mental illnesses, and are frequently referred to as “frontline mental health providers” (Human Rights Watch, 2003) or as the new psychiatric hospitals (Aufderheide & Brown, 2005).

EFFECTS OF THE CORRECTIONAL ENVIRONMENT

The effects of the correctional or forensic environment on both employees and those who are incarcerated cannot be ignored. Although the ideological priorities of correctional systems center on confinement and security, forensic psychiatric hospitals function within the culture of the health care system. Power, control, and implicit authority are manifested in both settings and can interfere with the achievement of mental health-related goals (Appelbaum, Hickey, & Packer, 2001; Peternelj-Taylor, 2004).

The incarceration experience is a significant, stressful life event, even for those who do not have a mental illness. Separation from family and friends, limitations on privacy, overcrowding, and fear of assault severely affect individuals’ quality of life. Unfortunately, these experiences can completely overwhelm the resources of individuals with mental illnesses. Similarly, all levels of staff in secure environments experience stressors unique to their work. These issues include personal safety (e.g., threat of violence by inmates), personal and professional ethical dilemmas, understaffing, secondary trauma and...
posttraumatic stress disorder, and competing and conflicting expectations of health care and correctional authorities (Appelbaum et al., 2001; Peternelj-Taylor, 2004).

MENTAL HEALTH PROMOTION

The promotion of mental health in prisons and correctional facilities is an area of increasing global concern. Adoption of a particular “settings” approach to mental health promotion has been advocated by the World Health Organization (WHO) (1999). Although most nurses are intimately familiar with the proverb “an ounce of prevention is worth a pound of cure,” as well as the concept of mental health promotion, adopting a mental health promotion strategy in forensic and correctional environments is fraught with challenges not commonly encountered in more traditional settings. Thus, it may be easily dismissed. However, when one considers the diversity of the health challenges experienced by the forensic and correctional population, coupled with the marginalized status of offenders, it is clear that mental health promotion initiatives should be a primary concern.

According to the WHO (1999):

Mental health is a positive sense of well-being, from which springs the emotional and spiritual resilience which is important for personal fulfilment and which enables us to survive pain, disappointment and sadness. It requires an underlying belief in our own and others’ dignity and worth. (p. 5)

Nurses represent the largest group of health care professionals practicing in forensic psychiatric and correctional settings. Clearly, we have a significant role to play in influencing the mental health and well-being of those in our care and within the environments in which we work. By adopting a settings approach to mental health promotion, nurses, in collaboration with administrators, educators, researchers, and policymakers from a variety of disciplines and sectors, can work together to seize the opportunities that exist in the current context. Outside Western culture, a crisis, such as that facing correctional care, is frequently understood as a time for movement or growth; thus, where there is crisis, opportunity can be found (Aufderheide & Brown, 2005).

SUMMARY

I hope this brief glimpse into the concept of mental health promotion within forensic and correctional environments will challenge nurses to explore creative ways in which a mental health agenda can be formulated and actualized in practice.

REFERENCES


Cindy Peternelj-Taylor, RN, MSc
College of Nursing
University of Saskatchewan
Saskatoon, Saskatchewan, Canada