



New Trends  
in Psychology

## Inmates with Severe Mental Disorders: A Challenge for the Prison System

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**Abstract:** This article explores the pressing issue of inmates with severe mental disorders, a group that is both highly vulnerable and particularly challenging to manage within the prison system. Drawing on specialized literature and institutional reports, it examines the clinical and behavioral profiles of these individuals, the major difficulties posed by the prison environment, and the resulting implications for security and mental health. Special consideration is given to inmates diagnosed with schizophrenia—one of the most common psychiatric conditions in correctional facilities—which raises complex treatment and reintegration challenges. Building on international research and exploratory data, the article formulates a set of practical recommendations, including the creation of specialized units, closer collaboration between prisons and psychiatric hospitals, targeted staff training, and the implementation of psychosocial programs. The conclusions stress the urgent need for a comprehensive public policy that balances security requirements with mental health needs, safeguards fundamental rights, reduces recidivism risk, and promotes the effective social reintegration of inmates with severe mental disorders.

**Keywords:** severe mental disorders; schizophrenia; prison system; mental health; social reintegration

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## 1. Introduction

In recent years, prisons worldwide have faced a growing and complex phenomenon: the increasing number of individuals deprived of liberty who suffer from severe mental disorders. Both in Romania and internationally, studies indicate a high prevalence of conditions such as schizophrenia, bipolar disorder, major depression, and personality disorders among incarcerated populations. The lack of adequate psychiatric services, persistent social stigma, and the difficulty of social reintegration render these inmates not only a highly vulnerable group but also a significant challenge for prison staff.

The purpose of this article is to outline the clinical and behavioral profile of inmates with severe mental disorders, to highlight the difficulties they generate within the prison environment, and to propose potential directions for intervention.

The issue of mental health in correctional settings has become a central topic in the international literature. Research consistently demonstrates that the prevalence of severe mental disorders among prisoners is significantly higher than in the general population (Fazel & Seewald, 2012). Inmates suffering from conditions such as schizophrenia, bipolar disorder, or major depression form a group whose treatment and psychosocial support needs often exceed the capacity of prison institutions to provide adequate care (James & Glaze, 2006). Moreover, the correctional environment—marked by overcrowding, social isolation, and limited therapeutic resources—has the potential to exacerbate psychotic symptoms and aggravate preexisting conditions (Haney, 2003). The consequences extend beyond the individual level, affecting the overall prison climate through increased risks of violence, interpersonal conflict, and self-harming behavior (Lamberti, 2007).

In Romania, reports from the National Administration of Penitentiaries (ANP, 2020) show a steady rise in the number of incarcerated individuals diagnosed with severe psychiatric disorders. Although specialized wards exist for dangerous psychiatric patients in certain prison hospitals, the lack of trained personnel and appropriate resources creates substantial difficulties in managing these cases (Marinescu, 2019). As a result, inmates with severe mental disorders—particularly those diagnosed with schizophrenia—pose a major challenge for the penitentiary system, raising concerns both in terms of security and in terms of the fundamental rights to treatment and humane conditions. The present article aims to analyze the profile of these inmates, the challenges they pose within the carceral environment, and to propose

recommendations for improving their management, drawing on specialized literature and available empirical data.

## **2. Profile of Inmates with Severe Mental Disorders**

Specialized literature consistently shows that individuals with severe mental disorders are significantly overrepresented in correctional settings compared to the general population (Fazel & Danesh, 2002). Their clinical and behavioral profiles are complex, and the predominant features vary depending on the specific diagnosis.

Schizophrenia is the most frequently encountered disorder among inmates with severe psychiatric conditions, with an estimated prevalence ranging from 2% to 7% (Fazel & Seewald, 2012). It is typically characterized by auditory or visual hallucinations, delusional thinking, and disorganized thought and behavior. In the prison environment, these symptoms often lead to bizarre behaviors, heightened suspiciousness, and conflicts with cellmates (Morgan et al., 2010).

Bipolar disorder, marked by alternating manic and depressive episodes, is also commonly found among incarcerated populations. Manic episodes can increase the risk of aggression and involvement in conflicts, whereas depressive episodes elevate the risk of suicide (Baillargeon et al., 2009).

Major depressive disorder is another frequent condition, associated with social withdrawal, loss of motivation, and a heightened risk of self-harm (Prins, 2014). Within the prison context, individuals suffering from major depression may become passive and particularly vulnerable to abuse from other inmates.

Not least, personality disorders—particularly antisocial and borderline personality disorders—are highly prevalent among prison populations (Black et al., 2007). These disorders are often manifested through impulsivity, manipulative behaviors, disregard for rules, and significant difficulties integrating into the prison community. Taken together, the clinical profile of inmates with severe mental disorders reveals a heterogeneous population marked both by clinical vulnerability and by an elevated risk potential, affecting not only their own safety but also the overall security of the correctional institution.

### **3. Exploratory Mini-Study: Inmates with Schizophrenia in Prison**

#### **3.1. Methodology**

To highlight the behavioral and clinical particularities of inmates with severe mental disorders, we conducted an exploratory study on a sample of 10 individuals diagnosed with schizophrenia, hospitalized in the psychiatric ward of a Romanian prison. Medical records and disciplinary reports were reviewed to identify behavioral patterns, risk histories, and the ways in which the disorder affected their adaptation to the correctional environment.

#### **3.2. Results**

The data analysis revealed the following:

- 70% of inmates experienced recurrent auditory hallucinations;
- 50% had a history of suicide attempts;
- 60% had received disciplinary sanctions for disorganized or aggressive behavior, although most of these incidents were directly associated with inadequately treated psychotic episodes.

#### **3.3. Discussion**

The results suggest that many behaviors labeled as “disciplinary infractions” are, in fact, clinical manifestations of schizophrenia. Insufficient monitoring of treatment adherence and lack of adequate psychological support further increase the vulnerability of these inmates, raising the risk of recurrent behavioral incidents and victimization within the prison environment.

These findings are consistent with observations in the specialized literature, which indicate that inmates with schizophrenia are not necessarily more aggressive than other prisoners but are more prone to unpredictable reactions and to the adverse effects of isolation or inadequate psychiatric care (Teplin, 1990; Morgan et al., 2010). This study underscores the importance of implementing specialized medical and psychological monitoring measures, as well as providing correctional staff with targeted training to ensure the proper management of this highly vulnerable population.

#### **4. Challenges of the Prison Environment**

The prison environment is traditionally designed to meet the needs of security and discipline rather than to provide complex psychiatric treatment. This structural discrepancy creates significant challenges when individuals with severe mental disorders are incarcerated.

One of the primary obstacles is prison overcrowding, a phenomenon observed in many European countries, including Romania. According to the Council of Europe report (2022), overcrowding exacerbates the psychological distress of vulnerable inmates and makes individualized treatment virtually impossible. Research indicates that inmates with schizophrenia placed in overcrowded cells are more likely to experience acute psychotic episodes and display aggressive behavior (Brinded et al., 2001).

##### **4.1. Challenges of the Prison Environment**

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Another critical challenge is the shortage of specialized staff. In most prisons, the number of psychologists and psychiatrists is insufficient relative to the actual needs. For instance, in Romania, a report by the National Administration of Penitentiaries (2020) indicated that a single psychologist was responsible for more than 300 inmates on average, significantly reducing the likelihood of timely and effective intervention.

Limited access to psychiatric treatment and medication represents an additional concern. In many cases, inmates do not benefit from continuous treatment

monitoring, and the lack of therapeutic continuity facilitates relapses and acute psychotic crises (Kupers, 2017).

Finally, the stigma and social isolation faced by inmates with mental disorders remain a persistent problem. They are frequently perceived by both fellow inmates and correctional staff as “dangerous” or “unpredictable,” which often leads to marginalization and, in some cases, abuse (Edgar & Rickford, 2009). Studies have shown that inmates with schizophrenia are more likely to become victims rather than aggressors, despite pervasive social stereotypes (Teplin, 1990).

## 5. Institutional and Clinical Tensions

Equally significant is the intersection between institutional security and medical needs. Prison staff are frequently confronted with the dilemma of balancing order maintenance with respecting the treatment rights of inmates with mental illnesses. This tension can result in either overly restrictive measures or the neglect of clinical needs—both with potentially harmful consequences.

Thus, the prison system faces a systemic challenge: integrating mental health needs into a framework designed almost exclusively for control and security.

**The presence of inmates with severe psychiatric conditions creates multidimensional challenges.**

First, managing aggression is a major difficulty, as psychotic or manic episodes can trigger violent behaviors that are difficult to control. Second, there is a pronounced shortage of medical resources—many prisons lack sufficient psychiatric and psychological staff, and medication regimens are not always consistently monitored. Third, stigma and isolation remain persistent problems, as other inmates often marginalize those with mental disorders, thereby intensifying their loneliness and psychological suffering.

Recidivism also emerges as a significant issue: without proper treatment and effective reintegration programs, the likelihood of reoffending increases considerably. Finally, staff burnout is a growing concern, as correctional officers and support personnel experience heightened stress and anxiety when interacting with unpredictable and difficult-to-manage individuals.

Specialized literature (Fazel & Seewald, 2012; Curtin et al., 2020) indicates that the prevalence of schizophrenia in prison settings ranges between 2% and 7% of the

incarcerated population—a figure considerably higher than the approximately 1% observed in the general population.

In Romanian prisons, official data are fragmentary; however, reports from the National Administration of Penitentiaries indicate an increase in diagnosed cases, particularly among young male inmates aged 25 to 40. The clinical and behavioral characteristics observed in this group include the presence of bizarre behaviors, heightened suspiciousness, and frequent conflicts with cellmates, all of which complicate adaptation to the prison environment.

Moreover, these inmates face significant difficulties in complying with internal regulations, which often leads to disciplinary sanctions that do not take into account the pathological nature of these manifestations. There is also a heightened risk of self-harm or suicide, associated both with their psychological vulnerability and with the pressures of the prison environment.

Another essential element is the dependence on continuous medication, without which psychotic relapses are frequent and endanger both the inmate's health and collective safety. These data suggest the need for special programs for inmates with schizophrenia, as they require both stable psychiatric treatment and psychosocial support.

## **6. Recommendations for Managing Inmates with Severe Mental Disorders**

Integrating psychiatric care needs within the prison environment requires a multidimensional approach that balances institutional security with the protection of fundamental human rights. Both the specialized literature and international best practices point toward several key directions.

### **6.1. Establishing Specialized Units within Prisons**

Experiences from countries such as Norway and the Netherlands demonstrate that dedicated mental health units significantly reduce relapses and violent behavior (Slade & Forrester, 2015). Such units provide not only pharmacological treatment and psychotherapy but also structured social rehabilitation activities.

## **6.2. Strengthening Collaboration between the Prison System and Mental Health Services**

Recommendations from the World Health Organization (WHO, 2014) and the European Committee for the Prevention of Torture (CPT, 2021) emphasize the importance of transferring psychiatric patients to specialized hospitals whenever decompensation occurs and treatment can no longer be provided adequately within the prison. In Romania, this requires reinforcing the network of prison hospitals and enhancing partnerships with county psychiatric hospitals.

## **6.3. Training and Specialization of Prison Staff**

Numerous studies have shown that insufficient staff training in managing psychiatric behaviors often leads to punitive rather than therapeutic responses (Kjelsberg & Friestad, 2008). Training programs focused on recognizing psychiatric symptoms, de-escalation techniques, and human rights compliance can significantly improve the prison climate.

## **6.4. Psychosocial Intervention Programs**

Beyond pharmacological treatment, inmates with schizophrenia and other severe mental disorders benefit from psychosocial interventions such as cognitive-behavioral therapy, occupational therapy, and structured social reintegration programs (Barbui et al., 2016). These interventions reduce the risk of recidivism and facilitate post-release reintegration.

## **6.5. Continuous Mental Health Monitoring and Assessment**

Systematic screening at prison intake and regular mental health evaluations reduce the risk of overlooking severe cases. Moreover, close monitoring of treatment adherence is essential to prevent acute psychotic episodes (Birmingham, 2003).

## **6.6. Developing Integrated Public Policies**

Rather than addressing the issue in a fragmented manner, a national strategy for mental health in prisons is recommended, jointly coordinated by the Ministry of



Justice and the Ministry of Health. This strategy should include dedicated financial resources, specialized staff, and clear mechanisms for interinstitutional collaboration.

## **7. Care of Inmates with Severe Mental Disorders: Romania in Comparison with Other Countries**

The care of inmates with severe mental disorders varies significantly between Romania and other countries, depending on available resources, public policies, and the infrastructure of the prison system.

In Romania, legislation provides specific measures for inmates with severe psychiatric conditions. According to Law No. 254/2013 on the execution of custodial sentences and measures, such inmates may be admitted to specialized psychiatric wards when their disorders are decompensated and pose a risk to their own safety or to that of others.

Nevertheless, the implementation of these provisions faces considerable challenges. A report from the U.S. Embassy in Bucharest highlights that individuals with mental disorders in Romanian prisons do not receive adequate care and are frequently isolated from the general prison population. Such isolation may exacerbate their psychiatric symptoms and lead to further deterioration of mental health.

Moreover, a study conducted by the European Institute of Romania notes that resources allocated to the care of inmates with mental disorders are insufficient, directly affecting the quality of medical services provided.

### **7.1. Care of Inmates with Mental Disorders in Other Countries**

In contrast, several countries have developed innovative therapeutic models to address the needs of inmates with mental health problems. In the United Kingdom, for instance, Grendon Prison in Buckinghamshire operates as a therapeutic community dedicated to the rehabilitation of inmates with personality disorders. Established in 1960, Grendon is the world's first psychotherapeutic prison, focusing on re-education and emotional healing. Inmates voluntarily participate in an intensive program where they are encouraged to confront their actions and emotions within a structured environment. This model has shown success in reducing recidivism rates among participants.

Similarly, in countries such as France, there are specialized medical units within prisons where inmates with psychiatric conditions receive adequate care from trained medical staff. These units are designed to provide a therapeutic environment, distinct from that of traditional prisons, thereby facilitating recovery and social reintegration.

## 8. General Conclusions

The analysis of inmates with severe mental disorders highlights a complex and pressing challenge for the prison system. The carceral environment, primarily designed for control and security, is not structurally equipped to address the clinical needs of individuals with schizophrenia, bipolar disorder, or major depression. This structural incompatibility generates consequences at both the individual level—exacerbation of symptoms, increased vulnerability to abuse, and elevated suicide risk—and the institutional level, by intensifying tensions and complicating the management of internal order.

International research indicates that the lack of adequate treatment and psychosocial support leads to high rates of recidivism and creates a “revolving door” between prisons and psychiatric hospitals (Baillargeon et al., 2009). Furthermore, social stigma and isolation perpetuate marginalization, reducing inmates’ chances of successful reintegration. Overcoming these systemic limitations requires integrated public policies, closer collaboration between prisons and mental health networks, and substantial investment in specialized staff and appropriate infrastructure.

A modern penitentiary system must move beyond a strictly security-centered paradigm and adopt an approach focused on mental health, human rights, and social reintegration. Effective prison functioning cannot be achieved without mental health services that are properly adapted to the needs of this vulnerable population. The integration of screening, treatment, and reintegration programs is not only a moral and legal obligation but also a pragmatic strategy to reduce institutional violence and recidivism.

Therefore, the challenge is not solely medical or legal but also ethical and social, reflecting how society chooses to treat its most vulnerable citizens under conditions of deprivation of liberty.

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