

Strengthening Promotive and Preventive Program: A Policy Review on Adolescent Mental Health in Prisons

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ABSTRACT

OBJECTIVE: Adolescents who interact with the law are a vulnerable group at risk of experiencing mental health issues. This policy review aims to present a summary of data on mental health problems, efforts to provide mental health services, and relevant regulations to strengthen mental health promotion and prevention programs in prison.

METHODOLOGY: This policy review used exploratory, descriptive methods and literature studies. The first phase involved 95 juvenile inmates, while the second phase included interviews with 13 participants, consisting of five nurses and eight prison officers. Samples were selected using purposive sampling. The tools used included the Strength and Difficulty Questionnaire, the Hamilton Anxiety Rating Scale, and interview guidelines. Data analysis was conducted using frequency distribution and thematic analysis.

RESULTS: The results of mental health studies show that 48.4% of adolescent inmates experience emotional mental disorders, and 37.9% experience moderate to very severe anxiety. The evaluation of mental health services identified three main themes, six sub-themes, and twelve categories. Furthermore, the literature review supported promotive and preventive programs through three laws and three ministerial regulations.

CONCLUSION: Most adolescents have normal mental health, but a significant number experience anxiety and require intervention. Efforts to improve mental health services should focus on early detection of mental health issues. Regulatory support should be optimized for the effective implementation of programs aimed at promoting and preventing mental health problems.

KEYWORDS: Adolescent; health promotion; mental health; policy; preventive psychiatry; prisons

INTRODUCTION

Adolescent mental health issues are a significant concern today¹, with over 1.9 billion children and adolescents aged 0 to 19 worldwide². Among this group, 21.5 million disability-adjusted life-years (DALYs) are lost due to diagnosed mental disorders^{2,3}. According to the World Health Organization (WHO), 14% of adolescents aged 10 to 19 experience mental health problems⁴. This prevalence is particularly alarming among those in prison, where mental health issues are seven times more common⁵. Research by Olafson et al. found that 90% of adolescents in the juvenile justice system face trauma and emotional disturbances⁶, often leading to depression, anxiety, post-traumatic stress disorder (PTSD), suicidal thoughts⁶⁻⁹.

Research studies in Indonesian prisons have identified significant psychosocial issues among

adolescents. At the Mamuju Detention Center, 59% of adolescent inmates reported mild stress, 33.3% moderate stress, and 7.7% severe stress¹⁰. A study at Children's Special Coaching Institutions Kupang found that 56.7% experienced moderate stress, while 43.3% reported mild stress¹¹. Violent behaviour, including physical, verbal, relational, and electronic violence, is common among these inmates. Those detained with adults often face mistreatment, such as physical violence, threatening their safety. These harsh conditions can lead to severe mental health issues like depression, anxiety, low self-esteem, and suicidal tendencies¹²⁻¹⁴. If untreated, these problems may continue into adulthood, as many mental disorders emerge during adolescence^{1,15}.

Recognizing the significant risk of mental health issues among adolescents in Indonesia's correctional institutions, especially on Sulawesi Island, it's vital to provide mental health and psychosocial support. Enhancing promotive and preventive programs aligns with the Sustainable Development Goals (SDGs), which aim to reduce premature deaths from non-communicable diseases by one-third by 2030, thereby lowering the suicide rate. This objective is outlined in the Indonesian Minister of Health Regulation Number 13 of 2022, which updates Regulation 21 of 2020 regarding the Ministry of Health's Strategic Plan for 2020-2024. A key goal is to ensure that 90% of the population aged 15 or older at risk of mental health

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problems receives the necessary support¹⁶. Improving mental health should be a joint initiative between the government and the community. The Ministry of Law and Human Rights and the Ministry of Health must offer mental health support for adolescents in institutions, as mandated by Correctional Law No. 22 of 2022 and Health Law No. 17 of 2023^{17,18}. However, these initiatives have been hampered by limited human resources and inadequate facilities, such as quiet and counselling rooms. Mental health services in health facilities show disparities, as some staff lack an understanding of mental health issues. Additionally, not all correctional facilities have implemented early detection protocols for mental health problems. While regulations require monthly health services for inmates, 20% report not receiving these checks, primarily focusing on physical examinations¹⁹.

This research is vital because adolescents are essential for future leadership and productivity. However, mental health issues among incarcerated adolescents often go unaddressed, as many prisons, especially in South and West Sulawesi Provinces, do not screen for these problems. This policy review summarizes current data on adolescent mental health during incarceration and existing policies, serving as a basis for improving programs aimed at promoting mental health in prisons.

METHODOLOGY

Study Design

This policy review used three stages: exploratory, descriptive methods and literature studies. The first stage examined adolescent mental health issues through quantitative research. The second stage analyzed mental health services in prisons using qualitative studies. The final stage reviewed regulations and policies to improve promotive and preventive programs for adolescent mental health.

Samples, Participants, and Setting

The research was conducted at Special Child Coaching Institutions in Mamuju, West Sulawesi, and South Sulawesi, Indonesia. The first phase focused on adolescent inmates using purposive sampling, with 95 participants aged 12-18, male or female, willing to participate and not being transferred to adult prisons. In the second phase, 13 participants, including five nurses and eight prison officers, were selected based on their willingness to provide information and have at least one year of work experience in mental health services at Special Child Coaching Institutions. The third phase examined three laws and three ministerial regulations.

Instruments

In Stage 1, the researchers use the Strengths and Difficulties Questionnaire (SDQ)²⁰ and the Hamilton Anxiety Rating Scale (HAM-A)²¹, with Cronbach's alpha values of 0.773 and 0.866, respectively. In Stage 2, the researcher conducts interviews guided by

a structured interview guide, developed and reviewed by a psychiatric nursing expert and refined after pre-interviews with two participants. The research questions are: 1) What efforts have been made to address the mental health issues of adolescent prisoners? 2) What obstacles are perceived in tackling these mental health problems? 3) What are nurses' expectations regarding mental health services for adolescent inmates?

Data Collection

In the initial phase of the study, teenagers completed the SDQ and HAM-A questionnaires. Additionally, in-depth interviews were conducted with prison nurses and officers to explore initiatives aimed at addressing adolescent mental health in prisons. The data gathered provided a basis for evaluating policies to improve adolescent mental health programs. Furthermore, findings from the literature review were analyzed to offer recommendations for enhancing supportive programs and prevention strategies. Data collection took place from March 19 to June 6, 2024.

Data Analysis

Data analysis began by creating a frequency distribution to outline the characteristics of respondents and the mental health issues of adolescent prisoners. Following this, a thematic analysis was conducted with each participant. The researcher transcribed interview results and field notes while analyzing the data. Creswell's systematic coding process was employed, which involved 1) listening to the recorded interviews, 2) carefully reading the texts, 3) highlighting significant statements, 4) connecting essential themes, and 5) developing central themes to describe the phenomenon²².

RESULTS

Stage 1: Identifying mental health problems in adolescent inmates in prisons.

The data on adolescent inmates shows that most were 17 years old (45.3%), and all were male. The majority completed junior high school (51.6%). Most prison terms lasted less than two years (54.7%), the longest being over seven months (45.3%). The leading criminal cases involved child protection (53.7%), and 89.5% of respondents were non-recidivists (**Table I**). The assessment of mental health issues in juvenile inmates shows that most participants (49 or 51.6%) are in the average category concerning their mental and emotional well-being. The percentage of those in the borderline and abnormal categories is similar, at 46 participants (48.4%). Adolescents with borderline scores are at risk for emotional and behavioral problems and should receive further evaluation. Additionally, many respondents reported mild anxiety (59 or 62.1%), while 36 participants (37.9%) experienced moderate to very severe anxiety (**Table II**).

Table I: Respondent characteristics based on age, sex, education, criminal period, long term of prison, criminal cases, and recidivists at the prisons

Respondent Characteristics		Total (n=95)	%
Age	15	10	10.5
	16	33	34.7
	17	43	45.3
	18	9	9.5
Sex	Male	95	100
Education	Not in school	2	2.1
	Primary school	20	21.1
	Junior high school	49	51.6
	High school	24	25.3
Criminal period	< 2 year	52	54.7
	2-5 year	35	36.8
	> 5 year	8	8.4
Long-term prison	< 3 months	32	33.7
	3-7 months	20	21.1
	> 7 months	43	45.3
Criminal cases	Sexual activity with a child	51	53.7
	Murder	12	12.6
	Theft	12	12.6
	Narcotics abuse	9	9.5
	Persecution	9	9.5
	Violation of order	1	1.1
	Traffic accidents	1	1.1
Recidivists	Yes	10	10.5
	No	85	89.5

Table II: Overview of mental health problems of adolescent inmates

Variable		Total (n = 95)	%
Mental emotional disorders	Normal	49	51.6
	Borderline	35	36.8
	Abnormal	11	11.6
Emotional Symptoms (E)	Normal	69	72.6
	Borderline	12	12.6
	Abnormal	14	14.7
Behavioral Problems (C)	Normal	75	78.9
	Borderline	9	9.5
	Abnormal	11	11.6
Hyperactivity (H)	Normal	59	62.1
	Borderline	24	25.3
	Abnormal	12	12.6
Peer Problems (P)	Normal	52	54.7
	Borderline	20	21.1
	Abnormal	23	24.2
Prosocial Behavior (Pro)	Normal	84	88.4
	Borderline	6	6.3
	Abnormal	5	5.3
Anxiety	Light	59	62.1
	Keep	18	18.9
	Heavy	13	13.7
	Very heavy	5	5.3

Stage 2: Identify mental health services at the prison.

The qualitative research participants averaged 39.08 years, with 76.92% being male. Of the participants, 61.55% were married, 38.46% were civil servant nurses, and 61.54% were officers. Their average length of employment was 4.08 years, as shown in **Table III**. Mental health services for adolescent inmates are categorized into three themes: 1) Mental health services, 2) Barriers to mental health services, and 3) Expectations for mental health services. Analysis of these services in prisons is detailed in **Table IV**.

Table III: Characteristics of participants

	Variable	Total (n = 13) n (%) or M±SD
	Age (years)	39.08±10.9
Sex	Male	10 (76.92 %)
	Female	3 (23.08 %)
Education	High school	2 (15.38 %)
	Diploma	1 (7.69 %)
	Bachelor	8 (61.55 %)
	Master	2 (15.38 %)
Marital status	Married	12 (92.31 %)
	Not married	1 (7.69 %)
Work	Nurse	5 (38.46 %)
	Prison officer	8 (61.54 %)
	Working period (years)	4.08 ± 3.23

Theme 1: Mental health services provided

Mental health services provided to adolescent inmates include health information, motivation, intervention elaboration with institutions, and family communication. Participants have expressed their support for addressing these issues:

"We carry out health education such as sexual education and HIV counseling, but it has not been routinely implemented..." (Participant 1). "Advising them to be patient and sincere in accepting punishment (Participant 7), provide motivation and enthusiasm (Participant 4), convey that they are no different from children outside" (Participant 10). "For mental health, we collaborate for counseling guidance" (Participant 12). "We as coaches routinely provide child development reports to parents through WhatsApp groups and facilitate communication between children and parents" (Participant 6).

Theme 2: Barriers to mental health services

The current obstacles to delivering mental health services to adolescent inmates include limitations in nurses' knowledge and skills, a greater emphasis on physical health services, and restrictions on facilities and infrastructure. Participants have expressed their support for addressing these issues:

"...about mental health problems, the knowledge is still very shallow" (Participant 2). "...still need to learn how to do mental health screening" (Participant 4). "...because we have limited resources, so we do it

Table IV: Analysis of the theme of identification of adolescent mental health services in prisons

Theme	Sub-theme	Categories	Keywords
Mental health services provided	Providing mental health education	Health information	Health education, sexual education, HIV counseling (P1,3,4,6, 12).
		Motivation	Advising to be patient and sincere in accepting punishment (P7); Provides motivation and enthusiasm (P4, 5, 10); Convey that they are no different from other children (P1, 10).
	Collaborative therapy delivery	Elaboration with other institutions	Cooperation for counseling guidance (P1, 3, 10, 11, 12).
		Communication with family	Providing child development reports, WhatsApp groups facilitate communication (P6, 10, 11).
Barriers to mental health services	Human resources	Limited knowledge and skills of nurses	His knowledge is still very shallow (P1, 2); Still need to learn how to do mental health screening (P3, 4).
		Priorities and focus of health services	Nurses only give a physical examination when they come and seek treatment if there are complaints (P1, 2, 3, 4).
	Facilities and infrastructure	Fire Screening	There is no questionnaire for mental health screening yet available (P1, 2).
		Mental health treatment facilities	There are no special facilities or counseling rooms (P1, 2, 3, 4, 5).
Expectations for mental health services	Improving the quality of human resources	Improving officer training	It is necessary to be trained to screen and assess mental health problems (P1, 2, 3, 4, 5); Need to be equipped with communication (P7, 8, 9).
		Optimization of mental health coaching	Counseling guidance has not been maximized, the intensity of intervention needs to be increased, and it is necessary to involve nurses (P1, 2, 3, 4, 5).
	Improvement of the mental health service system	Increased cross-sectoral cooperation	Cooperation related to health services needs to be improved (P10, 11, 12, 13).
		Improvement of mental health facilities and infrastructure	Facilities and infrastructure are still limited; there is no special counseling room (P1, 3, 4, 5, 6, 10, 11).

according to procedures, nurses only have a physical examination when they come and seek treatment if there are complaints" (Participant 1). "No questionnaire is available for mental health checks" (Participant 2). "There are no special facilities for mental health treatment, such as special counseling rooms" (Participant 5).

Theme 3: Expectations for mental health services

Officers' expectations for mental health services in prisons are to increase training for officers, optimize mental health coaching, increase cross-sectoral cooperation, and improve mental health facilities and infrastructure. The statements of the participants in favor are:

"We still need to be trained in how to screen and assess mental health problems. Currently, it is only done once and is limited; even if there is a problem, we also don't know what therapy to provide" (Participant 3). "...it is also necessary for the caretaker to be involved because we are the ones who interact with the children the longest and most often, so it is necessary to be equipped with communication" (Participant 8). "Indeed, so far, there have been those who have provided counseling guidance, but it has not been too maximal; the

intensity of providing intervention still needs to be increased. Maybe it is also necessary to involve us nurses here; if, for example, they do not come, we can replace them" (Participant 5). "Cross-sectoral cooperation has been carried out related to health services, but it still needs to be improved" (Participant 13). "The facilities and infrastructure for mental health coaching are still limited, there is no special counseling room, but we can use clinics or halls later we will consider" (Participant 11).

Stage 3: Literature study on regulations and policies

The literature review on regulations and policies to enhance promotive and preventive programs in correctional institutions includes 1) Law Number 17 of 2023 concerning Health¹⁸, 2) Law Number 22 of 2022 concerning Corrections¹⁷, 3) Law Number 11 of 2012 concerning the Juvenile Criminal Justice System²³, 4) Minister of Health Regulation Number 13 of 2022 (amending Number 21 of 2020) on the Ministry of Health's Strategic Plan for 2020-2024²⁴, 5) Minister of Law and Human Rights Regulation Number 18 of 2015 on Special Development Institutions for Children²⁵, 6) Minister of Health Decree Number 701 of 2018 on mandatory reporting institutions and health

facilities for the Methadone Therapy Program²⁶. This overview highlights vital regulations supporting health initiatives in correctional settings.

DISCUSSION

The study revealed that adolescent inmates experienced mental-emotional disorders and mild to severe anxiety. The results of quantitative studies and meta-analyses indicate that adolescents in prison are more likely to experience mental health issues^{27,28}. They may appear to be emotionally rigid, but in fact, they struggle to express their feelings. Prisoners find recognizing, understanding, and communicating their emotions challenging, making diagnosis difficult²⁹. This problem needs to be the concern of all parties because it does not only affect the adolescents themselves^{28,30} but also the family, society³¹ and the country's economy³². The impact of mental health problems, if not handled properly, will hinder the achievement of the goals of the correctional system as stated in Article 2 Letter B of Law No. 22 of 2022, namely improving the quality of personality and independence of inmates¹⁷. The cost of mental health care will increase. Data from the Health Insurance Administration Agency identified the total cost of health services with cases of mental disorders in 2019 -2020 as Rp 1.3 trillion, with details of outpatient costs of Rp 264.1 billion and inpatient costs of Rp 1.03 trillion. Other impacts include increased cases of self-harm or others (assisted citizens and officers) and the risk of suicide; there is a disturbance of security and order, an extension of stay in prison; and recidivist rates increase^{5,18}.

The current policies have not been fully utilized to carry out promotive and preventive efforts for mental health in adolescents within institutional settings. This aligns with the findings of qualitative studies that highlight several challenges healthcare workers face. These challenges include high prison population density, heavy workload for officers, lack of knowledge, and insufficient training to improve their skills in dealing with mental health issues³³.

The Ministry of Health, through the Directorate of Mental Health, is working to enhance mental health services in Indonesia. Under Minister of Health Decree Number 701 of 2018, 754 health facilities are now designated as Mandatory Reporting Institutions, requiring hospitals to allocate 10% of beds for inpatient rehabilitation. The Ministry also aims to strengthen healthcare workers' mental health promotion, early detection, and treatment capacity through funding and collaboration with development partners²⁶. The current policies and programs are commendable, but better collaboration between the Ministry of Health and the Ministry of Law and Human Rights is needed. Standard policies are essential for implementing effective mental health measures for adolescents in correctional institutions.

Strengthening the mental health of adolescents in correctional institutions can be done through

promotive and preventive programs. The promotive program involves providing education to enhance understanding of mental health, offering training to adapt to community life, and creating a supportive environment within the prison²⁰. These mental health programs aim to decrease risk factors and enhance protective factors for the individuals involved³⁴.

Similarly, preventive programs can include early detection, diagnosis, and management of adolescent mental health, communication, information, and education about preventing mental disorders, and psychosocial and mental health support²⁰. This involves implementing appropriate nursing interventions such as generalist nursing therapy, nursing counseling guidance³⁵, cognitive behavioral therapy, and family psychoeducational therapy²¹.

This policy review recommends: 1) Conduct thorough mental health screenings for adolescents in prisons to reach the goal of screening 90% of at-risk individuals aged 15 and older. 2) Promote collaboration between correctional institutions and local health services to enhance prison mental health prevention efforts. 3) The Ministry of Law and Human Rights should provide necessary facilities for mental health services and recruit qualified professionals to meet human resource needs. 4) Involve nurses in integrated mental health management training offered by local health services. 5) Partner with educational institutions to implement mental health promotion and prevention initiatives. This study's findings significantly encourage the development of standard operating procedures from existing regulations, thereby supporting the creation of mental health interventions for adolescent inmates.

CONCLUSION

The majority of adolescents have good mental health, but a significant number experience anxiety and need help. It's essential to identify mental health issues early and improve services. Optimizing regulatory support can help implement effective programs for preventing and promoting mental well-being. Strengthening policies in correctional institutions and addressing risk factors will enable researchers to identify and treat adolescent mental health issues more effectively.

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can provide the data proving the findings of this study on request. Privacy or ethical restrictions bound us from sharing the data publicly.

AUTHOR CONTRIBUTION

Pulungan ZSA: Served as the principal researcher, overseeing the research's planning and implementation phases.

Hamid AYS: Made invaluable contributions at various stages, including research design, data collection, analysis, and script writing.

Susanti H: Made invaluable contributions at various stages, including research design, data collection, analysis, and script writing.

Dewi SY: Made invaluable contributions at various stages, including research design, data collection, analysis, and script writing.

All researchers collaborated closely to achieve high-quality results.

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