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## **Mental Health Prevention Activities in Prisons in Central Java: A Case Study**

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**Abstract. Background:** Studies explored about mental health prevention activities in prisons were limited to be found. **Objective:** This study aims to describe mental health prevention activities in prisons in Central Java. **Method:** This study is a single exploratory case study consisting of three participants who were selected through purposive sampling. Participants are correctional nurses who are involved in mental health care in prisons with a minimum education of Nursing Diploma. The data was collected through semi-structured in-depth interviews and analyzed using thematic analysis with an inductive approach. This study shows that there are various mental health prevention activities provided in each of three prisons in Central Java. **Result:** Three themes are discussed: 1) mental health assessment, 2) mental health education, and 3) mental health therapies. **Conclusion:** Mental health assessment consists of mental health screening to the new inmates and mental health observation. Mental health education is provided by giving education which is integrated to physical education and teaching relaxation and how to rebuke. Mental health therapies provided consists of recreational activities, group activity therapy, spiritual guidance, collaboration in providing medication, and diversion of hallucination. Therefore, correctional nurses need to improve their knowledge and skills in providing of mental health prevention activities in prisons.

**Keyword:** three level of prevention, correctional nurses



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## INTRODUCTION

The physical and mental health quality of inmates in prison and detention center shows worse results than the free population (1-4). Inmates' mental health problems vary in various correctional institutions. Mild anxiety (65.5%), low self-esteem (80.5%), withdrawal (54.1%), and the risk of mild violent behavior (93.1%) were mostly experienced by 87 male inmates at Kedung Pane Prison, Semarang (5). Mental health problems were also experienced by female inmates before being released with the results of mild depression (14.7%), moderate depression (44.1%), and severe depression (8.8%) (6).

Mental health care is important and necessary to prevent the impacts of mental health problems experienced by the inmates. Violent behavior (7), self-harm behavior (8), risk of suicide (9), risk of coaching process failure and recidivism after being released (3,10) are the impacts of mental health problem that are expected to be prevented. Correctional nurses as a part of community nurses can perform the prevention activities through the implementation of primary, secondary, and tertiary of mental health prevention (11).

The implementation of mental health prevention in prisons at the primary level is performed through counseling, health education, and meeting the needs of inmates. Activities provided to meet the needs of inmates include cell care, skills activities to equip inmates to get job after released, and family visits (12). At the secondary level, mental health prevention in prisons is performed by screening and mental health assessments. The diagnosis results from screening and assessment are used to determine the appropriate intervention or treatment for inmates with mental health problems. Tertiary level mental health prevention is performed with medication, individual psychotherapy, group psychotherapy, and family interventions (13).

A recent research has been carried out in French Prisons and shows that the implementation of mental health prevention is performed with a psycho-criminology

program. The psycho-criminology program consists of several programs including recidivism prevention programs, punishment management programs, counter radicalization programs, and counseling (14). Other studies that had been done have shown the results regarding the forms of treatment and programs implemented about mental health care such as psychiatrists, mental health medication, and complementary therapies (15-18). However, discussion about mental health prevention activities in prison are still limited to be found and have not been discussed in depth. Mental health prevention activities in prisons are an important phenomenon to study because it reflects the responsibilities and duties of correctional nurses as part of community nurses. The results of this study can be useful as an evaluation for correctional nurses and recommendations for related institutions, especially the Ministry of Law and Human Rights in issuing policies related to mental health prevention activities in prisons.

## OBJECTIVE

The study aimed to describe mental health prevention activities in prisons in Central Java with a case study approach.

## METHOD

### Design

The design of this research is a single exploratory case study that explores mental health prevention activities in prisons. The research was carried out in three prisons in Central Java during March to April 2021.

### Sample size and sampling technique

Participants in this study were correctional nurses with a minimum education of Nursing Diploma who were involved in mental health care in prisons with a minimum of one year of experience. Three correctional nurses from three different prisons in Central Java were recruited as participants using purposive sampling technique.

## Data collection process

Data was collected through semi-structured in-depth interviews by online method via WhatsApp Call and offline method by face to face. One participant was interviewed offline for 45 minutes and continued online to clarify unclear interview results. Two other participants were interviewed online for approximately 30 minutes, due to the limitations of researchers to meet participants in prisons during the COVID-19 pandemic. The research instrument is the researchers themselves helped by the research tools consist of a voice recorder, interview guideline, pen, and block-notes. Analysis of the data used in this study uses thematic analysis with an inductive approach from Virginia Braun and Victoria Clarke (19).

The validity of the data in this study was carried out with several criteria from Lincoln and Guba, namely credibility, transferability, dependability, and confirmability. (20). The credibility criteria were met by member checking in a way to verify the names and the definitions of the themes from the results of this study. The researchers met the transferability criteria by writing down the context of the research setting in detail, clearly, and systematically so that the results of this study could be translated into the same research setting. Researchers conducted consultations and discussions with supervisors as external auditors in interpreting and analyzing data to meet the dependability criteria. The researchers met the confirmability criteria by displaying participant verbatim text citations and discussing with the research supervisors as external auditors to maintain the objectivity of the research results.

Correctional nurses who participated in this study were based on voluntary without any coercion by giving explanations about the descriptions, purpose, benefits, impact, and confidentiality of the study then obtaining approval through informed consent. The researchers also maintain the confidentiality of the participants by not including the identity of the participants and only using the results of the interviews for research purposes.

## Ethical consideration

This research has also received ethical approval from the Health Research Ethics Committee Faculty of Medicine, Diponegoro University with the number 249/EC/KEPK/FK-UNDIP/VII/2021.

## Data analysis

The analysis process began by transcribing the recorded results into verbatim text and continues with extracting interesting data according to the research objectives to form a code. Next, the researcher compiled the code into potential themes to determine sub-themes and themes. The researcher also reviewed the theme to the extract to analyze the suitability of the data extract on the theme.

## RESULTS

### Research Context

The study was conducted in three prisons in Central Java with more than 500 inmates in each prison. Two prisons have only one nurse involved in mental health care in prison, while one other prison has more than one nurse. Two prisons have been working with health care facilities outside of prison for referral of mental health problems, while one other prison has not had the cooperation with health care facilities for referral of mental health problems. Two prisons have nurses with recent education nurse with Nursing Diploma, whereas one other prison has nurse with a Bachelor's degree in Nursing and Professional Nurse.

### Themes of Mental Health Prevention Activities in Prisons

The results of data analysis obtained three themes according to the research objectives which are described as follows:

#### Theme 1: mental health assessment

Mental health assessment activities are provided through mental health screening of new inmates and mental health observations of inmates. This was expressed by the participants in the interview excerpts as follows:

*“For the initial patients, we will do this. This is called the medical examination report for inmates and*

*inmates who have just entered. For this second sheet which I previously said for initial screening for mental health." (P1)*

*"So, the inmates were screened with the sexually transmitted infection screening, HIV-TBC screening, and mental health screening." (P2)*

*"...inmates, included the detainees, were screened while entering the prison. Screening examination of new inmates, it is included the mental health screening. Yes... There is a mental health screening form." (P3)*

Inmates' mental health observation is performed in several ways, including observation through friends, observation of daily activities, and monitoring during the quarantine period. This is reflected in the interview excerpt below:

*"We observe first, the inmate remains, after the initial screening, then the inmate returns to the room and then we do observations through his roommates." (P1)*

*"The observation method is through daily activities, how has the patient been in prison for a week." (P1)*

*"Then, when he is done, he will be quarantined for one week, quarantined for one week, so if he is really anxious or depressed, we will monitor him later, then we will have chat." (P2)*

## **Theme 2: mental health education**

Mental health education activities are still limited to three prisons in Central Java. Mental health education is integrated into physical health education in one prison. This is reflected in the following interview excerpts:

*"We usually arrange the counseling on Friday. We hold counseling five times a month. Now, the mental health education is usually delivered on communicable and non-communicable disease topic schedule. We talk about how to schedule agenda from morning to night, so it doesn't feel bored." (P1)*

However, in the other two prisons, mental health education has not been provided. This is reflected in the following interview excerpts:

*"No, there is no (mental health education) yet." (P2)*

*"Education is general, Miss, it doesn't focus on this (mental health), instead it's about healthy living behaviors. No (mental health education)." (P3)*

Mental health education is also provided by teaching relaxation and rebuking. Relaxation education taught includes meditation therapy and deep breathing relaxation. Education on how to rebuke is given to inmate who experiences hallucinations. This was revealed by the participants in the following interview excerpts:

*"Meditation, we teach meditation like yoga system." (P1)*

*"May be relaxation therapy, yes. It's almost the same as meditation, right, meditation is more focused, but for relaxation we teach them to take deep breaths." (P1)*

*"Relaxation is taught the most... I taught them to take a deep breath with closed eyes. Then I tell them to calm down, that's it." (P2)*

*"There is patient who experienced hallucination, yes. I am as nurse often rebuke" (P3)*

## **Theme 3: mental health therapies**

Mental health therapy is given by nurses through several activities including recreational activities, group activity therapy, spiritual guidance, collaboration in providing medication, and diversion of hallucinations. Recreational activities consist of music therapy and artistic activities, especially sound art. This is reflected in the following interview excerpts:

*"There is meditation therapy, then there is music therapy. We usually facilitate music therapy using a computer and then we'll plug in to the speakers." (P1)*

*"I often told him not to be alone, then I told him to listen to music..." (P3)*

*"For them (inmates), who don't have skills, we can facilitate it with art, for their hobbies." (P1)*

*"We have recreation; inmates can be creative through sound art to display their skills." (P1)*

Group activity therapy activities are provided to the elderly group as revealed by the participants in the following interview excerpts:

*"Yes, we usually give activity group therapy to the elderly. Because the elderly community is easier to reach, a room alone. We usually give activity group therapy in a kind of game." (P1)*

“...We do activity group therapy like that, like talking to each other, to fellow elderly friends in the room, because we are both elderly, like asking how was your wife, like that, so we can get to know each other.” (P1)

Spiritual guidance activities are provided in the form of religious guidance and motivation. This was revealed by the participants in the following interview excerpts:

“We usually have, once spiritual guidance, it’s clear yes that we need to approach the spirituality need, to return all problem to The Owner of this universe.” (P1)

“I told them to pray. We are also helped by spiritual leaders from outside of the prison. We ask them to teach the inmates in spiritual.” (P3)

“We usually give it in the form of motivating music in which there will be motivational sayings through the music.” (P1)

“May be we only can give that Miss. We motivate and talk about their problem. There’s nothing we can do instead of that.” (P3)

Collaborative activities in administering medication are provided through collaboration in drug administration, monitoring drug consumption, and ensuring that the drug is swallowed by an inmate with mental health problems. Medication collaboration was revealed by the participants in the interview excerpts as follows:

“If medication, it has to be collaborated first, it should not be immediately diazepam or directly eee THP and so on.” (P1)

“After getting the medicine, we will monitor it, taking the medicine must be in front of us.” (P2)

“Giving the medicine. I give the medicine every day until it is swallowed by taking it directly. Then I will ask her/him to ensure the drug is really swallowed or not.” (P3)

One of the prisons that had an inmate with hallucinations gave a hallucinatory diversion by listening to music and inviting them to talk instead of administering medicine. However, in other prisons, inmates with bipolar disorder were not given

complementary mental health therapy instead of medication therapy. This was revealed by the participants in the interview excerpts as follows:

“...diverting the hallucinations by listening to music, then I do some conversations with him.” (P3)

“There is no (intervention/therapy related to mental health for bipolar patients) Miss.” (P2)

Main theme	Sub-theme
Mental health assessment	<ul style="list-style-type: none"> <li>- Mental health screening</li> <li>- Mental health observation</li> </ul>
Mental health education	<ul style="list-style-type: none"> <li>- Mental health education is integrated into physical health education</li> <li>- Mental health education has not been provided</li> <li>- Relaxation and rebuking education</li> </ul>
Mental health therapies	<ul style="list-style-type: none"> <li>- Recreational activities</li> <li>- Group activity therapy</li> <li>- Spiritual guidance</li> <li>- Collaboration in providing medication</li> <li>- Diversion of hallucinations</li> </ul>

## DISCUSSION

This study shows that mental health prevention activities carried out in three prisons in Central Java are performed in various ways in each prison. Mental health prevention activities include mental health education that is integrated in physical health education, mental health screening, mental health observation, relaxation and how to rebuke teaching, recreational activities, group activity therapy, spiritual guidance, collaboration in providing medication, and diversion of hallucinations. The variation of prevention activities is in accordance with

previous research which reflects the three levels of mental health prevention starting from primary, secondary and tertiary. Primary prevention reflects as promotive and protective action, secondary prevention reflects as early detection and early treatment, and tertiary prevention reflects as action to prevent further negative impacts (21).

Mental health education that is integrated in physical health education is only performed in one prison, while the other two prisons do not have mental health education. The mental health education activity is a preventive action to provide mental health learning or as a form of mental health primary prevention (12). The education was delivered with materials such as strategies for managing daily activities and relaxation methods such as meditation therapy and deep breathing relaxation. The theme in mental health education needs to be improved, because it is not in accordance with the results of previous studies. Themes that can be conveyed in mental health education in prisons include social interaction, anger management, and self-esteem (22).

Mental health screening and observation activities were provided by nurses in the three prisons. Mental health screening is performed on each new inmate and observations are performed as a follow-up to the results of mental health screening through friends, daily activities, and appearances during quarantine. This is in accordance with previous research which states that mental health screening is part of secondary prevention for early detection. Screening is the best practice for detecting mental health problems that require immediate intervention such as acute psychosis, active suicide, violent behavior, and other harmful behaviors. The results of the screening are used as a determinant in the treatment of mental health problems as a form of tertiary prevention (13,24), which in this study the results of the screening also become a guide for nurses to observe inmates' mental health.

Recreational activities, group activity therapy and spiritual guidance reflect as

promotive actions as well as early treatment for inmates' mental health problems. The results of this study indicate that recreational activities are provided through music therapy and artistic activities, group activity therapy is provided for the elderly group so that the elderly can share stories about the problems they face and provide solutions to each other, and spiritual guidance is performed through religious guidance and motivation. The results of previous studies indicate that these activities are actions to fulfill the inmates' needs, so they can improve their mental well-being (12). However, the results of other studies reveal that the fulfillment of needs can also be provided through family visits (12), sports activities, and farming (23).

The three prisons in Central Java also have variations in providing therapy. Inmates with mental health problems in three prisons in Central Java were given medical therapy through collaboration between nurses and authorized professionals. These activities reflect tertiary level prevention as an effort to prevent continuity of the negative impacts in the post-pathogenesis period (21). Pharmacotherapy or medication is a complementary therapy for mental health care to help overcome mental health disorders (13,15,25). Medications are administered to inmates with mental health problems by doing collaboration with a qualified mental health care professional and prescribed based on the results of clinical examination in single doses (13). Nurses in three prisons in Central Java provided medication by doing collaboration, monitoring drug consumption, and ensuring that the drug is swallowed according to the dose. In one prison where there was an inmate with hallucinations, apart from medication therapy, education about how to rebuke hallucinations and diversion of hallucinations were also given on. However, in other prisons where there are inmates with bipolar disorder, they are not given complementary mental health therapy other than pharmacotherapy.

## CONCLUSION

Mental health prevention activities in

three prisons in Central Java are varied and reflect the three levels of prevention. Mental health education as a form of primary prevention integrated into physical health education is only performed in one prison. Mental health screening and observation were carried out in three prisons as a form of secondary prevention for early detection and early treatment. Recreational activities, group activity therapy, and spiritual guidance are provided as a form of promotive action and early treatment. Inmates with mental health disorders are given medication collaboration as a complementary therapy for the inmates' mental health. Inmates with hallucinations in one prison were also taught how to rebuke and divert their hallucinations, but inmates with bipolar disorder in another prison were not given other mental health therapy.

Correctional nurses are expected to improve their knowledge and skills in providing mental health prevention activities in prisons. The Ministry of Law and Human Rights is also expected to make implementation standards and training related to mental health prevention activities in prisons and detentions for correctional nurses. Further research can be conducted in a qualitative descriptive study design about mental health care implementation including the implementation of three levels of mental health prevention, continuity of mental health care, and barriers to mental health care.

#### **STRENGTH AND LIMITATION**

The study fills a gap in the literature regarding mental health prevention activities in prison. The identified themes and sub-themes of this findings can be useful as an evaluation for correctional nurses and recommendations for related institutions, especially the Ministry of Law and Human Rights in issuing policies related to mental health prevention activities in prisons. Despite the strength of this findings, the limitation of this study is that it only discusses the implementation mental health prevention activities in three prisons in Central Java with a single exploratory case study design so that the number of

participants is limited. The implementation of the three levels of mental health prevention in other prisons may differ in different research contexts.

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