



**MENTAL HEALTH AND
JUSTICE - CASE STUDY OF
THE PRISON
DECONGESTION AND RE-
ENTRY SCHEME**

By

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PRESENTATION OUTLINE

- The Context
- Some Interventions
- Lessons Learnt
- Conclusion

THE CONTEXT

- High number of persons with mental disabilities incarcerated in prisons especially amongst the pre trial population eg 10 percent in some instances.
- Various types prisoners presenting with mental disabilities [ref. civil lunatics, criminal lunatics, persons with mental disabilities in general prison populations]
- Detention of some persons solely for reasons of their mental disabilities [‘civil lunatics’]
- Lack of / poor mental health programmes in prisons

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CONT...

- Lack of /inadequate mental health professionals in prisons and correctional services.
- Archaic Mental Health Legislation
- Stigma and lack of support from the families and the general public
- High cost of mental health care
- Little specialized mental health care in the community
- Lack of adequate mental health awareness by law enforcement and lack of coordination amongst law enforcement agencies

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**SOME INTERVENTION – PRISON
DECONGESTION AND REENTRY SCHEME
[PDRS] PILOTED IN NIGERIA**

STEP 1. AWARENESS AND SENSITIZATION ACTIVITIES

**a. Sensitization
of Law
Enforcement
Agencies**

- police,
- judiciary,
- community
leaders

[separate sessions]

**b. General
public using
the media
[Radio, TV
programmes
and leaflets,
posters, etc**

**c. Family
members**

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**CONT....
STEP 2 - ADVOCACY**

**a. Advocacy with the
judiciary [the chief judge]
to include the
consideration of review of
prisoners with mental
disabilities during the jail
delivery exercise**

- [cases of 'civil lunacy']
- [cases of 'criminal lunatics']

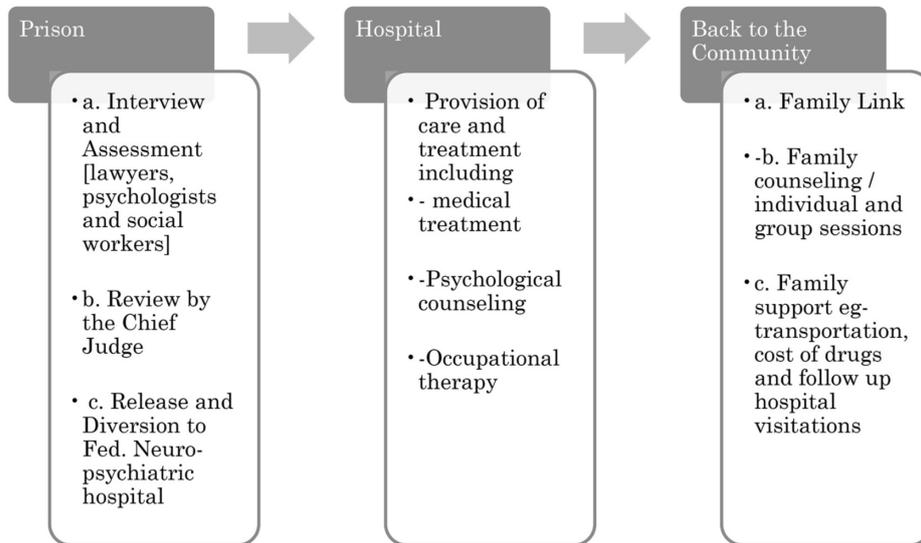
**b. Advocacy with the
Federal Neuro-psychiatric
Hospital [Enugu] on
provision of treatment and
care to released prisoners
with mental disabilities**

- [care and treatment for those
diverted from the criminal justice
system from the police and the
courts and from the Chief
Judge's Jail Delivery Program]
- Provision of in-prison care.....

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CONT....

STEP 2. FROM INCARCERATION TO THROUGH CARE ACTIVITIES



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CONT

- The impact of the intervention
 - Police and the magistrates increased rates of their direct referrals to the Fed. Neuro-psychiatric hospital [reducing the number processed into the prison]
 - Over 117 inmates [mainly the ‘civil lunatics’ diverted from the prison to the Federal Neuro-psychiatric hospital
 - Low cases of ‘civil lunatics’ observed in the prisons subsequently
 - More cases of ‘criminal lunatics’ observed

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LESSONS LEARNT

1. Tap the resources in the community
e.g Having hospitals near prisons, integrate mental health care into general health care [ref to the Kenya and Zambia examples]
2. Train prison officers on early identification of persons in need of mental health care, and appropriate and prompt referral.
3. Legislative reforms but look beyond this; focus on implementation of laws and on 'good practice' that works.

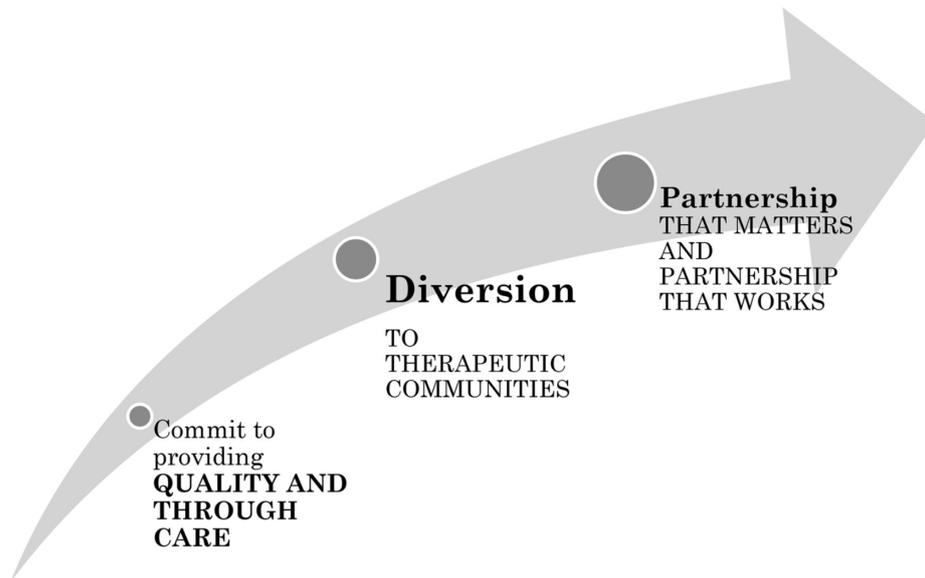
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CONTS

4. Multi-agency collaboration and partnership to provide through care
e.g. between prisons service, Probation service, faith based organizations etc.
5. Diversion programme should include various law enforcement agencies
6. Public Education

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CONCLUSION



THANK YOU FOR LISTENING

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