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Case Study

Mental Health Problems among Prisoners and a Peer-help Counselling Model for Suicide Prevention

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ABSTRACT

A correctional institution to incarcerate people is indispensable for every social system in the world since crime and criminals are seen in all the cultures in human history. A prison is a place of punishment in which people who violate the law are penalised as per the Indian Penal Code. The history of prison in India and constant changes in various prison conditions reflect the varying social attitude towards crime, prison and prison inmates. NCRB estimates that there are 36,900 to 3,84,700 prisoners in India and more than 10 million people all over the world (Jain, 2014). It is a known fact that a prison is a place people least prefers to visit. Life inside a prison is traumatic, stressful and a lot of mental health problems are observed inside the prison (Tosh, 1982; Janetius & Mini, 2013; Bartol & Bartol, 2014). Suicides in prison are also a global phenomenon. In 2014, prisons in England alone had 82 suicides. In India, the average annual death rate inside the prison is 375 but the reported suicide rate is less than 20 percent (Jain, 2014). Although social workers are employed in every prison, a variety of mental health service is offered mainly by social workers, psychologists and other service personnel from NGOs and other institutions in an unorganised way that reduces the stress, depression and other mental health problems of prison inmates. This empirical study describes the situation of prisoners and various causes of mental health problems, with the special reference to suicides, and evaluates the various services offered and proposes an Evidence-Based Peer-help counselling Model for suicide prevention in the prison.

Keywords: *Prisoner mental health, suicide prevention in prison*

Prisoner wellbeing is receiving considerable attention these days among academicians, NGOs, psychologists and social workers in India. The International Centre for Prison Studies estimates that more than 10.1 million people are held in penal institutions throughout the world and in India, the NCRB estimates 3,84,753 prisoners which account for 32 per 100,000 (Walmsley,

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2011). According to an international briefing, United States of America still remains the leading country with 2.29 million people in prisons, China as a second with 1.65 million sentenced prisoners, and Russia occupies the third place having imprisoned 0.81 million people. The United States has the highest prison population rate in the world, 743 per 100,000 of the national population, followed by Rwanda (595), Russia (568), Georgia (547), U.S. Virgin Is. (539), Seychelles (507). Although the number of prison inmates is alarmingly increasing all over the world, the life inside the prison has not improved considerably and also, the concept of prison still remains anathema or even a taboo. The rate of mental health issues in prison is grossly underreported and completely ignored. Besides mental health issues, victimisation is also a common problem among prisoners. Blitz, Wolff, and Shi (2008) reports that 35 percent of male inmates and 24 percent of female inmates reported being physically victimised in prison in American prisons.

The behaviours of prison inmates are explained by two theories: the deprivation model and the importation model. The deprivation model is articulated by the American sociologist and criminologist Gresham M'Cready Sykes (1958). The theory hypothesises that the prison inmates experience various deviant and other behaviour styles due to the adaptation to the strains of their institutional life. In his distinguished work, The Society of Captives (1958) he describes the pains of imprisonment experienced by inmates. He also talks about the development of distinct deviant behaviours like, being aloof and self-restrained and deliberately disobedient to basic prison norms which are used by prison inmates to deal with their captivity; it is a kind of poor coping mechanism adopted by the inmates. Sykes together with the American sociologist David Matza proposed a drift theory which explains the various justifications used by prison inmates to neutralise their abnormal behaviours, like passing the blame to others, vandalism, and arguing that others have committed worse acts. Thus, the inmates acknowledge that they do wrong but distort the reality to maintain that the prison condition makes them be rude and lead them to contemptuous behaviours. A new social outlook also emerges among the inmates due to this harsh, forced lifestyle and mental agony.

The highly cited second approach to understanding prison life is importation model proposed by Irwin John and Cressey Donald (1962). This model focuses on the personality characteristics that the convicts take into the prison when they are confined inside. For example, people with violent behaviour outside will be more likely to engage in violent behaviours with soft personalities inside. Also, younger inmates tend to behave violently as they are more likely to find it harder to adjust to prison life, and may, therefore, engage in more conflict with others, and that leads to a lot of mental health problems to themselves as well as to others who are living with them.

Life inside the prison is stressful, a lot of psychological problems are observed among prisoners and regular episodes of suicides inside the prison substantiate the fact that prison life is very traumatic and stressful. Besides deprivation and the importation models that explain prison

behaviour, the lack of acceptance of punishment, neglect from families and friends when confined to the prison, guilt feeling coming from the crimes committed can also create stress, depression and other mental health problems (Janetius & Mini, 2013). The hostile nature of isolation and separation in the prison also contributes a lot to the various mental health problems to the prison inmates. Added to that, the unsympathetic prison wardens and officials contribute to the agony. In general, many research findings reiterate the fact that the inmates suffer from increased levels of stress, anxiety, emotional discomfort, and a variety of mental health-related concerns (Daniel, 2006; James & Glaze, 2006; Konrad, Daigle & Daniel, et al: 2007; Listwan, Colvin, Hanley & Flannery D. 2010; Janetius & Mini, 2013). A study done in 2014 reveals that American prisons have more mentally ill people than in the outside psychiatric hospitals (Lithwick, 2016). Under the guise of punishing criminality, the inmates are subject to cruelty from corrections staff, in the form of solitary confinement, and shocking physical and sexual abuse from other prisoners. They receive inadequate treatment for ailments and due to poor custodial care suicides in prison are nothing extraordinary to talk about.

One of the major problems faced by prisoners in India is the poor hygiene due to overcrowding. Although overcrowding is not reported in all the prisons, according to 2015 reports, it was 114.4 percent (NCRB, 2015). Another important issue to be noted in the Indian prisons is the excessive number of undertrials (people who are not convicted and currently on trial in a court of law) in the prison rather than convicts. NCRB reports that sixty-seven percent of the people in Indian jails are undertrials. The issue of overcrowding is also related to this fact that Indian judicial system functions in such a slow pace, prisons are filled with undertrials rather than convicted criminals.

Suicide is often the single most common cause of death in prison settings around the world. It is reported that in the Western countries, the rate of suicide in custody is far greater than that in the community (Jeavans, 2006). It is often the combination of many factors that accounts for the higher rates of suicides in prison settings. The most common methods of suicide in the prison all over the world would be hanging and strangulation. Drugs overdose is yet another method of killing oneself. The other common method of suicide would be self-inflicted wounds by way of slashing, involving knives, needles, razors, and glass pieces. The studies conducted in the United States have identified pre-trial and short-term inmates as high-risk prisoners for suicides (SMHAI, 2006). The psychological impact of arrest and the imprisonment, the social stigma attached to prisoners, day to day stresses associated with prison life may submerge the coping skills of vulnerable individuals and thus ultimately lead them to suicides.

In the Indian scenario, although suicides are prevalent inside the prison, due to under-reporting, a clear picture of the reality never appears. Suicides in the prison are often projected by the media as a scandal and negligence on the part of the warden or jail officers. This leads to underreporting of suicides in the prison; if a suicide victim is found and rushed to the hospital,

records may not show that the victim committed suicide in prison. For fear of litigation, only a few deaths are reported as suicides and they are numbers are inaccurate. This is evident from the clear discrepancy between the number of deaths reported to the National Human Rights commission (NHRC) and to the National Crime Record Bureau (NCRB). For example, in 2007, the custodial deaths reported to NHRC were 1739 but NCRB data shows 1337. In the year 2011, the NHRC records show 1265 whereas the NCRB reports 1332 (Jain, 2014).

Section 309 of the Indian Penal Code punishes the attempts to suicide. Although prison officials are responsible for protecting the health and safety of people under their custody, due to many practical difficulties and lack of information on the predictors of suicide, prevention becomes a challenge for prison authorities. Since the jail administrators and prison warden are often put into the task when suicides occur, responsibility to reduce the opportunity for inmate suicides through identification risk factors, assessment of contributors, treatment in the form of prevention and intervention is the need of the time. Significant reductions in suicides and suicide attempts can be accomplished if risk factors and predictors are identified. The provision for adequate suicide prevention/intervention services and strategies for better a mental health are possible by proper identification of risk factors and predictors. A comprehensive prevention program could be implemented taking into consideration the nature of prison life and punishment. Thus, in view of improving the mental health conditions of prison inmates, the study is focused on the following:

1. What is the current scenario of prison inmates in relation to the causes of various mental health problems with a special reference to suicides in the prison?
2. What is the wellbeing programs offered in the prison?
3. Prepare a suicide prevention program to enhance the mental health of prison inmates

METHODOLOGY

This qualitative study was conducted among male prisoners in a particular central prison using a mixture of archival records, case studies, focus group discussion and autoethnographic methods. The remand prisoners were not included in the study because of their nature of stay in the prison which is not rigorous and punitive. The female prisoners were also excluded in the study. Focus group discussions (each group consists of twelve to twenty prisoners) were organised as a self-directed discussion as a part of a monthly psycho-spiritual development program conducted by one of the authors. Case study, in the form of in-depth interviews, was done among three people (two prisoners and an ex-prisoner who served four years jail term) as a part of suicide prevention program initiated by the authors in the prison. Autoethnography method was utilised to comprehend the various issues relating to the prison inmates by the authors, by exploring their own personal experiences with that of the prison inmates. Focus group discussion and the interview data were analysed using a theoretical editing analysis protocol, using the model of Strauss & Corbin (1987) by which meaningful segments and patterns were derived and provisional themes and categories were identified. The themes and categories were re-examined jointly by the authors to draft the suicide prevention model.

RESULTS AND DISCUSSION

1. ***Prison environment and mental health problems:*** The prison environment and the forced new lifestyle inside the prison is a nightmare for almost all the prisoners. Some recover quickly, some in a period of time and, some never recover from the shock, pain and trauma. All the prisoners categorically accept that the prison is a place of legal punishment. However, they look at the separation from the family and the isolation from the society they experience inside the prison walls as the punishment, not the deprived facilities offered in the prison. Therefore, they regularly complain about the various poor facilities inside the prison. A legitimate question often raised here is: if good, nutritious and delicious food and a comfortable bed and stay are provided inside the prison, what is the meaning of punishment? Personal adjustment issues like lack of privacy, association with strangers and dealing and living with rough individuals, inability to make one's own choices, and personal hygienic are some of the uncomfortable issues reported by the inmates.

   Prison officials: The authoritarian officials and the intimidating unfriendly environment are a novel experience for many convicts. Inconsiderate, indifferent staff members, sometimes corrupt wardens who try to extract money from gullible, hopeless prisoners are a common recurrence in the prison reported my some subjects. The hostile and violent inmates who ventilate their frustration and anger towards anyone available or towards a soft-natured inmate or, two rough inmates ventilating aggression among them also create tension and anxiety among the inmates. All the more, the stereotypes people have about prisons often shown in movies and stories give a kind of anxiety and depression for many inmates.

   Acceptance of punishment: Another identified area would be personal and emotional issues. For the inmates, the acceptance of the crime they have committed is a major decisive factor in their mental health and wellbeing inside the prison. A prisoner, who accepts that he has committed a crime and therefore he deserves a legal punishment, is less-problematic, adjusted to the prison life and mentally sound compared to the ones who have not accepted the punishment. From the data collected, it is identified that a good majority of the inmates take months and years to reach the acceptance stage and some never arrive at the acceptance stage. They falsely rationalise, 'there are many criminals outside and why me?' with a negative life-position, 'I'm not Okay, You're not Okay'.

   Cheating by advocates: Some inmates regretted that the advocates who represented them in the case and who argued their case are the real culprits for their imprisonment. They allege that the advocates appear in the courtroom without preparation, raise inappropriate arguments, do not have a sound understanding of the case and fail to identify critical loopholes in the law. Even after imprisonment, these advocates promise better judgments if they appeal to a higher court and try to extract money. In the pain and isolation the prisoner's experience, they heed to these fraudulent advocates and loose more money.

Family Issus: Isolation from family, friends, and community is also another major painful factor in the day-to-day life of prison inmates. This is more pronounced in the life of people who are neglected by families and those who don't get visitors regularly. Married people are more depressed and have more family related anxiety as compared to bachelors. Feelings of shame, feeling of helplessness and hopelessness, and feeling of guilt are some of the reported psychological pains. Lack of adequate medical facilities, psychological counselling and therapy facility are also some of the major issues reported by the prisoners.

2. ***Wellbeing programs offered in the prisons:*** The prison has fulltime welfare officer and social worker to take care of their various needs. However, almost all the wellbeing programs are conducted and carried out by NGOs and other philanthropic agencies who visit regularly to assist the prisoners with proper permission from the higher government officials. These NGOs and their programs offer an opportunity to the inmates to interact with others as well as to forget about their own sufferings. It plays the role of occupational therapy. Although more than 40 different groups are visiting the prisoners at various capacities, starting from educational programs like SSLC, Plus Two and degree-diploma education, computer training, mechanical training, special developmental programs, yoga, play therapy, cultural activities like music etc, they are not efficiently synchronised, coordinated and monitored.

   Forty to fifty percent of the prisoners participate in one or other extra wellbeing activities, besides working in the prison factory. During days of national importance like Republic Day, Independence Day inmates are encouraged to take part in various cultural activities and understand the spirit of national integration. Prisoners 'Welfare Day' is celebrated on October 2nd in which all the inmates participate to inculcate the value of Gandhian principles of nonviolence and love for fellow human being. During such days inmates who show exemplary character are awarded medals and inmates who participate in the literary competition are given prizes to encourage their academic skills.

3. ***Suicides in the prisons:*** At an average 8 to 12 suicides are seen in the prison annually. The study results identify some patterns and similarities in committing suicides in the prison. The preferred place of suicide is generally at the backside of the toilets; use of bed sheets to hang and strangle and jumping from heights are also popular methods observed. Sundays were seldom used for suicides. The majority of the suicide victims are young adults, in the age bracket of 25-32 and almost all of them are married people. Persons in remand and also persons convicted in murder cases were the majority of the suicide victims.

   The prisoners who commit suicide show a lot of physical symptoms before the act: the person who generally look shabby, do a clean shave and wear a neat dress; generally disposes of his belongings if any, to his friends. Other signs are: being moody and depressed to the extent of neglecting food or not talking to anyone, isolate one and spend no time with his friends or colleagues; speak philosophically or become atheist and discard

their religious identity, and write to their kith and kin to take care of the inmate's children or beloved wife or parents etc.

Evidence-Based Suicide Prevention Peer-help Counselling Model

Theoretically, this prevention model takes its inspiration from a slightly modified eco-developmental framework of Bronfenbrenner's (1979) that gives importance for conceptualising, organising, and intervening in the environment that surrounds the prisoners. Prisoners differ with respect to the nature of the crime committed and the duration and nature of punishments. There are pre-trial offenders, sentenced prisoners, short-term detainees, harsh sentenced prisoners and life-convicts. The other significant factors would be demographic variables, like family background, criminal history such as first time offender Vs habitual offenders, drug and alcohol abusers, physical as well as mental status at the time of the crime, socio-economic factors, family relations and family responsibilities, self-esteem, social status etc. Each of these factors and other identifiable factors could influence suicide rates in different ways. Since people who commit suicide, often share a number of common characteristics, which could be utilised to help/guide suicide prevention activities. The profiles will be used only as an aid to identifying potentially high-risk people and situations, by pre-screening, monitoring and social interventions.

Peer-Help Counselling Model: In order to reduce the incidents of suicide and other mental health issues among prison inmates, the authors prepared a peer-help counselling program with a drafted a two-phase training program. This model was based on the Successful Peer-counselling Model offered by one of the author in reducing suicides in a college (The Hindu, 2012 & 2013; Janetius & Mini, 2015). This model was modified and replicated to suit the prison setup and the authors were able to reduce the suicide number to zero for two consecutive years.

Selection of Peer-helpers: Three to five prisoners were selected from each ward and were appointed as peer-help counsellors in their respective wards. Volunteers with high interpersonal skills and discipline were given preference.

Phase-One

A special training and orientation were given to peer-help counsellors. They were trained to understand verbal and non-verbal cues, communicate non-judgementally, listen empathetically, guide as well as act quickly when someone shows unusual symptoms. The training given to them to be a peer-help counsellor was the following. It consists of 9 modules; each module is offered in a 45 minutes lecture cum 30 minutes discussion session.

1. Module 1: Introduction to mental health and glossary of terms explained
2. Module 2: Human behaviour and the dynamics of human personality
3. Module 3: Basic techniques - communication & listening skills
4. Module 4: Basic techniques - empathy and non-judgemental orientation
5. Module 5: Approaches to counselling - Psychodynamic approach

6. Module 6: Approaches to counselling - Behavioural-cognitive approach
7. Module 7: Approaches to counselling - Humanistic & eclectic approach
8. Module 8: Identifying suicidal and other mental health symptoms
9. Module 9: Suicidal counselling

Phase-Two: As the first stage training progressed for peer-help counsellors, the wardens were given some training sessions to coordinate with the peer-help counsellors. The training for wardens consists of 4 modules, each module is offered in a 1 hour lecture cum 30 minutes discussion.

1. Module 1: Personal integrity and sense of service
2. Module 2: Understanding human behaviour
3. Module 3: Introduction to counselling and mental health
4. Module 4: Orientation to identifying and preventing suicides

Professional counsellors from outside as well as the prison social worker very closely monitor and supervise the peer-help counsellors and interact with them often. The respect and acceptance of peer-help counsellors were an added motivating factor for them to maintain mental health among other inmates. Both the teams were regularly motivated and monitored to identify suicidal symptoms among inmates and also help those who show symptoms of anxiety and depression. They voluntarily talk to their inmates, listen to them and guide and help them. People who have problems started to come to those peer-help counsellors voluntarily within weeks and months. Slowly, the situation in the wards changed, as people see their own friends as counsellors. The peer-help counsellors also invite the prisoners to participate in different wellbeing programs offered in the prison. Whenever psychologists visit the prison, the peer-help counsellors bring prison inmates who have problems for group as well as individual counselling. Thus, this prevention model reduced the prison suicide significantly.

Benefits of the program

One of the most practical benefits of peer-help counselling is the constant contact inmates have with people who have the similar experience. There is a feeling of relief, 'I am not the only person experiencing this' will give an extra advantage for prison inmates in coping with their different mental health and other problems. Reducing not only suicide and attempts but also by appropriate prevention/intervention strategies, the overall mental health of the prisoners will be taken care of by the peer-help counselling program. Primarily, replacing anger with acceptance of prison life, guilt with acceptance of punishment for the crimes committed, creating a sense of repentance and forgiveness to enhance the healing process, to begin a new life orientation and thinking, will be initiated in the minds of prison inmates. Further, the peer-help counsellors will help the inmates to relieve their loneliness by helping the inmates to adjust to the prison life and hardships associated with it. Thus the program will be highly beneficial to the prisoners in custody, to the officers and other personnel working for the welfare of prisoners, as well as to the prison as a social reform institution.

CONCLUSION

The present study explains the situation of prison inmates and the various mental health problems among them. It also brings out the complexity the problem the demographic variables play, namely age, marital status, criminal backgrounds such as first time offender, crime committed against kith and kin, frequency or absence of family visits, family member's acceptance and neglect and the outcome of appellate judgment does influence the incidence of suicide attempt inside prison. The study concludes that a constant, preventive program and a positive approach to inmates selectively can give favourable results to contain and reduce the incidence of suicide attempts inside the prison. The study also reiterates that a systematic, scientific ecological approach 'Peer-Help counselling' as proposed in this study, if administered with a judiciously will reduce the incidence of suicide inside the prison to zero level. The authors also suggest that this Peer-Help counselling model can be utilised in different institutionalised setting for similar concerns and issues.

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