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CORRECTIONAL OFFICERS' PERCEPTIONS AND ATTITUDES TOWARD MENTAL HEALTH WITHIN THE PRISON SYSTEM

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CORRECTIONAL OFFICERS' PERCEPTIONS AND ATTITUDES TOWARD MENTAL HEALTH
WITHIN THE PRISON SYSTEM

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Alexandra Rose Serafini

June 2018

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ABSTRACT

This research explored correction officers' perceptions and attitudes in relation to inmates with mental health issues. In a qualitative fashion, semi-structured interviews were conducted with five correction officers in Southern California (N = 5) during the Winter 2018 Quarter. Using thematic analysis, this study identified six major themes from the interview data: mental health has remained a prominent issue within the prison population; correction officers were fairly knowledgeable about mental health; correction officers perceived themselves as having to play a limited role in the rehabilitation of inmates with mental health problems; constant prompts in daily activities and medication management were two challenges encountered by correction officers in their interaction with inmates; correction officers' progressive preparedness to serve mentally challenged inmates; and correction officers reported a need for more support and higher level of care within the prison system. Implications for the criminal justice system were discussed.

Keywords: mental health, correction officers, inmates, preparedness, lack of support

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CHAPTER ONE

INTRODUCTION

Problem Formulation

Correctional officers' role in the prison system encompasses many tasks, which ultimately impact the inmates under their supervision. According to Dvoskin and Spiers (2004), the duties of the correctional system go beyond overseeing housing and punishment of offenders. In general, the public perceives the role of prisons to be an immune dwelling of all inmates, including the mentally ill; however, prisons are also legally dictated and ethically obliged to arrange proper care (Dvoskin et al., 2004). Therefore, correctional officers (CO) are expected to concurrently assist in punitive, protective, and rehabilitative functions (Dvoskin et al., 2004). These roles not only apply when correctional officers work with the general prison population, but also in their interaction with the mental health community in confinement.

During the 1990s, the prison population has grown seven times faster than the U.S. population. Dimond, Wang, Holzer, Thomas, and Cruser (2001) stated that with this increase the entry of mentally ill individuals into the criminal justice system has changed it. Approximated 40% of the prison populations have inmates with mental health issues (Brown, Hirdes, & Fries, 2015). Brown et al. (2015) argued that due to the high prevalence of inmates with current severe mental health problems leads to a consideration of how well the correctional

system support mental health care needs of the inmates. Fazel and Danesh (2002) examined the rate of specific diagnoses of prisoners worldwide. The researchers found that out of 23,000 prisoners, 3.7- 4% had a diagnosis linked to psychosis, 10-12% had major depression disorder, and 42-65% had a personality disorder. Fazel and Danesh (2002) concluded that, globally, millions of incarcerated individuals have severe mental diagnosis. Fazel and Danesh (2002), however, did not address how prison systems are addressing the needs of inmates who have a severe mental illness. Despite the high prevalence of inmates with current severe mental health problems in the correctional arena (Brown et al., 2015), there is a limited amount of research done on the interactions of correctional professionals toward inmates with mental illness (Callahan, 2004).

Purpose of Study

The purpose of this study was to determine correctional officer attitudes and perceptions in working with inmates with mental health issues. When looking at the prison system, a significant problem is the overwhelming number of inmates with mental health illness. More than half of jails and prison inmates have mental health issues, but only one- third of prison inmates receive any type of treatment (James & Glaze, 2006). In order to improve mental illness within the prison system, research must first investigate the views of the people who work with inmates the most. Correctional officers have the most one-on-one contacts

than any other correctional staff in a given prison setting. Therefore, it is important to understand how corrections officers perceive the inmates who struggle with mental health issues. This study sought to answer the following question: What are correctional officers' attitudes and perceptions with respect to working with inmates who experience mental health problems?

Significance of the Project for Social Work

The need for this study came from the need to build awareness about mental health care in prison and the influences that can guide correctional employees to better care for inmates with mental health issues. Gaining insight about correctional officers' perceptions of mental health may facilitate change in the prison and jail systems to adapt more appropriately to inmates that have mental health needs. Inmates who have mental health issues do not assimilate well when reintroduced into the community, and often make their way back into the justice system (Matejkowski, 2015). One of two roles of the correctional system is rehabilitation; therefore, the system should utilize every asset it has to fulfill their role (Hirby, 2017). Assets that can be modified are policies and employee roles to better fit the needs of the inmates with mental health in order to help reduce recidivism rates and increase rehabilitation.

The findings of this study will contribute to the profession of social work practice, policy, and research by identifying how COs attitudes and perceptions influence their approach to working with inmates with mental health disorders.

The social work profession has always invested in the care of individuals with mental health problems by taking part in direct practice, intake, engagement, psychosocial assessments, and counseling (Toi, 2015). Therefore, this study further provided insight on how we can better care for this population. In addition, this study can help inform how COs can be trained to be more informed on how to work with inmates with mental health disorders. Social Workers are involved in all aspects of correctional policy and practices, from entry through release, by generating legitimate alternatives to incarceration, and advocating improved prison practices (Brown & Maki, 2017). For Social Workers this includes teaching other areas to use interventions that are the most efficient and ethical when dealing with inmates with mental health disorders (Kjelsberg, Skoglund, & Rustad, 2007). Currently there is little research done on the correctional system in conjunction with social work. This may be due to most prisons are a restrictive environment that allows no access to anyone who is not an inmate or a correctional employee (Brown & Maki, 2017). Overall, increased knowledge of the correctional system, their employees, and their operations would help social workers continue to advocate for the vulnerable population of inmates with mental health issues.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter contains an exploration of research that is relevant to correctional officer attitudes and perceptions of inmates with mental health disorders. The subsections include prison mental health: the attitudes and perceptions of correctional officers and studies on CO's in conjunction with mental health in prison. The final subsection investigates theories guiding the conceptualization of the research topic.

Prison Mental Health: The Attitudes and Perceptions of Correctional Officers

In 2009, approximately 10% of inmates were diagnosed with severe disorders that include: schizophrenia spectrum disorders, bipolar disorders, psychotic disorders, and depressive disorders (Galanek, 2015). This is an alarming amount of inmates which correctional officers must maintain particular order, safety and security with, not including the rest of the prison population. Cos, also, have the most face to face interactions inmates, including those with mental health issues. Therefore, the work of correctional civil servants could be impactful. The roles of COs, their attitudes and perceptions of mental health within the prison, and the effect of their attitudes and perceptions on inmates'

rehabilitation all contribute to the functioning of inmates with mental health issues.

Roles of Correctional Officers

One of the most important goals for COs is helping inmates change their patterns of behavior which led to their incarceration in the first place (Kjelsberg et al., 2007). However, this goal can conflict with other roles that a CO has, especially when working with mentally challenged inmates. Due to the extensive face to face time with inmates, Cos have become a key mental health conduit. Their originally designated role, however, is to ensure order, safety, and overall security of the prison (Lavoie, Connolly, & Roesch, 2006). This is important when addressing what can be done to improve mental health treatment to inmates.

Training and Policies Surrounding Mental Health in Prison.

When thinking about improving any process, policies must fall in line. For correctional officers, this may include looking at changes in their training for working with inmates that have mental health issues. It would be ideal to balance punishment, guardianship, and reformatory functions, combined with the high pervasiveness of mental health issues relative to the general population. A multidisciplinary team approach involving COs is essential to adequately address these three elements (Lavoie et al., 2006). With improved and specific mental health training, an officer can aid in promoting and supporting an impaired inmate to meet the demands of the correctional environment (Appelbaum, Hickey, & Packer, 2001).

Attitudes and Perceptions

Little research is conducted on CO perceptions and attitudes toward inmates with mental health disorders. Therefore, given that COs play a significant role in mental health treatment for inmates, it is crucial to understand the perceptions COs have in relation to inmates with mental health (IMH) and their feelings toward working with them (Lavoie et al., 2006). Most officers felt that their academy training did not prepare them well enough to work with IMH. There were also reports of the need for more mental health training in order to supervise IMH in an already stressful work environment (Lavoie et al., 2006).

Impact of Attitudes and Perceptions

A study done in a Canadian prison looked at inmates residing in the mental health unit who commented on how correctional officers build rapport with the inmates (Galanek, 2015). From these relationships an influence is born which can help guide inmates to more positive behavior or recovery of MHIs. COs, hence, can manage to maintain the safety of the institution while also positively influencing inmates (Galanek, 2015). This echoes the work of Kjelsberg et.al. (2007) and Kjelsberg et al. (2007) who claimed that correctional employees who hold positive attitudes towards inmates are able to decrease tensions within the prison community. These positive attitudes towards the general prison population can then be transferred to IMH.

Studies on Correctional Officers in Conjunction with Mental Health in Prison

Due to the limited research on correctional officers' attitudes and perceptions when working with inmates that have mental health issues, this study reviewed two articles which focus on attitudes and perceptions towards inmates with mental illness as their main area of research.

In a large study, Callahan (2004) sought to be one of the first researchers to examine correctional officer attitudes toward inmates with mental disorders. Through this study Callahan (2004) was able to get a better picture of what correctional officers think about mental health and the inmates they work with. The data reported was part of a court-ordered survey of exclusive to mental health training for a prison staff. Callahan (2004) reported that officers recognize the difference between mental health symptoms of schizophrenia and major depression; that schizophrenia as a more severe mental health diagnosis than depression; and that the presence of violent behavior of an inmate with MI was more severe versus an inmate who was just displaying violent behavior. Callahan's (2004) work filled a major gap in research by having implications for training in correctional mental health. MI training would improve the work lives of correctional officers and positively impact the conditions of incarceration for inmates with mental health disorders (Callahan 2004).

Lavoie et al. (2006) investigated the claim that COs perceive inmates negatively and demonstrate more of a punitive view of correction than empathetic views. Findings suggested that, contrary to popular beliefs, over half of the

sampled correctional officers felt that inmates with mental health disorders were not responsible for their current situation (Lavoie et. al., 2006). A limitation of Lavoie et al.' (2006) research would be the lack of generalizability due to the small sample size as well as differences in the CO's backgrounds and level of work experience (Lavoie et al., 2006).

Theories Guiding Conceptualization

One theory that supports the previously mentioned literature and conceptualizes the ideas in this study is the Risk-Need-Responsivity (RNR) model. This model was originally developed for all types of offenders; however, the following research has used it to fit the needs of inmates with mental health issues as well. This model is consistent with fundamental interventions that illustrate a model of what works for an inmate in the moment. Furthermore, it aims to drive policy and research to develop efficient interventions that reduce recidivism (Skeem, Manchak, & Peterson, 2011). The principles of RNR include Risk principle, Need principle, and Responsivity principle. Risk principle states that inmates who have a higher rate of reoffending need supervision and treatment to match that higher risk. The Need principle explains that interventions need to aim to point out changeable factors that make them more susceptible to reoffending. Responsivity principle proposes to match the appropriate service to the ability and style of the inmate (Skeem et. al., 2011). Criminogenic risk factors are components, features, problems or issues of a person that is associated to

an individual's possibility to recidivate (Norwood, 2003). Previous literature a multidisciplinary teams, correctional officers can provide assessments on inmates with MI's criminogenic needs to identify risk factors and supplement their needs. Such treatment, like RNR, often calls for the involvement and dynamic of a multidisciplinary treatment team (Appelbaum et al., 2001).

Another component of the RNR model is to reexamine policy for inmates with MI. As stated previously, correctional interventions are more beneficial in decreasing recidivism when the services parallel the abilities of, styles, and needs of offenders. Sufficient mental health treatment may improve correctional treatment by reducing hallucinations that interfere with an inmates' ability to behave incongruent with prison regulations. Furthermore, mental health treatment may still deliver positive outcomes for inmates with mental illness, although in small increments (Skeem et al., 2011). Therefore a two tier component, which includes: more effective administered interventions and policies that support MH treatment must be achieved when wanting to reduce recidivism among inmates with mental illness. Overall, this model helps to frame the difficulties that the correctional system faces when providing effective treatment for inmates with mental health difficulties. This model also targets how the implementation of interventions can ultimately reduce recidivism rates.

Summary

This study examined the attitudes and perceptions of correctional officers who work with inmates with mental health issues. The percentages of inmates who have mental health needs are increasing. Although the prison system is currently struggling to provide these needs, there are alternative to help. Correctional officers are unutilized resources that the system fails to use to help the mental health population. Do to this underutilization, only little research on correctional officer's involvement in mental health has been conducted. The Risk-Need-Responsivity (RNR) model can help provide interventions that CO's can use that may have and effect of recidivism rates.

CHAPTER THREE

METHODS

Introduction

This study investigates the attitudes and perceptions of correctional officers as they work with inmates who have mental health diagnosis. This chapter covers the particulars of how this study was accomplished. The sections to be examined are study design, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

This study is qualitative by focusing on correctional officers' individual experiences in working with inmates that have mental health issues. The study utilized one-on-one interviews with open ended questions in order to collect data from participants. Qualitative/exploratory design is an important procedure for the semi-structured interview process by allowing researchers to probe participants' answers, as well as observing nonverbal cues. Focus groups are also important ways to collect qualitative data. One-on-one interviews, however, may be more beneficial than focus groups due to privacy of questioning and by yielding more authentic answers from interviewees. This method also allows researchers to redirect or re-word questions when needed.

Each interview took between 30 minutes to one hour to be completed. The researcher then transcribed the audio recording of the interview. Due to time constraint that the MSW program puts on this study and the sensitivity of the participant population, the researcher was not be able to conduct a large amount of interviews.

Sampling

This study used a non-probability snowball sample of correctional officers in the Southern California area. Sampling correctional officers' from Southern California who are currently working with inmate's mental health population or have previously worked with inmates with mental health issues constituted the target population. However, due to the secluded environment of the prison employee community, the location of correctional officer's employment remained anonymous. In consideration of the secretive environment of prison employees, no agency approval was used for this study. A total of 5 officers participated in this study.

Data Collection and Instruments

Qualitative data was collected through one-on-one interviews, with audio-recording. Interviews began January 2018. Each interview started with a brief introduction of researcher, the description of the study, and the purpose of the study. Demographics were collected from each participant prior to the interview

(see appendix A). The information addressed age, gender, ethnicity, education level, number of years in the field of employment, job title, primary function in your job, and past job roles in the prison.

The researcher conducted semi-structured interviews with each participant. Interview guide contained a vignette (see Appendix B), created by the researcher in order to explore and expose the attitudes and perceptions of correctional officers. The interview guide also contained open-ended questions see Appendix C. With most questions the researcher probed participant's answers further depending on the responses given by participants. Researcher also kept in mind the sensitivity of the topic and probe only when necessary.

General topics introduced were attitudes and perceptions of correctional officers, roles of correctional officers, mental health training of correctional officers, identification of symptoms and behaviors of people with mental health issues, influences of correctional officers on inmates with mental health.

Procedures

Because the study used the snowball sampling technique, the participants were solicited through personal contacts of the researcher. These personal connections made contact with other participants that volunteered to be included in the study as well. During the solicitation period each participant was contacted either via email or phone in order to give a brief description (see Appendix D) of the study in preparation to decide whether or not to be a volunteer. Once an

individual accepted to be a participant, the researcher set up individual appointments with each participant. The researcher let participants select dates and times that best suit their schedules for the interview.

Since the participants were contacted via telephone, the researcher, with their permission, turn on audio device to record the interview. The participants were emailed documentation on demographics and consent in order to read before interview, and sent back completed forms prior to interview. After an introduction, the researcher discussed confidentiality, description of the study, and the purpose of the study before conducting the interview. The researcher asked open ended questions, read a vignette to the participant, and then asked questions related to the vignette. Throughout interview researcher probed answers further, and asked for clarification from participants when needed. Each interview took between 30 minutes to one hour to be completed. The researcher then transcribed the audio recording of the interview. Due to time constraint that the MSW program puts on this study and the sensitivity of the participant population, the researcher was not be able to conduct a large amount of interviews.

Protection of Human Subjects

The identity of the participants were kept anonymous and confidential from the public. No identifiable information was disclosed to the researcher during the entire interview process. Interviews were conducted via telephone, per

appointment with each participant. Each participant signed and faxed informed consent (Appendix F) and audio consent prior to setting the interview appointment. All audio recordings were kept on recording device. Once the interview was completed the recording was transferred onto a computer where it was stored under a password encrypted file. Each participant was recorded as a number for transcription; therefore, no information can identify any participant. Lastly, after the completion of the study, the audio recordings will be deleted off the recording device, and documentation shredded.

Data Analysis

All data that was gathered was analyzed by thematic analysis. Audio recordings of all interviews were transcribed onto the computer on an encrypted file. During the transcription individuals were assigned a number in order to differentiate the interviewer from the participants. Responses were sorted into specific themes that are grounded into the data.

CHAPTER FOUR

RESULTS

The following chapter consists of (a) a complete description of the demographic characteristics of study participants, (b) an analysis of data themes, and (c) a discussion of each theme.

Demographics

Demographic characteristics of study participants are highlighted in Table 1 below. As seen in Table 1 below, the current study consisted of five participants. Three of the participants (60%) were previously employed as Correctional Officers, the other two participants (40%) currently assume the role as Correctional Officer. Two of the five participants (40%) were female and three out of five participants were male (60%). All participants identified themselves as Hispanic. Three of the five participants (60%) were over the age of 40 and two of the five were over the age of 50 (40%). Three of the five (60%) participants had some college education and the other (40%) had bachelor's degree or higher. Four out of five (80%) participants have worked in the prison system for over 10 years and the remaining one (20%) have worked in the prison system for over 20 years. Lastly, three of the five (60%) participants had held multiple positions within the prison system other than correctional officer and the other two (40%) have solely occupied the position as correctional officer.

Table 1. Demographic Characteristics of Study Participants (N = 5)		
Variables	N	Percent (%)
<i>Correction Background</i>		
Previous correction background	3	60.0
No previous correction background	2	40.0
<i>Gender</i>		
Male	3	60.0
Female	2	40.0
<i>Age</i>		
40 and over	5	100.0
Under 40	0	0.00
<i>Race/Ethnicity</i>		
Hispanic	5	100.00
Non-Hispanic	0	0.00
<i>Education</i>		
Some college		60.00
Bachelor degree or higher		40.00
<i>Years of experience</i>		
10 years or more		80.00
20 years or more		20.00
<i>Number of Positions</i>		
Multiple positions	3	60.00
One position	2	40.00

Presentation of Study Major Themes

Six major themes arose from the interview data: scope of mental health within the prison population, correction officers' knowledge about mental health, correction officers' self-perceived role in the rehabilitation of inmates with mental health problems, correction officers' progressive preparedness to service mentally challenged inmates; and need for more support and higher level of care. Please refer to Table 2 below for a visual representation of these themes.

Table 2. Major Study Themes			
Theme number	Themes	Participants/ per theme	Percent (%)
1	Mental health has remained a prominent issue within the prison population	5 participants out of five	100.00
2	Correction officers were fairly knowledgeable about mental health	4 participants out of five	80.00
3	Correction officers perceived themselves as having to play a limited role in the rehabilitation of inmates with mental health problems	Three participants out of five	60.00
4	Correction officers reported progressive preparedness to serve mentally challenged inmates	5 participants out of five	100.00
5	Constant prompts in daily activities and medication management were two challenges encountered by correction officers in their interaction with inmates	3 participants out of five	60.00

6	Correction officers reported a need for more support and higher level of care within the prison system	3 participants out of five	60.00
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Mental Health as a Prominent Issue within the Prison Population

Through a variety of questions participants were asked about the prominence of mental health within the prison systems. All participants reported having worked with inmates who experience health issues, including those dealing with suicidal and homicidal thoughts. In addition, when asked about the number of inmates diagnosed with a mental health disorder, the participants stated that over 10% of the prison population had diagnosed mental health disorders. Lastly, when asked to discuss what are the most common mental health issues inmates have been diagnosed with, four participants (80%) reported some kind of mood disorder. One participants stated that some of the most common are “depression and mood swings, and getting on different psych meds” (I1, personal interview, February 2018).

Correction Officers’ Fair Amount of Knowledge About Mental Health

This theme rotates around correction officers’ ability to identify symptoms and understand mental health diagnoses. Correctional officers were asked to identify symptoms of mental health within a given vignette, and also shared their perceptions of mental health symptoms. After reading the vignette most participants (80%) identified the fictitious inmate to have either a mental health issue or to be intoxicated. One participant stated, “It could be mental health

issues or that they could be using drugs” (I2, personal interview, February 2018). When asked about the difference between mental health and “normal” behavior, 60% of the participants identified mental health behavior by the lack of the inmate’s ability to perform activities of daily living in the prison without guidance. Participant distinguished inmates with mental health issues as “Inmates not being able to take care of self, and that cannot communicate to you and understand what is being said” (I4, personal interview, February 2018). Lastly, participants were asked if fabrication of mental health issues were displayed by inmates, and if so how are they able to recognize the difference between fabricated and real symptoms. All participants (100%) responded that inmates indeed fabricated mental health symptoms; however, the reasons for fabrication were not conclusive. One participant stated that he was able to determine real symptoms because “Inmates often overplay the symptom and then act [sic] different during the day” (I3, personal interview, February 2018).

With regard t participants’ knowledge of mental health diagnoses, four participants (80%) believed that mental health symptoms had to do with the inability for the inmates to take proper care of themselves. One participant noted that he considered mental health issues to be apparent by “inmate who are talking to themselves or sitting themselves. If they are rocking back and forth and even cutting themselves or maybe if they are fighting a lot, and having paranoia or being depressed and having poor hygiene” (I2, personal interview, February 2018).

Limited Role of Correction Officers in the Rehabilitation of Inmates with Mental Health Problems

When participants were asked if they had a role in the rehabilitation process as a Correctional Officer, three participants (60%) stated that they felt they have a minimal role in the inmates rehabilitation process. One participant expressed his thoughts on CO's role in rehabilitation and stated, "In most capacities none. COs normally don't have the time to interact with all inmates on a regular basis" (I5, personal interview, February 2018). In addition, participants were asked if there were any policies in the prison system that do not allow correctional officers to not perform their roles to the best of their abilities when working with inmates with mental health disorders. All participants (100%) stated that there are no policies which prohibited them from conducting their role.

Correction Officers' Progressive Preparedness to Serve Mentally Challenged Inmates

When asked about if correctional officers felt prepared to work with inmates that have mental health issues, all participants (100%) stated that yes they felt prepared. However, four participants (80%) described feel prepared due to their years as experienced correctional officers. One participant stated, "I feel very prepared. I have been working with inmates that have mental health issues

for a while. But when I first started out working in the prison I was not.” (I2, personal interview, February 2018).

In addition, COs were asked to consider if additional training would have been helpful in mental health. All participants stated that the state provides mental health training to them; however, most participants (80%) wished they received specialized training. For example, one participant expressed that “I think I would have learned better if I had observed situations like that. Maybe like rounding on a psych unit then some type of education” (I3, personal interview, February 2018). Furthermore when proposed if participants were comfortable working with inmates who have mental health most participants (60%) that they felt comfortable but that working with the mentally challenged population it can be draining. One participant explained that “Um it is a lot more draining working with inmates that have mental health issues” (I2, personal interview, February 2018).

Challenges: Constant Prompts in Daily Activities and Medication Management

This theme focuses on challenges faced by correction officers in working with inmates with mental health issues. When participants were asked about the advantages and disadvantages when working with mentally challenged inmates, the answers fluctuated with regard to advantages. However, the majority of participants (60%) reported the challenges of dealing with inmate behaviors. One participant responded with stating that some disadvantages when working with inmates with mental health diagnosis were “constant prompts in daily activities

(grooming, eating, decision making) making sure they take prescribed medications” (I5, personal interview, February 2018).

The Need For More Support and Higher Level of Care within the Prison System

This theme centers around the need for housing and more specialized care. 60 percent of the participants reported that inmates with mental health issues do not belong in prison, but need a higher level of care. One participant captured this sentiment as follows: “Yes I do feel like they needed something extra. Although I think that the prison has a lot resources for mentally challenged inmates” (I1, personal interview, February 2018). Questioned on their recommendations for mentally challenged inmates, 80 percent of the participants (80%) reported that correction officers to do their job to the best of their ability by utilizing mental health services available in the prison system. Furthermore, two participants stressed the need for additional housing for inmates with mental health issues. One participant expressed this concern as follows: “The prison I work for now does a great job at treating inmates with mental health issues. Right now the current issue is that there are not enough beds for inmates with mental health issues, the population is growing.” (I2, personal interview, February 2018).

Summary

This chapter presented the description of demographics of the study’s participants and discussion of major themes found, regarding symptoms of

mental health, challenges of the CO's role when working with inmates that have mental health diagnosis, knowledge of mental health diagnosis, prominence of mental health within the prison system, CO preparedness when working with inmates with mental health symptoms, support for mental health within the prison system, empowerment of CO to assist in inmates mental health rehabilitation, CO's perception of the housing for inmates with mental health symptoms. Furthermore, perceptions and experiences were derived from five interviews which were used to depict the findings presented.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will discuss the major findings that were presented in previous chapter. In addition, this chapter will discuss the relevance to previous studies, limitations of the study, recommendations and implications for social work practice, policy, and future research.

Discussion

This qualitative research explored correction officers' perceptions and attitudes toward inmates who experience mental health issues. Thematic analysis of semi-structured interview data collected from five correction officers in Southern California revealed six major findings. First, mental health has remained a prominent issue within the prison population. Second, correction officers were fairly knowledgeable about mental health. Third, correction officers perceived themselves as having to play a limited role in the rehabilitation of inmates with mental health problems. Fourth, constant prompts in daily activities and medication management were two challenges encountered by correction officers in their interaction with inmates. Finally, correction officers reported a need for more support and higher level of care within the prison system.

These findings were consistent with previous literature (Appelbaum et al., 2001; Callahan, 2004; Galanek, 2015; Lavoie et al., 2006). Lavoie et al. (2006) found that positive attitudes toward inmates with mental health diagnosis, and that mental health training boosted the positive perceptions and preparedness of the Cos toward working with mentally challenged inmates. In the Lavoie et al.' (2006), COs have reported more positive attitudes toward inmates with mental health disorders in comparison to inmates who do not present a mental health disorder. Similarly, Callahan (2004) found that COs were able to identify symptoms of mental illness and connect them to mental health disorders. In addition, Callahan's (2004) research findings emphasized that COs also shared their concerns about inmates who may fabricate or over emphasize mental health symptoms. Meanwhile, Galanek (2015) indicated that COs reported overcrowding and housing issues for inmates with mental health issues, as well as CO's role in rehabilitation along with their knowledge of mental health illnesses. Similarly, Appelbaum et al. (2001) described the abundance of the mental health population within the prison system, and looked at how the role of the CO can be utilized to improve mental health treatment within the prison. Interestingly, all of the aforementioned research findings identified the need for increased or improved training in mental health for Cos (Appelbaum et al., 2001; Callahan, 2004; Galanek, 2015; Lavoie et al., 2006).

However, the results of this study deviate from Kjelsberg et al.'s (2007) findings on attitudes toward inmates. The discrepancies may be due to several

reasons. First, Kjelsberg et al. (2007) sample did not include only correctional officers but also prison employees, inmates, and college students.

Another reason could be related to the fact that Kjelsberg et al.'s (2007) study examined the overall prison population as opposed to the mental health prison population considered in the current research. Finally, Kjelsberg et al. (2007) have focused more on the punitive aspect of the prison environment in contrast to correctional rehabilitation for inmates.

Implications

The findings from this study are of significant importance for the criminal justice system by bringing more awareness to mental health in the prison environment. The results. This also means acknowledging the influences that correctional officers could play in improving their relationship with inmates who experience mental health concerns. This study reveals the lack of housing services within the prison system. Therefore, policymakers can help improve the living conditions of mentally challenged inmates through more funding into the correction arena. Criminal justice stakeholders can use these findings to advocate for policies that stipulate improved training and education for COs in order to properly serve inmates with mental health issues.

Limitations

Several limitations are associated with this study findings, including a lack of diversity and a small sample size. In fact, with 100 percent Hispanic

participants, the results of this research do not reflect the overall ethno-racial diversity of the general population in the US. In addition, the data from five one-on-one interviews with correctional officers in Southern California do not reflect the overall US prison system. Moreover, the findings only diffuse the perceptions of correction officers in one location, not necessary across all US territories. Finally, the qualitative nature of this study does not allow to draw any inferential conclusions.

Conclusion and Recommendations

In conclusion, this study examined the attitudes and perceptions of correctional officers toward working with inmates with mental health diagnosis. The majority of COs knew how to identify symptoms of mental health and voiced concerns about the increasing mental health population within the prison. This study added to the limited scholarship on the perspective of Cos in relation to inmates with mental health disorders. This study will help increase the knowledge of mental health within the criminal justice system and better inform social workers in this field. Based on the results, the prison system would benefit greatly from policies that incorporate COs as part of multidisciplinary mental health treatment teams. Higher levels of training for Cos will prepare them for bigger roles in the rehabilitation of inmates dealing with mental health disorders. Future research should focus on replicating the study with stronger and more diverse participants. In particular, participants should be ethnically and

geographically diverse. Quantitative methods can also be used to extend the literature on criminal justice.

APPENDIX A
DEMOGRAPHICS

1. Age
2. Gender
3. Ethnicity
4. Level of Education / Degree(s)
5. How long have/ did you work in the prison?
6. What position(s) have you worked within the prison? If more than one how long for each how long for each?
7. Primary role of your current position
8. Roles of past position(s) held?

Demographic questions were developed by Alexandra Rose Serafini

APPENDIX B
VIGNETTE

There is a prisoner in general population who you in charge of overseeing. You know this prisoner has a history of using alcohol and cocaine heavily before entering prison, but you do not know the crime he committed in order to end up in prison. The prisoner has been here about two-three weeks and his behavior is starting to change. He is irritable and angry whenever you engage with him. He is also always complaining about being tired and wanting sleep. The inmate does not seem to have any interest in any yard activities. They are also not interacting with other inmates during yard time.

1. As a correctional officer do you think that the inmate's behaviors are reflecting any signs of a mental health issue?
2. If so, what kind of mental health problem?
3. As a correctional officer how would you handle this inmate?
4. If you stated that this inmate does have mental health issues, how would you handle the inmate's behaviors? Are their referrals made to any other prison employees?

Vignette was developed by Alexandra Rose Serafini

APPENDIX C
INTERVIEW QUESTIONS

Before interviews begin the researcher stated:

Please answer the following questions as honestly as possible. If clarification is needed let student researcher know. Researcher may ask questions separate from what is listed below, this is just a guide for the researcher. Remember all answers are anonymous, if you choose to skip a question please let student researcher know.

1. What are some advantages when working with mentally challenged inmates?
2. What are some disadvantages when working with mentally challenged inmates?
3. What do you consider mental health symptoms/ issues?
4. How do you typically deal with mentally challenged inmates?
5. What distinguishes mental health symptoms from "normal" behavior?
6. Have you ever worked with an inmate that has a mental health issue?
7. If you have to estimate the amount of inmates that have a mental health issue within the prison, what percentage would you say?
8. Have you worked with an inmate that is suicidal or homicidal?
9. How prepared do you feel when working with inmates that have mental health issues?
10. To go along with above question: Have you ever felt additional training would have been helpful in that situation?
11. What are the most common mental health issues inmates have been diagnosed with?

12. How comfortable are you working with inmates who have mental health issues as opposed to non-mentally challenged inmates?
13. Have you ever felt that inmates with mental health issues do not belong in prison?
14. What role in rehabilitation process do you think correctional officers?
15. Do you believe inmates fabricate mental health symptoms to utilize services? If so, in what way and in which services?
16. Are there any policies in the prison system that currently do not allow correctional officer to not perform their role to the best of their abilities to work with inmates with mental health?
17. What are some of your recommendations for mentally challenged inmates?
18. How can correctional officer's best serve mentally challenged inmates?

Interview questions were developed by Alexandra Rose Serafini

APPENDIX D
PARICIPANT RECRUITMENT MATERIAL

The following email was sent out to my personal contacts in order to collect participants. These personal contacts forwarded this email to other correctional officers.

Hello,

My name is Alexandra Serafini and I am a graduate student at Cal State San Bernardino. I am in the beginning stages in conducting a research project for my master's program of social work. My research proposal focuses on how correctional officers are an essential piece of the service delivery for mental health treatment within the correctional system. Specifically, I will be focusing on the correctional officer's attitudes and perception when working with inmates that have mental health issues. The correctional system will NOT be notified about this research, nor about its participants, both whom will remain anonymous throughout the project. I will be collecting data by in person or video chat interviews. Because I am going through personal channels to conduct my interviews I am still looking for a few more correctional officers to interview. If you are interested in being an interviewee please contact me back. If will be able to discontinue the interview if needed without any repercussions. I would greatly appreciate anyone taking the time to do an interview with me. I believe this would be a great opportunity for correctional officers to lend their point of view and to better educate social workers on the matter.

Thank you,

Alexandra Serafini MSW intern

Cell: texting is ok (909)217-0011

Email: 005767173@coyote.csusb.edu

APPENDIX E
INFORMED CONSENT



California State University, San Bernardino
 Social Work Institutional Review Board Sub-Committee
 APPROVED 1/22/2019 VOID AFTER 1/21/2019
 IRB# SW1823 CHAIR [Signature]

College of Social and Behavioral Sciences
 School of Social Work

INFORMED CONSENT

The study in which you are asked to participate is designed to examine the attitudes and perception of correctional officers when working with inmate with mental health issues. The study is being conducted by Alexandra Serafini, a graduate student, under the supervision of Dr. Joseph Rigaud, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board Social Work Sub-committee at CSUSB.

PURPOSE: The purpose of the study is to examine the attitudes and perceptions of correctional officers when working with inmates that have mental health issues.

DESCRIPTION: Participants will be asked questions on the role of correctional officers, knowledge of mental health, training/ policies on how to deal with inmates that have mental health issues, use, how they feel about working with the mental health population, how they perceive mental health issues, and some demographics.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY OR ANONYMITY: Your responses will remain anonymous and data will be reported in group form only.

DURATION: It will take approximately 30 to 60 minutes to complete the interview.

RISKS: There are no foreseeable risks to the participants.

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Rigaud at (909) 537-5507

RESULTS: Results of the study can be obtained from the Pfau Library Scholar Works database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2018.

.....

I agree to be tape recorded: YES NO

This is to certify that I read the above and I am 18 years or older.

_____ Place an X mark here

_____ Date

APPENDIX F

INSTITUTIONAL REVIEW BOARD APPROVAL

*CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF SOCIAL WORK
Institutional Review Board Sub-Committee*

Researcher(s) Alexandra Serafini

Proposal Title Correctional Officers' perceptions and Attitudes
Surrounding Mental Health within prison

SW1823

Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

Proposal is:

- approved
- to be resubmitted with revisions listed below
- to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

- faculty signature missing
- missing informed consent debriefing statement
- revisions needed in informed consent debriefing
- data collection instruments missing
- agency approval letter missing
- CITI missing
- revisions in design needed (specified below)

Jay Chy
Committee Chair Signature

1/22/2018
Date

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student

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