

Exploring Prisoners' Perspectives on Mental Health Services and Staff Behavior in Pakistani Prisons: A Qualitative Study

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ABSTRACT

Cases of extreme mental health issues among the prison population are a worldwide occurrence with studies exhibiting that prisoners experience considerably more mental disorder. This study was carried out on opinions on Mental Health Services in Jail and employee behavior offered in jails. The small qualitative research now commonly concentrates on opinions of the prisoners concerning the Mental Health services and conduct of the personnel towards the treatment in the jail of Pakistan. Readers should be prepared to accept the defined 5 sampled individuals using Convenient Sampling and analyzing the semi-structured interviews with the help of Thematic Analysis Approach that incorporates the following areas: compromised healthcare and loss of autonomy, unequal treatment of the prisoners, their low self-esteem, unfairness, staff attitude, unhealthy living conditions with isolation and absence of cognitive stimulation. There is, therefore, a necessity to explore how this environment may increase the mental discomfort in this society. Inmates also think that the atmosphere in the prisons negatively affected their mental state. Staying in prison has the chance of delivering mental services to persons in the hard to reach group. Health and social needs are usually very high among the prisoners, yet little has been researched on opinions and experience of the prisoners concerning mental health in prison. Mental health services have also been viewed by prisoners as being part of an individual prison experience, which commences upon being imprisoned and concludes on a release.

Keywords: Metal Health, Prison, personal hygiene, health care and lack of autonomy, Treatment.

INTRODUCTION

Provision of mental healthcare within prisons forms a great component of mental health system of today in the global context. On provision of care to the mentally ill inmates and those at risk of suicide, however, provision of therapeutic intervention in relation to inmates by their prisons has long been debated as having lacked awareness and services (HTMP, 1999). Jail was considered positive by way of a place of order that gave them an opportunity to receive treatment. A hard to reach population may receive

mental health care in prison where most medical services are carried out by untrained staff and paramedical nurses.

According to available data, Pakistan is the fifth most populous country with a population of 220.9 million when compared to the rest of the other countries of the world (Globe Meter 2020). Pakistan has four types of prisons that are used in each of the five provinces known as central jails, prisons, special prisons, district prisons, and sub-jails respectively (Zhang, 2017). The figures above are a clear way on how these overcrowded jails are at risk of poor sanitation even during normal business hours. The court Project in Pakistan documents that people who take part in the court system live in overcrowded prisons with small cells that lack proper sanitation thus exposing them to infectious diseases. (Piché, 2022). The issue with Pakistani prisons, according to prior research, is tied to insanitary facilities including the restrooms and the absence of clean drinking water (Strasser, 2014). According to these reports, a prisoner in Pakistan is not likely to develop good hygiene and healthy behavior.

To reform the system, several organizational and practical modifications have been implemented over the past decade, with a focus on the effects of the early stages of custody (HTMP, 1999). Some steps that have been suggested and are being taken gradually include increasing the number of wing-based in-reach programs, involving community-based health experts to assist in ensuring that treatment continues both while an individual is incarcerated and after they are released, and encouraging individuals to take care of themselves. Furthermore, there has been an increase in the number of day care facilities that provide therapeutic environments in which (CMHTs) are able to provide the appropriate types of assistance. (Gately et al., 2006).

Though inmates tend to possess strong health and social needs, there is little information about their views and experiences on prison based mental health treatments. The total amount of healthcare vacancies is about one per facility despite the fact that the prison system is already the place with a lack of qualified people. This will damage the organizational climate because reductions in this have been associated with reduced commitment among personnel to the organization (Kras et al., 2021). Mental health services were perceived by the prisoners as a part of their prison experience, which begins when the prisoners are in prison and ends when they get out. In prison, the poor sections of society had increased mental and physical health treatment that they could not afford relying on without being in the prison. Some of the problems identified by the inmates regarding the prison healthcare system are living with a chronic illness, being considered a legitimate patient where they can receive psychological services, and the ability to have psychological services where confidentiality is implied. The jail regime can impede the highest good care at any point in the healthcare of the inmate.

Even prisons pose a bigger threat to the people in prison and recent signs have shown that the system is not properly prepared towards managing outbreaks in the prisons. There is an added effect since the already existing jails in Pakistan do not offer basic hygiene to the prison inmates. This problem is made even worse by the local level. As an example, 10 percent of Punjab jails do not possess ambulances (McAleese, 2016), and in that case, there is no way to deliver the convicts to the hospitals in case of any emergencies. In April 2020, the Supreme Court stated the accused case may be on offences under the non-prohibitory laws, vagrancy statute, offence punishable with less than three years to be potentially eligible to bail. People with physical or mental conditions or impairments; 2) Under-trial women and children; 3) Under-trial detainees of age 55 years old or above and 4) other males without previous convictions (McAleese, 2016).

These changes will be aimed at providing convicts with the same standard and type of treatment as the rest of the population and promote the integration of these services with the services available in NHS.

Preconceptions and assumptions that could be implied by this new direction are that a clearer picture will be obtained detailing the problems of adapting to life in prison, that proper psychological assistance will be sought to those who need it and this where more awareness should be given to identify individuals who need medical care where necessary referrals should be made and a care management plan can be established which may involve a medication regimen should the need arise.

In comparison to the idea of the modality of a therapeutical approach to a mental health issue being hindered by a mentality that robs power and freedom through practices that allegedly provide discipline and control, the aspect of the prisons being safe and beneficial places is a complete contradiction to this point. In regard to the health of inmates, this is so despite the fact that the National Health Service (NHS) is gaining major relevance in regard to its policy and its practice and people are now willing to consider the big picture (Hughes, 2016). Study in prison: Distance learning. Routledge). Considering that it is approximated that up to 95 percent of prisoners are known to have a diagnosable mental health, substance abuse or a combination of both problem (Norman ,2023), the ability of inmates to cope with serving in prison with a mental health problem and access primary care services is a critical indicator of how well NHS norms and values have been internalized in everyday prison activities.

Employees mental health has been greatly affected by high mortality rate, high capacity to infect others, as well as the shortcomings of health systems 2 and the situation is still ongoing 3. There is also the fear of not having a vaccination or a treatment of the illness, which will only make its negative effects on performance, physical and emotional well-being of the employees even worse.

LITERATURE REVIEW

The aim of the given literature review is to explore how the atmosphere in prison may affect the mental well-being of prisoners. In trying to investigate, we used a technique that is commonly referred to as theme synthesis so as to figure out which elements of the jail setting influenced the mental well being of individuals who were living in this jail.

The extent and use of imprisonment of mentally ill people has had to be curtailed worldwide and the international human rights laws have made this point very clear. It has, also, made it very clear that in jail the issue of mental health remains a particular field of concern to be acted upon. The system of international human rights has not only increased its purview to beyond merely demanding that there are better conditions like the availability of additional hospital beds or mental health bed in a prison, under such circumstances as the overflowing of inmates in jails to include the need to deliver better conditions to some of its incarcerates. The European Prison Rules also show that mentally ill inmates are supposed to be accommodated in institutions specially designed to cater to that group of individuals and not in prisons (Rec, 2006).

A significant element of the latter is the encouragement of patients to participate in everyday treatment decisions, as this aspect would be regarded as being an important aspect of their recovery (Rogers, 2023). There can be flaws on how to create an institution that is both conventional and lawful in regard to the defense of the rights of prisoners under the human rights law. Some have contended that the recognition of inmates' legal rights has helped to legitimize jail and prison expansionism, echoing Mathieson's worries over the politics of legitimation (Wacquant, 2010). According to J. Pratt (2003), modifications aimed at making prisons more "civilized" have been observed to assist in bringing them "into line with the penal sensitivities of a society that likes to think of itself as civilized." The belief that rights-based frameworks should be incorporated into the criminal justice system and punishments lend credence to the idea that criminal justice is the most effective, rational, forward-thinking, and secure approach to

addressing crime and the underlying social issues in a democratic society (S Tapia Tapia, 2018). Many think this is the most effective strategy for reducing criminal activity.

The aspect of human rights legislation that covers social, economic and cultural rights (ESCRs) is intended to secure the rights of every human being. The rights are believed to be important to the development of society and acceleration of the pace at which the living conditions of people can be emancipated. In addition, they safeguard the right of all people to be unhungry and terror free. According to the Preamble to the Universal Declaration of Human Rights health, a good quality of life, work, social security, and education are all a part of the economic, social, and cultural rights. The latter are categorized under what are known as the economic rights.

It has been argued that its contemporary normative development, the principle of equality, and ESCRs, prompted us to think of new methods of solving the issue of marginalization and socioeconomic disadvantage-which are impact indicators of being incarcerated. Increasingly, individuals are starting to realise that the government polities have a notoriously unambiguous mandate of pursuing authentic equality, and of taking action to quench the endemic inequality caused by a wide variety of discrimination. It is a good trend. A single example of such a "new" generation of equality legislation is the Convention on the Rights of Persons with Disabilities (CRPD). The sections have more collectivistic and active language about equality instead of traditionally anti-discrimination terminology that is individualistic in nature. It has been highly emphasized in these rules in terms of dealing with structural and indirect discrimination where it is considered in the context of power relations (Latchem, 2018).

These newer equity standards include a plethora of complex and broad duties. Among these duties is the need to help the economically disadvantaged by eliminating discrimination, promoting diversity awareness, and distributing resources fairly (Latchem, 2018). Each social group should be free to decide for itself how and among what resources should be distributed. Doing so would make sure that the right to equality takes into account the needs of the excluded and marginalized (Fredman, 2021).

DATA ANALYSIS

Our approach was based on the strategy that Braun developed in the year 2006. Immediately following the interviews, written transcripts of the interviews were compiled and made available. Each and every interview was looked over by the whole team of interviewers to ensure that it was accurate. A comparison was made between the written notes and the recordings of the interviews, which were all listened to by the interviewers respectively. For the purpose of ensuring that the transcribed interviews were accurate, we sent them to the interviewees via email. Participants in the interviews were given typed-up versions of the interviews to ensure that they were accurate. The interviewers and the author who corresponded with them read the transcripts many times, beginning with the beginning and ending with the conclusion, in order to obtain a sense of the texts and to truly understand them. In order to acquire a comprehensive understanding of the language, the author and the interviewees read the transcripts many times, carefully reading them from beginning to end. Following a thorough perusal of the material and the selection of the most significant remarks, the interviewers assigned a code to each individual and then carefully examined the data. In the next step, they translated codes, quotations into English and this version was read by all writers during the virtual meetings. The codes that matched with each other or constituted some form of pattern were kept together to come up with themes. During the process of inquiry, the research team used to meet virtually so that it could always compare and make changes to the codes and categories that it was using. The results of the research were not only given to all six participants, but they also concurred in terms of the main trends which were found by the research. The description of the methodologies has

been included in advanced detail, and sample equations were used to transfer the knowledge. We used Microsoft Windows Excel so as to analyze the data.

DISCUSSION

The present qualitative research reveals that the Prisoners health behaviors, clinical history and demographics has never been taken care of in Pakistan because of dirty conditions, uneducated employees lack of state support and absence of correctional services which should always be given serious concern with this suffering group.in jails. Nevertheless, the environment, the government, and the culture of the organisation will likely prove more crucial in the aspect of helping people with the signs of stress, anxiety and depression that they are going through as they stay in prisons (Crew et al., 2011). The use of medication is a key quality marker and part of the therapeutic climate, which ensues in the jail. As mentioned in the results of this study, the activities of the government and the things that they say about mental health do not match. The policy which is used to regulate the administration of the correctional facilities is aimed at providing the mental health treatment which is framed as an effective-through-care, responding to their changing needs, in a rapid and seamless manner (Crew et al., 2011). Conversely, convicts and employees at the jail reported that the medicine therapy that they got was irregular when they first entered the facility. These results are opposite to the said goal of trying to move the mental care in correctional facilities toward the standards of the rest of the society in terms of attitudes and practice.

These measures should be seen as some form of deprivation in cases where the convicted persons are seen to be more vulnerable and have become deprived of social assistance that is frequently provided to them. The restrictions placed on self-medication make it much more difficult for individuals to exercise their right to self-medication, which is something that is often accessible in group settings.

The evaluation conducted by the United Kingdom's Chief Inspector of Prisons (Crew et al., 2011) made it abundantly evident how essential staff members are to the delivery of high-quality mental health services. This research presents a compelling argument for the importance of connections between staff members and inmates in correctional facilities. It also demonstrates hazards that can appear in case the employees are not able to determine the possible consequences the first prison sentence of a prisoner might have on his/her mental and physical condition. In particular, someone who is convicted to prison but his level of socioeconomics is low enough making him or her unable to clear himself of the charges or where crime committed is just too much. Pakistan is a third world country and people are discriminated on basis of social status, caste and ethnicity. Despite the facts that present challenges along with the local prisons containing a high ratio of inmate turnover, being overcrowded, not having any available assets to offer relevant activities and the challenges experienced by the nursing and medical professionals working at an establishment where the health care culture is based on conventional mindsets, with the focus on security, (Crew et al., 2011) in addition, it has also observed that those prisoners who have been released after the completion of their sentences are supposedly an additional burden to their own society because they did not receive any vocational or skills training during their imprisonment therefore it has been suggested that communication between the doctor and the patient is essential for the development of rapport. There were instances in which the latter resulted in brief, impersonal sessions in which not a great number of inmates' issues were discussed, and not a great deal of consideration was given to the various treatment possibilities. Inmates usually view health care as an additional kind of punishment due to the dysfunctional nature of the interactions that take place between them and their families. Generally speaking, people consider them to be "difficult" or "malingers." (Bowen et al., 2017).

CONCLUSION

Failure to make independent decisions is a major hindrance to the satisfaction of health needs of prisoners. Their consideration should be used when it comes to planning, coordination, and management of healthcare in a prison. It can be concluded that future studies are needed to see how psychologists can guide offenders through the healthcare system effectively. To make certain that the health needs of inmates are properly fulfilled, it is not enough to offer medical services but has to alter the very planning and delivery of these services. The most significant barrier is still that inmates do not have too much autonomy, most of the time their voices are not heard when making decisions directly related to their welfare. It is an important aspect to note the inmate as a stakeholder in their health care so as to implement a system that will be humane yet functional. In the given case, the role of psychologists is significant. They are able to assist in overcoming psychological, emotional, systemic impediments to accessibility to jail health care and thus the continuity and the quality of the service to a great extent. Nonetheless, additional research is required to establish how psychologists could provide the most effective support to a patient-centered strategy in correctional facilities, where convicts would act directly as predefiners of their health outcomes. Until we focus more on autonomy and inclusivity, we cannot be sure to have a prison health system that is indeed responsive, ethical, and rehabilitative.

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