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

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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

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
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

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 lunacies’]

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

Prison
- a. Interview and Assessment [lawyers, psychologists and social workers]
- b. Review by the Chief Judge

Hospital
- Provision of care and treatment including
  - medical treatment
  - Psychological counseling
  - Occupational therapy

Back to the Community
- a. Family Link
- b. Family counseling / individual and group sessions
- c. Family support eg- transportation, cost of drugs and follow up hospital visitations

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
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.

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
CONCLUSION

Partnership
THAT MATTERS
AND
PARTNERSHIP
THAT WORKS

Diversion
TO
THERAPEUTIC
COMMUNITIES

Commit to
providing
QUALITY AND
THROUGH
CARE

THANK YOU FOR LISTENING

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