JOURNAL OF PSYCHOPATHOLOGY 2023;29:100-108
DOI: 10.36148/2284-0249-N274

Review

Psychiatric disorder and prisons. The role of nurses. Narrative review

Antonino Calabrò[1], Fausto Perissinotto[2], Sandra Scalorbi[3], Yari Longobucco[4], Elsa Vitale[5], Alessia Lezzi[6], Maicol Carvello[7], Roberto Lupo[8]

[1] SPDC Nuovo Ospedale degli Infermi, Biella ASLBI, Italy; [2] Libero professionista, Società Studio Cavallo S.T.P. carcere Asti, Italy; [3] Sviluppo Professionale e Implementazione della Ricerca nelle Professioni Sanitarie, IRCCS Azienda Ospedaliero-Universitaria di Bologna, Italy; [4] Dipartimento di Scienze della Salute, Università di Firenze, Italy; [5] Centro Salute Mentale Modugno (Bari), ASL Bari, Italy; [6] Fondazione ANT Italia ONLUS, Lecce, Italy; [7] Azienda USL della Romagna; [8] Ospedale San Giuseppe da Copertino, Copertino, Lecce, Italy

SUMMARY

Introduction

In recent decades the treatment and management of the psychiatric patient has changed, above all the approach to treatment has changed, which is no longer that of the "mental illness" but of the patient, and with the aim of reintegrating him into the society. The structural and legislative limits of prisons lead to poor assistance for this fragile population, frequently detained in overcrowded institutions and lacking qualified personnel. Prisoners with mental disorders now constitute a high significant percentage both quantitatively and qualitatively. Mental discomfort is a constant component of the penitentiary universe, prevalent in the inmate population, where prison continues to be the last frontier of desperation and human dramas and requires health professionals to take charge of it. This study aimed to identify the unique skills and barriers to nursing practice of professionals working in prison facilities on patients with mental disorders.

Materials and methods

A bibliographic search was conducted in May 2022 on the databases: Embase/Medline and CINAHL. The search was carried out both with the terms Mesh and free text. Articles relating exclusively to a minor population were excluded.

Results

5 studies were included which highlighted an over-representation of mental disorders in prison, lack of continuity of care in psychiatric users, sigma pain, distrust of prisoners towards nurses, frustration of healthcare professionals.

Conclusions

The research has highlighted the problems that hinder daily nursing care in prison settings. Particularly an obstacle is the ambiguity of role between caretaker and career that the nurse often assumes, which leads to distrust and therefore, less adherence. Given the proven state of over-representation of the psychiatric patient in prisons, the need for a regulatory implementation is underlined in the direction of facilitated access to alternative measures to detention and an improvement of dedicated facilities.

Key words: illness, mental health, nursing, prisoner psychiatric nursing

Received: May 19, 2023
Accepted: January 10, 2024

Correspondence
Elsa Vitale
Department of Mental Health, Local Healthcare Company Bari, Italy, Via X marzo, 43, 70026 Modugno, Bari
E-mail: vitaleelsa@libero.it

How to cite this article: Calabrò A, Perissinotto F, Scalorbi S, et al. Psychiatric disorder and prisons. The role of nurses. Narrative review. Journal of Psychopathology 2023;29:100-108. https://doi.org/10.36148/2284-0249-N274

Background

In penitentiary institutions psychopathological manifestations are particularly frequent: disorder typologies are prevalent on the total number of inmates enrolled, especially in psychoactive substances (23.6%), neurotic disorders and adaptation reactions (17.3%), alcohol-related disorders (5.6%), psychotic affective disorders (2.7%), personality and behavioral disorders (1.6%), non-psychotic depressive disorders (0.9%), senile organic mental disorders and prehensile (0.7%), schizophrenic spectrum disorders (0.6%) [1]. The most consistent problem in the treatment of psychic disorders concerns the management of the patient in difficult context, such as pris-

ons, where barriers are preferred instead of bridges and intransigence instead of tolerance. Isolation and lack of contact with the outside, together with the shock of detention, can facilitate the appearance or worsening of a psychic distress, which can be diagnosed or latent [2-4]. High rates of psychiatric co morbidity among prisoners with PTSD (Post Traumatic Stress Disorder) associated with suicidal behavior, self-harm and aggressive attitudes, indicate further support for the need for new therapeutic approaches for trauma management [5]. If we consider that resources for psychiatric assistance are limited within prisons, the population that resides there appears to be at a high risk of developing mental disorders. Prisoners have poor health profiles [6], with a high prevalence of self-harm episodes, estimated at 5-6% in men and 20-24% in women [7], which far exceeds that of adults in the general population [8]. In Italy, from the latest report on the National Guarantor of the rights of persons deprived of their personal liberty, published in December 2022, a terrible scenario emerges seventy-nine suicides in eleven months [9] of which forty-four (n = 44) only in the first half of this year [10], which equates to a suicide rate of 14.3 per 55,184 inmates [9]. The result is that sixteen times more people kill themselves in prison than in the free world [10], and this data must absolutely raise a question for the penitentiary system and for the political one; an environment, the prison one, very different from the one in which the nurse is used to operating, usually devoid of bars, batons and military rigor [11,12]. The safety regulations in force in prisons tend to limit the professional autonomy of nurses, usually seen as mere suppliers of drugs, limited in the possibility of expressing critical thinking. Assistance is often hampered by conflicting relationships with the agents who hardly have the skills to recognize the health needs of prisoners [13]. Suffice it to say that the detained person, when he needs treatment, is first required to communicate with the Penitentiary Police, and only later with a health professional [14], in an environment in which the nurse cannot communicate any information that is not strictly necessary for the patient, not even his real name. With the spread of the corona virus epidemic and the consequent health emergency, the unresolved problems in penitentiary institutions have amplified. The rapid spread of the SARS-CoV-2 virus has highlighted further aspects related to the difficult management of the health of the population inside prisons, in particular by re-presenting the problem of overcrowding in a striking way. It should be remembered that at the beginning of 2020 the European average of prison overcrowding was 96%, with a higher incidence in Eastern European countries [15]. A survey published in October 2021 shows that 10.77 million people are incarcerated in 223 national prison systems worldwide [16]. This last figure represents only the tip of the iceberg, considering the underestimation for the different forms of undeclared detention by some large countries; in fact, it is believed that the real figure could be around 11.5 million people. In Italy, as reported by the Antigone Association, some cases touch the 200% barrier (Bergamo 165%, Brescia 185%, Latina 197%); all this translates into having three out of ten cells that do not reach the three usable square meters each, six out of ten without a shower and three out of ten without heating and hot water [10]. According to the statistics published by the Department of Penitentiary Administration (Dap), updated as of 30 June 2022, there are 54,841 people detained in prisons. Of these, 2,314 are women and 17,182 are foreigners, compared to a regulatory capacity of 50,900 seats, with an official crowding rate of 107.7% [17]. Furthermore, the psychiatric conditions of prisoners are often influenced by comp read psychobiological, socio-cultural and environmental factors [18]; Incarceration-induced stressors have been well documented as being able to exacerbate existing conditions or trigger new psychiatric conditions that could precipitate behavioral challenges, resulting in correctional rule infractions [3-19]. Being a nurse in prison today is therefore a challenge, both professionally and ethically. The closed and cramped environments of the "arms" of confinement create a logistical difficulty that can often compromise the treatment process of the healthcare personnel, with negative repercussions. This study aimed to identify the unique skills and barriers to nursing practice of professionals working in prison facilities on patients with mental disorders.

Materials and methods

Search strategy and keywords used

A narrative review of the literature was conducted following the methodology reported in the 'Scale for the Assessment of Narrative Review Articles' (SANRA) [20,21]. The following research questions were formulated:

1. What skills must the nurse who works in prisons with patients with mental disorders have?
2. What obstacles do you face during your nursing practice?

A literature search was carried out in May 2022. To conduct the study, search strings were created on biomedical databases such as Embase/Medline and Cinahl, using the Boolean operators AND and OR to interconnect the following keywords.

In Embase/Medline: prisoner, inmate, jail, penitentiary, detainee, nursing, nursing care, psychiatric nursing, mental health nursing, severe mental illness, mental disease.

In Cinahl: correctional facility, prisoners, inmate, jail, prison, psychiatric nursing, mental disorders, DSM, severe mental illness. The search was carried out both with the terms Mesh and free text (Tabs. I, II).

TABLE I. *Search items in Embase/Pubmed databases.*

Date	19 May 2022
Limits	Published article from 1/1/2011 to 19/5/2022, in all languages
String	('prisoner'/exp OR 'incarcerated offender':ti,ab,kw OR 'incarcerated offenders':ti,ab,kw OR 'incarcerated population':ti,ab,kw OR 'inmate':ti,ab,kw OR 'inmat es':ti,ab,kw OR 'prisoner':ti,ab,kw OR 'prisoners':ti,ab,kw OR 'correctional facility'/exp OR 'correctional facilities':ti,ab,kw OR 'correctional facility':ti,ab,kw OR 'correctional institution':ti,ab,kw OR 'jail':ti,ab,kw OR 'jails':ti,ab,kw OR 'penal facilities':ti,ab,kw OR 'penal institution':ti,ab,kw OR 'penitentiary':ti,ab,kw OR 'prison':ti,ab,kw OR 'prisons':ti,ab,kw OR 'gaol':ti,ab,kw OR detainee:ti,ab) AND ('nursing'/exp OR 'nursing':ti,ab,kw OR 'nursing service':ti,ab,kw OR 'nursing services':ti,ab,kw OR 'nursing support':ti,ab,kw OR 'nursing management'/exp OR 'nursing administration':ti,ab,kw OR 'nursing management':ti,ab,kw OR 'nursing care'/exp OR 'nursing care':ti,ab,kw OR 'nursing protocol'/exp OR 'nursing protocol':ti,ab,kw OR 'psychiatric nursing'/exp OR 'mental health nursing':ti,ab,kw OR 'psychiatric nursing':ti,ab,kw OR 'nurse attitude'/exp OR 'nurse attitude':ti,ab,kw OR 'nurse`s attitude':ti,ab,kw OR 'nurse`s role':ti,ab,kw OR 'nurses attitude':ti,ab,kw OR 'nurses role':ti,ab,kw) AND ('severe mental illness'/exp OR 'mental disease'/exp OR 'disease, mental':ti,ab,kw OR 'diseased mental state':ti,ab,kw OR 'disorder, mental':ti,ab,kw OR 'disordered mental state':ti,ab,kw OR 'disturbed mental state':ti,ab,kw OR 'illness, mental':ti,ab,kw OR 'insanity':ti,ab,kw OR 'mental disease':ti,ab,kw OR 'mental disorder':ti,ab,kw OR 'mental disorders':ti,ab,kw OR 'mental disturbance':ti,ab,kw OR 'mental illness':ti,ab,kw OR 'mentally ill':ti,ab,kw OR 'neuropsychiatric disease':ti,ab,kw OR 'neuropsychiatric diseases':ti,ab,kw OR 'neuropsychiatric disorder':ti,ab,kw OR 'neuropsychiatric disorders':ti,ab,kw OR 'psychiatric disease':ti,ab,kw OR 'psychiatric disorder':ti,ab,kw OR 'psychiatric illness':ti,ab,kw OR 'psychiatric symptom':ti,ab,kw OR 'psychic disease':ti,ab,kw OR 'psychic disorder':ti,ab,kw OR 'psychic disturbance':ti,ab,kw OR 'psychologic disorder':ti,ab,kw OR 'psychologic disturbance':ti,ab,kw OR 'psychological disorder':ti,ab,kw OR 'psychological disturbance':ti,ab,kw OR 'psychopathology':ti,ab,kw OR 'psychiatric patient*':ti,ab) AND [2011-2022]/py

TABLE II. *Research items in Cinahl database.*

Date	19 May 2022
Limits	Published articles from 1/1/2011 to 19/5/2022, in all languages
String	(MH "Correctional Facilities") OR (MH "Prisoners") OR TI (prison* OR jail* OR incarceration OR imprisonment OR "correction facilities" OR prisoner* OR inmate* OR "incarcerated people") OR AB (prison* OR jail* OR incarceration OR imprisonment OR "correction facilities" OR prisoner* OR inmate* OR "incarcerated people") AND (MH "Nursing Organizations+") OR (MH "Nursing Skills") OR (MH "Psychiatric Nursing+") OR (MH "Nursing Protocols+") OR (MH "Nursing Interventions") OR (MH "Nursing Outcomes") OR (MH "Nursing Role") OR (MH "Nursing Management+") OR (MH "Nursing Service") OR (MH "Nursing Assessment") OR (MH "Nursing Care+") OR (MH "Correctional Health Nursing") AND (MH "Mental Disorders+") OR (MH "Mental Disorders, Chronic") OR (MH "DSM") OR (MH "Behavioral and Mental Disorders+") OR "severe mental illness" OR (MH "Psychiatric Nursing+") OR (MH "Psychiatric Patients+") OR TI "psychiatric disorder*" OR AB "psychiatric disorder*" OR TI "psychi* disease*" OR AB "psychi* disease*" OR TI "psychi* disturbance*" OR AB "psychi* disturbance*" OR (MH "Mentally Ill Offenders") OR TI ("mental health" OR "mental illness" OR "mental disorder" OR "psychiatric illness") OR AB ("mental health" OR "mental illness" OR "mental disorder" OR "psychiatric illness")

Inclusion and exclusion criteria

Scientific articles have been included taking into account prisons with adult prisoners. The studies were selected including only those published in the last eleven years.

Studies published before 2011 and those involving a minor population were excluded.

At the end of the bibliographic research, two authors made the selection and any doubts were resolved with the consultation of a third researcher.

Results

This study aimed to identify the unique skills and barriers to nursing practice of professionals working in prison facilities on patients with mental disorders.

The search was conducted through the databases of Embase/Medline and Cinahl, finding 174 and 264 articles, respectively. Of the latter, 411 were excluded by viewing the title and abstract. Of the remaining 27, the full text was examined and 22 were excluded because they were not pertinent to the research question, including 5 articles listed below in the final phase.

First article: "The rhetoric of therapy in forensic psychiatric nursing"

The first article under analysis is the one conducted by the researcher Jean Daniel Jacobs entitled "The rhetoric of therapy in forensic psychiatric nursing", a qualitative study [22].

The aim was to analyze the work of nurses in the forensic psychiatric context and to explore the dual function of care and custody that they often face, through semi-structured interviews with 25 professionals of a Canadian psychiatric detention facility, performed in private offices. With regard to the correctional environment, it emerges that the theory that imposes two distinct figures for custody and for care is often far from actual practice; the role of the nurse in the forensic context is not clearly separated from law enforcement activities, as reported by Interviewee 1: "I am the nurse, not an agent. […] But this is what we were meant to be, people who enforce the rules". The constant tightening of the rules has been judged as a wall for the development of a therapeutic relationship with the psychiatric prisoner, who increasingly finds it difficult to see in the nurse a figure in whom to place trust, as "[...] they will see you more as a authority than as a nurse" (Interviewee 3). The behavior of the prisoners is therefore rationalized in a context of deviation rather than a medical one, but the nurses of the institution have been able to distance themselves from the concept of punishment by reorganizing the disciplinary interventions with a therapeutic imprint in two ways: by limiting the interventions of the guards prisons and establishing a relationship with the prisoner. "[…] whatever they did ended in isolation […]. The view changed when we told ourselves not to include the guards anymore, unless absolutely necessary (Interviewee 6). The nursing approach has opened up a space for reflection for the prisoner, so as to give a therapeutic meaning to disciplinary actions. On the other hand, another interviewee (Interviewee 16) reports that the stress is so high because nobody, neither inmates nor nurses, wants to work in contact with the guards as "[...] they lock you in solitary confinement for a week even if you calm down afterwards few hours because of their guidelines" (Interviewee 6). The isolation conducted by the nurses, if you can call it that, is limited to sending patients to the room, following an evaluation, to rearrange their thoughts and reason on the critical situation.

The question that afflicts professionals, strongly linked to the ubiquitous perception of risk in prisons [23], is whether the person requesting help is a normal patient with a mental disorder or a manipulative criminal, as often happens with personality disorders (Interviewee 14), which deserves its sentence and all that follows. Unfortunately, therefore, being aware of the mental disorder and the crimes committed can help to better get in tune with the subject, but it can also place a label, the origin of stigma and fear, which hinders the treatment relationship with this individual. Some interviewees ask each approach "[…] is he a paedophile? A rapist? A killer? Rob banks?" and only secondly what is his health condition (Interviewee 10). And sometimes it is the nurse colleagues who make matters worse: "it's a personality disorder, the worst thing you can do is sit down and talk to them", and again "Do you think he will be aggressive? Do you think not? When in doubt, lock it up, it's easier for everyone" (Interviewee 12).

The general hateful feeling towards the subject with mental disorder leads to disciplinary interventions which, on average, nurses do not want to implement as they are far from the concept of care: "By locking him in his cell he is removed from treatment and from any training or social aspect of his life" (Interviewee 6).

In this article we understand how the development of a therapeutic relationship with the prisoner, which is born as universal and devoid of judgement, loses its meaning; nursing care is reserved for the privileged who, perhaps also thanks to the lack of a psychiatric disorder, behave according to the correctional rules. Therefore, the introduction of nurses in prison psychiatric contexts is a key element for humanizing institutions, but on the other hand it does not necessarily improve the development of care practice; the need for professionals open to change and dialogue is highlighted, who know the clinical and social situation of prisoners in order to plan adequate treatments.

Second article: "Turning towards recovery in forensic psychiatric inpatients"

This study [24] is based on a qualitative survey carried out through interviews with 13 professionals, with an average age of 40 and with an average work experience of the 7, hired in a maximum security psychiatric institution in the Swedish province: among them, three psychiatric nurses, a non-specialized nurse and ten nursing assistants. The aim was to describe the perceptions and experiences of nursing staff regarding psychiatric prisoners on the road to recovery. The Swedish forensic psychiatric context provides for the use of a key person - a bit like a primary nurse [25] who is responsible for including the patient in the planning of care and providing the necessary encouragement and mental support. The data analysis exposed two main themes with implications for clinical practice: promoting a turning point for healing and recognizing this turning point.

In the first, the emphasis was placed on the conditions and actions necessary to promote improvement, dividing the issue into three sub-themes: experiencing the onset of change, being responsive and adaptable, and working together for an adequate care environment.

It is common for the psychiatric patient to take months before a change, and the sense of frustration of profes-

sionals who for months do not obtain the desired therapeutic alliance is also common. The subjects in question have often lived in many institutions in the country with poor therapeutic continuity, therefore they arrive in the ward, according to the interviewees, with a decompensated condition of the disorder, probably also from post-traumatic stress for the crime committed. The nurse must know how to adapt according to the individual case, with patience and reflexivity, paying attention to the mood of the prisoner and above all must know how to regulate his own speed to synchronize with that of the person, so as not to disappoint expectations. Sometimes you need to 'back off' and ask yourself "what is normal for me and what is normal for the patient? Maybe my ambition was a little too high for him, so I lowered the bar and things started to work out" (Interview 13). The turning point, however, is not seen in a day; it has been described as a long process to allow the patient to build a self-sustainable network around himself.

Recognition of a turning point was instead outlined in two subthemes: experiencing a visible change in the patient and observing the change in attitude. All the small changes can have a meaning and can contribute to recovery: a better sleep-wake rhythm, a patient who leaves the room more often and seeks contact, even if only visual, a hint of a smile. Almost all of the participants also have the opinion that an adjustment of the pharmacotherapy, despite the long time required, could bring about a rapid and positive change in the patients: "[...] they may have taken incorrect doses of psychotropic drugs for years which did not allow them to continue the journey. Do a little adjustment of the therapy and that's it…" (Interview 7).

Thus, the time and unconditional opportunities provided by nursing staff sensitive to signs of patient improvement can be of great help to individuals in need of change. The team needs to support this process through conversations with prisoners, given the crucial role reflection plays in adjusting to life with a chronic disorder. Effective communication promotes greater openness of the subject towards the other inmates, who thus manage to create a group of mutual aids with the common goal of maintaining a proactive mood within the department. To reinforce the question, a participant (Interview 7) reported the example of a conversation between one inmate and another: "[...] here we don't do drugs. You are not allowed to bring in drugs. We forbid you to bring anything that could spoil the atmosphere of our ward."

Third article "The mentally ill in jail: contemporary clinical and practice perspectives for psychiatric-mental health nursing"

The purpose of this study was to explore and examine the roles of the psychiatric-mental health (PMH) nurse [19] in prison settings, while offering some clinical-practical perspectives to help develop an alliance interdisciplinary that aims to raise the health standards for the inmate population suffering from severe psychiatric disorder (SMI - severe mental illness). The authors have focused on jails rather than prisons; detention institutions, the former, in which patients remain for a short time, usually awaiting trial or sentence. The need for an in-depth study in this field arises from the ever-increasing literature that supports the over-representation of the SMI patient in prison, which is four to eight times greater than the free population and which often does not receive adequate treatment. The mental health nurse has the skills to provide psychiatric, psychological and psychosocial services to prisoners, with assessment, diagnosis and psychopharmacological interventions; however, it should be remembered that the PMH nurse, US title, is also responsible for the prescription and management of psychotropic drugs and laboratory tests.

The authors deviate from what emerged from the first study in analysis, arguing that the forensic mental health nurse must detach herself from the paradox between social control and care, understanding that punishment does not necessarily exclude health care. Collaboration between disciplines is vital to prevent imbalances in the prison population with mental disorders. Correctional officers are typically the first to observe behavioral changes, being in close contact with prisoners, but experts suggest that increased health education would improve the effectiveness of communication with PMH nurses. This lack of education leads prison officers in some contexts to underestimate the importance of treatments, perceiving them as a protection of the prisoner from the consequences of the crime committed. A basic knowledge of psychiatric symptoms would allow them to better support prisoners, with the possibility of obtaining both treatment and correctional adherence. In addition to the direct training by the PMH nurses, the agents have at their disposal the crisis intervention team (CIT - crisis intervention team) which trains them to manage the acute phases through de-escalation techniques. The same authors [19] found that correctional officers and specialist nurses have become more aware of the fact that an authoritarian correctional environment can negatively impact the well-being of SMI individuals. Specialized nurses are best placed to act as catalysts for change in the prison psychiatric setting, given their clinical expertise and ongoing presence, through:

- the collective commitment to maintaining the expected outcomes;
- the development of a program based on the re-entry of patients into society;
- the use of psycho-educational assessments to facilitate the inmate's appreciation of the correctional environment.

Fourth article: "Catalan contribution in the European project Mentally Disturbed Inmates Care and Support (MEDICS)"

The article in question, unlike the last one proposed, analyzes the prison context of subjects suffering from non-severe psychiatric pathology in three Catalan prisons [26]. The project, born in Italy, saw the participation, in addition to the aforementioned Spanish region, of Croatia, Wales and England. The aim was to get to know the point of view of the correctional staff regarding the causes, management methods and the intentions to improve assistance to patients suffering from mental illness. To do this, questionnaires were distributed to 744 employees of the 3 institutes, accepted by 23.4% (174 participants), including: directors, prison officers, doctors, teachers, nurses and volunteers. It should be noted that the study was directed to standard prison settings with psychiatric guests, and not to specialized mental health facilities.

Among non-medical personnel, the directors stand out for their total certainty regarding the quality of care for psychiatric prisoners, unanimously answering yes to the question of whether or not the managed prison ensures appropriate care. In the treatment teams, made up of psychologists, educators and social workers, the doubts are instead greater: 33.3% argue that it is part of their responsibility, but that the task should be more of the most trained professionals such as psychiatrists and psychologists. 70.3% of them, to identify the onset of the disease, ask for contact with an expert followed by an hour of weekly training to learn to recognize psychiatric problems (48.6%). Another critical issue was raised by interviews with supervisory officers: if they recognized signs of self-harm, 6 out of 10 would contact their supervisor first rather than a healthcare professional. Most of this category of staff (13% adherence to the questionnaire) also has poor prospects for the future of prisoners suffering from mental disorders, and claims that the problem will persist despite the therapies undertaken.

Factors negatively influencing nursing practice and adherence of psychiatric inmates, according to nursing staff, are mostly shortage of specifically trained mental health staff, acute pain, inadequate prison facilities, and discontinuity in staff recruitment. prescribed therapies. When asked what supportive strategies could be introduced in prison, the 8 2.4% responded with "a better assessment of individual health needs", 70.6% with "the promotion of technical-professional courses for a better management of mental disorders".

Fifth article: "Challenges of treating mental health issues in correctional settings"

The present study, as can be seen from the title [27], aims to analyze the challenges and problems that nurses face in assisting prisoners with psychiatric disorders, including both prisons, short-term, and prisons, which provide for detentions of more than one year. The authors examined the controversies surrounding stigma, barriers to treatment, polarity between custody and care, and the therapeutic relationship.

Stigma in psychiatry, as theorized by the sociologist Erwin Goffman [28], is the set of negative prejudices assigned to individuals with mental disorders; the definition of prejudice in itself implies, precisely, a judgment that takes place before knowledge, and therefore without logical foundation. This is often the case with psychiatric prisoners, subject to misunderstandings due to the lack of preparation of prison staff. Prisoners are often perceived as manipulative by staff, who fail to take into account the impact of mental illness on behaviour; the symptoms are then underestimated and treated with punishment and abuse. Limited resources such as time and staff create limits to assistance and treatment [19]: the possibility of establishing a therapeutic relationship vanishes when the professional is left only the time necessary to administer the therapy. We therefore end up supplying psychopharmaceuticals without psychotherapeutic support, neglecting the guidelines in this regard. In prisons, safety is the priority, while treatment is seen as a privilege rather than a necessity: many correctional officers resent seeing professionals lavish compassion and support, believing that prison is a place for punishment and not for treatment [21]. The fact that there are severe restrictions on the communication of personal data to the prisoner is indeed an obstacle to the therapeutic relationship, but it is also a protection for the nurse from manipulation and intimidation.

Nurses are educated and trained to care and to establish a therapeutic connection with the person, although the correctional environment does not share this philosophy. The purpose is therefore to overcome the stigma towards the psychiatric patient through the education of prison officers in empathy, in understanding mental disorders and the impact of the latter on mental health and behavior. On the road to better prison care, emphasis must be placed on primary prevention, educating new nurses about this type of population, and policies that support access to alternative care to detention, especially for affected individuals from SMI.

Discussion

This study aimed to identify the unique skills and barriers to nursing practice of professionals working in prison facilities on patients with mental disorders. The selection criterion concerned the multifactorial nature of this context, and was satisfied by electing both European and non-European articles, with subjects affected by both SMI (severe mental illness) and non-severe psychiatric disorder, detained both in psychiatric safety institutions and in ordinary prisons.

From the two research questions we posed, it was found that:

The obstacles to nursing care in the forensic psychiatric context are many and we can identify them in the following contexts:

- Over-representation of mental disorders in prison: the lack of structures, but above all of policies for alternative detention, lead to an excessive rate of prisoners suffering from mental disorders behind bars, with consequent stumbling blocks in the management of therapeutic pathways [19,29-31];
- Compensation for pre-existing psychiatric disorders ? It is due to poor therapeutic continuity prior to arrest and poor subsequent pharmacovigilance due to lack of time, post-traumatic stress secondary to the crime committed and the correctional environment itself, which has a proven psychopathogenic effect [32-35].
- Sigma-knowledge of the crime committed can fuel the stigma towards the prisoner, increasing relational distances [22]. At the origin of the prejudice is the perception of risk that is always present in correctional environments [23] due to a lack of education of the agents regarding psychiatric pathologies, but also, on the other hand, due to the evidence supporting the rate of violence on operators [36] and the manipulative tendency, for example, of subjects with antisocial personality disorder [37]. The result is a punitive approach that sinks all the therapeutic premises of assistance [38-40];
- Prisoners' distrust of nurses the increasingly harsh rules and the lack of personnel within prisons have led some structures to employ nurses themselves as architects of the punishments, undermining the therapeutic image that the prisoner has of them, with consequent relational detachment and less adherence [22];
- Fustration of the healthcare professional with psychiatric patients, especially in a context of difficult pharmacovigilance such as prison, recognizing points of improvement can take many months if not years. The nurse who does not obtain (or does not notice) signs of growth, in addition to the violent climate that often hovers in institutions, may experience demotivation and frustration, with the consequent decline in the quality of care [33].
- For the second research question, there are many nursing skills in the field of assistance to psychiatric patients, even for professionals without a post-basic course, especially in relational matters. The ability to adapt to the situation, interprofessional cooperation and assertiveness are the basis of effective therapeutic communication with the prisoner suffering from mental illness; adaptation translates into the ability to approach the patient taking, when available, the time necessary to maximize learning, as required by andragogical theories [33,41-42]. Evidence demonstrates that nurses play essential roles in assisting individuals deprived of liberty affected by psychiatric disorder as:
- recognizes signs of improvement: a first eye contact that has never happened before, a slight smile, a better sleep-wake rhythm: these represent the first steps towards functional and social recovery [33];
- catalyzes change with collective commitment, a focus on returning to society and through psychoeducational evaluations, it can help the subject to appreciate life behind bars as well [19];
- reorganizes the disciplinary interventions gives a therapeutic imprint to the disciplinary actions ordered by the agents, leading to a type of isolation based on the reorganization of ideas and on the reflection of the prisoner, amalgamated by an assertive and non-judgmental relationship [22].

The Articulations for the protection of mental health, which deal precisely with alternative measures, however are often devoid of re-socializing paths and become fertile ground for exacerbations of mental disorders [43]; as reported by the president of SIMSPe [44], the Italian society of penitentiary medicine and health, there is still a lack of a national epidemiological observatory and an efficient dialogue between the principals and the judicial authority. The increase of the org Nursing practice has been described as fundamental for the humanisation of the prison environment, but not as sufficient [22]. Professionals frequently come to prison employment not according to a conscious choice and without sufficient preparation regarding psychiatric pathology and the prison context itself, encountering difficulties in providing assistance, also given the numerous cases of violence against the staff [36]. The focus, in improving assistance, must therefore be placed on the education of new nurses in the prison context, but also on the education of non-medical prison staff (potentially by specialized nurses) to understand psychiatric pathology and related behaviors results, so as to achieve effective cooperation and better outcomes. The difficulties that nursing assistance has to face are not limited only to the vastness of the needs of prisoners, but concern the ability to establish relationships with the subjects of care, the lack of training before embarking on a difficult career path such as that of prisons, which consequently it compromises the quality of care and fuels the will to undertake other career paths [45], with the constant thought of abandoning the profession [46]. These conditions could give rise to the phenomenon of the "Great Resignation", which in the United States is reaching alarming levels and which risks putting the health system and beyond into a crisis with no way back, a phenomenon caused by that group of workers coming from healthcare who have in many cases decided to leave their jobs, looking for an al-

ternative that could guarantee them a better work-life balance or, more generally, that could better respond to their needs [47]. The phenomenon of great resignation, in Italy, has been scarcely investigated, especially among nurses who work in prisons. Nurses working in prisons should know the salient aspects of various cultures and enhance their skills in relation to intercultural nursing. Emotional support and support from the organization should be guaranteed for nurses, especially regarding safety.

Conclusions

The aim of this study is to identify the unique skills and barriers to nursing practice of professionals working in prison facilities on patients with mental disorders. Mental discomfort for the inmate causes even greater difficulties of integration into the prison community and it is essential to realize this for identify an effective administrative action. The research has highlighted the problems that hinder daily nursing care in penitentiary contexts and the observational, pharmacological and relational skills that allow health professionals to be a point of reference for prisoners suffering from psychiatric disorder. Particularly an obstacle is the ambiguity of role between caretaker and career that the nurse often assumes, which leads to distrust and therefore less adherence [22,39]. The assistance activity is limited to the mere execution of technical procedures due to the limited time available and the strong sense of correction and security imposed by prison officers and prison administrations in general. Given the proven state of over-representation of the psychiatric patient in ordinary and overcrowded prisons [10,22], the need for a regulatory implementation is underlined in the direction of facilitated access to alternative measures to detention and an improvement of dedicated facilities. Recommendations and implementations In order to be able to detect the skills of the nurse who works in prison contexts in contact with psychiatric prisoners, the secondary obstacles to this environment, the possible need for change for better care of the patient with mental disorder, further multi-center studies involving large samples of prison nurses. The lack of training, the working conditions inside prisons and consequently the thought of abandoning the profession to undertake new career paths, are new aspects that deserve to be explored. It is important to enhance the cohesion of the nursing team, which represents an enormous resource to face the heavy emotional load and the demanding activities to be performed.

Conflict of interest statement

The authors declare no conflict of interest.

Funding

The authors claim that they have not received any funding and that the study has no financial sponsor.

Authors' contributions

All Authors equally contributed.

Ethical consideration

Not applicable.

References

1 Presidenza del Consiglio dei Ministri. Salute mentale e assistenza psichiatrica in carcere [Internet]. Comitato Nazionale per la Bioetica. 2019 [citato 20 dicembre 2022]. http://bioetica.governo.it/it/pareri/pareri-e-risposte/salute-mentale-e-assistenza-psichiatrica-in-carcere/

2 Adams K, Ferrandino J. Managing Mentally Ill Inmates in Prisons. Crim Justice Behav 2008;35:913-927.

3 Appelbaum KL, Savageau JA, Trestman RL, Metzner JL, Baillargeon J. A national survey of self-injurious behavior in American prisons. Psychiatr Serv Wash DC 2011;62:285-290. https://doi.org/10.1176/ps.62.3.pss6203_0285

4 Appelbaum KL, Hickey JM, Packer I. The role of correctional officers in multidisciplinary mental health care in prisons. Psychiatr Serv Wash DC 2001;52:1343-1347. https://doi.org/10.1176/appi.ps.52.10.1343

5 Dvoskin JA, Spiers EM. On the role of correctional officers in prison mental health. Psychiatr Q 2004;75:41-59. https://doi.org/10.1023/b:psaq.0000007560.09475.a0

6 Søbstad JH, Pallesen S, Bjorvatn B, Costa G, Hystad SW. Predictors of turnover intention among Norwegian nurses: A cohort study. Health Care Manage Rev 2021;46:367-374. https://doi.org/10.1097/HMR.0000000000000277

7 Facer-Irwin E, Blackwood NJ, Bird A, et al. PTSD in prison settings: a systematic review and meta-analysis of comorbid mental disorders and problematic behaviours. Lincoln SH, curatore. PLOS ONE 2019;14:e0222407. https://doi.org/10.1371/journal.pone.0222407

8 Fazel S, Baillargeon J. The health of prisoners. The Lancet 2011;377(9769):956-965. https://doi.org/10.1016/S0140-6736(10)61053-7

9 Fazel S, Hayes AJ, Bartellas K, et al. Mental health of prisoners: prevalence, adverse outcomes, and interventions. Lancet Psychiatry 2016;3:871-881. https://doi.org/10.1016/S2215-0366(16)30142-0

10 Favril L, Indig D, Gear C, Wilhelm K. Mental disorders and risk of suicide attempt in prisoners. Soc Psychiatry Psychiatr Epidemiol 2020;55:1145-1155. https://doi.org/10.1007/s00127-020-01851-7

11 Cappelli E, Lucia D, Fortuna T, et al. Per un'analisi dei suicidi negli Istituti penitenziari [Internet]. Garante nazionale dei diritti delle persone private della libertà personale; 2022 [citato 22 dicembre 2022]. https://www.garantenazionaleprivatiliberta.it/gnpl/resources/cms/documents/baefe95d2cc04f34eb23db56ba3b6fea.pdf

12 Gonnella P. Carceri. Antigone: "44 suicidi in 7 mesi, chiediamo alle forze politiche e al Governo di non ignorare questo dramma" [Internet]. Associazione Antigone. 2022 [citato 10 dicembre 2022]. https://www.antigone.it/news/antigone-news/3432-carceri-antigone-44-suicidi-in-7-mesi-chiediamo-alle-forze-politiche-e-al-governo-di-non-ignorare-questo-dramma

13 IPASVI - Roma. Lavorare in carcere: un ripiego o una opportunità "La medicina penitenziaria a un anno dal D. Lg. 230/99". In Roma; 2000 [citato 17 dicembre 2022]. p. 79. https://fdocuments.net/document/

la-medicina-penitenziaria-a-un-home-ip-asvi-francesca-ferrara-tavola.html

14 Ziliani P. Infermieri nelle carceri: una presenza efficace? Tempo Nurs 2013;63:7-16.

15 Carnevale F, Delogu B, Bagnasco A, Sasso L. Correctional nursing in Liguria, Italy: examining the ethical challenges. J Prev Med Hyg 2018;59:E315-322. https://doi.org/10.15167/2421-4248/jpmh2018.59.4.928

16 Ziliani P. The prison nurse: analysis of the evolution of the legislative framework. Assist Inferm E Ric AIR 2015;34:49-53. https://doi.org/10.1702/1812.19758

17 Pagella C. Il carcere in Europa: pubblicato il rapporto SPACE I 2019 [Internet]. www.sistemapenale.it. 2019 [citato 17 dicembre 2022]. https://www.sistemapenale.it/it/documenti/carcere-consiglio-europa-space-i-2019

18 Fair H, Walmsley R. World Prison Population List. thirteenth edition [Internet]. World prison brief, University of London; 2022 [citato 20 dicembre 2022]. https://www.prisonstudies.org/sites/default/files/resources/downloads/world_prison_population_list_13th_edition.pdf

19 Ministero della giustizia. Ministero della giustizia | Decreto 30 giugno 2022 - Approvazione del Piano integrato di attività e organizzazione (PIAO) 2022-2024 [Internet]. 2022 [citato 21 dicembre 2022]. https://www.giustizia.it/giustizia/it/mg_1_8_1.page?facetNode_1=0_17&contentId = SDC387664&previsiousPage=mg_1_8

20 Pearson GS, Hines-Martin VP, Evans LK, York JA, Kane CF, Yearwood EL. Addressing Gaps in Mental Health Needs of Diverse, At-Risk, Underserved, and Disenfranchised Populations: A Call for Nursing Action. Arch Psychiatr Nurs 2015;29:14-18. https://doi.org/10.1702/1812.19758

21 Ellis H, Alexander V. The Mentally Ill in Jail: Contemporary Clinical and Practice Perspectives for Psychiatric-Mental Health Nursing. Arch Psychiatr Nurs 2017;31:217-222. https://doi.org/10.1016/j.apnu.2016.09.013

22 Baethge C, Goldbeck-Wood S, Mertens S. SANRA-a scale for the quality assessment of narrative review articles. Res Integr Peer Rev 2019;4:5. https://doi.org/10.1186/s41073-019-0064-8

23 Grant MJ, Booth A. A typology of reviews: an analysis of 14 review types and associated methodologies. Health Inf Libr J 2009;26:91-108. https://doi.org/10.1111/j.1471-1842.2009.00848.x

24 Jacob Jean Daniel. The rhetoric of therapy in forensic psychiatric nursing. J Forensic Nurs 2012;8:178-187. https://doi.org/10.1111/j.1939-3938.2012.01146.x

25 Jacob J., Holmes D. The culture of fear: expanding the concept of risk in forensic psychiatric nursing. Int J Cult Ment Health 2011;2:106-115. https://doi.org/10.1111/j.1939-3938.2011.01101.x

26 Olsson H, Strand S, Asplund K, et al. Turning towards recovery in forensic psychiatric inpatients - a study based on staff experience. Nord Sygeplejeforskning 2014;4:175-188.

27 Clifford JC. Primary nursing: a contemporary model for delivery of care. Am J Hosp Pharm 1980;37:1089-1091.

28 Humet V, Cano F, Giramé R, Martín J, Guerrero RA, Turu E. Catalan contribution in the European project MEntally Disturbed Inmates Care and Support (MEDICS). Rev Espanola Sanid Penit 2018;20:62-69.

29 Kucirka BG, Ramirez J. Challenges of Treating Mental Health Issues in Correctional Settings. J Psychosoc Nurs Ment Health Serv 2019;57:7-11. https://doi.org/10.3928/02793695-20190612-02

30 Goffman E. Stigma. L'identità negata. Ombre Corte 2003, p 181.

31 Huxter MJ. Prisons: the psychiatric institution of last resort? J Psychiatr Ment Health Nurs 2013;20:735-743. https://doi.org/10.1111/jpm.12010

32 Prins SJ. Prevalence of mental illnesses in US state prisons: a systematic review. Psychiatr Serv 2014;65:862-872. https://doi.org/10.1176/appi.ps.201300166

33 Steadman HJ, Osher FC, Robbins PC, et al. Prevalence of serious mental illness among jail inmates. Pychiatric Serv 2009;60:761-765. https://doi.org/10.1176/ps.2009.60.6.761

34 Gallo E, Ruggiero V. Il carcere immateriale. La detenzione come fabbrica di handicap [Internet]. Torino: Sonda; 1989 [citato 19 dicembre 2022]. 148 p. https://www.libraccio.it/libro/9788871060088/ermanno-gallo-vincenzo-ruggiero/carcere-immateriale-detenzione-come-fabbrica-di-handicap.html

35 Ollsson Helen, Strand Susanne, Asplund Kenneth, Kristiansen Lisbeth. Turning towards recovery in forensic psychiatric inpatients. Nord Sygeplejeforskning 2014;4:175-188.

36 Ronco D. Cura sotto controllo: il diritto alla salute in carcere. 1a ed. Roma: Carocci; 2018. (Biblioteca di testi e studi).

37 Sterchele L. Il carcere invisibile: etnografia dei saperi medici e psichiatrici nell'arcipelago carcerario. Milano: Meltemi 2021, p. 455. (DeviAzioni).

38 Calamassi D, Giancotti T, Baldini C, et al. I vissuti degli infermieri che lavorano nelle carceri: uno studio qualitativo [Internet]. Fnopi L'infermiere. 2021 [citato 6 settembre 2022]. https://www.infermiereonline.org/2021/05/04/i-vissuti-degli-infermieri-che-lavorano-nelle-carceri/

39 American Psychiatric Association. DSM-5 Manuale diagnostico e statistico dei disturbi mentali [Internet]. Raffaello Cortina Editore 2014 [citato 3 agosto 2021]. 1168 p. https://www.raffaellocortina.it/scheda-libro/american-psychiatric-association/dsm-5-manuale-diagnostico-e-statistico-dei-disturbi-mentali-edizione-in-brossura-9788860306616-1535.html

40 Bard JS. How the 21st century curea act can mitigate the ever growing problem of mass incarceration. Am J Law Med 2018;44:387-402. https://doi.org/10.1177/0098858818789416

41 Brenda G. Kucirka, Jeffery Ramirez. Challenges of treating mental health issues in correctional settings. J Psychosoc Nurs 2019;57:7-12. https://doi.org/10.3928/02793695-20190612-02

42 Galanek J.D. The cultural construction of mental illness in prison: a perfect storm of pathology. Cult Med Psychiatry 2013;37:195-225. https://doi.org/10.1007/s11013-012-9295-6

43 Gournay K. The changing face of psychiatric nursing. Adv Psychiatr Treat 2005;11:6-11.

44 Knowles M. The modern practice of adult education: from Pedagogy to Andragogy. Cambridge book co. 1989.

45 Centonze B. Salute mentale in carcere o della solitudine [Internet]. XVII rapporto sulle condizioni di detenzione. 2021 [citato 19 dicembre 2022]. https://www.rapportoantigone.it/diciassettesimo-rapporto-sulle-condizioni-di-detenzione/salute-mentale-in-carcere-o-della-solitudine/

46 SIMSPe. Milano, XX Congresso nazionale "Agorà Penitenziaria. Il carcere è territorio". In: FNOMCeO [Internet]. 2019 [citato 19 dicembre 2022]. https://www.agorapenitenziaria.it/download/

47 Messina M, Ilari F, Calabrò A, et al. Il ruolo dell'infermiere nelle carceri: revisione della letteratura. Nsc Nurs [Internet]. marzo 2021. https://www.opinapoli.it/il-ruolo-dellinfermiere-nelle-carceri-revisione-della-letteratura/

48 Lazzari T, Terzoni S, Destrebecq A, Meani L, Bonetti L, Ferrara P. Moral distress in correctional nurses: a national survey. Nurs Ethics 2020;27:40-52. https://doi.org/10.1177/0969733019834976

49 Cook I. Who Is Driving the Great Resignation? Harvard Business Publishing [Internet]. 15 agosto 2021. https://hbsp.harvard.edu/product/H06KWC-PDF-ENG