

Criminal Mental Health

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Abstract

The purpose of this thesis is to assess and address the prevalence of mental health issues among incarcerated individuals in America. There are multiple internal and external contributing factors to the disproportionately high numbers of mentally ill inmates. Comparing the United States prison system with other countries such as Norway allows for possible paths to improving the mental health crisis that we are currently experiencing. This thesis looks at the principles and practices used in Norway's prisons as well as how they affect inmate's mental health. By comparing Norway's prison policies and design, this thesis will suggest changes in staff training, prison architecture and design, treatment of inmates, and financial spending in America's system. These changes will benefit overall inmate mental health and long-term spending.

Criminal Mental Health

Outline of the Problem

Today, there are roughly 2.3 million incarcerated individuals in America (Sawyer & Wagner, 2020). Research suggests that, in the United States, the risk of having a mental illness is substantially higher among those in the criminal justice system than in the general public (Franke, Vogel, Eher, & Dudeck, 2019; Prins, 2014). One study found that approximately one in seven prisoners in western countries have mental or psychotic illnesses (Fazel & Danesh, 2002). Other research suggests that 15% to 20% of inmates in the United States have a serious mental illness (SMI) such as schizophrenia, bipolar disorder, or major depressive disorder (Torrey et al., 2010). Issues arise because jail and prison policies in America were not designed or built to successfully house, accommodate, and rehabilitate individuals with the needs that those with mental illnesses often have.

Definition of Mental Illness

Because much of this thesis discusses mental health and specifically mental illness, these terms need to be defined. Mental health is one's "emotional, psychological, and social well-being" (MentalHealth.gov, 2020, para. 1). Mental health is important because it determines how we think, feel, behave, handle stress, make decisions, and relate to others (MentalHealth.gov, 2020). Mental illness (or mental disorder) refers to conditions that affect one's mood, emotion, thinking, or behavior (National Institute of Mental Health, 2019). Within this classification there are two broad categories: Any Mental Illness (AMI) and Serious Mental Illness (SMI). AMI, as the name suggests, is any mental, behavioral, or emotional disorder while SMI is more specific and only encompasses those disorders resulting in severe functional impairment (National

Institute of Mental Health, 2019). Although data shows the strong presence of mental illness in prison, research on the distinction between AMI and SMI among prisoners is sparse.

Why is Mental Illness High Among Those Incarcerated?

There are many theories as to why so many individuals in jails and prisons have mental illnesses. Some believe that the mentally ill are disproportionately being brought into prisons (external cause) while others attribute mental health issues to the prisons themselves (internal cause). In the following paragraphs I will briefly discuss each of these viewpoints in order to give a more rounded understanding of the problem.

External Cause

There are a few different reasons why it is believed that individuals with mental issues are brought into prisons at higher rates than those without mental illnesses. A pervasive belief among current literature is that the deinstitutionalization movement, which began in the 1950s, directly correlates to the growth in the number of individuals with mental illnesses in prisons. Prior to this movement and following the work of 19th century activists like Dorothea Dix, many of the nation's mentally ill were housed in mental hospitals or insane asylums. However, around the late 1940s, accounts of overcrowding, poor living conditions, ill-treatment of patients, abuse, and neglect in these institutions were brought to light (Sarkar et al., 2016). In response, the public, along with civil rights activists, pushed for the closure of many of the nation's mental health institutions. Between 1955 and 2000, the number of state mental hospital beds dropped from 339 per 100,000 to 22 per 100,000 on any day (Lamb & Weinberger, 2005). The intention behind the closure of these asylums was to move away from institutions and to provide community-based care. However, this idea was never fully realized. Some authors claim that deinstitutionalization should really be called trans-institutionalization because, while some

patients with psychiatric diseases went home, many were “moved to nursing homes or to general hospitals... to U.S. jails and prisons... or became homeless” (Sisti, Segal, & Emmanuel, 2015, p. 1). Additionally, these authors and researchers often call jails and prisons America’s “new asylums,” referring to the idea that correctional facilities have taken the place of mental hospitals as the largest mental health facilities in the U.S. (Shenson et al., 1990; Sisti et al., 2015).

Another reason why some believe that individuals with mental health issues are more likely to be arrested and sentenced in prisons and jails stems from America’s policies created during President Reagan’s expansion of the “War on Drugs” in the 1980s and 1990s (Drug Policy Alliance, n.d.). This series of actions by the government was an attempt to stop the use and sale of illegal drugs by increasing prison sentences. Some argue that higher incarceration rates are not due to an increase in crime, but rather, are because arrest rates increased particularly among those selling and using illegal drugs. Research has established a relationship between substance use disorders (SUD) and mental health disorders (Balhara et al., 2017; Toftdahl et al., 2016). In 2014, 39.1% of those with a SUD also had AMI and 11.3 percent also had SMI (Center for Behavioral Statistics and Quality, 2016). Looking at the populations interacting with the criminal justice system, these percentages can be expected to be especially higher (Proctor et al., 2018). Approximately 30% to 40% of arrestees have a mental health or SUD diagnosis and 20 percent have a comorbid mental health and SUD diagnosis (Magee et al., 2021). Because of this increased correlation between those with SUD and mental disorders, some argue that the strict sentencing implemented during the “War on Drugs” caused many individuals with SUDs and other mental illnesses to enter the corrections system.

A final reason, why it is believed that individuals with mental illness are disproportionately brought into prisons has to do with the interplay between America’s health

system, socioeconomic status (SES), and the criminal justice system. Gray et al. (2019) found that adults in poverty are three times more likely to be arrested than those above the poverty line. Additionally, a minimum of one-third of the U.S. inmate population is considered under the poverty line at the time of arrest (Gray et al., 2019). Lower SES is correlated with mental health issues due to internalized problems, adverse life experiences, and increased stress (Dennison & Demuth, 2018; Weinberg et al., 2019). Additionally, it is no surprise that those with low SES often have less access to healthcare or may receive lower quality of care. This poses a major risk factor for serious, untreated mental and physical health issues prior to incarceration. These factors combined are thought to contribute to high rates of mental health issues of individuals prior to arrest and incarceration.

Internal Cause

Ben-Moshe (2017) disagrees with the idea that deinstitutionalization has any significant causal relationship to the increase of mental illness among prison populations. Instead, this author claims that the disabling nature of confinement and incarceration is the cause of mental and physical ill-health (Ben-Moshe, 2017). Prison climate, which can be defined as “the social, emotional, organizational, and physical characteristics of a correctional institution as perceived by inmates and staff” is suggested to affect an inmate’s behavior outcomes, treatment motivation, and overall well-being (Ross et al., 2008, p. 47; Ginneken et al., 2019). As will be discussed later in this thesis, the climate of America’s prisons is relatively poor for many reasons and therefore, is believed to contribute to poor mental health.

This idea of confinement as a mental health stressor can be demonstrated by the consequences of the stay-at-home orders during the Covid-19 pandemic. To reduce the spread of the virus, many people across the world remained in their homes for months in 2020. Some

vulnerable populations, namely those who lived alone, experienced a negative impact on their mental health due to this period of confinement in their homes (Husky et al., 2020; Leguizamo et al., 2020). This relationship between confinement, loss of freedom, and mental health could be translated to the experiences of inmates in jails and prisons. Related to this belief that prisons, themselves, are the issue, Ben-Moshe believes that mental health “treatment behind bars” is an oxymoron and will not solve the issue of poor mental health among the incarcerated (Ben-Moshe, 2017, p. 282). Psychiatrist, Dr. Stuart Grassian, would likely agree with Ben-Moshe, judging by the following statement he made in an interview: “mentally ill inmates are not the worst of the worst... they’re the sickest of the sick...maybe they weren’t even that bad before they got in...they just get worse and worse. It’s a tragedy...” (Herman, 2019, para. 11). Grassian seems to imply that prisons create or worsen mental health issues. One study aimed at determining the influence of being in prison on self-rated health, as well as the association with socioeconomic status, suggests that SES has a greater effect on the health of those in the general population (Hanssens et al., 2018). However, among inmates, actually being in prison seems to have a larger effect on an individual’s health than their SES upon incarceration. This conclusion is important because it suggests that prisons play a major role in an inmate’s psychological well-being.

Internal and External

The link between criminality and mental illness is complex. There is no clear answer as to whether external factors (pre-existing mental health issues, substance abuse, trauma, socioeconomic status, etc.) or internal factors (overcrowding, violence, lack of privacy and freedom, forced isolation, lack of meaningful activity, etc.) are to blame for the mental health disparity between those in the criminal justice system and the general population (WHO/ICRC,

2005). It seems logical to conclude that this problem is a result of many interplaying factors and systems. While exploration of the cause of high incarceration rates, and specifically, high levels of mental illness among inmates is important, that is not the main focus of this thesis. Regardless of whether prisons develop or simply exacerbate mental health issues in their residents, the reality is that individuals with mental illnesses are disproportionately more likely to be involved in the criminal justice system than those in the general population (Gill & Murphy, & 2017). With the issue of mental illness in prison becoming increasingly apparent in America, the question must be asked, “is there a better way to run our prisons?”

Norway

The answer to this question can be found by examining a country which has recognized the need to address criminal mental health and prison reform. This country is Norway. Prisons in Norway have been praised for their successes in rehabilitation, low recidivism, low imprisonment rates, and high levels of care or services for their inmates. In 2012, *The Guardian*, published an article about Norway’s Halden Prison titled “Inside Halden, the most humane prison in the world” (Gentleman, 2017). This article praises Norway for their creation and implementation of a humane and effective prison. However, Norway’s prisons were not always great. In fact, it was not that long ago when Norway struggled with many of the same issues that currently plague the United States. To get a better picture of the current prison system in Norway, it is important to look at the country’s recent history to see how far they have come.

Recent History

The Norwegian Correctional Services “Kriminalomsorgen”, established in 1980, is responsible for ensuring proper execution of jail and prison sentences as well as promoting

security of every citizen through enabling offenders to change their criminal behavior (NCS, 2016). However, the NCS was met with many challenges in its first decade. Norway's incarceration rates in the 1980s and 1990s resembled that of America in that it was increasing exponentially. This was largely because drug abuse had become a major problem in the country and harsher punishments were given in an attempt to curb those behaviors (Høidal, 2018). Additionally, overcrowding and violence within prison walls, often taking shape in attacks on prison guards, resulted in an increase in restrictions and security measures within prison walls (Ahalt et al., 2020; Høidal, 2018). At that time, there was also a sharp increase in the number of inmates with mental health issues. Many attribute this to the 1987 closure of a major psychiatric hospital, Reitgierdet sykehus, due to reports of poor treatment, inhumane living conditions, and excessive use of restraint, isolation, and force (Bjørkly et al., 2014). This asylum predominately housed patients who were both convicted criminals and diagnosed with some form of mental illness (Bjørkly et al., 2014). As a result of the facility closing, these prisoners were mainly transported to different prisons across the country. An increased percentage of inmates with mental illness has continued to be a struggle for Norwegian correctional care since the 1980s and 1990s.

The NCS underwent a series of reforms to better work towards their purpose of applying humane principles, enabling offenders to change their criminal behavior, and reducing recidivism. White Paper no. 27 "Meld. St. 27." (1997-1998) marked the beginning of a shift away from retributive justice toward rehabilitative justice. The section that is of most significance in this report is Section 1.2 which discusses the "Values, principles, main goals, and performance goals" of the Norwegian Correctional Service (Meld. St. 27., 1997-1998, p. 3). White Paper no. 27 includes mandates protecting convicts from abuse, enforcing transparency

with the public, establishing that laws regarding convicts are to be based on humanity and equal treatment, and stating that a convicted person should not be subject to stricter conditions than necessary (Meld. St. 27., 1997-1998).

White Paper no. 27 made great strides for the rights of convicted persons and laid the groundwork for the 2007-2008 release of more comprehensive mandates in White Paper no. 37 (St. Meld. No. 37). The guiding purpose behind White Paper no. 37 is to use punishment that *works*. This means that punishment tactics used would reduce recidivism and better rehabilitate inmates. In this report, five pillars of penal care were outlined: “legal certainty and equal treatment, humanistic perception of human rights, released prisoners have made up for their crime, the prevention of new criminal acts, and the principle of normality” (Meld. St. No. 37, 2007-2008, p. 6). In White Paper no. 37, it is recognized that prison inmates are a very diverse group and that they cannot be treated the same. Further, those with mental health and behavioral issues are identified as needing accommodations and a reason for these policy updates (Meld. St. No. 37, 2007-2008).

The Principle of Normality

The principle of normality is one of the above-mentioned five pillars of penal care outlined in White Paper no. 37. It is especially significant as it affects all aspects of the Norwegian Corrections system and is unique in its assertion that the deprivation of freedom is the punishment and that imprisonment should not be more oppressive than necessary for maintaining security (St. Meld. No. 37, 2007-2008). The Norwegian government believes in the idea that “the transition from prison to freedom is easier the smaller the difference to life outside prison” (St. Meld. No. 37, 2007-2008, p. 9). So, in accordance with the principle of normality, sentenced offenders have the same rights as all others in Norway and it is a requirement for the Norwegian

Corrections System to make an inmate's experience while imprisoned as similar as possible to those in society. (St. Meld. No. 37, 2007-2008; Ministry of Justice and the Police, 2014). This principle is revolutionary in the world of correctional systems as it is reflective of Norway taking a large step towards rehabilitative justice and away from retributive justice. The latter is still very prominent among western prisons. The principle of normality also guides the creation of holistic and therapeutic environments for vulnerable prison populations. Additionally, it takes some of the power to oppress away from prison workers as any deviation from this principle must have a strong justification. In the next few sections, I am going to discuss how Norway, and specifically Halden Prison, promotes humanistic principles and positive mental health through architecture and design, prison size, staff, rehabilitation, and reintegration. Høidal (2018), the warden of Halden Prison, provides a lot of useful information about the principles and practices within Norway's prisons.

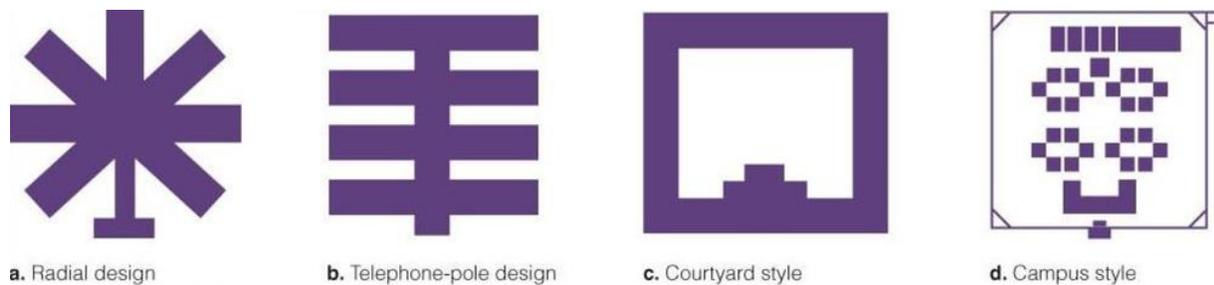
Architecture and Design

Halden Prison, opened in 2010, is unique compared to many Western prisons. Instead of being one, large and interconnected building, Halden is comprised of several individual buildings spread across 37 acres of land and surrounded by a perimeter wall (Høidal, 2018). This campus layout, as opposed to the single-building rectangular, radial, or telephone pole designs (Figure 1) often found in Western countries, is a result of researchers' claims that traditional and harsh prison environments have negative effects on inmates and staff (Nadel & Mears, 2020). The intentional campus layout found in Halden, and other Norwegian prisons, requires inmates to leave their building each day to access dining, recreation, education, or work facilities. This promotes the principle of normality as it mimics everyday commutes by those in the outside world. Additionally, Inmates also experience psychological and physical benefits from their

daily commutes. The link between physical activity, even simply walking for 30 minutes a day, and improved physical and mental health has been well established (Bailey et al., 2017; Mikkelsen et al., 2017). Though physical activity in prison is not something that is inherent to the campus design, increased physical activity outdoors is. Bailey et al. (2017) found that walking/exercise outdoors is correlated to positive mental outcomes and induced meditative states compared to walking/exercise indoors. The intuitive use of the campus design generates protective factors against the creation or exacerbation of mental illness among prisoners.

Figure 1

Prison Design



Note. Chapter 10 incarceration. (n.d.). SlidePlayer - Upload and Share your PowerPoint presentations. <https://slideplayer.com/slide/12896205/>

Because of the campus design, along with strategically placed trees and greenery, windows in the inmates' cells are open to the surrounding nature instead of being clouded, barred, or only showing other building walls as in traditional western designs (Vox, 2019). Research suggests that an individuals' environment can influence their physiological and psychological state (Söderlund & Newman, 2017). Additionally, multiple studies propose that exposure to nature can improve mental health, reduce stress, restore attention, increase well-being, decrease violence and crime, and can promote altruistic behavior (Söderlund & Newman,

2017). Conversely, environments that are dull, hard-edged, and lacking nature can elicit negative mental, emotional, behavioral, and physical responses (Söderlund & Newman, 2017).

Beyond the separate buildings and the inclusion of nature, the interior design of Halden Prison also promotes the same sense of normality that one's home might bring. One news article by *The Guardian*, gives readers a view into the prison highlighting “white laminated tables, tangerine leather sofas and elegant, skinny chairs, [every cell] has a flatscreen television, its own toilet and shower... fridges, cupboards and desks” (Gentleman, 2017, para. 5-6). The principle of normality strongly governed these design choices within the prison. In this same article, Høidal, the warden of Halden's prison, shared that the design of the prison was intended to be “light and positive” (Gentleman, 2017, para. 7). Figure 2 shows what a cell in Halden Prison looks like while Figure 3 shows what a typical American cell looks like. Some stark differences can be seen in the types of materials used, color schemes, and the amount of natural light coming from the windows. Norway's Halden Prison has received some criticism due to some likening it to a hotel instead of a prison. However, the idea that prison should be harsh and dull goes along with the idea that imprisonment is a method of revenge rather than an opportunity for rehabilitation. If the punishment for those sentenced to prisons is the lack of freedom, as the NCS professes, then prisons should be a place that promotes comfort and mental well-being.

Figure 2

Prison Cell in Halden Prison, Norway



Note. Arkitekter, E. M. (2016). [Halden Prison, Norway. A place with no iron bars, and where no one has attempted to escape, it has been called the ‘world’s most humane prison’] [Photograph]. Design Curial. <http://www.designcurial.com/news/called-to-the-bars-5014096/>

Figure 3

Cell in the Jennifer Road Detention Center in Annapolis, Maryland, USA



Note. Gillespie, P. W. (n.d.). The Capital, Capital Gazette [Photograph].

<https://www.capitalgazette.com/cg2-arc-618c5ed7-9861-5e70-99f3-4fbd56d7677a-20130315-story.html>

Prison Capacity and Staff Relationships

In Norway, roughly 3,900 cells are distributed throughout 43 different prisons across the country (Høidal, 2018). Halden Prison, which is one of the largest maximum-security prisons in Norway, only has 252 inmates (Høidal, 2018). To compare, the largest maximum-security prison

in America, Louisiana State Penitentiary (nicknamed Angola), currently holds over 6,300 prisoners in five complexes (Hallett et al., 2015). Additionally, Louisiana has a population of approximately 4.6 million and is 51,939 square miles long (The True Size, n.d., *U.S. Census Bureau QuickFacts: Louisiana*, 2019). Norway has a population of 5.4 million and is 125,021 square miles (*Norway population, 2020*; The True Size, n.d.). This means that Louisiana is less than half the geographical size of Norway yet holds almost twice the number of prisoners. Because cells are so few and are greatly spread out in Norway, each of the prison buildings are very small in size. An additional reason for this is because it is a goal of the NCS to imprison people closer to their homes as this can aid in their success post-release. Despite the size of Norway's prisons, overcrowding is not an issue because of the one-man-one-cell policy. This policy holds that the number of cells is the maximum capacity for that building (Høidal, 2018). This is not to be confused with the practice of isolation or solitary confinement as prisoners are free to leave their rooms and socialize during most of the day. If there is not enough room in the prison building at the time of a person's sentencing, they are placed on a waiting list to carry out their sentence at a future date (Johnsen, Granheim, Helgesen, 2011).

Johnsen, Granheim, and Helgesen (2011) share that inmates in smaller prisons have a more positive perception of prison life than those in medium or large prisons. This is can be attributed to two major reasons. The first is that smaller prisons often have better communication as there is a shorter chain of command and more informal contact between prison administration, officers, and prisoners (Johnsen et al., 2011). This increased communication means that inmates are more likely to be heard and that any needed changes or meetings would happen in a timely manner. Additionally, with a smaller prison to manage, the administration can spend more time with inmates. McGuckin et al. (2017), authors of the Prison Management Booklet, stated that

“the prisons with the most humane atmosphere, with the most positive culture, are likely to be those with the most visible leadership” (p. 8). It could be argued that this statement remains true in other settings as well, such as the workplace or in the home. A second reason for a positive view of prison life in smaller prisons is because of the smaller staff to inmate ratio. In the same study mentioned at the beginning of this paragraph, it was found that the inmate-officer relationship is seen as more positive in small prisons than in medium and large prisons (Johnsen et al., 2011) This can be attributed to staff spending more time with inmates thereby having the ability to build a therapeutic relationship with them.

White Paper no. 27 (1997-1998) identified a major need for increased education of prison staff and a change in the interactions between staff and inmates. The staff-to-inmate ratio was intentionally decreased in part because of the idea that prison staff would treat inmates better if they had a closer relationship to them. As a result of White Paper no. 27, the roles of staff shifted from being “just a guard” to having more direct contact with inmates (Høidal, 2018, p. 11). Although Norway does bring in mental health professionals from the community to work with inmates, prison officers are now given more of a role in the rehabilitation of the prison inmates. Those who wish to work at a Norwegian prison must go through a two-year educational program (Kriminalomsorgen, 2021). Here, future staff take courses including but not limited to safety, physical force application, ethical guidelines, cultural understanding, criminal law, and mental health (The Correctional Service of Norway Staff Academy, n.d.). The goal of the NCS is to employ trained individuals who will be beneficial, not a hindrance, to the rehabilitation of inmates. By having a well-rounded education on topics such as psychology, criminal law, and morals, interactions between prison staff and inmates are more positive. It is interesting to note

that though violence in prisons was quite common around the 1980s, violence among prisoners or between prisoners and staff is rare in Norway today (Ahalt et al., 2020)

Rehabilitation, Reintegration, and Reduced Recidivism

Norway's professed primary goal in the criminal justice system is to make prisoners "better neighbors" when released (Ahalt et al., 2020, S27). In order to do this, government officials and prison staff believe that those in prison, like other institutionalized individuals, require treatment delivered with compassion and humanity. The practical goal of programs and activities inside of prisons is that inmates will have control of drug use/mental health symptoms, a place to live, ability to read, write and count, a job, and an accepting community to enter after their sentence is served (St. Meld. No. 37). Norway exercises compassion by allowing both reform and reintegration of prisoners to guide their correctional practices.

In addition to the important role that prison staff have in the rehabilitation of their inmates, prisons in Norway also employ other important means of rehabilitation. The normality principle assumes that all inmates have access to education. This includes primary, secondary, and post-secondary school as well as vocational training. The idea of transformative learning means that education is not just the acquisition of knowledge or skills, but that it can be a tool for transformation or change (Tønseth & Bergsland, 2019). This transformative learning concept is prominent in Norwegian prisons. Relatedly, while educational offerings do reduce the likelihood of recidivism by helping inmates to find a job after release, it also helps them while incarcerated by improving self-esteem, helping to realize their goals, and giving hope that change and a different future can be achieved (Tønseth & Bergsland, 2019). Upon release, offenders have a right to employment and income, education, suitable housing, medical services, treatment services, and counseling (Hean et al., 2017). Bhuller et al. (2020) shares that of those who were

unemployed prior to their imprisonment, the probability of reoffending after release decreased by 43% (Bhuller et al., 2020) The educational and job training programs offered in Norwegian prisons play a large role in discouraging crime and encouraging employment.

Norwegian prisons, as outlined by the Act on the Execution of Sentences, push for inmates to participate in meaningful activities. This can consist of “work, community service, training, programs” as well as leisure, physical, and cultural activities (Ministry of Justice and Public Security, 2001, para. 7). This mandate is used to both counteract new crime as well as to promote more positive well-being while imprisoned. Ole and Sælør (2018) discuss the effects of meaningful activities in relation to those with co-occurring substance abuse disorders and mental disorders and share that those who participate in meaningful activities express an “overall increased quality of life and well-being” (p. 121). Whereas those who participate in few meaningful activities and have little social interaction report higher substance use and more prominent mental health issues (Ole and Sælør, 2018).

Although there are a significant number of inmates with mental illness in Norwegian prisons, inmates, as far as justifiable, must be given the opportunity for social contact (St. Meld. No. 37, 2007-2008). The use of solitary confinement for convenience or as a tool for behavior modification directly contradicts the principle of normality. If solitary confinement is to be used, a doctor must be a part of the decision and there must be no other options left untried (St. Meld. No. 37, 2007-2008; Ministry of Justice and Public Security, 2001). This is important because prison inmates, especially those with mental illnesses, represent a vulnerable group that could be negatively affected by the use/misuse of solitary confinement. In America, the eighth amendment to the U.S. Constitution prohibits the use of cruel and unusual punishment. However, there is no specific law restricting the use of solitary confinement. In 2020, Watson Coleman sponsored the

“Restricting the Use of Solitary Confinement Act of 2020” which would require inmates in federal prisons to have a comprehensive physical and mental health examination prior to being placed in isolation (H.R.8155, 2020). Additionally, if this law were to pass, clinicians would be required to evaluate those inmates in isolation on a daily basis and they could only be kept in that state for fifteen days at a time (H.R.8155, 2020). This bill was introduced in September of 2020 and yet to be approved. While a majority of reports on Norwegian prison practices are consistent with the principles of the NCS, one report stated that some Norwegian prisons illegally use solitary confinement as a form of punishment (Ahalt et al., 2020) Regardless, the fact that Norway has some form of written policy about the use and restrictions of solitary confinement says a lot about the focus of their prisons.

The principle of normality greatly helps with the reintegration of prisoners as their environment in prison is made to be as similar to the outside world as possible. Additionally, Norway offers a gradual transition from prison to full freedom. Throughout the course of a person’s sentence, they move down the line from high security prisons, to low security prisons, to transitional housing, and finally to probation (Ministry of Justice and Public Security, 2001). Additionally, if a sentence is under two years, a convict is eligible to go straight to a low security facility and if it is under one year, they are eligible to go serve their time in transitional housing (Ministry of Justice and Public Security, 2001). The purpose of this structured progression is to give convicts the best chance of integration into society and to prevent issues related to adjustment that can cause recidivism.

Why Should America Implement Some of These Fundamental Changes?

Beyond the consideration of humanity and of treating vulnerable populations with respect and dignity, I will discuss some of the specific benefits or reasons why America should adopt

some of Norway's fundamental prison principles and how it relates to the mental health of inmates. Some external factors like the U.S. healthcare system, socioeconomic status, trauma, and pre-existing mental health or substance use issues potentially increase mental illness among prisoners. These factors are extremely complex and I do not believe that changing these factors is realistically attainable. I also do not believe that there is a one size fits all solution. However, America should address the factors that can be controlled like staff training, relations between staff and prisoners, interior design and architecture of prisons, and the amount of financial spending on inmates in order to better protect the mental health of vulnerable prison populations.

Here is a clearer comparison between the prison populations in the United States and of Norway over the past forty years. In the U.S., the incarceration rate in 1980 was 503,586 persons and in 2018 was 2,094,000 (Walmsley, 2019). In Norway, there were 1,797 incarcerated persons in 1980 and 3,425 in 2018 (World Prison Brief, 2020). Obviously, the population sizes of both countries are very different. Because of this disparity, it is important to include what percentage of the total population are incarcerated in each country in order to gather a better understanding of the issue. Over the past forty years, the U.S. prison population has risen from .22% of the national population to .63% (Walmsley, 2019). In contrast, the prison population in Norway has risen from .04% of the national population to .06% (World Prison Brief, 2020). So, as we can see here, not only is America's incarceration rate greater than that of Norway, but it has also increased more over the past 40 years.

Those in the prison system have an increased morbidity of mental health issues (Franke, Vogel, Eher & Dudeck, 2019). This fact proves significant for many reasons. First, there is evidence that jail and prison inmates with a mental condition are more likely to be charged with breaking correctional facility rules in the form of verbal or physical assault on another inmate or

officer (James & Glaze, 2006). Additionally, it was reported that, on average, there are 2 incidents of interpersonal violence each month in U.S. correctional facilities (Ahalt et al., 2020). These claims are made by looking at officially reported cases of violence, and it is likely that there are other instances that remained unreported. In the 1950s, there were around forty prison riots that took place across America (Parsons, 2018). Many of these riots were started by individuals in the mental illness/high security threat wing of the prisons due to reports of brutality by guards, poor medical care, and poor living conditions (Smith, 1952; Bright, 2010). If the motive behind these riots was truly to advocate for better living conditions, an inference could be made that providing a better environment for prisoners, as well as better relationships between inmates and staff, could result in less violence and rule breaking within prisons. As mentioned earlier, Norway requires potential prison staff to go through a two-year program where they take many courses that are very humanitarian focused. In America, potential prison staff are required to undergo training that can take anywhere from a few weeks to a few months to complete (Taleo Learn, n.d.). When looking at the course catalogue, there are significantly more classes in leadership, administration, and management than there are in ethics, safety and wellness, diversity, and mentoring (Taleo Learning, n.d.). This validates the idea that prison staff are simply meant to guard and are not active participants in the rehabilitation process. It is my suggestion that the U.S. Department of Justice revamp their educational requirements for prison staff. One way to do this is for U.S. correctional staff to enroll in Amend, which is a program that works with U.S. corrections staff and policy makers to develop and teach correctional policies that are influenced by the Norwegian facilities (Amend, 2020). The topics covered in this training include “theories on crime and punishment, behavioral psychology, risk assessment, interpersonal communication, motivational interviewing, ethics, [and] use of force” (Ahalt et al.,

2020, p. S29). In 2018, 64 American correctional wardens and officers completed this training and reported that they believed Norwegian Correctional concepts will “increase officer safety” as well as that they “gained new perspectives on how prisons could change for the better” (Ahalt et al., 2020, p. S28). Implementing trainings like Amend, that emphasize humanity, health, and rehabilitation, will benefit our prison system by increasing positive relationships, promoting safety, and facilitating better mental health among prisoners as well as staff.

Norway’s use of architecture, education, and design is said to model a more humane and non-institutional environment that promotes rehabilitation over punishment (Nadel & Mears, 2020). If it is true that there are ways to run more humane prisons which are better for the psyche of inmates, why aren’t more U.S prisons implementing them? The answer is fairly simple. The prison layouts used in America promote security and building new infrastructure costs money (Nadel & Mears, 2020). When the fundamental purpose of a prison is rooted in public security and ultimately revenge, not much consideration is given to the prisoners themselves. The rectangular, courtyard, and telephone pole designs are perfect for securely moving prisoners around the facility. However, the previously mentioned research suggests that this security comes at the cost of inmates’ well-being. On the topic of confinement, research has suggested that captivity, specifically in inadequate facilities with improper care, often has negative effects on animals well-being and mental health (Callaway, 2016; Nelly, 2018; Shepherdson, 2013). To protect against this, there are “Five Freedoms” that were established by the UK Farm Animal Welfare Council and adapted by the Association of Shelter Veterinarians for animals in shelters (Animal Humane Society, n.d.; Nelly, 2018, p. 8). These freedoms are as follows: “freedom from hunger, thirst, and malnutrition; freedom from discomfort and exposure; freedom from pain, injury, and disease; freedom from fear and distress; and freedom to express normal behavior”

(Nelly, 2018, p. 8). The freedom to express normal behavior is upheld by the provision of sufficient space and proper facilities for these animals (Animal Humane Society, n.d.). If animals in captivity are afforded these freedoms, how much more should we be giving to humans who are also imprisoned? If we were to fully adopt campus style prisons, have more humane staff interactions, and give inmates more freedom and trust to roam, many would be surprised at how inmates would rise to and maybe exceed the expectations of them.

In addition to making major architectural changes, the U.S. should also make some internal design improvements. Vagt (2020) shares the idea that behavior of an individual or group can be and is governed by design. When you look at images of prisons and jail interiors in the U.S., you see tiny spaces, bland walls, minimal decoration, and rigid furniture. What feelings do these images elicit? Sadness? Anxiety? Imagine what it is like actually living in that environment 24/7. Furthermore, conditions are even worse in isolation cells. One news article published in 2019 shares the story of a U.S. prisoner, Dewalt, who spent more than 12 years in solitary confinement (ABC News, 2019). Dewalt suffers from anxiety, depression, paranoia, and suicidal thoughts and is suing the state of North Carolina for subjecting him to cruel and unusual punishment that exacerbated his mental illnesses (ABC News, 2019). Because of this story, and the stories of so many others, America should pass the H.R.8155 (2020) which is a proposed law to restrict the use of solitary confinement. Halden Prison in Norway prides itself on its modern and visually appealing design as well as its limited use of solitary confinement. I would like to note that I do understand some of the criticisms that Norwegian prisons (specifically Halden Prison) receive about being too luxurious. While I do believe that cells should be more than cinder block walls and a cot, I am not sure if a flatscreen television is necessary to maintain the principle of normality and positive mental health. It would be counterproductive to the purpose

of prisons if individuals were trying to get arrested because living conditions are better for them inside of the prisons than outside. However, due to the research that suggests a comfortable environment filled with soft-edges and nature can positively influence a person's mental state, the American Department of Justice should consider making some aesthetic changes to their prison and jail interiors (Söderlund & Newman, 2017).

Currently, for the U.S. government, the cost needed to make fundamental and structural changes to our prisons and jails does not outweigh the benefits of having a better criminal justice system. Bhuller et al. (2020) shared that Western European countries spend about \$66,000 per inmate per year. This is almost double the average of \$31,000 spent per inmate per year in the United States (Bhuller et al., 2020). Norway's larger prisoner budget is predominately devoted to education, treatment, and training programs (Bhuller et al., 2020). Norway's spending is higher partly because the cost of living is higher than in the United States but also because they have higher rates of mental illnesses as in America (Høidal, 2018). The average time served by U.S. state prisoners in 2016 was 2.6 years (Bureau of Justice Statistics [BJS], 2016). In Norway, the average sentence is around eight months (NCS, 2016). Looking at the above data, if a person were to serve the average amount of time for state prisoners (2.6 years), the U.S. government would end up spending approximately \$80,600 dollars on that inmate. If a person were to spend the average amount of time in a Norwegian prison (.7 years), the government would spend approximately \$46,200 on that inmate. Additionally, high recidivism rates in the U.S. means that inmates return to jail post-release and could cause taxpayers to spend even more per inmate. In 2005 (which is the most recent study of recidivism in American prisons), 63% of prisoners in 30 U.S. states were arrested at least once during the 9 years post-release (BJS 2018 Update). Though literature on time spent in prison versus recidivism is sparse, one study shares that

incarceration in Norway lowers the probability of reoffending within 5 years by 29% (Bhuller et al., 2020). Even though on paper it looks as if Norway spends twice the amount on inmates that the United States does, the U.S. spends more overall because inmates serve longer sentences and are more likely to return to prison (Bouffard, 2019; Høidal, 2018). The U.S. government should increase spending per inmate and use that money on skills trainings, treatments, and education programs. This will help to improve the overall mental health of inmates and reduce recidivism, thereby lessening the total spending even more.

Conclusion

Mass incarceration is a major issue in America today (Sawyer & Wagner, 2020). Our prisons are overcrowded with many of the nations' vulnerable populations, including a disproportionate number of individuals with mental health issues (Franke, Vogel, Eher, & Dudeck, 2019). It is likely that both internal (violence, lack of privacy and freedom, forced isolation, lack of meaningful activity, etc.) as well as external factors (the U.S. healthcare system, socioeconomic status, trauma, and pre-existing mental health or substance use issue, etc.) have a part to play in this fact. It is for this reason that mental health in American prison systems is a topic that needs addressing.

Norway is a country that has been praised for their successes in rehabilitation, low recidivism, low imprisonment rates, and high levels of care or services for their inmates. Although Norwegian prisons are at a very different, and arguably much better place now, the country's history greatly resembles that of America. The issues facing the country of Norway, and specifically their criminal justice system, in the 1980s strongly resembles the issues plaguing America today. In light of these issues, major structural and fundamental changes took place among the Norwegian Correctional Service. Among some of these changes was the

establishment of the principle of normality which holds that life inside of prison should be as similar to life outside in order to better reform and care for inmates (Meld. St. No. 37, 2007-2008). Ultimately, the United States Criminal Justice system needs to fundamentally shift how they view incarcerated individuals and must change the prison climate from retributive to restorative/rehabilitative. It is only then that we will see the same lasting changes that other countries, like Norway, have experienced. Some ways to restructure our current system are to implement a principle of normality, increase staff training and focus on the significance of the relationship between staff and inmates, invest in soft design and open architecture, and increase the amount of spending on treatment and programs for inmates. As a result of these changes, we can expect to see increased positive behavior among inmates, increased overall mental health of inmates, less total government spending per inmate, and decreased recidivism by inmates in the United States.

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