

# Mental Health Services for Correctional Inmates at A Correctional Institution

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**Abstract** In Indonesia, the number of inmates increases almost every year. On the other hand, the Indonesian government is often faced with a limited number of existing prison facilities, including mental health services. Many cases of mental disorders in inmates are not treated, and their conditions even get worse. This program aimed to develop a mental health service program for inmates with individual counseling and supportive group therapy combined with the dhikr therapy in one of the prisons in Indonesia. Data were collected using questionnaires, interviews, and Focus Group Discussions (FGD). Questionnaires and interviews were conducted with the inmates, while the FGDs were conducted with psychologists. Data were analyzed descriptively for questionnaires and thematic analysis for interviews and FGDs. Based on the data collected, as many as 34 inmates used individual counseling services with a total of 50 visits. The data shows that the problems consulted in the form of family problems (59%), problems with partners (20%), prison environment problems (6%), fear of being released (6%), self-esteem problems (6%), and problems about a job (3%). The results of data analysis showed that the inmates feel that psychological interventions in prison were beneficial. Both inmates who had attended individual counseling and supportive group therapy combined with the dhikr therapy felt its benefits in overcoming the psychological problems. This study suggests that mental health services in prisons need to be an area of concern, considering the urgent needs in prisons.

## 1. INTRODUCTION

Based on Law Number 12 of 1995, a Correctional Institution (Lembaga Pemasyarakatan) is a place to carry out guidance for the correctional inmates (Warga Binaan Pemasyarakatan). The correctional system aims to shape the inmates to become real human beings, realize mistakes to improve themselves, not repeat the criminal acts to be accepted by the community, be able to play an active role in development, and be able to live normally as good and responsible citizens.

Some experts say that life in a correctional institution is a life with a high stressor level (Cooke et al., 2002). Based on the Social Readjustment Rating Scale (SRRS) developed by Holmes & Rahe (1967), imprisonment is the fourth highest stressful condition

on the scale of life experience sequences that cause stress. The development of a study using SRRS conducted by Hobson (1998) also showed similar results with incarceration in prison categorized as a highly stressful condition. Inmates have a vulnerability to physical, psychological, and sexual violence. Inmates also tend to get negative labels and rejection from society (Haney, 2002; Mbuba, 2012; Utari et al., 2012). The existence of negative stigma and the inability to accept conditions can also add to its own stressor, which might impact the individual's perception of themselves and their life (Ardilla & Herdiana, 2013).

The mental health problem of inmates is a worldwide issue and is one of the main challenges for the public health sector.

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World Health Organization & International Committee of the Red Cross (2014) explained that the prevalence of mental disorders in prison is very high. The disorder experienced can develop further during life in prison. This can be caused by conditions of perceived stress, density that occur in most prisons, or other human rights violations that may occur during life in prison (Shaw *et al.*, 2010; World Health Organization & International Committee of the Red Cross, 2014)

Based on data released by the Directorate General of Corrections at the Ministry of Law & Human Rights (2016), as of February 2016, there were 180.424 prisoners and detainees in 33 regional offices in Indonesia. This data continues to increase almost every year, and it is noted that several correctional institutions in Indonesia have exceeded their capacity. This fact is certainly a big concern for the government and stakeholders because it also affects the psychological condition of the inmates.

Based on a preliminary study by conducting interviews with the head of correctional institution X, correctional institutions' facilities and resources are often unable to keep up with the increasing number of inmates. Various psychological problems often occur, such as depression, anxiety, insomnia, phobias, drug abuse, self-harm, and the risk of suicide (Cooper & Berwick, 2001; Palmer & Connelly, 2005; Tomar, 2013). Several studies explain that the pressures individuals feel in prison also affect their maladaptive behaviors, such as violence (Buckaloo *et al.*, 2009; Friedmann *et al.*, 2008; Van Harreveld *et al.*, 2007). Furthermore, DeVeaux (2013) found that some people in detention were diagnosed with post-traumatic stress disorder or other psychiatric disorders such as panic attacks, depression, and paranoid.

The results of interviews with the head of correctional institution X and several prison staff also stated that psychological services at the correctional institution were very much needed by inmates because of many psychological problems that arose. Due to limited resources in a correctional institution, the psychological problems faced by inmates are often not appropriately handled. Furthermore, almost all correctional institutions in Indonesia do not yet have a psychologist who is specifically tasked with dealing with psychological problems.

Psychological interventions can be given individually or in groups within both forms of each services, which is also certainly have advantages and disadvantages. In individual counseling, the counselor can give more attention and focus to one client. The counseling provided can also adjust the client's pace, and is more intense and specific to the client's condition. On one side, individual counseling requires more time and costs than group counseling. In group counseling, intervention can be directly given to more than one person together (Corey, 2017). Yalom & Leszcz (2005) further explain that there are therapeutic factors in group therapy that are not found in individual therapy, including universality, altruism, generation of hope, inculcation of information, the process of primary experiences correction in family in the past, development of socialization techniques, behavioral imitation,

cohesiveness, existential factors, catharsis, interpersonal learning-input, interpersonal learning-output, and greater self-understanding.

The types of intervention need to be given that fit the client's needs. For individuals who are not ready to be in a group, the individual intervention will be more suitable for them. When forced, individuals might feel uncomfortable expressing their problems. There are also some problems that are more suitable for individual intervention than groups (Jacobs *et al.*, 2012).

Dhikr, according to language, can be interpreted as remembering, while according to the term is to familiarize the tongue with utterances in the form of praises to Allah SWT. Many studies have proven that dhikr can positively impact one's mental health (Haryanto, 2015). Through dhikr, the individual will feel close to the Creator, strengthening the belief that the individual is under His protection and guidance, giving peace within them. Research on dhikr has been developed as a therapy to overcome various mental health problems. A study conducted by Niko (2018) developed a dhikr therapy to reduce anxiety in pregnant women. The results showed a significant difference in anxiety scores between the control and experimental groups, with a significant decrease in anxiety scores in the experimental group.

In another experimental study (Kumala *et al.*, 2019), dhikr therapy was proven to increase the peace of mind of drug users. After participating in dhikr therapy, they feel that they can improve their relationship with the Creator, realize the mistakes that have been made, and grow the optimism in the future that every problem they experience will be passed because of the Creator. Dhikr therapy has also been developed to overcome other problems in several studies, such as reducing psychological distress in cancer patients (Pitriani *et al.*, 2019), increasing psychological well-being in the elderly (Yusuf *et al.*, 2018), and reducing post-surgery pain (Yuniarti *et al.*, 2018).

Based on the explanation above, psychological service programs become an urgent need to overcome the inmates' psychological problems. In this program, the research team provided two intervention designs to the inmates consisting of individual intervention in the form of individual counseling, and group intervention in the form of supportive group therapy combined with dhikr therapy. The purpose of this program is as a step in implementing psychological services programs, as well as exploring experiences and feedback from psychological services provided in prisons. Through this program, it is expected to overcome the psychological problems faced by inmates in correctional institutions, and be able to stimulate various studies and community service activities related to mental health services in correctional institutions.

## 2. METHOD

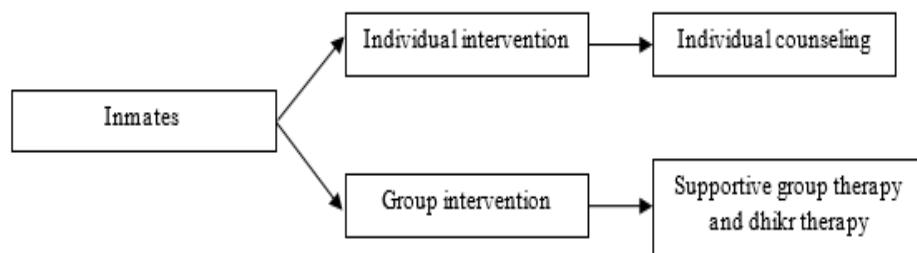
This program focuses on providing mental health services for inmates in one of the correctional institutions in Indonesia. The research team designed two forms of intervention, namely individual intervention in the form of individual counseling and group intervention

in the form of supportive group therapy and dhikr therapy. Individual counseling was conducted face-to-face with one psychologist and one inmate, focusing on reducing distress and psychological problems. Mental health services in individual counseling were scheduled twice a week involving nine psychologists and took 60-90 minutes each session. After completing the counseling process, the inmates were interviewed by the psychologists. In addition, the inmates were also asked to fill out an evaluation questionnaire.

In group therapy, inmates were provided supportive group therapy combined with dhikr therapy. In supportive group therapy, psychologists will encourage active involvement among inmates in facilitating emotions and seeking insight into the problems they face.

In dhikr therapy, inmates will be trained to practice dhikr by focusing on Allah SWT for them to be able to feel more relaxed and calmer.

At the beginning of the session, the inmates will undergo supportive group therapy consisting of 6-7 people in each group, guided by a psychologist. After completion, the process will be continued with a large group session in the form of dhikr therapy led by a therapist-assisted by a co-therapist. This therapy is carried out for the inmates to learn to use religious coping to overcome negative emotions. The location of the implementation of mental health service programs is in the counseling room for individual interventions and in the hall and mosque of the correctional institution for the group interventions.



**Figure 1.** Diagram explaining the types of interventions provided

The method used for data collection is the provision of questionnaires, interviews, and Focus Group Discussion (FGD). Questionnaires were given to inmates who have used mental health services. The interviews were conducted by psychologists during the process of providing services to inmates. For the FGD, it was conducted with all psychologists involved after the program was finished.

The researcher also conducted a descriptive analysis based on the data on individual counseling registrations for inmates. Before participating in individual counseling and group therapy, inmates were asked to fill out an informed consent in which every data will be kept confidential and secure.

**Table 1.** Description of the data collection method explanation

Data Collection Method	Description
Questionnaire	<ul style="list-style-type: none"> <li>Given to inmates after getting intervention (n=27)</li> <li>Participant inclusion criteria: inmates who had participated in the intervention process; had status as inmates during the program; willing to get involved voluntarily. Participant exclusion criteria: participants who did not participate fully in the intervention; not be able to read and write</li> <li>Aimed to evaluate the intervention process that has been given from the client's perspective (inmates)</li> <li>Questions in the questionnaire include the convenience of the counseling process, the client's trust, the benefits of counseling for the inmates</li> <li>Data were analyzed descriptively</li> </ul>
Interview	<ul style="list-style-type: none"> <li>Conducted by psychologists to inmates after undergoing intervention (n=34)</li> <li>Participant inclusion criteria: inmates who participated in the intervention process; had status as inmates during the program; willing to get involved voluntarily. Participant exclusion criteria: participants who were not participating in the entire intervention</li> <li>Aimed to evaluate more deeply the intervention process that has been given from the client's (inmates) perspective (verbally)</li> <li>The interview explores the evaluation of the intervention process that has been given and its benefits for the inmate</li> <li>Data were analyzed using thematic analysis</li> </ul>
Focus Group Discussion (FGD)	<ul style="list-style-type: none"> <li>Addressed to psychologists as mental health providers after completing the entire intervention (n=9)</li> <li>Participant inclusion criteria: a psychologist who already had a practice license from Himpesi; a psychologist who had experience providing interventions in correctional institutions. Participant exclusion criteria: psychologist who was involved in providing intervention to inmates outside of psychological treatment</li> <li>Aimed to evaluate the intervention process from the perspective of a psychologist as the professional mental health service provider</li> <li>Topics explored in FGD include the experience of psychologists in providing psychological services to inmates in prisons</li> <li>Data were analyzed using thematic analysis</li> </ul>

### 3. RESULT AND DISCUSSION

At the beginning of the program, the research team conducted a preliminary study in the form of interviews with staff of the correctional institution regarding the actual conditions in the prisons. Table 2 summarized the information on the number of occupants in Correctional Institution X.

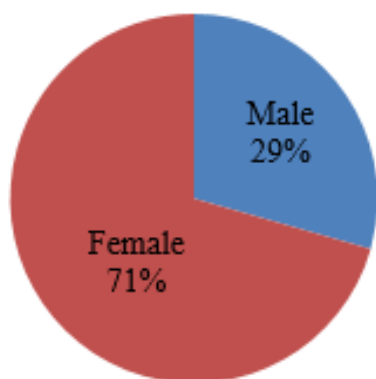
**Table 2.** Data on the Number of Inmates in Correctional Institution X

No.	Group	Number	
		Male	Female
1.	Detainees	17	33
2.	Inmates	281	57
	Total	298	90

Table 2 shows that the number of female detainees is higher than male prisoners, while the number of male inmates is higher than that of female inmates.

#### 3.1 Individual Mental Health Services (Individual Counseling)

Individual mental health services were provided to inmates in Correctional Institution X, both for women and men. The total number of inmates who participated in individual mental health services was 34 people, with a total of 50 counseling sessions. It appears that a number of inmates did not only conduct individual consultations once, but twice or more. Figure 2 provides an overview of the comparison of male and female inmates who used individual counseling.



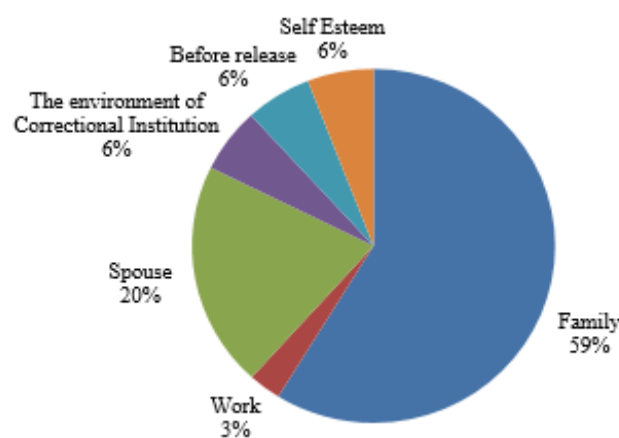
**Figure 2.** Gender of inmates who attend individual counseling services

Based on the diagram, it can be seen that 24 out of 34 inmates or 71% who attended counseling were women. The remaining 10 out of 34 inmates or 29% who asked for counseling were men. The data show that there were more requests for counseling from female inmates than male inmates.

The same information was obtained from the results of the FGD with the psychologists who provided individual counseling. There were differences between male and female inmates in perceiving problems and help-seeking behavior. Male inmates were less likely to feel they had a problem. They were mostly recommended by officers to attend counseling, especially inmates who committed

many violations in prison and received additional sentences. Some inmates even initially refused to attend counseling. However, after some time in the counseling session, they realized that they had various perceived psychological problems. Meanwhile, most of the female inmates were able to convey various kinds of problems during the initial counseling session. Furthermore, they needed more space for catharsis or to get their thoughts out. However, after completing the counseling, some of them did not carry out what the counselor had suggested in the session. It was different with male inmates who initially felt they had no problems, but they actually did what was suggested by the counselor.

Data collection using questionnaires was conducted to see the types of client problems raised by the inmates in the counseling session shown in Figure 3.



**Figure 3.** Types of inmates problems

Based on the diagram, it can be seen that the problems raised by 20 out of 34 inmates or 59% were family problems. These problems included guilty feelings towards family members, longing for children, family rejection, divorce, as well as family finances. The second most common problem, which is 20%, complains about problems with their spouse. Problems with their spouse included disappointment towards their spouse, spouse inside the prison, separation from spouse, and other cases related to the spouse. The rest is divided into problems about work, anxiety before being released, the prison environment, and problems related to self-esteem.

The results of the interviews conducted also showed similar results. Problems related to the family very dominantly arise from the inmates. Most of them remembered the condition of their family and had a great sense of guilt toward the family. Most of the married inmates said that their relationship with their spouses was not as harmonious as it used to be. The conditions faced often caused conflict and made the inmates feel negative emotions. The interviews also showed that most of the inmates felt anxious about the conditions they were facing and worried about the future. There was also a feeling of pessimism and self-doubt due to their conditions inside the prison.

Data from FGD with the psychologists also showed that

the problems consulted were related to self-control problems. They could not control themselves in dealing with certain situations; therefore, they tended to vent their anger. This could be seen in several inmates with cases of violence and murder, including *klitih*. They faced problems at home and tended to vent their emotions, then got drunk and looked for victims. Most of them said they felt guilty after committing acts that were out of control. Therefore, counselors provided them with skills to recognize emotions and coping strategies.

### 3.2 Group Mental Health Services (Supportive Group Therapy and Dhikr Therapy)

Group mental health services were provided in the form of supportive group therapy and added with dhikr therapy. Group services are effective because they will be able to reach out to inmates more broadly and foster a sense of togetherness among inmates. Dhikr therapy was chosen due to the preliminary study interviews with the prison staff that religious activities were the activities emphasized during the coaching process in correctional institutions. Through therapy that sought to train individual religious coping, it was expected that it would be in line with the current prison program.

A total of 40 inmates participated in this activity. The following is a more detailed explanation of the group mental health services provided:

1. Small group session where inmates consisting of 6-7 people participated in a supportive group therapy guided by a psychologist. On this occasion, they shared their experiences with each other, both before being in prison and while in prison, giving each other lessons, and providing support.
2. Large group session in the form of dhikr therapy. Forty inmates who participated gathered at the correctional institution mosque. This therapy was carried out for inmates to learn to use religious coping, especially by carrying out dhikr, in dealing with mental health problems. At the beginning of the session, the therapist provided psycho-education about what dhikr is and the benefits of dhikr as therapy. Inmates learned to practice dhikr using the *qodiriyah naqsyandiyah tarekat* technique, namely by saying the sentence *laa illa ha illallah*. This dhikr was carried out with their eyes closed, and then the inmates said the word *laa...* at the same time as the head was lifted up. Then said the word *illa-ha...* with the head bowed to the right chest. Finally, they said the word *illallah* and lowered the head to the left chest. This follows the instructions in the Qur'an Surah Al-A'raf: 16-17.

*He (Satan) said, "Since you led me astray, I'll ambush them on Your straight path. Then I'll come at them from the front, behind, the right, and left. And You'll find most of them ungrateful."*

This verse describes the moment when Satan was cursed and kicked out of heaven because he did not want to follow Allah's orders, then they promised always to tempt humans. They will enter human body from various directions, which are often referred to as the door of the devil's and Satan's temptations, namely the front

direction, the right direction and the left side of humans. Dhikr by mentioning the word *laa* accompanied by lifting the head is intended to insert the sentence *laa* into the body, to close the devil's door from the front and behind. Dhikr by saying the word *illa-ha* while bowing to the right of the chest is intended for the word *illa-ha* closes the door from the right side. Finally, *Illallah* closed the left door.

In the perspective of Islamic psychology, human behavior can be influenced by evil forces both from within and from outside humans. The power is identified in the form of a jinn, Satan or devil. The evil influence can enter humans unconsciously. This was indicated by the inmates' information in the counseling session. Some said that they committed acts of violence and even murders out of their control. After doing so, they regretted their actions. Through this dhikr therapy, it was expected that the evil influence on the inmates could be eliminated. Furthermore, the inmates could be closer to Allah SWT and it became a religious coping for him. After the inmates understood and practiced together with the procedures for therapeutic dhikr, the inmates were asked to practice it again together after completing the *dhuhr* prayer.

### 3.3 Questionnaire Analysis on Evaluation of Mental Health Service Delivery in Prisons

After the provision mental health services was provided, the inmates were asked to fill out a questionnaire related to the client's comfort, the client's level of trust, and the usefulness of the service process by the psychologist for the client. Figure 4 shows the comfort of the client when following the counseling process.

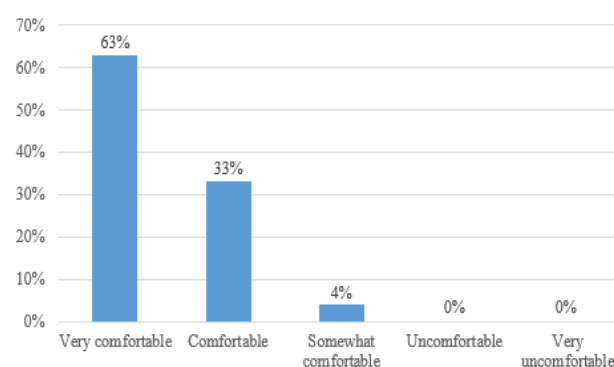


Figure 4. Client comfort during the counseling process

Based on the diagram above, it can be seen that of the 27 clients who filled out the questionnaire, there were 63% felt very comfortable with the ongoing counseling process. Furthermore, 33% feel comfortable, and 4% feel somewhat comfortable. No client felt uncomfortable and very uncomfortable. Therefore, it can be concluded that most clients feel very comfortable and comfortable when consulting a psychologist.

The next aspect is the client's level of trust in the psychologist. More complete data can be seen in Figure 5. Based on the diagram above, it can be seen that of the 27 clients who filled out the questionnaire, 63% felt strongly trustful in telling their secrets to psychologists in the counseling process. Furthermore,

33% said they are trustful, and only 4% felt less trustful. No client felt distrustful or strongly distrustful. Therefore, it can be said that most clients feel trustful and strongly trustful when consulting a psychologist. This can help the counseling process because it will be easier for clients to be open in telling their problems.

The next aspect revealed is the usefulness of counseling felt by the inmates. The complete data can be seen in Figure 6.

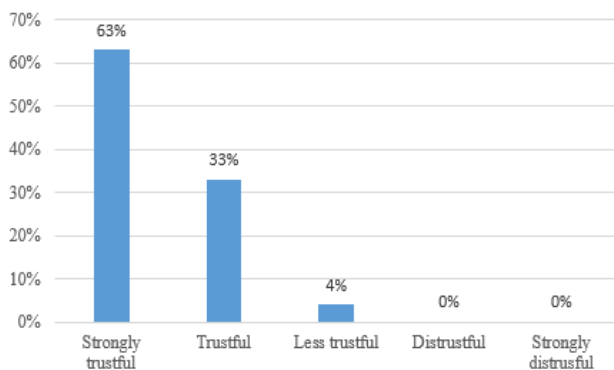


Figure 5. Client trust in psychologist

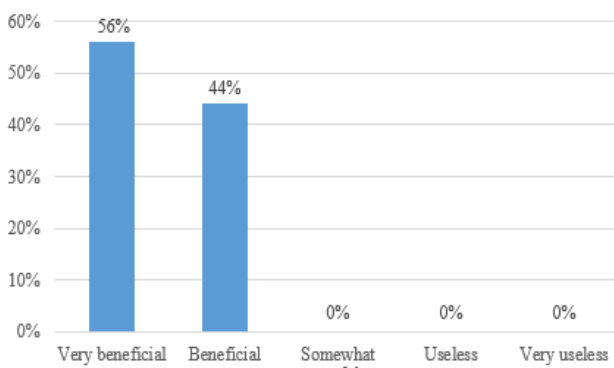


Figure 6. Benefits of counseling for clients

Based on Figure 6, it can be seen that of the 27 clients who filled out the questionnaire, there were 56% (15 people) felt that counseling activities were very beneficial for them, and 44% (12 people) felt that this counseling was beneficial for them. None of the clients felt that this counseling activity was only somewhat useful nor useless and very useless. Therefore, it can be concluded that most clients feel that counseling by psychologists is very beneficial for them.

From this study, it can be seen that there is a critical and urgent need for mental health service programs for inmates in the correctional institutions. This study also provides an overview of the psychological problem types experienced by inmates. Regardless of the mistakes made by the inmates, mental health is a right for all citizens. Moreover, as stated in Law Number 12 of 1995 that through the correctional system, inmates are expected to become real human beings, realize their mistakes, improve themselves, do not repeat the crimes and be accepted by the community, be able to play an active role in development, and be able to live in harmony as a good and responsible citizen. When the guidance in the correctional

institution only prioritizes the physical dimension and the effect of deterrence without psychological guidance, the goals that have been designed in the law will not be able to be achieved optimally. Imprisonment is expected to have a positive impact in the form of controlling criminal behavior.

This study shows that there are various forms of psychological problems faced by inmates. This is the same as what was found in previous studies that inmates are prone to experiencing various psychological problems (Cooper & Berwick, 2001). Their bad experiences while in prison and also the new status they get from prison are some of the causes (Haney, 2002; Mbuba, 2012; Utari *et al.*, 2012). The stigma of rejection from the environment has a psychological impact, such as feelings of helplessness, dependence and difficulty in making decisions (Schill & Marcus, 1998). Several studies also stated that the psychological effects obtained by inmates as a result of imprisonment have a tendency to last after they are released later (Haney, 2002). The maladaptive effects of imprisonment are characterized by violence, aggression, anxiety, depression, stress, and suicide (Dye, 2010). If left untreated, this condition can get worse and develop into other forms of mental disorders.

Many studies have shown that psychological interventions are able to overcome psychological problems faced by inmates. Previous research (Prptomojati & Subandi, 2020; Zuanny & Subandi, 2016) shows that forgiveness therapy is effective for treating psychological problems among inmates in Indonesia. Furthermore, Hermaleni (2013) has also developed support group therapy for female inmates with narcotics cases. The results show that support group therapy can increase the inmates' resilience. Other psychological intervention programs have also been developed, including Art Therapy (Benu, 2015; Lestyana, 2015; Masturah, 2016), Cognitive Therapy (Mayasari, 2008), and Spiritual Cognitive Counseling (Brillianty & Sugiyanto, 2007).

This study provides two services, namely individual and group services. This is intended to get an overview of implementation in the field through findings and direct feedback from clients. This study has shown that both individual counseling and supportive group therapy combined with dhikr therapy can have a positive impact on inmates. Dhikr therapy was intentionally given as a reinforcement after being given supportive group therapy. According to previous studies, dhikr therapy has been proven to overcome individual psychological problems (Kumala *et al.*, 2019; Niko, 2018; Pitriani *et al.*, 2019; Yusuf *et al.*, 2018). Group therapy can indeed reach more patients, but it cannot be denied that not all clients are suitable for group therapy (Jacobs *et al.*, 2012). Therefore, the two forms of intervention are seen as complementary according to the needs in the field.

Furthermore, up until now, the developing countries, including Indonesia, are often faced with a gap between the number of professionals and the needs in the field (Kohn *et al.*, 2004; Langholz, 2014;

Thirunavukarasu, 2011). This article is expected to provide a clearer picture of mental health problems in correctional institutions and the urgency of developing mental health services in correctional institutions in Indonesia. Developing interventions that can cover patients more broadly and effectively is an important study to be carried out in the future.

The evaluation results of the counseling activities in correctional institutions emphasize the need for psychologists who can provide counseling and therapy services to inmates on an ongoing basis. The existence of comfort and trust in the inmates is because the professionals involved are psychologists who already have the knowledge and skills needed to deal with inmates. This will be different when mental health services are provided to other workers who do not have an educational background and training as a psychologist. This large space of need should be an opportunity for the development of the psychology profession to be able to more broadly develop mental health services to correctional institutions through its various programs.

Apart from inmates, psychological services are also really needed by the staff in the correctional institutions. A study conducted by Hadjam (2014) also found that high levels of stressors were also experienced by the staff who spent time in the correctional institutions and interacted with inmates. The existence of obligations, demands, and workloads that are classified as high for the staff, especially in providing guidance to inmates, often make prison staff need psychological services. Feelings of anxiety and worry are also often experienced by staff when interacting with inmates, especially when dealing with life-sentenced inmates. Threats from the inmates are not uncommon for staff. In terms of work obligations, several staff members are appointed guardians (wali) by the head of the correctional institution. Based on the study, it was also found that the staff, especially those who became guardians (wali), really needed training in counseling while as of today, there has never been any special training or education to prepare to become guardians (wali) in correctional institutions. Moreover, the educational backgrounds of the staff are varied but there are no specific standards. This puts a burden on the staff, and many of them feel they are still unable to solve psychological problems. Apart from this, in this study, the research team specifically focused on the intervention of the inmates. It is expected that future research or mental health service programs can also target the staff of correctional institutions.

#### 4. CONCLUSION

Mental health service programs in prisons are an important need for inmates. The study showed that most of the issues consulted by the inmates related to family and spouse problems. The results of this study also show a high level of trust, comfort, and benefits for inmates when accessing mental health services in prisons. This fact about the great need for mental health services in the correctional institution is expected to stimulate further studies, various community service programs, and government

policies regarding the provision of mental health services for all inmates in any correctional institution in Indonesia.

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#### CONFLICT OF INTERESTS

In this manuscript, we confirm that there are no conflicts of interest. Also there has been no significant financial support with this publication. All named authors had confirmed that this manuscript entitled "Mental Health Services for Correctional Inmates at A Correctional Institution" has been read, proof-read, and approved. Also, we have agreed that the contact person in charge is the corresponding author during the editorial process until it is published.

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