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Mental healthcare practices with population deprived of liberty: scoping review

Práticas de cuidado em saúde mental com população privada de liberdade: revisão de escopo

Prácticas de cuidado de salud mental con población privada de su libertad: revisión exploratoria

RESUMO

Objetivo: Identificar as práticas de cuidado de saúde mental com população privada de liberdade presentes em publicações científicas atuais sobre o tema em questão. Método: revisão de escopo de publicações entre 2016 e 2021, nas bases Latino-Americana e do Caribe em Ciências da Saúde e Scientific Electronic Library Online, utilizando-se como descritores: Prisioneiros; Prisões; Saúde Mental e como unitermos: Cuidado em Saúde; Cuidado. Resultados: Identificaram-se doze artigos que se relacionam com o paradigma psicossocial e dos direitos humanos das pessoas privadas de liberdade. As práticas identificadas se referem à necessidade de pesquisas que desenvolvam estratégias para diminuir a reinserção no sistema penal e possibilitar a reintegração dos detentos na sociedade. Conclusão: A construção de práticas de cuidado em saúde mental para pessoas privadas de liberdade respaldas na premissa dos direitos humanos exige a compreensão das necessidades desta população, considerando os eventuais transtornos associados à privação de liberdade.

DESCRITORES: Assistência centrada no paciente; Enfermagem; Prisioneiros; Saúde Mental; Vulnerabilidade em saúde.

ABSTRACT

Objective: To identify mental health care practices with population deprived of liberty present in current scientific publications, about topic in question. Method: Scoping review of publications between 2016 and 2021, in Latino-Americana e do Caribe em Ciências da Saúde e Scientific Electronic Library Online, using as descriptors: Prisoners; Prisons; Mental Health and as keywords: Health Care; Care. Results: Twelve articles were identified, which unanimously relate to the psychosocial paradigma and human rights of people deprived of liberty. The practices addressed in the articles referred to the need for research and studies that develop strategies to reduce reintegration into the penal system and enable the reintegration of inmates into society. Conclusion: The build of mental health care practices for people deprived of liberty based on the premise of human rights requires to understanding the needs of this population, considering the possible disorders associated with deprivation of liberty.

DESCRIPTORS: Pacient-centered care; Nursing; Prisioners; Mental Health; Vulnerability in health.

RESUMEN

Objetivo: Identificar las prácticas de cuidado en salud mental com las personas privó de su libertad presentes en las publicaciones científicas actuales, sobre el tema em cuestión. Método: Revisión exploratória, de publicaciones entre 2016 y 2021, en bases de datos Latino-Americana e do Caribe em Ciências da Saúde e Scientific Electronic Library Online, utilizando como descriptores: Prisioneros; Prisiones; Salud mental y como palabras clave: Cuidado de la salud; Cuidado. Resultados: Se identificaron doce artículos, que unánimemente se relacionan con el paradigma psicossocial y los derechos humanos de las personas privó de su libertad. Las prácticas abordadas en los artículos se refieren a la necesidad de investigaciones y estudios que desarrollen estrategias para reducir la reintegración al sistema penal y posibilitar la reintegración de los internos a la sociedade. Conclusión: La construcción de prácticas de atención en salud mental para las personas privadas de libertad con base en la premisa de los derechos humanos requiere la comprensión de las necesidades de esta población, considerando los posibles trastornos asociados a la privación de libertad.

DESCRIPTORES: Asistencia centrada em el paciente; Enfermería; Prisioneros; Salud mental; Vulnerabilidad en salud.

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INTRODUCTION

In the social context in which those deprived of liberty are inserted, there are aspects linked to an unhealthy environment, overcrowding, dark cells, poor ventilation and foul odor, poor nutrition, sedentary lifestyle, confinement in "solitary" where the physical space is minimal, few professionals dedicated to health or social work and education. Such factors feed the stigma of the prison population and act as enhancers of different inequities and illnesses, causing, in most cases, psychological distress to these people, as well as mental disorders such as depression, anxiety and stress. 1

Thus, it is highlighted that the environment is an important social determinant in the context of mental health, especially in prison, as it disrupts the emotional state of inmates and contributes to momentary or permanent mental imbalance. This is because there are changes at the time of entry into this environment and that, together with the stressful factors, potentiate feelings of anxiety, fear, helplessness, isolation, rejection, impotence and decreased self-esteem, disrupting relationships, frightening and arousing isolation. 2

Thus, it is considered that those deprived of liberty have higher rates of mental disorders when compared to the community in general. Depressive symptoms among people deprived of freedom refer to persistently depressed mood, loss of interest, joy and reduced energy, which lead to increased fatigue and decreased activity. 1

In addition to depressive symptoms, stress is also a mental health problem in prisons, associated with the manifestation of psychological distress due to the social context in which they live, relating to a greater risk of suicide in prison. 1

It is important to emphasize that the fact of being deprived of freedom does not mean that their rights are reduced, but that they need care following the precepts of the Unified Health System (SUS - Sistema Único de Saúde) and the Public Policies implemented for this population. 3

The National Policy for Comprehensive Health Care for Persons Deprived of Liberty in the Prison System (PNAISP - Pessoas Privadas de Liberdade no Sistema Prisional) stands out, which provides for the expansion of health actions in the SUS for the population deprived of liberty, making each basic prison health unit become recognized as a point of attention of the Health Care Network (RAS - Rede de Atenção à Saúde). The aim is, therefore, to ensure that the right to citizenship takes effect from the perspective of Human Rights, promoting access to comprehensive health offered by the State. 3

In order to ensure access to health care as a constitutional right for every citizen, it is necessary for the professional caregiver to understand that each individual has its own uniqueness, constituting a unique identity. Based on the assumptions of comprehensiveness and humanization of healthcare, it is essential that professionals recognize that certain responses to health care are directly correlated to the social context in which the subject is inserted. 4

Thus, the aim of this study was to analyze current scientific publications regarding mental health care for the population deprived of liberty through a scope review.

METHOD

The study is an excerpt from part of the specialization work in Family Health, characterized by the scope review on mental health care with the population deprived of liberty. The clinical perspective of the study takes place through the field of mental health and, therefore, relational technology is used for the production of care.

Thus, for data production, the PICO strategy was used, characterized by People deprived of liberty (Population); Interpersonal relationships (Intervention); Care profile and practices (Comparison); Men-

tal health of prisoners (Outcome), forming the question: "What mental health care practices for the population deprived of liberty are addressed in current scientific publications?".

From this, the search was carried out from December 2019 to May 2021, in the Latin American and Caribbean databases in Health Sciences (LILACS) and Scientific Electronic Library Online (SciELO), in the integrated modality platform to the Regional Portal of the Virtual Health Library (VHL), using the Health Sciences Descriptors (DeCS): Prisoners; Prisons; Mental Health and Descriptors: Health Care; Caution. The period of time cut was from publications that took place between 2016 and 2021.

A Boolean logical operator was used, which defines the relationships between terms in a search, the most common being: AND, OR and NOT, proposing the creation of a very generic or very limited search. 5

Another important variable considered was the level of scientific evidence (NE), which aims to strengthen the Evidence-Based Practice (EBP) process, involves the definition of a problem, the search for, and the critical evaluation of available evidence, for better decision making, implementation and evaluation of the results obtained. 6

As inclusion criteria, articles that were available in full, in English, Portuguese and Spanish, and that answered the study question and the criteria used, were selected. Duplicate articles and case reports were excluded.

The study also considered the precepts of the PRISMA extension for scoping reviews (PRISMA-SCR). The scope review steps were followed: identification of the research question; inclusion criteria; search strategy; extraction of results; and presentation of results. 7

RESULTS

The electronic search resulted in 145 articles, of which 52 were separated for reading the title and abstract. Of these 20 were

Chart 1. Care practices identified by the selected articles:
Ensure the continuity of health care for those deprived of liberty inside and outside prisons. 2
Develop mental health assessment procedures and create a more beneficial climate, improving well-being and reducing their reintegration into the prison system. In addition, the authors recommend further studies and research in the areas. 8
Research and develop strategies to reduce reinsertion in the penal system. Offer diagnosis, treatment, adequate rehabilitation programs and quality psychiatric care. 9
Develop longitudinal studies inside and outside prisons, and research the effectiveness of programs aimed at depression and resocialization. 10
Develop more studies on the topic of mental health in people deprived of liberty. 11
Longitudinally study themes such as suicide, adaptation and the influence of events within prisons. 12
Studying the costs and cost-benefit of prisons, to ensure adequate care for inmates and prison workers. 13
Improve the knowledge of prison workers about mental health, screening, guaranteeing the identification and treatment of those individuals in need. 14
Emphasize the continuity of care outside prisons to promote a better quality of life and re-duce the chance of recurrence.15
Implement programs that strengthen coping strategies, improve relationships and promote satisfaction with their own mental health, through psychological well-being. 16

Encourage work, leisure, physical and religious activities. Provide support to improve family bonds through visits. 17
Reduce family abandonment through visits. Improve leisure, occupational and structural area of the prison. Promote inter-sectorial initiatives in order to favor a healthy environment. 18

Source: The authors, 2021.

read in full. After that, by applying the inclusion and exclusion criteria, 12 scientific articles were selected that were in accordance with the research question, which were explored in the study. The criteria of the PRISMA-ScR flowchart were used. 7

When analyzing the articles, it was noticed that one uses the biomedical paradigm, with the psychiatric hospital as the typical place for the treatment of people with mental suffering. In contrast, eleven articles use the psychosocial paradigm.

The articles analyzed are unanimously related to the paradigm of human rights of people deprived of liberty, signaling that there are serious problems in the world context of prison, including lack of resources, high expenses with decaying procedures and programs, sanitation conditions, food and degrading health, which cause a high degree of human rights violations and, consequently, a high rate of mental disorders.

Thus, by analyzing the articles, the main care practices were selected, namely: offering continuity of care to the health of those deprived of liberty inside and outside prisons; 2 creation of a beneficial correctional climate, reducing stress, anxiety and depression; 8 need for research and development of strategies to reduce reinsertion in the prison system; 8,9,10,11 study topics such as suicide and adaptation in prisons; 12 ensure better mental health care; 13,14 reintegration of prisoners into the community, ensuring psychiatric care and reducing social isolation; 15 implementation of strategies that strengthen coping, improve the inmates' relationship with their families and promote satisfaction with their own health. 16,17,18

DISCUSSION

In the field of health, the object is not cure or the promotion and protection of health, but the production of care, through which it will be possible to achieve cure and health. Care transcends healing, becoming essential for life. 19

For this care production, there are multiple ways, models and actions to do it. In the context of mental health, the biomedical paradigm stands out, which presents the psychiatric hospital as the central place for treatment, with the fragmentation of tasks and the overvaluation of medical knowledge. The biomedical paradigm emphasizes the organic determinations of problems (diseases) and drug therapy and, in most cases, acts by excluding family members and users from participating in the treatment process. 20

On the other hand, the psychosocial paradigm is also highlighted, which is characterized by interprofessional teamwork and the use of different therapeutic resources, emphasizing the individual's social reintegration, with attention to psychosocial and human rights demands. In this paradigm, there is, therefore, an investment in work with the family, the community and the individual, proposing the promotion of effective and humanized care. 20

Certainly, this care paradigm reveals innovative and transforming power, since its guidelines are dedicated to promoting positions opposite to those observed in the biomedical paradigm. However, contrary to the new technical-assistance standards, the reproduction of the trend towards medicalization prevails in the daily practice - a silencing practice, denouncing the difficulty of opening up to the relationship with the other in the care process. Paradoxically, the subject who suffers psychic pain does not find a space for dialogue in the place that exists to welcome him and work from their speech. 21

According to Merhy, 19 for the production of care by health workers, either individually or in teams, the greater the set of knowledge available, the greater the possibility of understanding the health problem faced. In this sense, the capacity to meet people's health needs in a resolute way will also be greater. However, the real life of health services has shown that, according to the care models that are adopted, health practices are not always effectively committed to the production of care.

Health practices can be produced through three types of technological arrangements through which the acts of care are produced, namely: light technologies (of relationships), light-hard technologies (of knowledge), hard technologies (of equipment and tools). 22

Light, relational technology is essential to expand people's ability to deal with subjectivity and the care needs of others due to its ability to produce bonding, welcoming and empathy. Soft-hard technology concerns well-structured knowledge, which operates in the care process. Hard technology, on the other hand, refers to the use of technological equipment and tools that help in this process. 22

Still, Merhy 19 emphasizes that every health professional, regardless of their core of knowledge, needs to commit to the production of care practices. Therefore, it is imperative to promote training and training processes that develop skills to act in the specific field of light technologies, ways of producing reception, accountability and bonds.

In this context, there is a need to reflect on the modes of care in environments such as prisons, where not even basic needs are guaranteed, such as toilets, beds, closets, lighting, recreational activities, leisure, teaching, study, reading, which in addition to

being rights, they enable a positive influence on the mental health of those deprived of liberty. It is known that mental suffering is related to low socioeconomic status, living environment, unemployment, history of sexual or physical abuse, use of psychoactive substances, as well as family history of mental disorders and chemical dependency, among others. 23

The social determinations evidenced by the low socioeconomic conditions and vulnerabilities inscribed in the daily life of the population deprived of liberty, associated with the set of rules and social norms established in prison, reinforce the high risk of recurrence and perpetuation of the cycle of marginalization and social invisibility. Furthermore, in the prison system, programs to encourage work activity or studies are rare, elements that are associated with a positive quality of mental health. 24,25

Considering mental health as the state of psychic balance originated by the relationship between individual and environmental elements, living in an unhealthy daily life is disturbing to mental health. 26

There are many factors that cause and aggravate the mental disorders of those deprived of liberty, so that the prison system, as it is structured, has a disproportionate social and health impact on the lives of inmates. 16

Those deprived of liberty are mostly young, black, from socially underprivileged urban areas, with high crime rates, a fact that highlights the social determination of the reality where they build their ways of living favors incarceration, given the absence of access to fundamental rights. 14

Thus, the material conditions of existence, marginalization, lack of access to work, income, school, leisure and education favor imprisonment as a life outcome. Upon entering this environment, the denial of citizenship rights remains. Thus, the "inside" and the "outside" of prison are intrinsically interconnected and reflect the social contradictions, inequalities and ways of life that make one person foreign to another, as if he were not part of the same humanity. 14

Prison acts, in most cases, only reducing this vulnerability and aggravating mental disorders. And when they are released, they start to live with the stigma of "ex-convicts", they do not get job and study opportunities, and the only visible way out is a return to crimes, which culminates in a recurrence in the penal system, generating a cycle of vulnerability. 14

It is also noted that there are few studies that help in the planning and development of comprehensive assessment and treatment services that contribute to successful rehabilitation and community reintegration, with joint work and sharing of information between services. Only then will it be possible to more effectively identify individuals with mental disorders, as well as allow continuity of care. 19

Furthermore, few studies suggest investment in training professionals who work both in safety and health, to better identify clinical signs of depression, as well as training to identify incorrect use of controlled medications. Early recognition of signs and symptoms of mental disorders allows intervention with the possibility of improving clinical outcomes, as well as the identification of suicide risk. 12,23

CONCLUSION

The study allowed us to understand the perspective of current publications about mental health care for people deprived of liberty. Thus, it is essential for health professionals to build care plans consistent with the uniqueness of living deprived of freedom, considering the mental disorders and socioeconomic inequalities experienced, so that it is possible to rescue the fundamentals of citizenship and the human rights that are neglected to this population.

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