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MENTAL HEALTH PROMOTION IN PRISONS

Report on a WHO Meeting

The Hague, Netherlands
18–21 November 1998

EUROPEAN HEALTH21 TARGET 6

IMPROVING MENTAL HEALTH

By the year 2020, people's psychosocial wellbeing should be improved and better comprehensive services should be available to and accessible by people with mental health problems

(Adopted by the WHO Regional Committee for Europe at its forty-eighth session, Copenhagen, September 1998)

ABSTRACT

A meeting of the WHO Health in Prisons Project was convened by the WHO Regional Office for Europe and the project collaborating centre at the Directorate of Health Care of H.M. Prison Service of England and Wales, in association with Mental Health Europe (the European Regional Council of the World Federation for Mental Health). The meeting considered progress made in the Project, discussed project management issues, and included a workshop on mental health promotion, with expert-led discussions, for representatives of the 15 member countries of the Project. The meeting closed with invitational sessions, comprising a half-day visit to a custodial setting in The Netherlands followed by a one-day meeting for directors of prisons, prison psychiatrists and psychologists and other key prison staff, at which issues surrounding mental health promotion in prisons were considered. The meeting approved in principle a consensus statement on mental health promotion in prisons.

Keywords

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Executive summary

The third annual meeting of the WHO (Regional Office for Europe) Health in Prisons Project was organized in collaboration with Mental Health Europe (the European Regional Council of the World Federation for Mental Health). The meeting was attended by representatives of 12 of the member countries, of Mental Health Europe, and of the International Committee of the Red Cross; two additional European countries sent observers. The representatives of three of the member countries, the Council of Europe and the International Council of Prison Medical Services sent apologies.

Three priority areas for attention had been identified at the inception of the Health in Prisons Project: communicable diseases, mental health and drug misuse. Having considered the issue of communicable diseases in prisons at its 1997 annual meeting in Helsinki and subsequently in the Joint WHO/UNAIDS Conference on HIV/AIDS, Sexually Transmitted Diseases and Tuberculosis in Prisons, held in Popova, Warsaw, in December 1997, the Project had agreed to focus on mental health at its 1998 meeting.

It was widely accepted that the subject of mental health in prisons deserved to be given urgent priority because imprisonment had adverse effects on the mental health of a significant number of prisoners, and the prevalence of mental ill health in all prisons was very high. In addition, staff in prisons dealing with disturbed or otherwise difficult prisoners could experience workplace-induced stress, with consequent implications for their mental and physical wellbeing and for the good management of prisons. Despite the magnitude of the problem, there had been little guidance to prison services on mental health issues in general, and in particular on mental health promotion and the reduction of the harm to mental health that may arise from imprisonment. A comprehensive consideration of all aspects of promoting mental health in prisons was therefore urgently required.

Detailed planning and the preparation of a consensus statement to be presented as a draft at the meeting for consideration were undertaken by a joint HIP Project/Mental Health Europe working group set up at the Project's Helsinki meeting. The Netherlands Ministry of Justice commissioned a research study,¹ comprising a review of existing research studies on mental health in prisons, and an analysis of the responses to a questionnaire on mental health issues which was sent to all the Project member countries. The results of the research were presented to the meeting and confirmed that levels of mental ill health in prisons across Europe were much higher than in the general population.

A review, carried out for the research study, of past research on the prevalence of mental disorder among male prisoners in some of the Project countries suggested that, on average, 32% of all prisoners suffered from a mental disorder excluding substance misuse, while the inclusion of substance misusers raised the rate to 63%. Suicide rates were also much higher in prisons than in the general community, although the prevalence of mental disorders among the prison population was clearly a contributory factor. Many prison systems lacked the necessary numbers of appropriately trained staff, and screening procedures could be improved in most countries. Problems could be decreased with extra staff, training programmes, improved referral possibilities and through the spreading of good practice and learning from other prison systems.

¹ Aardema, A, et al. Department of Clinical Psychology, Vrije Universiteit Amsterdam, in association with A. Gatherer, temporary consultant on the WHO Health in Prisons Project. *Mental health in European prisons*.

Presentations, discussions and working groups focused on the identification of the problems prisons faced in maintaining the mental health of prisoners and staff, and on what could be done to improve the situation. It was agreed that imprisonment often had a negative effect on mental health and should be imposed as sparingly as possible. Where imprisonment was inevitable, the focus should be on the rehabilitation of prisoners, to enable them to lead useful and law-abiding lives on their return to the community. With such a focus, the negative effects of imprisonment could be minimized and mental health could be maintained and promoted. Management support for staff was essential, both for the mental wellbeing of staff and to enable them to play a full part in promoting the mental health of prisoners.

In a short Project business meeting, representatives of WHO, the collaborating centre and the Project member countries discussed matters concerning the future management of the Project and the need for evaluation as the Project entered the second half of its planned five-year first phase.

The meeting closed with invitational sessions, for which the Project representatives were joined by directors of prisons, prison psychiatrists and psychologists and other key prison staff from the Project member countries. The invitational conference began with a half-day visit to a custodial setting in The Netherlands: some members visited the TBS institution at Poortugaal, which housed prisoners suffering from personality disorders; others visited either the penitentiary complex at Scheveningen or the youth institution at Sassenheim. The final day took the form of a conference, with presentations, discussions and workshops around the theme of mental health promotion in prisons.

A draft Consensus Statement on Mental Health Promotion in Prisons, which had been produced by the joint Working Group of the Project and Mental Health Europe, was presented and revised both at the Project meeting and the invitational conference, and subsequently by correspondence. The Consensus Statement, which is appended to this document, is intended as a stimulus to consideration of the issues relating to mental health in prisons and as worthwhile guidance on the promotion of better mental health for prisoners, their visitors and families and prison staff, to the benefit of the whole community.

The Consensus Statement (Annex 1) incorporates guidance on many of the issues discussed at the meeting, including interventions relevant to prisons which had been shown to be effective in promoting mental health. Detailed guidance on effective interventions in the prison context is included in the Management Checklist annexed to the Consensus Statement (Appendix 1 to Annex 1), while Appendix 2 contains advice relevant to the individual prisoner on maintaining his or her mental health. Appendix 3 to Annex 1 summarizes the process which led to the Consensus Statement.

Conclusions and agreed action

The report on Mental Health in European Prisons by the Vrije Universiteit Amsterdam would be published, subject to the incorporation of any additional comments sent to the authors within a short period after the meeting.

The Consensus Statement on Mental Health Promotion in Prisons would also be published, subject to suggestions for amendments sent to the collaborating centre within a short period after the meeting, and would be publicized and used in the member countries to raise standards in mental health promotion.

The subject of the next annual meeting would be drugs, and the possibility of working jointly with the Pompidou Group of the Council of Europe would be explored. It was envisaged that the Project meeting in 2000 would encompass the three priority areas of communicable diseases, mental health and substance misuse.

The size of the Project would continue to increase, to a reviewable limit of 20 member countries, and the possibility of linkage with the International Association of Probation Officers as well as other relevant international nongovernmental organizations in this field would be explored.

The member countries' annual reports and plans would be analysed and the newsletter and web-site would be further developed. Consideration would continue to be given to ways in which communications, administrative support and resources might be enhanced and the overall effectiveness of the Project evaluated.

Annex 1

**WHO REGIONAL OFFICE FOR EUROPE HEALTH IN PRISONS
PROJECT**

**CONSENSUS STATEMENT
ON
MENTAL HEALTH PROMOTION IN PRISONS**

Explanatory note

The term "prisons" in this Consensus Statement is intended to denote, as a minimum, those institutions which hold people who have been sentenced to a period of imprisonment by the courts for offences against the law. The principles set out in this Statement are relevant, however, to other forms of compulsory detention, and the institutions understood as being included in the term "prisons" for the purposes of this Consensus Statement will vary from one country to another, depending on local circumstances.

Thus "prisons" may also, if local circumstances justify it, be taken to include secure institutions holding on a compulsory basis any of the following categories of people: remand prisoners; civil prisoners; juvenile detainees; immigration detainees; some categories of mentally disordered patients; asylum seekers; refugees; people detained pending expulsion, deportation, exile, exclusion or any other form of compulsory transfer to other countries or areas of the country; people detained in police cells; and any other compulsorily detained group.

1.1 The WHO (Regional Office for Europe) Health in Prisons Project,

- **aware that, in the absence of positive counter-measures, deprivation of freedom is intrinsically bad for mental health, and that imprisonment has the potential to cause significant mental harm;**
- **agreeing with the Committee of Ministers of the Council of Europe² that respect for the fundamental rights of prisoners entails the provision to prisoners of preventive treatment and health care equivalent to those provided to the community in general;**
- **recognizing that a concept of care, positive expectations and respect should permeate all prisons,³ and**
- **considering that the promotion of the mental wellbeing of prisoners and prison staff is vital in prisons,**

has produced this consensus statement on mental health promotion, and calls on prison authorities and health authorities to adopt the principles it contains.

² Recommendation of the Committee of Ministers to Member States Concerning the Ethical and Organisational Aspects of Health Care in Prisons (Council of Europe Recommendation No. R(98)7).

³ See Explanatory note.

1.2 It is desirable in mental health terms for the use of imprisonment to be kept to the minimum possible, consistent with the needs of the wider community to see crime punished effectively and community safety assured. Where imprisonment is imposed, however, loss of freedom constitutes the punishment; health and wellbeing must not be compromised.

2. The importance of positive mental health – and not just the absence of mental illness – to the health of individuals and of communities is widely recognized. Mental health is important for everyone, and not only for those who have been diagnosed as suffering from mental disorders, because it underpins all health and wellbeing.

3. Mental health is a positive sense of wellbeing, 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. While it may be difficult to contemplate the existence of positive mental health among prisoners, prison should provide an opportunity for prisoners to be helped towards a sense of the opportunities available to them for personal development, without harming themselves or others. In order for this to happen, prisoners must:

- feel safe
- be assisted towards insight into their own offending behaviour, and
- be treated with positive expectations and respect.

4. The responsibility prison staff carry for the welfare of prisoners and their colleagues, and the constant risk of verbal or physical confrontation, make working in prisons potentially stressful. The dangers to mental wellbeing are exacerbated where working conditions or communication with management are poor, or where management is unsupportive. Staff need to feel that their work and their individual worth are valued and appreciated and that help is available if they are under pressure. Staff who see that their contribution is supported and valued will perform more effectively, experience greater job satisfaction and will be better able to promote the mental health of prisoners. Effective staff welfare arrangements must be in place.

5. Security has a special meaning in the prison context; the secure custody of prisoners is the most basic requirement of all prisons. In a wider sense, however, people must feel safe and secure if they are to develop and achieve their potential. Experience suggests that prisoners are best enabled to progress where attention has been paid to three levels of security:

- structural – for example, the design of the building
- procedural – policies and staff training (for example, in connection with hostage incidents)
- relational⁴ – positive staff/prisoner relationships.

6. Where prisoners feel safe, better relationships are possible between staff and prisoners and incidents damaging to security and the safety of others are less likely, enabling others also to feel safe. Where prisoners' mental health is promoted, they are better able to engage in programmes which address their offending behaviour, and are therefore likely to present less of a danger to the wider community on leaving prison.

7. Structural and social factors, such as the quality of accommodation, the availability of employment, and relationships with families, friends and wider social groups, have a major

⁴ Relational security, also known as dynamic security, is the security which springs from building up a degree of trust and confidence between staff and prisoners.

impact on mental wellbeing. The other important factor is the individual's own emotional resilience, which varies from one person to another, and for every individual at different times, depending on external and internal factors.

8. Most people, under sufficient pressure, would be vulnerable to a degree of mental ill health or distress sufficient to detract from their enjoyment of life and general wellbeing. Possibilities for fulfilment and enrichment in life are much more readily apparent to those who enjoy a positive sense of mental, emotional and social wellbeing.

9. Mental health promotion works on three levels by:

- strengthening the individual's emotional resilience
- strengthening the community so that everyone feels included, and
- reducing the structural barriers that inhibit the promotion of mental health.

An example of a structural barrier relevant to prisons would be the use of imprisonment in cases where community penalties would be just as effective.

10. Practical ways of enhancing the individual's emotional resilience and the strength of the community, which have been shown to be effective, include:

- regular physical exercise
- regular participation in education, work or training
- access to the arts
- anti-bullying strategies
- prevention of depression:
 - cognitive/behavioural procedures
 - spiritual reflection, which could include meditation or yoga
- the acquisition of skills
- utilizing prisoners' resources, for example for peer support.

Mental health promotion activities, such as education, regular work, the arts and exercise, also benefit those already suffering from severe mental disorders as well as those without mental disorders. *(Further details and suggestions are included in the Management Checklist attached to this Consensus Statement.)*

11. Prisoners are particularly vulnerable to mental ill health and distress. The majority come from the most disadvantaged groups in society. Many have histories of:

- damaging experiences in childhood, such as physical, sexual or emotional abuse, or neglect;
- truancy, leaving school early and low educational attainment, leading to impaired employment prospects;
- experimentation with, or addiction to, drugs or alcohol, which may have been a factor in their crimes;
- mental disorders, suicide attempts and self-harm;
- in some cases, extremely traumatic events, such as torture, in their countries of origin.

Many of these factors are also typical of people who develop mental disorders in the community. Owing to a combination of such factors, many prisoners have entrenched behavioural problems and would behave in an antisocial way, even without the special pressures of imprisonment.

12. Literature on mental health and suicides in prisons has shown very high levels of diagnosable mental disorder among the prison population compared to the population outside prison.⁵ Although most of these disorders may have been present before imprisonment, and may have contributed to the crimes for which the prisoners were sentenced to prison, mental disorder may also be made worse by the conditions of imprisonment. While mental health promotion is also beneficial to people suffering from mental disorders, it should be provided in addition to, and not in place of, appropriate access to adequate numbers of trained mental health professionals for the purposes of effective screening, treatment and continuity of care.

13. Factors which often apply in prisons and which could have an adverse effect on mental health include overcrowding, dirty and depressing environments, poor food, inadequate medical care, aggression (which may take many forms, for example physical, verbal, racial or sexual), lack of purposeful activity, the availability of illicit drugs and either enforced solitude or lack of privacy and time for quiet relaxation and reflection.

14. In addition to the *variable* factors noted above, certain *inevitable* factors apply. By definition, prisoners are deprived of their liberty for a period which may be long or of uncertain length. Deprivation of their liberty inevitably involves deprivation of choices taken for granted in the outside community: they can no longer freely decide where to live, with whom to associate and how to fill their time, and must submit to discipline imposed by others. Communication with families and friends is limited and often without privacy.

15. Prisoners may have feelings of guilt or shame about the offences they have committed, the fact that they have been imprisoned and the effects of their behaviour on other people, including their families and friends, coupled with anxiety about how much of their former lives will remain intact after release. Prisoners seeking asylum or awaiting removal to another country face additional anxieties and may feel particularly isolated. These factors, while they may be regarded as inevitable consequences of imprisonment, would in themselves be sufficient to have adverse effects on the mental health of many people.

16. The cumulative effect of all these factors, left unchecked, must be to worsen the mental health of prisoners and to increase the likelihood of incidents damaging to the wellbeing of prisoners and staff, as well as to good order and security, such as displays of aggression, bullying, suicide attempts and self-harm. In prisons experiencing high levels of such incidents, staff and prisoners suffer the effects of increased tension, with consequent ill effects on their mental health.

17. It is not inevitable, however, that imprisonment should adversely affect mental health. Prisoners are potentially open to influences in prison, such as the attention of health care, education, chaplaincy or social services staff, which they may have avoided, or which may not have been available, outside. Imprisonment can and should offer valuable opportunities to

⁵ Research commissioned by the Netherlands Ministry of Justice on behalf of the Health In Prisons Project conducted for the 1998 Project meeting under the supervision of Professor A Kerkhof and Dr E Blaauw of Vrije Universiteit Amsterdam.

improve the mental, emotional and social wellbeing of a particularly vulnerable, yet in normal circumstances hard to reach, group of people.

18. Some of the benefits, carrying significant advantages to mental health, which may be open to prisoners, include:

- access to sports and fitness facilities;
- opportunities to benefit from education and obtain qualifications;
- vocational training and help in obtaining employment after release;
- opportunities to participate in the arts;
- balanced diets;
- access to health care;
- reduced substance misuse or dependence;
- access to drugs and alcohol detoxification and rehabilitation programmes;
- practice in social skills;
- assistance in coping with strong or destructive feelings such as guilt and anger;
- supportive relationships with, and good role models from, staff;
- advice and education on relationships, including parenting;
- opportunities to gain insight into their own offending behaviour;
- opportunities to reflect and take stock of their lives, with support in making changes;
- opportunities to practise the constructive, enjoyable and fulfilling use of time, for example in involvement in the arts or exercise;
- opportunities for socially useful activity, for example through peer support or community involvement.

Such factors are most effective when implemented on a planned and coordinated basis, preferably as part of a detention plan to which the prisoner has agreed and for which he or she takes responsibility.

19. It is recognized that there will be some individuals and groups of prisoners who are particularly unreceptive to attempts to provide them with opportunities to improve their mental health. But most prisoners, including some of the less receptive, will derive some benefit from efforts to maintain and promote their mental health. Such efforts can also readily be justified in terms of other likely benefits, to the prison itself, the prison staff and the community.

20. In order to achieve positive mental health, countries must have in place positive mental health legislation, close integration of health, penal and social policy and effective aftercare following imprisonment. Prisoners remain members of the community; therefore prisons should work in partnership with prisoners, their families and appropriate community agencies to deliver programmes and treatment that engage those in prison with the community at an early stage of any period in custody. Cooperation with community agencies is vital to secure continuity of treatment (for example, treatment of psychiatric illness and substance misuse) and to facilitate the reintegration of the prisoner into the community.

21. Looking to the future, the wellbeing of prisoners and society will best be served if the public, the judiciary, prison managers, prison staff and prisoners can be persuaded to look ahead to the reintegration of prisoners into society. Motivating and assisting prisoners to re-enter society should be seen as the primary purpose of prisons, enabling them to become forward-looking, person-centred institutions, in which prisoners are required to take active responsibility for their crimes and for action directed towards restitution or rehabilitation. Within national standards ensured by independent inspection, prison systems should be flexibly organized, with prisons differentiated by region, to promote family contact, and by regimes and security levels so as to provide as socially and mentally stimulating an environment as possible. Prisoners' individuality should be recognized and promoted by such means as dividing them into small groups for everyday activities and by individual detention plans, to which individual prisoners agree and for which they take responsibility. Security could then be kept to the minimum necessary for the correct implementation of the sentence.

22. The main additional benefits envisaged from successful mental health promotion in prisons are:

to the prisoner:

- increased emotional and physical wellbeing;
- increased ability to confront offending behaviour;
- increased confidence and social skills;
- ability to use time well and plan realistically for the future;
- social inclusion and improved rehabilitation prospects;
- reduction in the likelihood of developing mental disorder, or in the degree of mental disorder experienced;

to the staff:

- improved job satisfaction
- higher morale
- lower levels of tension and stress
- consequent improvements in mental and physical health;

to the prison:

- improved security
- safer environment
- improved staff-prisoner relations
- improved industrial relations
- easier recruitment and retention of staff
- lower sickness absence/ill-health retirement rates
- reduced assaults and other incidents
- greater efficiency
- greater cost-effectiveness;

to the family:

- better relationships between family members
- safer environment for children to grow up
- lower risk of developing mental ill health in family members;

and to the community:

- a more socially inclusive society, with a higher likelihood of successful rehabilitation of released prisoners in the community;
- reduced mental disorder among released prisoners;
- increased safety, resulting from the factors listed above;
- better value for money from prisons because of all the factors listed above.

23. The WHO Regional Office for Europe Health in Prisons Project therefore strongly recommends that all prison authorities, health authorities and prison staff recognize and seize all the opportunities which the prison setting presents to eliminate or reduce the mental harm which imprisonment may cause and to promote mental health. Governments and authorities responsible for all forms of compulsory detention are invited to consider the relevance of this Consensus Statement to their local circumstances and to adopt its provisions, implementing them in accordance with national legal requirements.

A Management Checklist follows (Appendix 1) of practical measures for managers to consider to promote the mental wellbeing of prisoners and staff.

It is followed by a list of steps (Appendix 2) which an individual could take to reduce anxiety, prevent depression and promote his or her own mental wellbeing. (Adapted from "What prisoners can do to promote their own mental well being", part of a factsheet entitled "Mental health promotion and wellbeing in Young Offenders Institutions for all who work in prisons" produced for World Mental Health Day 1998 by the Health Education Authority for England.)

A note on the background to this Consensus Statement is also attached (Appendix 3).

Appendix 1

**MENTAL HEALTH PROMOTION IN PRISONS:
A MANAGEMENT CHECKLIST**

A concept of care, positive expectations and respect should permeate all prisons.⁶ These values should be promoted and encouraged by managers at all levels through strategic planning, training and efforts to shape the attitudes of staff and prisoners. Without such a vision, prisons carry obvious dangers for the mental health of prisoners and staff; but where imprisonment is used as an opportunity for efforts to improve prisoners' self-esteem, life chances, and ability to lead useful and law-abiding lives, the mental health of prisoners and staff can be maintained and promoted.

Prisons should analyse, evaluate and review their procedures regularly, in accordance with the principles set out in the foregoing paragraph. A checklist follows of areas for managers to consider, while Appendix B comprises a list of nine positive steps which an individual could take to promote his or her own mental health.

1. Reception

Reception into any type of prison can be a traumatic and frightening experience – even where a prisoner has simply been moved from another prison. The reception area and procedures should be organized in such a way as to minimize mental distress. Wherever possible, facilities should be provided to enable prisoners to make early contact with their families. Experience has indicated a particularly high risk of suicide in the first month that a prisoner spends in a new prison, with heightened risk during the first days. Reception staff should be trained to detect signs of mental illness and acute distress and to take appropriate action.

Early opportunities should be found to impart information crucial to the maintenance of prisoners' health, on such matters as sexual health and the dangers of sharing syringes, and information on what to do and whom to approach if they feel depressed or anxious. Procedures should ensure that all prisoners receive and understand the information given and that, so far as possible, the information is provided in accordance with their cultural traditions. (For example, it is not acceptable in some cultures to talk freely about sexual matters.)

2. Induction

There should be a well organized procedure to introduce prisoners to the regime of the prison in such a way as to support and maximize their ability to cope with prison life. Information, for example on sexual health and the dangers of sharing syringes, and on what to do if they feel depressed or anxious, which should have been given to prisoners during the reception process, should be reinforced during the induction period. Again, the information should be in a language and cultural setting understandable to the prisoners. Wherever possible, prisoners should be encouraged and helped to make and maintain contact with their families and friends outside prison.

⁶ See Explanatory note.

3. A clean environment

The environment of the prison should give a clear message to prisoners that management and staff have positive expectations of them and respect for them. An uncared-for environment lowers self-esteem.

4. A controlled environment

Staff must be in charge of the whole prison at all times. Overcrowding and poor design can contribute to loss of control by staff and bullying by inmates, particularly where cell-sharing is unavoidable. Prisons should adopt clear anti-bullying strategies, including support for victims of bullying, and should pay due regard to prisoners' histories (for example, whether a prisoner has a history of violence, especially of an extreme, sexual or irrational kind, or bullying, including emotional bullying) before requiring other prisoners to share their cells. In cases where such a prisoner has to share a cell, staff must ensure the safety of those in their charge by monitoring the situation closely and being available to provide help if needed.

5. Management and staff: support for prisoners

Supporting individual prisoners as they serve their sentences and look towards their eventual release should be an important part of the work of prison officers. "Key worker", "Mentor", "Supporter" and "Personal Officer" schemes all require staff to take on this role. Ability in this area should be looked for in potential new recruits. Staff should be trained, supported and given appropriate recognition and reward for this aspect of their work. Time should be built into the regime of the prison for staff to listen to prisoners and deal with their questions and complaints. Staff also require training in basic mental health issues and in recognizing and dealing with mental disorder.

Staff should be alert to signs of prisoners undergoing an emotional crisis and in need of extra support – following, for example, disturbing news from their families or an assault in prison – and management should ensure that such support is provided. Someone should be available to talk to such prisoners and help them to cope with the feelings aroused. Prison health care centres may be used to provide short-term accommodation in such circumstances, with staff on hand to help the prisoner. Stress counselling, as well as treatment of physical injuries, should always be offered to prisoners following assaults.

6. Management and colleagues: support for staff

Staff need to feel that their individual worth is recognized. They should feel that their work is valued and appreciated and their concerns understood by management: these values should be reflected in the way staff interact with their colleagues and with prisoners. Support should be available for staff who have been in stressful situations; for example, staff may need counselling after traumatic incidents such as hostage incidents or the discovery of a suicide. Stress counselling, as well as treatment of physical injuries, should always be offered to staff following assaults. Management should be alert to signs of staff undergoing an emotional crisis and in need of extra support – following, for example, bereavement – and should ensure that such support is provided.

7. Contact with families, friends and the outside community

Family and friendship ties are important sources of support and should be promoted. Although imprisonment requires the imposition of some constraints on visits, letters and telephone calls, the conditions surrounding these means of maintaining contact should be kept as normal as possible. Links between prisons and the outside community (for example, through voluntary visitors representing welfare, educational, religious, vocational or leisure pursuits organizations, or events allowing the public into prisons) should be encouraged and facilitated where possible.

8. Activities

Activities should be available to enable prisoners to make the best use of their time in prison.

- Workplaces and classrooms can offer an environment in which prisoners can be kept busy or diverted enough to achieve a temporary mental “escape” from the pressures of imprisonment.
- Educational and vocational courses and physical education have a major role to play in improving self-esteem and fitting prisoners for release. Research has shown the effectiveness of physical exercise in reducing distress and particularly depression, while access to the arts has been shown to have a major impact on self-esteem and confidence, promoting better relaxation, improved sleep, increased energy and improved anger management.
- Education in parenting skills can help to prevent the perpetuation of cycles of parental abuse and neglect which can be a contributory factor to mental illness and criminal behaviour.
- Training people to forestall depression, by such means as cognitive therapies, coping skills and life skills can significantly improve mental health by promoting self-help.
- Religious and spiritual beliefs can contribute significantly to mental wellbeing. Staff should respect the spiritual beliefs of prisoners, and opportunities and facilities should be provided for the practise of religion and for the development of spiritual awareness.

9. Privacy and confidentiality

Some opportunities should be provided for personal space and privacy. Whenever necessary (for example during medical consultations), prisoners should be interviewed in private rather than in the presence of other prisoners, and whenever possible in the absence of prison discipline officers. Confidentiality must be seen to be respected.

10. Individuality

Choices should be made available to prisoners, to the extent that this is feasible within the constraints imposed by custody. Where staff have to handle prisoners’ personal property they should do so with due care, respect and sensitivity.

Appendix 2

AN EXAMPLE OF SELF-HELP MATERIAL FROM ONE OF THE WHO
(REGIONAL OFFICE FOR EUROPE) HEALTH IN PRISONS PROJECT
MEMBER COUNTRIES

POSITIVE STEPS TO MENTAL WELLBEING⁷

While in prison, many people feel anxious or depressed. These feelings are a normal reaction to the isolation from friends and family, the unfamiliarity of a new environment and uncertainty about the future. There are a number of positive steps that prisoners can take to promote their own mental health. The important thing is to find ways that work for you.

The following steps work well for many people.

- **Keep in touch with family and friends**

It can be difficult to keep in touch with people but it's well worth the effort. Your family and friends can help you through difficult times. Try to keep in contact with them.

- **You are not alone**

Everyone can feel isolated and overwhelmed by their problems sometimes – it can help to talk about them and to share your feelings. Don't think you have to be strong and struggle on alone. If talking is not for you it may be easier to write your feelings down. It is important to realize that you are not alone in feeling like this and that there are people you can turn to. Many people have been through similar changes in their lives. It isn't a sign of weakness to ask for help.

- **Be a friend**

You could be a good friend to others too. It's important for others to realize that they're not alone. Show concern for others and be a good listener and you'll become a good friend.

- **Get involved**

Getting involved or trying something new can help to defeat boredom. Many prisons have classes and training available – you may even be able to achieve a qualification.

- **Keep active**

Exercise is one of the best ways to get rid of frustrations and to help you relax. Even if you don't feel like it, make sure that you keep active. You may have the opportunity to get involved in sport, perhaps in a team, or you may have a gym or exercise room. Why not give it a go? You'll feel better for it.

⁷ This Appendix is based on a factsheet produced for young offenders in England and Wales for World Mental Health Day 1998. It has been slightly adapted, and may require further adaptation, to increase its relevance to prisoners in other countries.

- **Don't be afraid to ask for help**

Prison is a place where you need to survive. If you need help to do that – ask. Everyone needs help from time to time; it doesn't mean you're weak or unable to cope. If you are worried and feeling low it's important to find someone you trust that you can talk to about the way you feel. Don't be afraid to ask for help – it could be from a member of your family or a friend or someone within the prison, such as a fellow prisoner, an understanding member of the prison or health care staff, or your chaplain or religious leader, or perhaps a telephone helpline.

- **Take time for yourself**

Everyone needs to relax and it can be really tough when you don't feel you're in control. But try to take a bit of time for yourself – do what you enjoy. If you can, listen to music, draw pictures, write a story, a letter or a poem, read magazines or watch television – take time out. Give yourself time to reflect – many people find religious or spiritual reflection or meditation helpful.

- **Tell someone if you're being bullied**

If someone is bullying you, stealing from you or trying to make your life a misery – or you know someone these things are happening to – tell someone. Bullying behaviour needs to be stopped, for the good of the bullies as well as their victims.

- **Know when to seek help**

If you're feeling:

- low
- worthless
- tired and irritable
- hopeless
- over the top
- suicidal

or you're finding it hard to

- sleep
- eat regularly
- concentrate
- enjoy the things you usually like doing,

you may need help to get through it. Talk things over with a member of the prison health care team, or someone else you can trust.

Adapted from: "What prisoners can do to promote their own mental wellbeing", part of a factsheet entitled "Mental health promotion and wellbeing in Young Offenders Institutions for all who work in prisons" produced for World Mental Health Day 1998 by the Health Education Authority for England in association with H.M. Prison Service of England and Wales.

Appendix 3

BACKGROUND

The importance to public health of preventing disease and promoting health in prisons has been accepted by many countries in Europe. Previous meetings arranged by the WHO Regional Office for Europe in collaboration with countries participating in its Health in Prisons (HIP) Project have established that the three major health problems affecting prisons are communicable diseases, drugs misuse and mental health.

At an HIP Project meeting in Helsinki in October 1997, it was unanimously agreed that mental health issues in prisons should be given special attention during 1998 and should be the subject of the 1998 Project meeting.

The subject of mental health in prisons deserves to be given urgent priority because imprisonment has adverse effects on the mental health of a significant number of prisoners, and the prevalence of mental ill health in all prisons is very high. In all those countries which are currently members of the HIP Project, the threat to mental health was recognized as a major issue and the need for further attention to the whole subject was agreed.

Despite the magnitude of the problem, there has so far in general been little guidance to prison services on mental health issues, including mental health promotion and the reduction of the harm to mental health that may arise from imprisonment. In addition, staff in prisons dealing with disturbed or otherwise difficult prisoners may experience workplace-induced stress, with consequent implications for their mental and physical wellbeing and for the good management of prisons. A comprehensive consideration of all aspects of promoting mental health in prisons was therefore urgently required.

The WHO Regional Office for Europe accordingly organized a meeting for members of the HIP Project, arranged in full collaboration with the European Regional Council of the World Federation for Mental Health (Mental Health Europe), and held in The Hague at the kind invitation of the Ministry of Justice and the Ministry of Health, Welfare and Sport of the Government of The Netherlands, from 18 to 21 November 1998. The meeting was followed by a conference for Project representatives and invited members of prison staff. Detailed planning and the preparation of a draft of this Consensus Statement for discussion at the meeting and the invitational conference were undertaken by a joint HIP Project/Mental Health Europe working group set up at the Project's Helsinki meeting. The draft was subsequently amended by the Regional Office and the collaborating centre to take account of points made in the discussions at the Project meeting and the invitational conference.

