# MENTAL HEALTHCARE IN THE PRISON SETTING

## *A SUMMARY REPORT AND RESEARCH AGENDA*
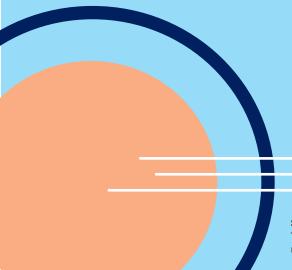
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# PREFACE

## Acknowledgements

This document reflects the efforts of academic researchers, community organizations, and community members who have been impacted by the criminal legal system. Thank you to those who have shared their stories and provided meaningful and invaluable contributions.

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# INTRODUCTION
## Background | Mission | Vision

**Background** Improving mental healthcare within carceral facilities is vital given the urgent need for more effective support and insufficient access to existing services. People with lived experiences of incarceration have unique insights into barriers to mental healthcare in this setting; however, this community is often left out of conversations regarding research to address these challenges. For this project we developed a community-academic partnership to create a research agenda for mental healthcare in prisons that centers the perspectives of people with lived experiences of incarceration. Our monthly in-person meetings brought together academic researchers from the University of Wisconsin-Madison, community researchers from Nehemiah Center for Urban Leadership Development, and individuals with lived experiences of incarceration to discuss mental health in the carceral setting and corresponding research priorities. Each session centered around a single topic related to mental health in carceral settings. This format allowed each participant to share perspectives, stories, and insights based on their lived experiences. Meeting notes from each meeting were synthesized, and initial themes were documented. After one year of meeting, we presented the initial themes and proposals to an independent focus group of formerly incarcerated individuals for additional perspectives. This research agenda reflects our collective belief that incorporating lived experiences into research initiatives will significantly enhance the feasibility, acceptability, and effectiveness of mental healthcare within carceral facilities and improve mental health outcomes for those impacted by incarceration.

**Mission** Build capacity for future research on mental healthcare in prisons by centering the experiences, perspectives, and expertise of community members with lived experiences of incarceration.

**Vision** Incarcerated individuals will have a menu of personalized, community-informed and evidence-based mental healthcare options to choose from based on their past experiences, current needs, and future goals.
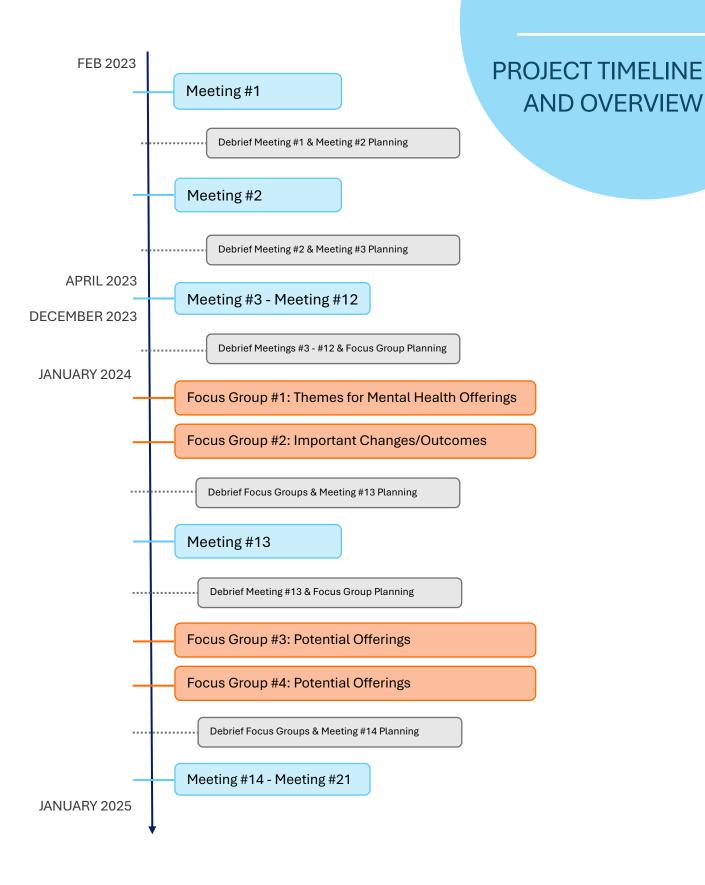
**Language** Based on input from the stakeholder advisory board, herein referred to as the community advisory board (CAB), we use person-centered and strength-based language; specifically, using the words *participant* or *partner* rather than patient, and *offering* or *initiative* rather than program, treatment, or intervention.

### Disclaimer

# HOW DID WE GET HERE?

**1** In 2021, UW-Madison researchers identified the importance and necessity of including community perspectives in their research on incarceration and mental health.

**2** UW-Madison researchers and community members partnered to form a community advisory board to ensure the expertise of community researchers and perspectives of individuals with lived experience of incarceration are incorporated into the design of research projects and practices.

**3** Our PCORI-funded project grew out of this community advisory board, with the specific goal of developing a stakeholder-led agenda for mental health research in carceral settings.

# PROJECT TIMELINE AND OVERVIEW

**FEB 2023**

Meeting #1

Debrief Meeting #1 & Meeting #2 Planning

Meeting #2

Debrief Meeting #2 & Meeting #3 Planning

**APRIL 2023**

Meeting #3 - Meeting #12

**DECEMBER 2023**

Debrief Meetings #3 - #12 & Focus Group Planning

**JANUARY 2024**

Focus Group #1: Themes for Mental Health Offerings

Focus Group #2: Important Changes/Outcomes

Debrief Focus Groups & Meeting #13 Planning

Meeting #13

Debrief Meeting #13 & Focus Group Planning

Focus Group #3: Potential Offerings

Focus Group #4: Potential Offerings

Debrief Focus Groups & Meeting #14 Planning

Meeting #14 - Meeting #21

**JANUARY 2025**

# SUMMARY OF FINDINGS

## Barriers to Effective Mental Healthcare

*"It's weird because this is not human interaction. This is not how you interact with human beings."*

*– Formerly incarcerated advisory board member describing their experiences receiving mental health support in prison*

In reflecting on their experiences with mental health services in the prison setting, community members impacted by the criminal legal system identified various barriers to the implementation of effective mental healthcare in prisons. Here we have highlighted barriers that restrict an individual's ability to access or utilize resources (individual-level barriers), barriers related to interpersonal dynamics that influence the potential benefits of an offering (relational-level barriers), and barriers at the state and facility level that limit the utilization, effectiveness, or implementation of mental health services (system-level barriers).

## Individual-level Barriers

**"Moving to a state where individuals have the space to be vulnerable, have the space to be able to say, 'Aye, I'm hurting, I'm broken.'"**

- Stigma associated with trauma or expressing challenging emotions
- Fear of vulnerability or expressing emotions
- Lack of voice and choice in accessing care
- Many lack understanding, awareness, or vocabulary that what they have experienced is trauma
- Lack of exposure to psychological resources or mental healthcare prior to incarceration

## Relational-level Barriers

**"Anything can and will be used against you."**

- Lack of trust and confidentiality with providers
- Providers lack experiences of incarceration
- Mental healthcare has a deficit-based orientation ("what is wrong with you?", not "what is right with you?" or "what strengths do you want to cultivate?")
- Limited ability to build healthy relationships with peers, who can be an important source of support
- Staff behavior and programs do not reflect "care"
  - Mandatory programs; consequences for not participating
  - Speak robotically
  - Fear-based approach; honestly and vulnerability can result in individuals being removed from groups or placed in segregation
- Not a holistic approach to care
- Facilitators encourage people to talk about "what they did wrong" and not "what happened to you"

## System-level Barriers

> "How can we identify people that want to be the best people they can be and what can be provided as assistance to that and how through this prison system? Because the prison system is very abusive, like we see it on both sides, whether you're a staff member or whether you are a resident. It is very abusive."
>
> "…people get routed into programs. Not only that, don't treat them, but make people worse…What they're calling criminality and criminal thinking. Like it's reinforcing all of that. And we know this. Everyone knows it."

- Copays are required if incarcerated people are seen by a provider on their own accord, and can be the equivalent of a week's worth of prison wages
- Provider shortages mean that most people don't ever see a counselor, and those who do may only see a counselor once every 6 months, depending on their mental health status
- People with serious mental healthcare needs or desires are often the last to receive care or support; individuals with a "severe" mental health status may only be seen once every 6 months
- Continuity of care is minimal (due to factors such as transfers, staff turnover, release)
- Repeated requests to see a mental health provider can lead to threats of segregation placement
- Medication is often the first treatment of choice, which can leave people feeling like "zombies"
- Facility staff look for bad behavior or things to correct, rather than good behavior to compliment and reinforce
- Programs are typically only offered to individuals near their release date and individuals have little choice in whether they participate
- Sometimes individuals receive no programming before release assuming it can be completed while on community supervision
- The "cookie-cutter" curriculum and approaches to care: The same activities or worksheets are used for different programs (e.g., anger management and healthy relationships)

# SUMMARY OF FINDINGS

## Themes for Mental Health Offerings

Through the Community Advisory Board meetings and focus groups with individuals who have been impacted by the criminal legal system, we identified <u>four</u> key themes regarding mental health offerings while in prison. Throughout these conversations, the dominant theme was the importance of involving peers who have lived experience of incarceration for any mental health offerings in prison.

When talking about the role of peers in their experiences of incarceration, the community members shared:

*"We go walking on the track and we talk and we would heal each other as we were talking… that's where the healing started."*

*"There were some guys that just wanted to give up every day and it was the men who said, I love you. I got you. Just show up tomorrow. That made everything different…it's I owe you because you are my people…"*

Individuals expressed that peers understand their experiences in a unique way, compared to conventional providers.

*"And the reality is, if you want to hear about the worst moments of my life or you want me to get better, then you have to let me tell it. And I'm not going to tell it to you if everything's so perfect in your world."*

**1**

### WHO is providing care

- Relatable, caring, credible, consistent, able to connect and have *real* conversations.
- Able to cultivate a relationship that is trusting and holds space for honesty, openness without penalty or judgment, and authenticity.
- Willing and able to be vulnerable with those seeking support, speak their personal truth, and share their story.
- Work to eliminate the "fear" factor of an offering.
- Community partners expressed an overwhelming preference for individuals providing support to be peers with shared experiences.

**2**

### Choice

- Ability to tailor and personalize mental healthcare.
- A menu of options, including self-paced, one-on-one, and groups options, allows people to self-determine and control which offerings best suite their personal goals, rather than having their needs determined by someone else.
- Individuals receiving care could also self-identify changes they would like to realize, and evaluation of "successful" care would be based on these personalized goals and outcomes.

**3**

### Strength-based Offerings

- Recovery and wellness perspective rather than a medical/pathological perspective.
- Offering examples of success through formerly incarcerated people thriving in the community and providing a space to share and nurture dreams for a different future.
- Rather than asking "What is *wrong* with you?" we should be asking "What is *right* with you?"

**4**

### Timing and Continuity

- How people spend time throughout the entirety of their incarceration heavily impacts their adjustment to the prison environment and their ability to see their life beyond their current incarceration.
- Accessibility of offerings beginning at intake and throughout the entire period of incarceration, not only in the months leading up to release, provides people with a sense of meaning and direction.
- Preparing for release should start on the first day of incarceration.
- Mental health offerings surrounding the pre-release reentry period should continue after release, involving a "warm handoff" to care in the community, and should continue until individuals feel they are stable and supported.

# RESEARCH AGENDA

## Theme Integration

Any mental health offering in prison should aim to prioritize the integration of peer support, consistent and reliable care, and a strength-based approach that affords people with choice in their mental healthcare.

### WHO is providing care?

**Peers who can help identify strengths and realistic goals based on lived experience**

**Support from peers who have navigated entry, incarceration, and release first-hand**

**Increase in mental health & well-being**

**Importance of identifying strengths and goals throughout incarceration**

### Approach
(Strength-based & Choice)

### Timing and Continuity

# Mental Health Offerings

*Through the course of our two-year partnership, the CAB discussed ideas for at least seven possible offerings for individuals in prison seeking mental health support. Developing, implementing, and evaluating these offerings allows for expanded or alternative mental healthcare options in prison through participatory research practices.*

**Writing One's Own Story:** There is an unmet need for individual and self-driven mental health offerings, which would benefit people in solitary confinement as well as those not ready to participate in group-based programs. Community partners suggested an offering based on understanding and writing one's story, providing a healing and meaningful opportunity. This opportunity could take the form of journals, writing letters to a former or future self, speaking aloud, or workbooks.

**Psychology Course:** A psychology course co-led by an academic expert and a peer within the facility could provide students with the opportunity for educational and experiential understanding of trauma, self-esteem, emotional intelligence, self-awareness, identity, and mindfulness.

**Peer Support Booklet:** A booklet with insights about prison entry, the carceral experience, and reentry from peers with lived experiences. Formerly incarcerated peers would create this booklet to share experiences, practices, and other seeds of wisdom that they found helpful for growth and well-being while incarcerated. Use of the booklet could be accompanied by a peer-facilitated "book club" where participants could discuss reactions to the booklet.

**Peer Support Group:** A semi-structured peer support group would be led by someone living in the community who has been incarcerated. The group would be a space for people to create a safe and trusting space, share their personal truths, and to learn from one another's lived expertise. The sessions would involve members identifying and challenging their beliefs, building relationships with others who wish to change and grow, and sharing strategies for well-being and navigating the prison environment.

**Peer Support Group at Intake:** Our group identified that a peer support group or support from a peer mentor would be especially beneficial during the prison intake process. This support will help people develop a realistic mindset upon prison entry and adjustment, acknowledge the realities of incarceration (e.g., loss, anger, fear, uncertainty), take accountability for past actions, and establish personal goals for their incarceration and strategies to attain these goals.

**Mindfulness Offerings:** The introduction of mindfulness and compassion-based practices can support one's mental health during incarceration and promote stability during periods of transition, such as prison entry, transfer, and reentry. Our group discussed the value of mindfulness-based offerings either as a standalone group or integrated into some of the offerings described above. A train-the-trainer model with incarcerated peer specialists would allow these practices to be delivered in a scalable and authentic way.

**Department of Corrections Staff Training:** Although most discussions centered on the mental health of incarcerated individuals, group members also identified the need for a trauma-focused mental health-specific DOC staff training. This training would address relational and systems-level barriers to improving mental health outcomes for incarcerated people. The training would also highlight the importance of language used to refer to individuals impacted by the criminal legal system, the relationship between trauma, mental health, and criminal behavior, and strategies for identifying strengths of individuals in prison. The group also spoke about corrections staff experiencing "vicarious trauma" and the need to ensure staff are receiving the care they need as part of their employment benefits. This care would also support a safe working environment for staff and incarcerated people.

Future research on the development and implementation of the proposed offerings should evaluate whether the offerings effectively incorporate the identified themes (i.e., WHO is providing care, choice, strength-based approach, and timing and continuity). To this end, the community advisory board generated a set of research design considerations and strategies that will help guide the implementation of these offerings. We have outlined details for further exploration of these considerations. Furthermore, for each offering, we have outlined key research questions that will guide evaluation of the incorporation of the themes.

# Research Design Considerations

| Considerations | Questions for Further Exploration |
|---|---|
| **Measurable Outcomes** | The community advisory board identified that the following outcomes are important: hope, peace, self-efficacy, self-worth, value, confidence, determination, self-acceptance, quality of life, and ability to communicate thoughts and feelings.<br><br>1. How does support from peers with lived experiences of incarceration support the development of self-worth, hope, and purpose compared to traditional mental health offerings?<br>2. What conversations and/or questions encourage individuals to reflect on and challenge beliefs their beliefs associated with self-worth?<br>3. While incarcerated and participating in an offering, what outcome or change is most important? |
| **Recruitment Strategies** | The community advisory board identified that incarcerated individuals would be more likely to participate in research if the recruitment process incorporated the voices of people impacted by the criminal legal system either in-person or via a video or statement.<br><br>1. How effective are recruitment strategies that incorporate peers with lived experiences of incarceration?<br>2. What recruitment method is feasible and acceptable to stakeholders?<br>3. How to increase engagement of incarcerated people in research? |
| **Study Team Composition** | 1. What are the roles of each study team member (i.e., community partners, academic research partners)?<br>2. What level of involvement does each study team member have at each stage of the research process?<br>3. Are the research questions grounded in community concerns?<br>4. How can community feedback be incorporated into the research design and process? |
| **Other Stakeholders** | 1. What are the priorities of the different stakeholder groups?<br>2. What challenges have arisen or might arise within the stakeholder relationships?<br>3. How will your team navigate multiple stakeholder relationships?<br>4. How will your team continue to invest in building stakeholder relationships? |

# Evaluation of Offerings

| Offerings | Themes | Questions for Exploration |
|---|---|---|
| **Writing One's Own Story** | WHO<br><br><br><br><br>Strength-based, outcomes<br><br>Strength-based | 1. Does a private, self-directed offering like this increase participation for individuals who do not prefer group settings (e.g., due to concerns about stigma or confidentiality?<br>2. How does writing one's own story challenge people to look within themselves and take accountability/responsibility?<br>3. What, if any, impact does writing one's own story have on communication ability? |
| **Psychology Course** | Choice<br><br>Choice<br><br>WHO<br><br>Strength-based, Outcomes<br><br>Strength-based, Outcomes<br><br>Timing & Continuity<br><br>Timing & Continuity | 1. What psychology topics are most interesting to students?<br>2. What do students want to learn from a psychology course?<br>3. How can peer support be integrated into a psychology course taught in the facility?<br>4. How does knowledge of psychological concepts impact people's understanding of themselves and their behavior?<br>5. Does education on trauma and trauma responses effect an individuals perception of themselves or their trauma symptoms?<br>6. What educational resources can be offered to individuals following completion of the course?<br>7. How can the educational resources provided after completion of the course encourge people to continue personally reflecting on the material? |
| **Peer Support Booklet** | Choice<br><br>WHO<br><br><br>Strength-based, Outcomes<br><br>Timing & Continuity | 1. In what ways does a booklet support individuals who are not interested in a group offering?<br>2. How does the incorporation of peer perspectives and insights contribute to the benefits of the booklet?<br>3. How do the topics in the booklet support a strength-based approach to growth and well-being?<br>4. How did the booklet support people throughout the entirety of their incarceration? What elements could be improved to provide support |

| | | at various timepoints of incarceration (e.g., intake, pre-release)? |
|---|---|---|
| **Peer Support Group** | WHO, Choice | 1. Explore the benefits of peer support when discussing what an individual wants their life to look like, the beliefs they've held throughout their lives (e.g., it's weak to ask for help; I can't trust anyone; I'm not worthy; I have little to no value; I'm a grown-a** man/woman, etc.) |
| | Strength-based | 2. Strategies for embodying new beliefs outside of group time and discussing as a group |
| | WHO | 3. What does the training for the group facilitator entail? Having a trained facilitator is important to model vulnerability and prompt others to open up |
| | WHO | 4. Ways to develop a self-sustaining group facilitator pipeline and training |
| | | Identify what individuals mentally bring into groups at the start of each session and what they take away from each session |
| **Peer Support Group at Intake** | Strength-based | 1. What does it look like for individuals to personally identify their goals? |
| | Strength-based, Timing & Continuity | 2. The impact of this group on positive social connection among peers, hope, internal strength, and development of a mindset for withstanding upcoming challenges and violence within the facility |
| | WHO | 3. How does peer suport during the intake period facilitate adjustment to the prison environment? |
| | Timing & Continuity | 4. Explore the option for additional one-on-one meetings in between group sessions |
| **Mindfulness Offerings** | WHO | 1. Are mindfulness offerings more impactful when co-faciliated by a peer? |
| | Strength-based | 2. Do proximal changes in positive attributes like self-awareness, empathy, and psychological well-being lead to distal changes in behavioral and functional outcomes? |
| | Choice | 3. Can recorded mindfulness practices effectively supplement or replace in-person offerings for those unable or uninterested in groups? |
| | Timing & continuity | 4. How can mindfulness skills introduced during incarceration be supported and cultivated through community-based offerings after release? |

| Department of Corrections Staff Training | WHO | 1. How does the involvement of individuals with lived experience of incarceration impact people's experiences of the training? |
| | Strength-based | 2. What are newly trained staff's perceptions of incarcerated individuals? |
| | Strength-based, Timing & Continuity | 3. How does the training impact staff perceptions and behaviors towards incarcerated individulas long-term? |
| | Timing & Continuity | 4. How does the training impact staff well-being over the course of their employment? |

## Timing & Continuity Questions for Any Offering

When is it most valuable for an individual to participate in the offering?

How does participation in the offering temporally impact participation in other opportunities?

# BEYOND RESEARCH

## Increase Community Capacity

### Network

Develop a sustainable network of people and organizations that provide resources, support, and care for individuals impacted by the criminal legal system.

### Collaborate

Create resilient and trusting relationships with stakeholders within the community and the carceral system to implement feasible and acceptable mental healthcare.

### Engage & Challenge

Advocate for the mental healthcare needs of individuals impacted by the criminal legal system by engaging in conversations and challenging the status quo.