



Women Behind Bars: A Scoping Review of Mental Health Needs in Prison

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Abstract

Background: Women prisoners are a population that is vulnerable to mental health problems. Women prisoners have a higher risk of mental health problems than women in the general population. So far, there have been very few studies with specific on women prisoner populations discussing mental health needs in prisons. The high prevalence of mental health problems in women prisoners is inseparable from meeting the mental health needs of women prisoners in prison. This review aimed to identify the mental health needs of women prisoners.

Methods: A scoping review was used, a systematic search of the articles on Oxford Academic Journals, Emerald Insight, Science Direct, PubMed, and Google Scholar using the keywords “Mental Health” OR “Health” AND “Needs” OR “Needs Assessment” OR “Addressing Needs” AND “Female” OR “Woman” OR “Women” AND “Inmates” OR “Prisoners” OR “Offenders” OR “Convicts”.

Results: A total of 10 out of 254 selected, were considered eligible for inclusion and the results showed that the six major themes of mental health needs of women prisoners were treatment of substance, drug, and alcohol abuse, support system, empathy, training, mental illness treatment and access to health services, and health intervention: therapy and counselling.

Conclusion: It is recommended for further research to focus more on the problem of access to gender-based mental health services in prisons.

Keywords: Mental health; Women; Prisoners; Scoping review

Introduction

The phenomenon of mental health problems in prisoners occurs in almost all parts of the world. “Women in prison are five times more likely to have a mental health disorder than women in the general population” (1). Woman prisoners often experience psychological disorders such as poor mental health, depression, stress, aggressiveness,

and psychological illness (2). Psychotic illness, bipolar disorder, personality disorders and drug dependence also have a high prevalence among woman prisoners (3, 4).

Incarcerated women have more specific health problems than men do and experience limitations in health services in prison (5). A national survey



conducted in the UK found that psychiatric morbidity in prisoners showed similar levels of impairment and severe problems in providing care to prisoners with mental disorders. Prisoners often ask for help to solve their problems, but are often refused. This shows that the performance of health services in prisons at that time was poor (6).

Another survey conducted on samples located in London (Pentonville and Holloway regions), confirmed high rates of mental disorders in detention, with 70% of prisoners with two or more mental disorders and 11.7% of prisoners having five mental disorders. Other data also show the survey team's assessment of the mental health care of prisoners. More than 80% of female prisoners and 70% of male prisoners were identified as requiring treatment regarding their mental health conditions, while half of their needs were not met (7).

According to the WHO, the needs of women prisoners in health aspects include: 1) mental health problems; 2) suicidal behavior; 3) substance use problems; and 4) reproductive health. (8). Mental health needs of woman prisoners are related to the ease of access to mental health services in prisons. A history of detention can affect a detainee's access to health care. In particular, imprisoned women are less likely to have a regular source of health care or receive regular care than the general population is (9). Furthermore, woman prisoners live in a correctional system designed primarily for men, so this system does not adequately address the unique needs of women. This can lead to ineffective treatment, poor health care, and wasted health resources (10, 11). Female prisoners have a high level of mental health needs (12), hence research into the mental health needs of female prisoners is needed. Meanwhile, there has been little research and

evaluation of the literature on the mental health needs of female prisoners. As a result, we conducted a scoping review to identify female prisoners' mental health needs.

Methods

We conducted a scoping review using Arksey and O'Malley framework which included: 1) Identifying research questions, 2) Identifying relevant studies, 3) Conducting study selection, 4) Charting data, and 5) Collecting, summarizing, and analyzing the included literature (13). The article search process is presented in PRISMA (14).

The research question in this study was "What are the mental health needs of women prisoners?". We searched articles in Oxford Academic Journals, Emerald Insight, Science Direct, PubMed, and Google Scholar using the keywords "Mental Health" OR "Health" AND "Needs" OR "Needs Assessment" OR "Addressing Needs" AND "Female" OR "Woman" OR "Women" AND "Inmates" OR "Prisoners" OR "Offenders" OR "Convicts".

Articles were selected by reading abstracts and titles, then they were sorted based on inclusion criteria, namely, articles on the mental health needs of women prisoners, articles published in 2010-2022, articles using English and Indonesian, full texts, and quantitative and qualitative studies. The exclusion criteria for this research were review articles, documents, and books.

Two authors mapped the data and created an extraction table (NOH, EFW), containing the authors, year of publication, country, sample size, study design, and assessment tools. Two authors (SS, LR) reviewed and corrected the results according to the analysis made.

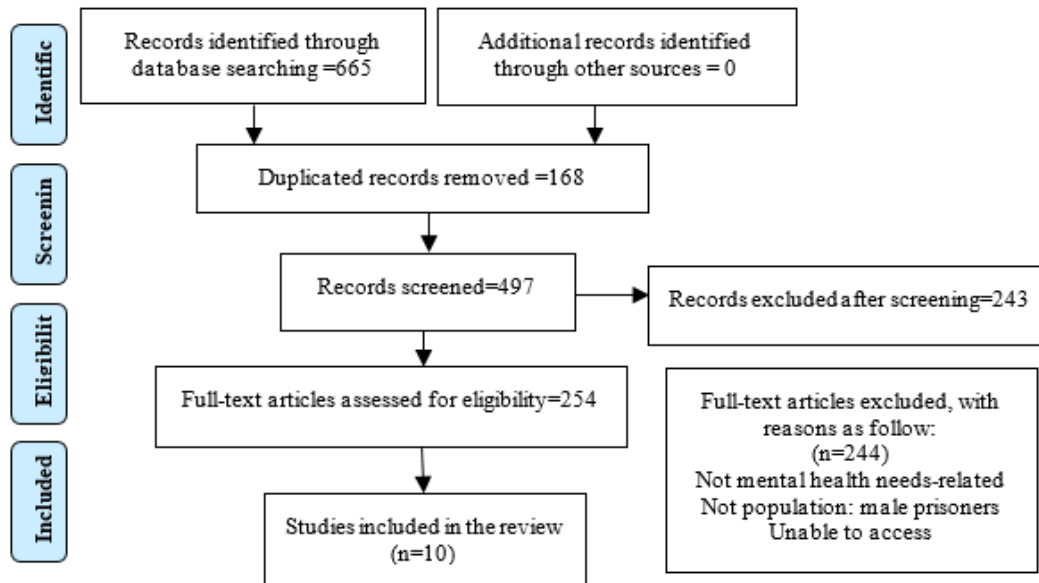


Fig. 1: PRISMA flow chart

Results

A total of 665 articles were discovered from database and search engines, and after the removal of duplicates and initial screening, 254 of these articles were reviewed against the exclusion criteria. Finally, 10 of them were considered eligible for inclusion.

Study Characteristics

There were total of 1,539 respondents in this scoping review. Of the 10 articles obtained, one was a descriptive study, three were cross-sectional studies, three were mix-method studies, two were qualitative studies, and one was case study. Furthermore, research was conducted in various countries such as the USA, Canada, UK, Italy, Switzerland, Finland, Poland and Germany, with the year of publication between 2012 and

2022. Six articles used instruments for measurement, including the Questionnaire for the Survey of The Health Needs of The Female Prison Population, New South Wales Inmates Health Survey, The Generalized Anxiety Disorder Screener (GAD-7), The Perceived Stress Scale (PSS-10), The Fagerstrom Test for Nicotine Dependence (FTND), Alcohol Use Disorder Identification Test (AUDIT), Drug Abuse Screening Test (DAST-10), Computerized Diagnostic Interview Schedule (C-DIS-IV), DUNDRUM 1-4, Demographic Questionnaire, Trauma History Questionnaire (THQ), Severity of Violence Against Women Scales (SVAWS), Brief Symptom Inventory (BSI), PTSD Checklist, Center for Epidemiological Studies-Depression Scales (CES-D), Alcohol and Drug Use History Questionnaire, Treatment Needs, Life Stressor Checklist-Revised (LSC-R), and WHO CIDI (Table 1).

Table 1: Study Characteristics

<i>Authors, year</i>	<i>Country</i>	<i>Sample size</i>	<i>Study design</i>	<i>Assessment tools</i>
Antonetti et al. 2018 (15)	Italy	55	Quantitative descriptive	Questionnaire for the Survey of The Health Needs of The Female Prison Population.
Augsburger et al. 2022 (16)	Switzerland	60	Cross-sectional	New South Wales Inmates Health Survey, GAD-7, PSS-10, FTND, AUDIT, DAST-10.
Derkzen et al. 2013 (17)	Canada	88	Mix-method	C-DIS-IV
Barry et al. 2019 (18)	USA	10	Qualitative	-
Leese, M. 2018 (19)	UK	5	Case study	-
Morse et al. 2014 (20)	USA	25	Qualitative	-
Jones et al. 2019 (21)	Canada	643	Cross-sectional	DUNDRUM 1-4
MacDonald, M. 2013 (22)	Europe (UK, Finland, Poland, and Germany)	60	Mix-method	Unclear
Lynch et al. 2012 (23)	USA	102	Cross-sectional	Demographic Questionnaire, THQ, SVAWS, BSI, PTSD Checklist, CES-D, Alcohol and Drug Use History Questionnaire, Treatment Needs
Nowotny et al. 2014 (24)	USA	491	Mix-method	LSC-R, WHO CIDI.

Mental Health Problems on Women Prisoners

Ten articles (Table 2), mention some mental health problems in women prisoners including self-harm, drug abuse, problems with alcohol use and drug use, anxiety, mood disorders (depression), schizophrenia, personality disorders, drug and alcohol dependence, violence, Post-Traumatic Stress Disorder (PTSD) PTSD, depressive symptoms, and distress.

Needs of Mental Health on Women Prisoners

The mental health needs of women prisoners are shown in Table 3.

Discussion

This review aims to identify the mental health needs of women prisoners. From 10 articles, the main theme of mental health needs in women prisoners was found.

Table 2: Mental Health Problems

<i>Authors, year</i>	<i>Schizophrenia</i>	<i>Depression</i>	<i>Anxiety</i>	<i>Post-Traumatic Stress Disorder (PTSD)</i>	<i>Substance Use Disorder (SUD)</i>	<i>Violence</i>	<i>Personality Disorder</i>	<i>General Distress</i>	<i>Self-harm</i>
Antonetti et al. (15)	No	No	No	No	No	No	No	No	Yes
Augsburger et al. (16)	No	No	No	No	Yes	No	No	No	No
Derkzen et al. (17)	Yes	Yes	Yes	No	Yes	No	Yes	No	No
MacDonald, M. (22)	No	No	No	No	Yes	No	No	No	No
Lynch et al. (23)	No	Yes	No	Yes	Yes	Yes	No	Yes	No
Nowotny et al. (24)	Yes	Yes	Yes	No	Yes	No	No	No	No
Barry et al. (18)	No	No	No	Yes	Yes	No	No	No	No
Leese, M. (19)	No	No	No	Yes	No	Yes	No	No	No
Morse et al. (20)	No	Yes	No	Yes	Yes	No	No	No	No
Jones et al. (21)	Yes	Yes	Yes	No	No	No	No	No	No

Table 3: Needs of Mental Health on Women Prisoners

<i>Antonetti et al. (15)</i>	<i>Regular health intervention. Emphasize physical maintenance to strengthen the psychological and social dimensions.</i>
Augsburger et al. (16)	Access to health services in prisons. Gender-based care.
Derkzen et al. (17)	Comprehensive and continuous mental health assessment and treatment for female offenders to ensure successful management, treatment, and reintegration, as well as drug abuse therapy.
Barry et al. (18)	Empathy.
Leese, M. (19)	Access to health services. Support system. Gender-based care.
Morse et al. (20)	Suitable skills acquired through training courses to help deal with problems if circumstances get problematic after release. Support.
Jones et al. (21)	Drugs treatment.
MacDonald, M. (22)	Admitted to a psychiatric institution for treatment. Appropriate mental illness screening Raising awareness and support. Screening for mental health and substance addiction. Substance abuse treatment.
Lynch et al. (23)	Problem-solving. Parenting. Counselling Individual therapy and counselling. Treatment-specific topics such as substance abuse treatment and skill acquisition (coping, relationship, and affecting regulation). Treatment that incorporates trauma experience, self-esteem, violence, grief/loss, and anger management.
Nowotny et al. (24)	Co-occurring substance abuse and significant mental illness treatment services

Treatment of Substance, Drug and Alcohol Abuse

The problem of drug and alcohol dependence is the most common problem experienced by prisoners. Most of the individuals detained are related to drug use problems, which increase the risk of death after discharge (25-27), and repeat offences (28, 29). In addition, Alcohol Use Disorder (AUD) was associated with suicide in prison (30), committing violence and being a victim in prison (31, 32)

Women have a disproportionately higher rate of substance use disorder (SUD) compared to men in prison and compared to women in the general population (33). A systematic review in ten countries found on admission to prison the estimated that the prevalence of alcohol use disorders for women in prison was 20% (95% CI = 16–24) compared to 26% (95% CI = 23–30) for men. The aggregated estimate of the prevalence of substance use disorders was 51% (95% CI = 43–58) for women compared to 30% (95% CI = 22–38) for men (34).

Women prisoners often find it difficult to get treatment for drug and alcohol abuse problems (16). This is in accordance with research (35), which states that women prisoners do not always have access to substance abuse treatment and there is very few gender-responsive programs in prisons. As a result, many women return to the community without receiving substance abuse treatment. Five studies address the need to treat drug and alcohol dependence. Handling the problem of drug abuse is very much needed by women prisoners, so that after their release, women prisoners get a better life and can continue their future (20). Substance use treatment ranks first (53.9%) as a treatment needed by women prisoners (28). This is in line with another study (17) which states that the high rate of substance abuse in aboriginal women prisoners causes a high need for substance abuse treatment. Handling of substance abuse is very important, because drug use is correlated with the experi-

ence of violence and abuse as a coping strategy. Women need to process their traumatic past and learn new ways to deal with the problem (22). The research (24) confirms that, although nearly a third (29%) of women with Co-occurring Disorder (COD) have received treatment for Severe Mental Illness (SMI) and SUD, it is important to note that another third have not received treatment from a doctor or health professional previously, so prisons are targeting needs related to substance abuse treatment in women inmates.

Support System

Support for prisoners is needed during the detention process. Several studies highlight the importance of the support provided to prisoners. In the UK, a series of surveys found that prisoners who were visited or supported by family members while in prison had significantly lower rates of offenses than those who were not (36, 37), while the research in the US found that, 'visits', especially by spouses or significant others, had a 'small to moderate' effect in reducing recidivism (38).

Of the 10 articles, three discussed the need for support for women prisoners. The first article mentions that family support increases bonding, motivation, and sobriety (20). Visits are an important basis of social support that must be developed, and support creates a closer relationship during inmates serving time (39-41).

The significance of family support has been emphasized in both qualitative and quantitative research initiatives conducted across the United States using a range of samples. Family support is associated with lower recidivism (42-44), more job opportunities (45), and better mental health outcomes (46, 47) after re-entry into society. This is consistent with the second article, which argues that when female inmates are released, they require community support to help them reconnect with society (19).

In addition, support from officers is also an important form of need for women prisoners. This is consistent with third article (22) which states

that some prison staff show awareness of the support needed by female inmates. In their interviews with several prison officials, it was found that they were aware that women prisoners had special needs, and were often victims of past acts of violence that must be addressed.

Empathy

Only one article out of 10 addresses the need for empathy in elderly women prisoners. The number of elderly women prisoners is increasing from year to year. The need for health will also increase. Therefore, an understanding of how healthy aging affects the brain, cognitive and emotional processing is critical to the well-being of older adults. A growing body of research suggests that older adults experience at least some adverse changes in empathy (48-50), although the nature of the effect differs by empathy subtype.

Empathy is an affective reaction to another person's pain that involves feeling the same or similar emotions as the person suffering, feeling sympathy, or experiencing feelings of distress (51). Elderly women prisoners need empathy from health workers who care for them (18). On the other hand, several prison health workers reported having difficulty in giving empathy to elderly female inmates due to prison rules that require health workers to "keep their distance" from elderly female inmates in providing health care.

This is in contrast to Leese's research (19) which claims that officers who work in gender-specific areas actually show empathy to women prisoners who are experiencing problems, 'because we are gender-specific officers, we always have empathy for women, we consider if they have children...and other broader things'. There is very little study on empathy among elderly women prisoners, so further research is needed to investigate empathy from both the perspective of elderly women prisoners and prison health personnel.

Training

Prisoners need education and training. This is not only about teaching how to read and writing, but also about teaching and producing skills that will

later become their provision when they are released from prison (52). This is in line with research (19) which states that women prisoners need proper training to equip them in case they face difficulties after being released.

From several lists of needs for women prisoners, in addition to substance abuse treatment, skills training (coping, relationship, regulatory influence, and anger management) is the highest need. This relates to traumatic experiences, concerns and drug abuse experienced by prisoners in the past (23). The training program was successful in reducing recidivism rates, and increasing job opportunities for prisoners (53).

Mental Illness Treatment and Access to Health Services

Mental health problems in women prisoners are often associated with a history of trauma (54, 55), and the uniqueness of women prisoners (56, 57). Prisons often exacerbate the mental health problems of women prisoners by failing to cope with their trauma and mental health needs (58). The increasing number of PTSD, major depressive episodes, and substance dependence on women prisoners, increases the real need in this population, so that screening test (21, 22) as well as comprehensive, on-going, and integrated assessment and treatment (17, 23, 24) on mental health issues are needed for successful reintegration of women prisoners.

Handling mental health problems cannot be separated from mental health services that can be accessed by women prisoners. The need for hospital care for women prisoners with mental disorders is an important matter. Out of 643 provincially detained women in Ontario, approximately 43 required hospitalizations, and approximately 22 required a high intensity bed (21). This translates to 6.7% of the female provincially incarcerated population requiring treatment in a psychiatric hospital, and 3.3 percent requiring a high intensity bed.

Often, due to gender-specific problems, mental health services for women prisoners are not optimal. There are many procedures that must be passed and cause women prisoners to feel that

their health needs are not being met. Older women prisoners are frustrated by the difficulty of getting access to health services, because they must first seek approval from prison staff. This had a negative impact on the mental health of women prisoners (18).

This is contrary to another research (16) which states that access to health services, especially meetings with psychiatrists and psychologists is not so difficult. More than 80.0% of female inmates had seen at least once with a psychiatrist or psychologist since their detention, and 71.7% in the previous four weeks. In addition, 90.0% of female inmates had seen a GP at least once, and 68.3% in four weeks.

Health Interventions: Therapy and Counseling

Provision of health interventions by health professionals on a regular basis is an important requirement for women prisoners. The needs of women prisoners for health interventions is very high, so that the need for physical maintenance such as exercise is important to strengthen the psychological and social dimensions (15).

The number of mental health problems that accompany women prisoners during their detention, makes the need for therapy increase. In the research (23), several women prisoners (22%) mentioned the need for individual therapy and trained mental health practitioners (10%). Providing therapy can help improve the psychological well-being and mental health of women prisoners. A study that combined positive psychology interventions and cognitive behavioral therapy found a significant reduction in women prisoners' psychological distress and an increase in psychological well-being (59). A small-scale pilot study found promising results for mindfulness-based programs for incarcerated women's stress levels (60). An earlier systematic review found, that practicing mindfulness in a correctional setting improved negative affect, substance use, hostility, relaxation capacity, self-esteem, and optimism (61).

In addition, counselling is also an important need for women prisoners. Women prisoners need

counselling to help overcome their mental health problems. Through counselling and conversation during the nights, the women must be able to process their traumatic past and learn new ways of dealing with their problems: they require strategies and tools for problem solving, parenting, and taking control of their own lives (22, 23). Guidance and counselling services in prisons are intended to aid offenders in reforming themselves by making meaningful decisions that would cure their flaws, allowing them to return to society and become productive members (62).

Conclusion

Overall, women prisoners have a variety of mental health needs. This will help prison health workers and other authorities to be able to provide mental health services for women prisoners according to their needs. This review highlights some of the mental health needs of women prisoners, including the lack of research related to mental health needs of women prisoners, and mental health services in prisons that are still difficult, especially access to gender-specific services. It is recommended for further research to explore the mental health needs that have not yet emerged in women prisoners, research focusing on policies related to access to gender-based mental health services that are clearly coordinated, and provide appropriate interventions according to the needs of women prisoners.

Journalism Ethics considerations

Ethical issues (Including plagiarism, informed consent, misconduct, data fabrication and/or falsification, double publication and/or submission, redundancy, etc.) have been completely observed by the authors.

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Conflict of Interest

The authors declare that there is no conflict of interests.

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