

# MENTAL HEALTH, TRAUMA AND (NEW) APPROACHES

*PROMOTING REHABILITATION*

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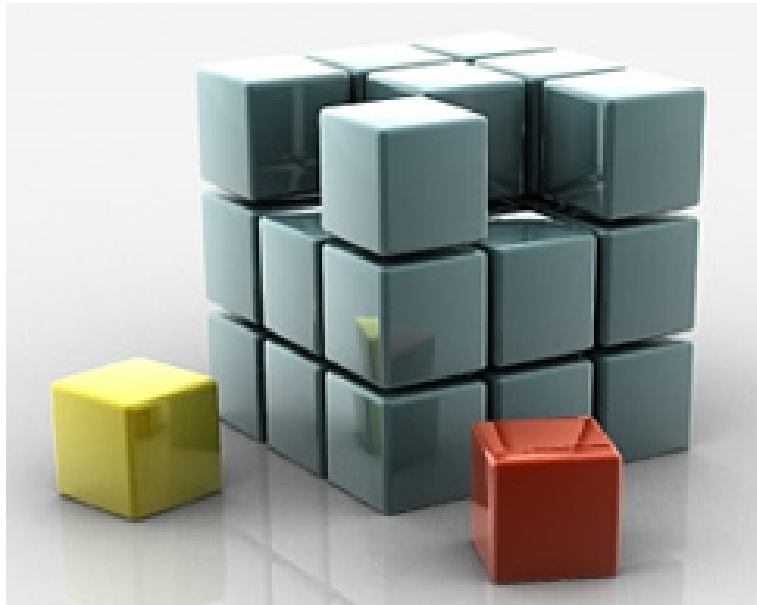
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# TOPICS

- MENTAL HEALTH IN PRISON AND PROBATION: STATE OF THE ART
- TRAUMA, MENTAL HEALTH AND CRIME
- TRAUMA INFORMED IN CORRECTIONAL SERVICES
- FUTURE CHALLENGES

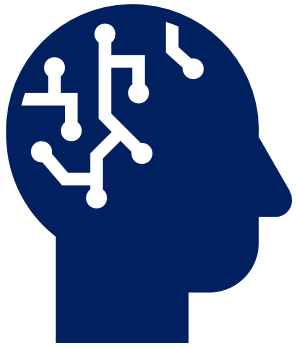


# **MENTAL HEALTH IN PRISON**

*State of the Art*

# Mental health in prison

## Reducing Risk Factors



- According to the *World Prison List* (2024), more than 10 million people are imprisoned worldwide;
- Since about the year 2000 the world prison population total has grown by 27%, which is slightly less than the estimated increase in the world's general population over the same period (31%);
- The prison population in Europe (excluding Russia) has increased by 12% (*in the same period of time*);
- An umbrella review from 2024 (*Favril L, Rich JD, Hard J, Fazel, S*) highlighted the poor health of people who are incarcerated, reporting high prevalence of physical disorders, including infectious diseases, psychiatric conditions and substances misuse;
- This high morbidity rates extends beyond people who are incarcerated to people at all stages of the criminal justice system;
- At the first contact with the police, research shows that people with mental illness are at higher risk of being arrested and charged than the general population;
- They are also over-represented in courts, with studies suggesting that between half and tree-quarters of criminal defendants examined have a mental illness compared with about a fifth of the general population (*Chaplin E, McCarthy J, Ali S, 2022*);
- In addition, psychiatric disorders are associated with an increased risk of reoffending;
- These findings suggest that mental illness needs to be assessed, identified and treated at all stages of the criminal justice system.

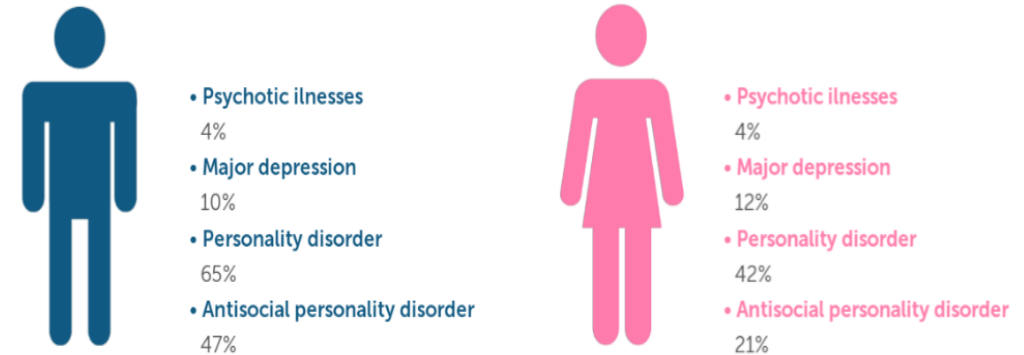
*References: Emilian, C, Al-Juffali, N, Fazel, S. Lancet Publivation Health, 2025)*

# Mental health in prison

## Reducing Risk Factors

- In terms of prevalence of mental illness in prison context, about 4% of inmates (males and females) present severe mental disorders.
- 12.8% of male inmates struggle with depression, and 47% have an antisocial personality out of 65% with personality disorders.
- 14.5% of female prisoners show signs of having a major depression, while 21% have an antisocial personality disorder (out of 42% with PD).

### Male inmates vs Female inmates



### Inmates vs General Population

Inmates present higher rates of mental illness...



...when compared to the general population

- Meta analysis data confirms that inmates show higher rates of mental illness when compared to the general population.
- Emotional disorders rates can increase according to the stage of imprisonment.
- Research shows that during the first week of imprisonment, emotional disorders can be prevalent in almost 90% of the cases (after 6 months >50%)
- After trial, several inmates arrive in prison with previously detected mental health conditions, importing them to a whole new context.

# Mental health in prison

## Reducing Risk Factors

- Inmates with existing untreated mental disorders have increased risk of self-harm, mortality and recidivism, as they have fewer resources to cope in an environment lacking in privacy.
  - This risk is higher in tendentiously depressive inmates, who may become suicidal and psychotic due to an increased emotional deterioration.
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- Prisoners without any mental health problems prior to imprisonment may develop a range of mental disabilities in prisons, where they do not feel safe, dormitories overcrowded and staff not trained to deal with their specific psycho-social support requirements.

## PRISON ENVIRONMENT



### Negatively influences...



Physical  
health



Mental  
health

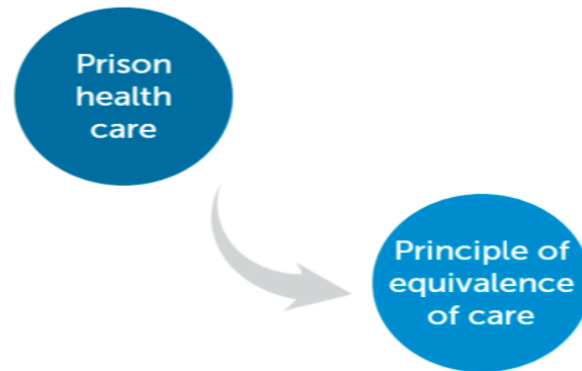


Social  
health

# Mental health in prison

## Reducing Risk Factors

### LEVELS OF CARE



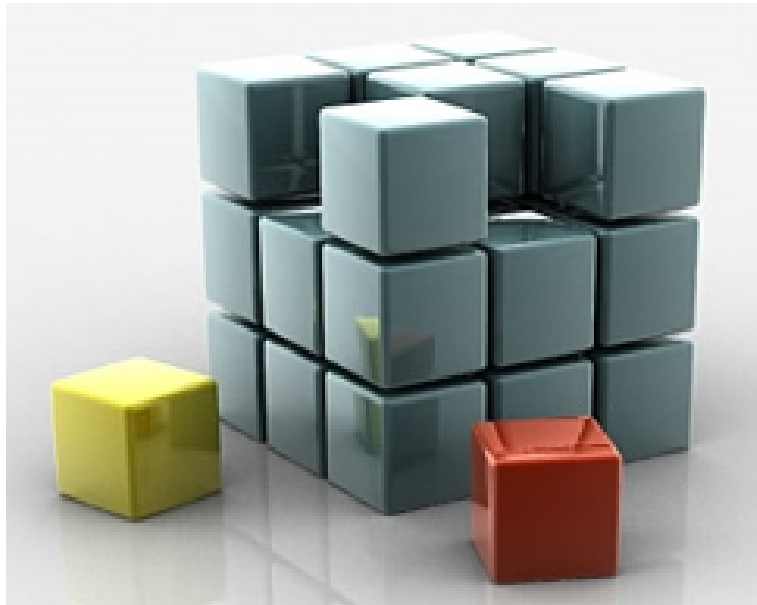
### Level & quality of mental health services...



- Training on mental health to prison health staff
- Regular visits from a community mental health team
- Access to outside health care services / right to be transferred



- When analyzing prison health care issue, often the principle of equivalence of care is referred, highlighting the importance of prison services providing the same level of quality of the basic health services as in the community, including mental health.
- This principle might be achieved through different levels or means:
  - Prison health staff training on mental health;
  - Regular visits from a community mental health team;
  - Access to health care services outside prison.

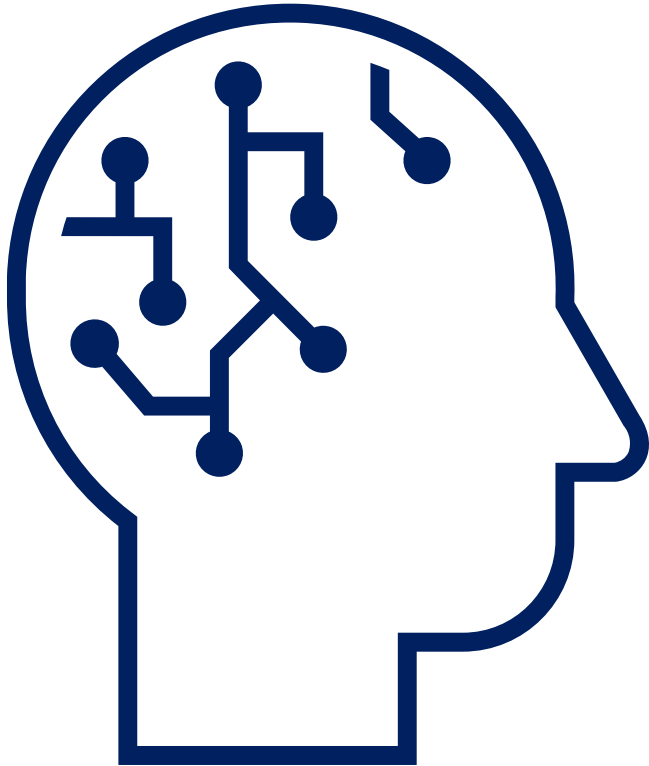


# **TRAUMA, MENTAL HEALTH AND CRIME**

Definitions, Co-relations and Impacts



# Overview



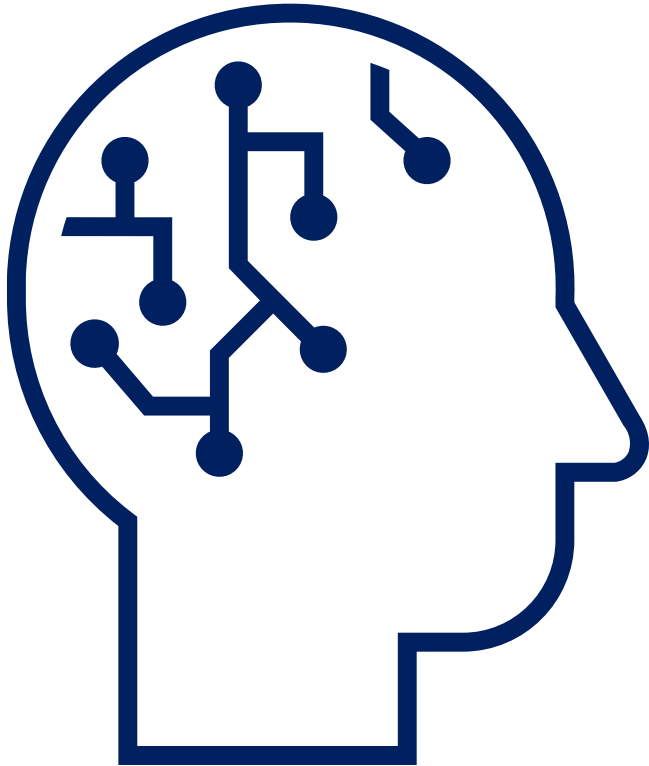
- Trauma is a multidimensional phenomenon with psychological, physiological, and social implications.
- Exposure to trauma is a significant risk factor for mental disorders, maladaptive behaviors, and criminal conduct.
- Trauma-informed approaches (TIAs) are designed to mitigate these impacts in clinical, social, and correctional settings.

# Scientific Definition of Trauma

- APA (DSM-5-TR, 2022): Exposure to death, injury, or sexual violence (direct, witnessed, or learned).
- SAMHSA (2014): Harmful or life-threatening experiences with lasting effects on functioning.
- WHO (ICD-11, 2013): Exposure to extremely threatening events leading to PTSD or complex PTSD.



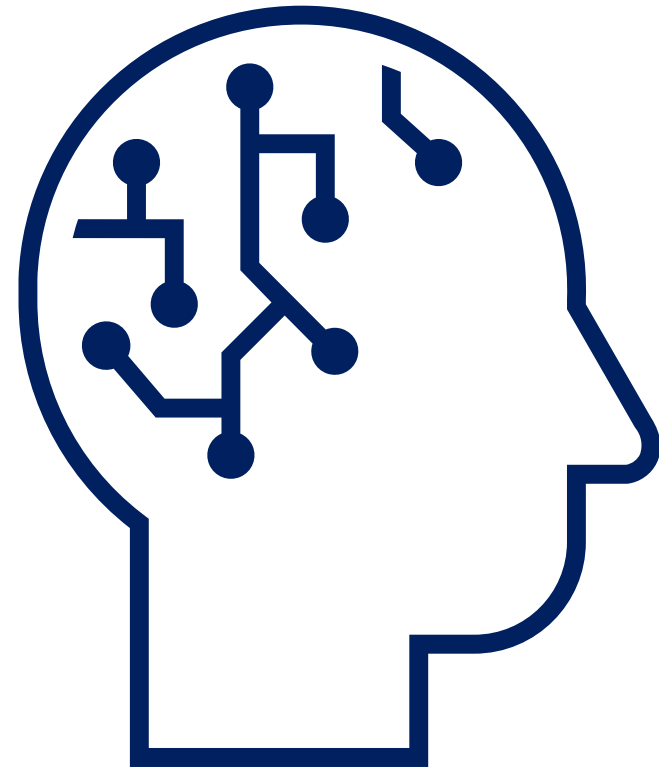
# Core Features Across Definitions



- Threatening nature: life, bodily, or psychological threat.
- Subjective perception: overwhelm, inescapability, loss of control.
- Enduring impact: long-lasting effects on cognition, emotion, physiology, social functioning.
- Cumulative potential: acute, chronic, or complex trauma.

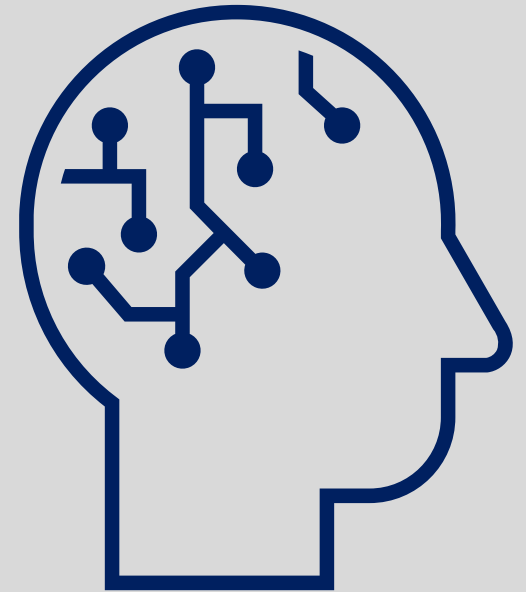
# Epidemiological Correlations

- Childhood trauma strongly predicts later mental health problems.
- Adverse Childhood Experiences (ACE): more trauma → higher risk of mental disorders, substance abuse, and physical illness.
- Trauma linked to higher prevalence of PTSD, depression, anxiety, borderline personality disorder, psychosis, and bipolar disorder.

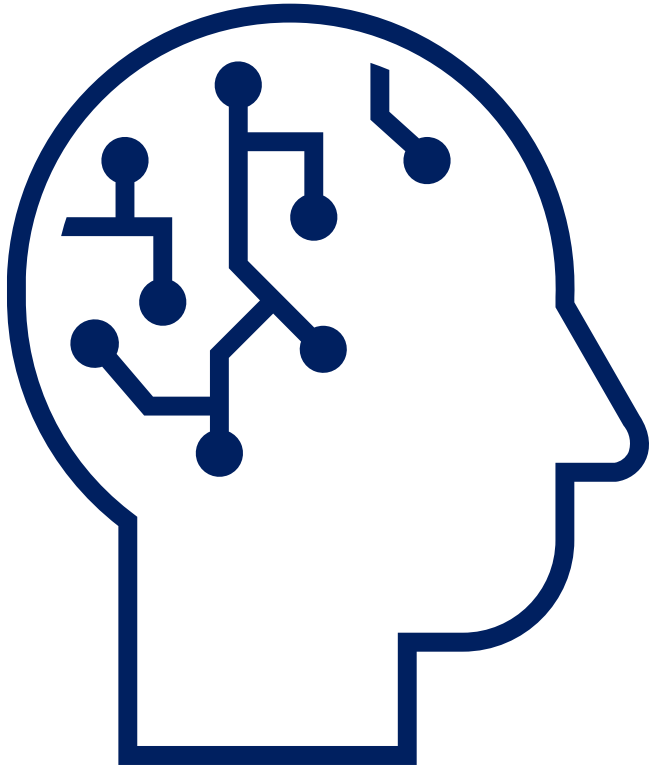


# Neurobiological Correlations

- Stress systems: Dysregulated HPA axis and autonomic nervous system.
- Amygdala hyperactivation: heightened fear and threat sensitivity.
- Hippocampus volume reduction: impaired memory and contextualization.
- Prefrontal cortex reduced activity: impaired emotion regulation.



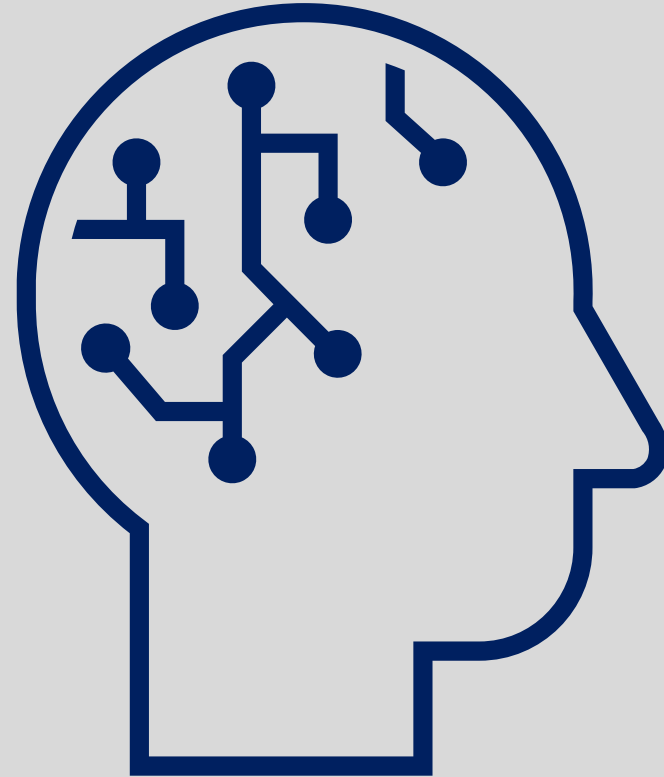
# Psychological and Behavioral Mechanisms



- Trauma undermines self- and world-view schemas → shame, guilt, mistrust.
- Repeated interpersonal trauma → emotion dysregulation, maladaptive coping.
- Developmental trauma disrupts attachment → higher risk for personality disorders.

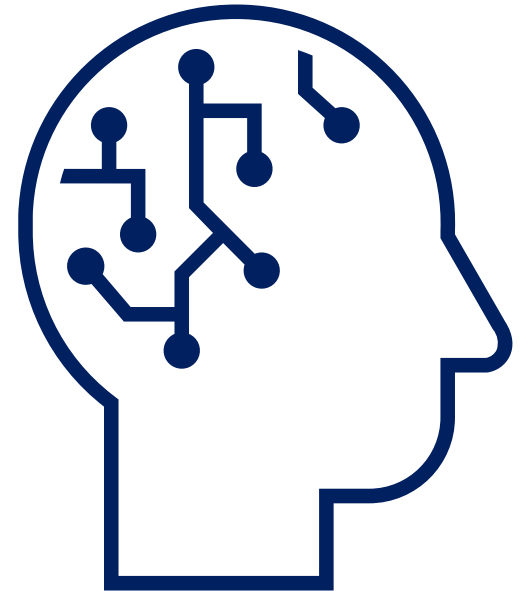
# Transdiagnostic Perspective

- Trauma is a transdiagnostic risk factor across psychopathologies.
- Research Domain Criteria (RDoC): Trauma impacts emotion regulation, arousal, and social processes.



# Key Scientific Findings

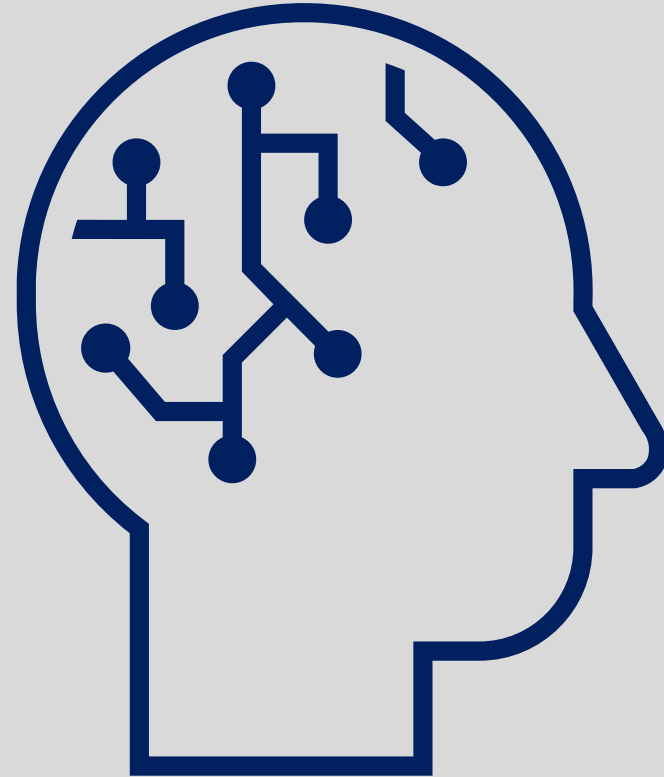
- PTSD: ~7–8% lifetime prevalence; higher in traumatized populations.
- Depression & Anxiety: 2–3× higher risk in trauma survivors.
- Psychosis: Childhood trauma increases risk 2–3 fold.
- Personality Disorders: Strong link to borderline personality disorder.
- Substance Use: Often a maladaptive coping mechanism.



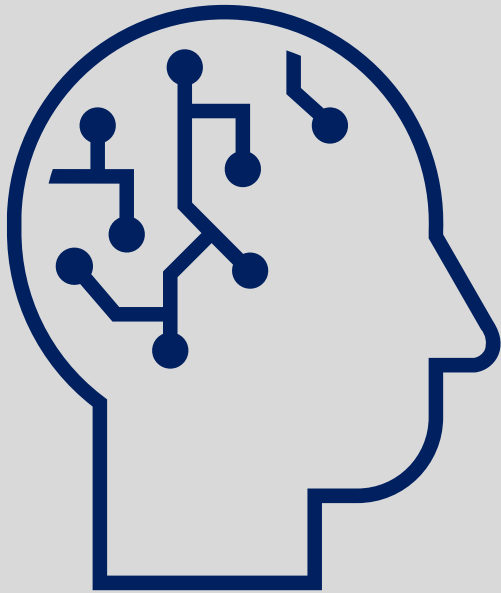


# Trauma-Informed Approaches (TIAs)

- Framework for health, justice, education, and social services.
- Recognizes trauma's impacts and prevents re-traumatization.
- Goals: integrate trauma knowledge, promote recovery and resilience.

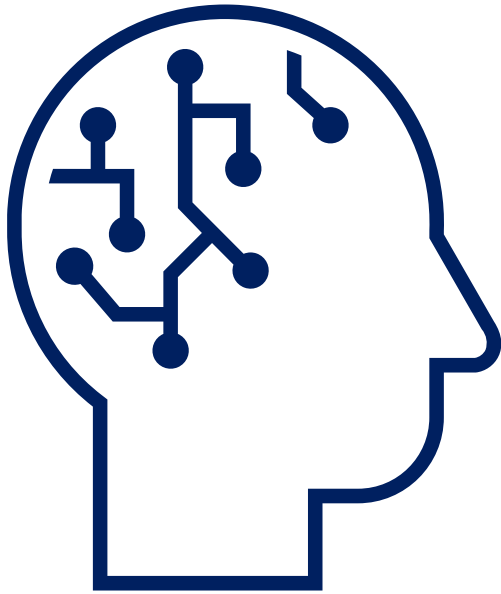


# Core Assumptions and Principles



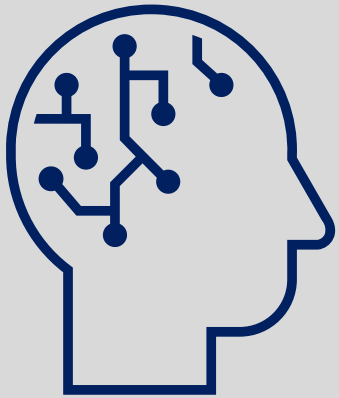
- Assumptions: Realize, Recognize, Respond, Resist.
- Principles: Safety, Trustworthiness, Peer support, Collaboration, Empowerment, Cultural sensitivity.

# Scientific Rationale for TIAs



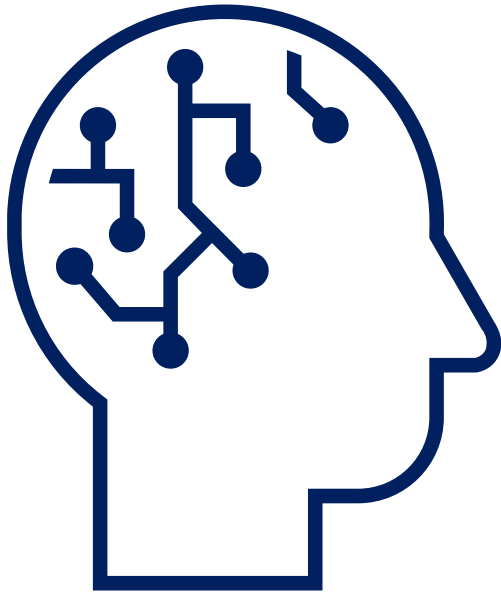
- Neuroscience: trauma dysregulates stress response and brain development.
- Developmental psychology: trauma increases risk for mental and physical health difficulties.
- TIAs foster resilience, recovery, and ethical service delivery.

# Trauma and Criminal Behaviour



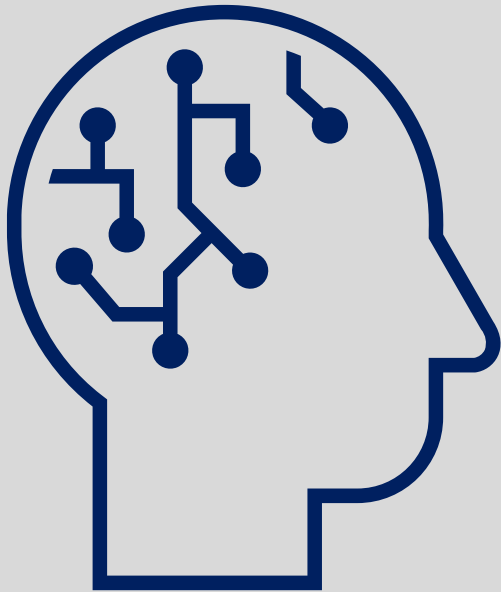
- 75–90% of incarcerated populations report traumatic experiences.
- ACEs predict delinquency and adult criminality.
- Women offenders show higher exposure to sexual abuse and domestic violence.

# Mechanisms Linking Trauma and Crime



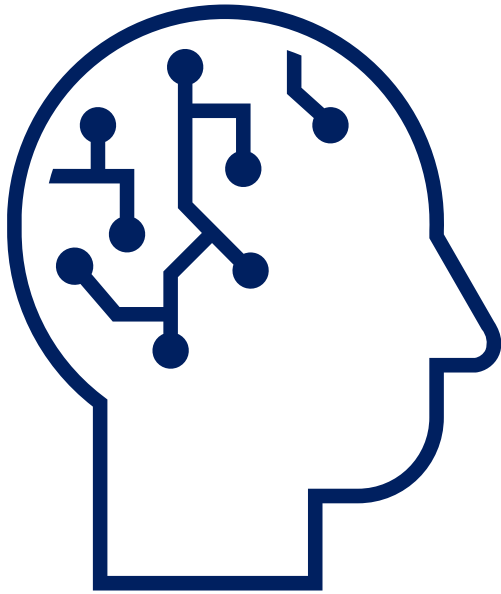
- Disrupted brain development → impulsivity, aggression, poor decision-making.
- HPA axis dysregulation → hypervigilance, impaired emotional control.
- Maladaptive coping: aggression, substance use, dissociation.
- Attachment disruption → antisocial traits.

# Specific Correlations



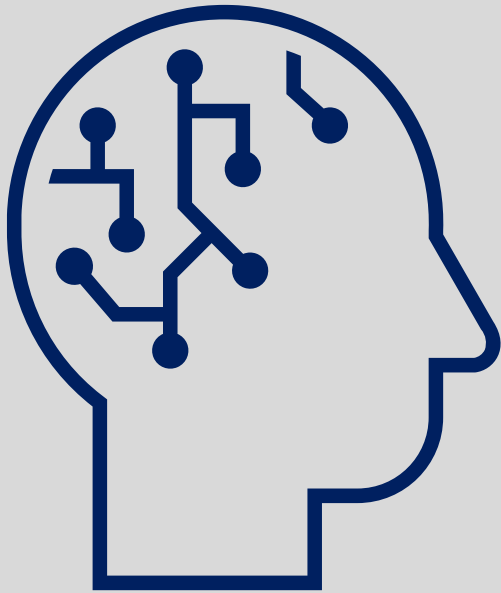
- Juvenile delinquency: abuse/neglect → higher risk.
- Violent crime: chronic exposure predicts violent behavior.
- Sexual offending: linked to victimization history.
- Substance-related crime: trauma → self-medication → offenses.
- Recidivism: untreated trauma → higher reoffending risk.

# Gender Differences



- Women: trauma-driven pathways, survival strategies, retaliatory violence.
- Men: trauma expressed through externalizing behaviors (aggression, gang activity).

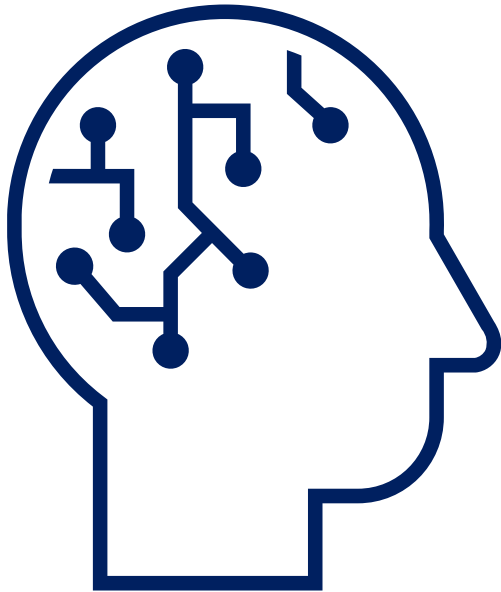
# Protective and Mediating Factors



- Trauma increases risk but does not determine criminal behavior.
- Mediators: secure attachment, social support, access to interventions, socio-economic context.

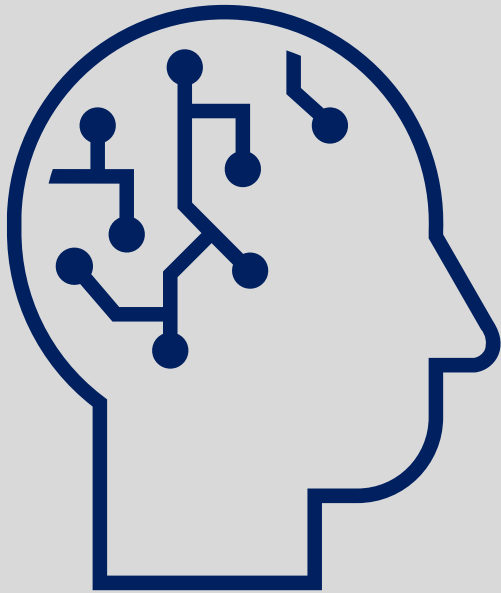


# TIAs in Rehabilitation



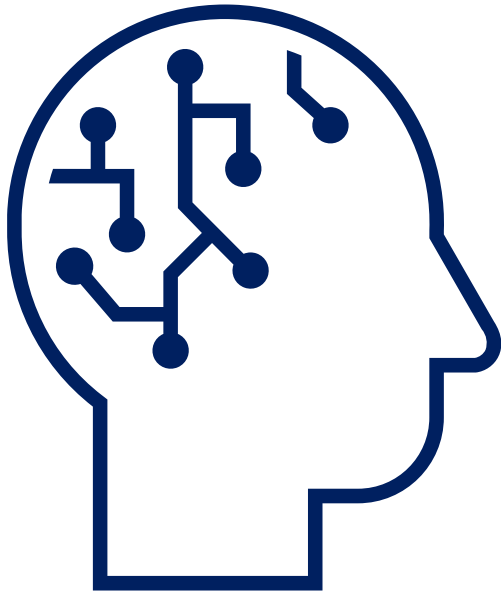
- High trauma prevalence in offenders.
- Punitive models may re-traumatize, reinforcing maladaptive behavior.

# Principles of TIAs in Corrections



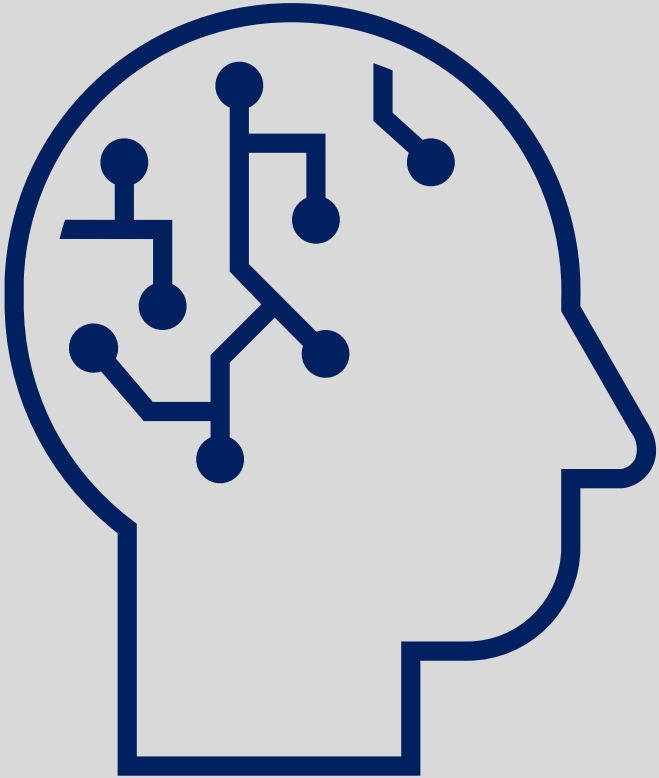
- Safety, Trustworthiness, Peer support, Collaboration, Empowerment, Cultural sensitivity.

# Evidence of Effectiveness



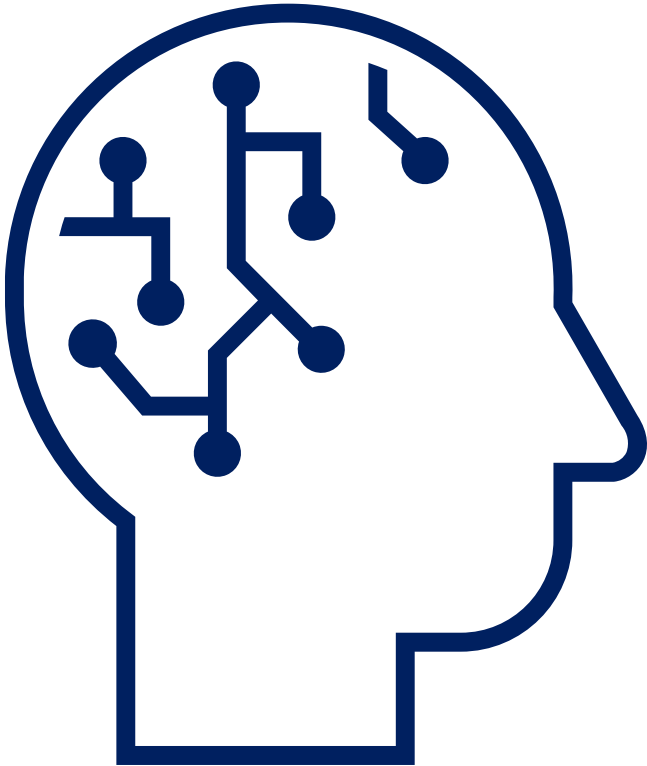
- Reduced PTSD, depression, anxiety.
- Improved coping and emotion regulation.
- Decreased substance use and disciplinary infractions.
- Gender-responsive programs improve institutional behavior.

# Challenges in Implementation



- Staff training and engagement.
- Organizational culture shifts.
- Limited longitudinal data.

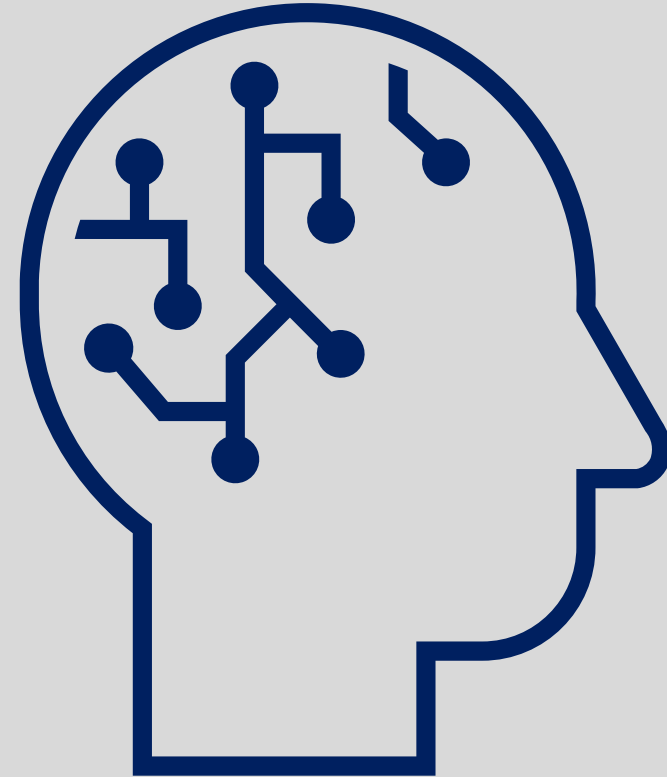
# Policy Implications



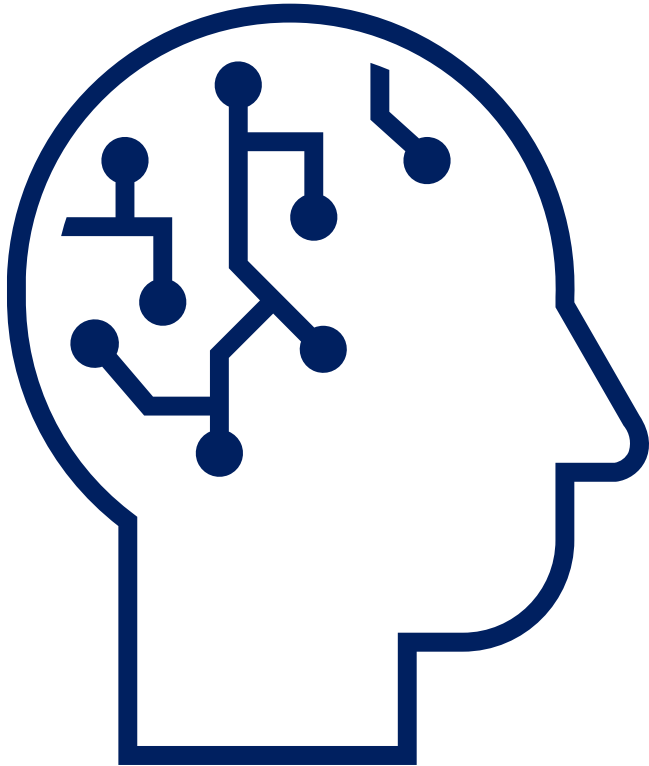
- Improve public safety.
- Enhance health outcomes.
- Ethical responsibility.
- Potential cost-effectiveness.

# Good Practices in Corrections

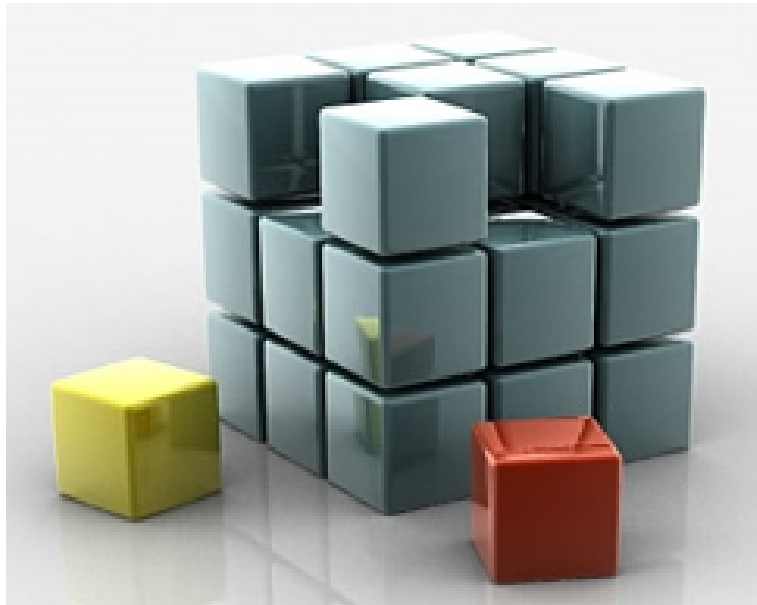
- Organizational commitment and leadership support.
- Comprehensive staff training and supervision.
- Safe environments and peer support.
- Trauma screening and individualized interventions.
- Gender and cultural sensitivity in programs.
- Integration with rehabilitation and reentry services.
- Ongoing evaluation and staff well-being support.



# Recommendations



- Commit to trauma-informed care at all levels.
- Train and support staff to recognize and respond to trauma.
- Ensure safety for offenders and staff.
- Assess trauma histories and provide evidence-based interventions.
- Incorporate gender and cultural responsiveness.
- Integrate TIAs with rehabilitation and reentry services.
- Monitor outcomes and improve programs continuously.
- Support staff well-being for sustainability.



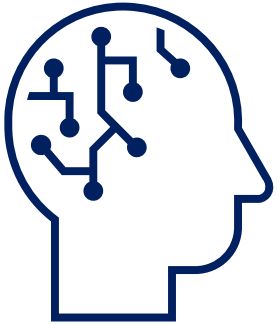
# **REHABILITATION OF OFFENDERS**

Challenges



# Mental health in prison

## Reducing Risk Factors



- The high psychiatric morbidity highlights the need for identification, assessment and treatment of people who are incarcerated with these illness, which is a basic human right to health (UNODC, 2015);
- Receiving treatment in prison has additional benefits, including reducing the risk of self-harm and suicide, drug related deaths and reoffending;
- Addressing and managing this problem requires a combination of primary, secondary and tertiary set of interventions;
- Violence prevention and the early identification and diversion of people at the police and sentencing stage to health-care services should be considered as a comprehensive strategy, as it prevents the escalation of harm and the proper and timely treatment of mental illness;
- The transition between prison to community is also a highly sensitive phase, and attention should be addressed in the preparation of release and the continuity of care.
- Decrease prison population and time spent in prison
- Improve prison conditions, including prison safety
- Increase alternative measures to imprisonment
- Invest in training and wellbeing of staff
- Develop research and studies on prison and probation matters



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