



New Trends  
in Psychology

## Limits and Risks in Psychological Care for Prisoners with Mental Disorders

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**Abstract:** The article “Limits and risks in psychological care for prisoners with mental disorders” provides a realistic and straightforward review of the limits and risks faced by prison psychologists in working with prisoners suffering from serious mental disorders. In a crowded prison environment, with competing priorities, there is a danger that people with serious mental disorders may be overlooked and their difficulties go unrecognized. Thus, there are some limits and risks that we are trying to shape so that prison psychologists can provide quality psychological care.

**Keywords:** penitentiary; prisoners; mental disorders; mental health

### 1. Introduction

Penitentiaries are a paradigm of what sociologists Goffman and Foucault called “total institutions”, i.e. closed locations, isolated from the outside world, with hierarchical structures for all aspects of life in one place, repressive and bureaucratic regimes, strict discipline and constant surveillance, resulting in violent subcultures and prisoners with little or no individual responsibility and deprived of social connections, resources, privacy, stimulation, choice and autonomy. These

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characteristics are the complete opposite of what the WHO considers to be a health-promoting environment. They particularly affect psychosocial well-being and exacerbate existing psychosocial and psychological problems of people living in such locations. This is all the more worrying as, according to data collected internationally, around 70% of people in detention suffer from mental disorders.

Mental disorders are common among the general population, with an estimated one in five Romanians affected by mental health problems. Mental disorders in prisons are even higher than in the general population. This is made possible by prisoners being acutely mentally ill on arrival in prison and a small number of prisoners having committed offences as a result of mental illness. Mental disorders in prisons may be associated with substance misuse, with mental disorders being both a risk factor for substance misuse and substance misuse precipitating or aggravating mental disorders. Incarceration is a stressful life event and prisoners may experience their first episode of mental disorder in prison. In addition, pre-existing mental disorders may worsen in the prison environment, due to factors such as limited access to mainstream treatment, isolation from social support, limited control over the environment and competition for limited staff attention.

In a crowded prison environment with competing priorities, there is a danger that people with serious mental disorders may be overlooked and their difficulties go unrecognised. If such prisoners are identified and offered evidence-based clinical treatment in an appropriate environment, they are likely to recover. The difficulty of identifying such prisoners is compounded by the fact that significant resources are often diverted to prisoners whose behaviour is problematic but whose diagnosis means that they are unlikely to benefit significantly from the transfer to a standard clinical setting. The task of a mental health care system in prisons is therefore twofold: first, to identify and provide evidence-based treatment to prisoners with mental disorders and, second, to contribute to the care and management of those who exhibit challenging behaviours. Both tasks require a collaborative and multidisciplinary approach.

Health promotion in penitentiaries encompasses not only health education (preferably through peer education techniques), disease prevention and risk reduction but also mental health promotion. Examples of concrete policies to promote mental health include: reducing stress by providing personal support, increasing coping skills and suicide prevention, ensuring safety and a clean and hygienic environment, creating an atmosphere of decency and respect, valuing work,

improving knowledge and skills; supporting creativity in work, education and leisure, increasing contact with the outside world, respecting privacy and providing a variety of choices.

The psychological assistance offered to persons deprived of their liberty with mental disorders is aimed at compensating or preventing their psycho-behavioural decompensations. Decompensations of people with mental disorders are quite frequent in the prison environment, the causes being represented by the multitude of triggering and maintaining factors of the illness, which this category of deprived persons faces daily. Psychological assistance for them must, therefore, be aimed primarily at balancing and maintaining this balance, preferably for as long as possible or even for the entire duration of the custodial sentence.

The proposed objectives are aimed at alleviating the symptoms of personality distortions and severe behavioural and emotional disorders suffered by persons deprived of their liberty with mental disorders. In general, the following disorders are targeted in prisons: mental retardation, pronounced cognitive disorders, schizophrenia and paranoid syndromes in remission, social anxiety, predominantly negative symptoms, personality disorders, affective disorders, neuroses, etc. Support for prisoners with mental disorders is also envisaged to help them find new strategies for dealing with their problems. This type of support is aimed, in particular, at guiding prisoners with mental disorders who have suffered a significant deterioration in their adaptive capacities to facilitate optimal adaptation to the prison environment.

Limits focus on the following issues: insufficient specialized resources to respond to the multiple, complex needs of persons deprived of their liberty with mental health problems. The limits of competence in the training of psychologists (subject to the requirement to obtain a certificate of free practice) reduce the number of specialists who can practice psychotherapy, given the already extremely limited resources of the prison system. The effectiveness of intervention and the speed of achieving the desired results are limited by the unpredictable nature of people with psychiatric pathology, the complexity, diversity of manifestations, symptoms, etc.; the psychologist's limited possibility of supplementing information about the case history and antecedents with information from family members or support groups; reduced compliance with drug treatment and individual or group psychological interventions; insecurity about the future is generated by the prospect of difficulties in living after release.

Risks encountered by the prison psychologist in working with mentally disordered prisoners: mental decompensation due to the particularities and limitations of the prison environment; reduced control over the context in which prisoners with mental disorders evolve - e.g.: the climate inside the detention room may have a negative influence on certain persons and increase the risk of mental decompensation; the label of “vulnerable” or “mentally ill” may have a negative influence on the course of treatment, personal perception of health; the increased risks associated with this category of prisoners, due to the stigmatization of those with mental disorders by other prisoners or even by the administration staff of the place of detention . There is also the risk of manipulation of mentally ill prisoners by some of the inmates, as well as the emergence of conflict situations, attacks on staff, self-harm, and risk of suicide. Withdrawal, the risk of drop-out (abandonment), from individual or group psychological interventions and/or simulated illness, thus facilitating drug trafficking.

For each individual, risk needs to be effectively communicated within the multidisciplinary team so that prison staff are aware of how best to keep the prisoner, staff, other prisoners and the environment safe.

In conclusion, psychological assistance for mentally disordered prisoners should be aimed primarily at balancing and maintaining this balance for as long as possible, or even for the entire duration of the custodial sentence.

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