

Correctional Institution Officers' Stigma Towards Inmates with Mental Health Problems

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ABSTRACT

Background: Despite inmates are one group that susceptible to have mental health problem, they may also experience double stigma from people surroundings because of those condition, including from their correctional institution officer. **Aims:** This study aims to know correctional institution officers' stigma towards inmates with mental health problem. **Methods:** This is quantitative research with cross-sectional design. This research used secondary data from study about Correctional Institution Officers' Perception towards Mental Health which conducted in June 2023 towards 1654 officers in Central Java. Data was collected by self-reported using questionnaire. The selected questions consist of independent variables including demographic factors, history of seminar/training about mental health, and previous contact with someone who has mental health problem, and also the dependent variable which was level of stigma measured with EMIC-CSS instruments. Data was analyzed with chi-square test. **Results:** About 1161 respondents meet inclusion criteria, with 62% correctional institution officer had high stigma towards inmates with mental health problem. Age ($p=0,05$), length of work in correctional institution ($p=0,02$), and previous contact with someone who has mental health problems ($p=0,04$) correlate with officers' stigma towards inmates with mental health problem. **Conclusion:** High level of officers' stigma towards inmates with mental health problem may hinder management of mental health problem in correctional institution environment. Literacy enhancement and contact equality are needed to increase mental health awareness and decrease stigma among correctional institution officers.

Keywords: stigma, mental health, inmates, correctional institution officer

INTRODUCTION

There are 11 million people worldwide living in correctional institutions (WHO Regional Office for Europe, 2022). Indonesia is in the seventh rank as the country with the highest number of inmates in the world, which amounted to 275,518 inmates as of August 2023 (World Prison Brief, 2023). The inmate population has mental health problems twice to four times higher than the general population (Fazel dkk., 2016). Research from low- and middle-income countries has shown that 6.2% of inmates have psychosis and 16% of inmates have major depression. Compared to the general population, the prevalence of psychosis in inmates is sixteen times greater and the prevalence of major depression in inmates is six times greater (Baranyi dkk., 2019; WHO Regional Office for Europe, 2022).

Such factors as correctional institutions condition that exceed their capacity, presence of various forms of violence, lack of privacy and meaningful activities, isolation from the outside world, anxiety about future relationship and employment, and also the inadequacy of mental health service may have negative impact on inmates' mental health (Enggist, 2014). Inmates' mental health problems which are not addressed properly may lead to bigger problems, such as high rates of suicide attempts, mortality, and inmate recidivism behavior (Baranyi dkk., 2019). This condition may also increase health burden in the community when inmates return to society (Enggist, 2014).

Mental health is included in Sustainable Development Goal (SDG) 3, which is to ensure healthy lives and promote well-being for all at all ages (United Nations, 2015). On the other

hand, mental health is also linked to poverty alleviation (SDG 1) and reducing inequality (SDG 10). Therefore, the SDGs will be difficult to realize without giving sufficient attention to mental health issues (Goodwin & Zaman, 2023). Even so, people with mental health problems may be the target of stigmatization (Tremplin & Beazley, 2022).

Stigmatization involves assigning a negative label to a person or group of people based on certain stereotypes, which are often derived from the media or socio-cultural influences (Dumay dkk., 2022). Research showed that stigma against people with mental health problems results in delays in seeking help, leading to lower healthcare utilization, treatment adherence, and worse health outcomes (Dean dkk., 2022). On the other hand, being an inmate or a person who has received a criminal sentence is also a condition that can become a target of stigma. Therefore, inmates who have mental health problem may experience double stigma. Research showed that inmates with mental health problems may experience more negative treatment than inmates without mental health problems (Tremplin & Beazley, 2022).

Correctional institution officers play an important role in preventing mental health problems and improving the welfare of inmates. The way officers treat and interact with inmates may prevent, cause, or exacerbate inmates' mental health problems. Therefore, everyone in correctional institution environment needs to respond well to mental health problems and not tolerate violence and discrimination (Penal Reform International, 2018).

This study aims to know correctional institution officers' stigma towards inmates with mental health problem. According to Riskesdas 2018 data, Central Java was ranked fifth as the Province with the largest schizophrenia and psychosis problem in Indonesia (Kementerian Kesehatan Republik Indonesia, 2019). There are various classes and types of correctional institutions in Central Java, such as Prison Class I, Prison Class IIA, Prison Class IIB, Special Prison, Narcotics Prison, Youth Prison, Women's Prison, and Child Prison.

METHODS

This is quantitative with cross-sectional design study. This research used

secondary data from study about Correctional Institution Officers' Perception towards Mental Health which conducted in June 2023. Population of the study was correctional institution officers in Central Java, totaling 1654 people. Data was collected by self-reported using questionnaire. Based on the calculation, a minimum sample size of 319 people is required. This study used all samples which meet inclusion criteria, which are had worked in prison for at least a year and filled out the questionnaire completely. Questions which support this research variables were selected. The independent variables consisted of demographic factors (age, gender, type of employment, latest education, length of work), history of receiving seminars/training about mental health, and previous contact with someone who has mental health problem. The dependent variable was the level of stigma towards inmates with mental health problems. The level of stigma was measured with the *Explanatory Model Interview Catalogue Community Stigma Scale* (EMIC-CSS) instrument, which was adapted to the prison context, consisting of 15 items assessing attitudes and behaviors toward stigmatized individuals (International Federation of Anti-Leprosy Associations (ILEP), 2020). The answer options used a Likert scale with scoring, the answer 'yes' was given a value of 2, the answer 'maybe' was given a value of 1, the answer 'no' or 'don't know' was given a value of 0. The higher the score, the higher the level of stigma, with a cut-off point of 8. If the total score is 8 or more, the stigma level is high, and vice versa (Ballering dkk., 2019). The data obtained were analyzed univariately and bivariate with the chi-square test using the SPSS application.

RESULTS AND DISCUSSION

A total of 1161 respondents were obtained in this study. There are representatives from each correctional institution unit in Central Java as shown in Figure 1.

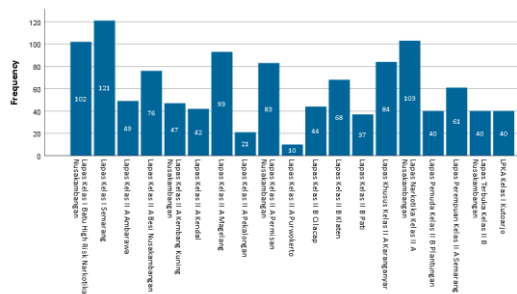


Figure 1. Distribution of Respondents

The respondents were aged 19-58 years, the majority (86.5%) were male and were non-health employees (97.1%). The last education of the respondents varied with the highest proportion being high school (61.1%), and D4 / S1 equivalent (30.1%). Respondents' length of work varied between 1-38 years, and more than half of the respondents (66.8%) worked for 1-10 years (Table 1).

Table 1. Characteristics of Respondents

Characteristics	N	(%)
Age	≤ 40 years old	804 69,3
	> 40 years old	357 30,7
Gender	Male	1004 86,5
	Female	157 13,5
Type of employment	Non-health employee	1127 97,1
	Health employee	34 2,9
Latest education	High school / equivalent	709 61,1
	D3 / equivalent	37 3,2
	D4 / S1 / equivalent	349 30,1
	S2, S3 / equivalent	66 5,7
Length of work	1-10 years	661 56,9
	> 10 years	500 43,1

This study also found that only a small proportion of respondents (24.2%) had received seminars/training about mental health. However, more than half of the respondents (56%) have had previous contact with someone who has mental health problems in their life, whether it is in their family, work, neighborhood, or other environments (Table 2).

Table 2. Respondents' History of Contact with Mental Health Problems

History	N	(%)
Receiving seminars/training about mental health	Ever	281 24,2
	Never	880 75,8

health			
Previous contact with someone who has mental health problems	Ever	650	56,0
	Never	511	44,0

The results showed that the stigma score varied from 0-30, with an average of 9.42 and a median of 9. After being grouped into 2 categories, namely high stigma and low stigma, 62% of respondents had high stigma towards inmates with mental health problems (Table 3).

Table 3. Distribution of Respondents by Level of Stigma

Level of Stigma	N	(%)
High stigma	721	62,1
Low stigma	440	37,9

There are 15 items in the EMIC-CSS instrument. This study found that the most 'Yes' answers were given by respondents to items related to social interaction, namely problems in marriage (40.8%), difficulties in doing daily activities (40.5%), problems in getting married (40.44%), and problems for the surrounding environment (33.8%) (Table 4).

A person can be stigmatized for having traits or characters that show a devaluation of social identity in a particular social context. Stigma can occur when people identify certain characteristics of others that are believed to violate social norms (Seaward dkk., 2023). People with mental health problems or people with criminal convictions are examples of characteristics that often receive stigma or discrimination. These groups also often come from other social groups that are discriminated against, such as drug addicts, alcoholics, or groups with low socio-economic status that cause them to have more than one stigmatized identity (Dean dkk., 2022). Inmates who have mental health problems combine the label 'mental illness' with 'inmate'. People with the label 'mental illness' are often perceived as dangerous, unpredictable, violent, weak, strange, disturbing, incompetent, or despicable. (Ran dkk., 2021; Tyerman dkk., 2021). People with the label 'inmate' are also considered dangerous and untrustworthy (Tremlin &

Beazley, 2022). The combination of these two labels can reinforce perceptions and increase stigma in the community (Seaward dkk., 2023). This has a worse stigmatizing impact when compared to those who only have mental health or criminal conviction issues (Dean dkk., 2022).

The stigma items that had the most 'Yes' responses were questions related to the ability of people with mental health problems to interact with their community. The most common answer was related to marriage. There is a complex relationship between marriage and mental health. Marriage can be an

opportunity for a person to grow and develop, as well as provide security and social support. On the other hand, marriage can act as a stressor and cause mental health problems. The community may stigmatize marriage in people with mental health problems due to several factors that may be an issue, such as the risk of relapse and the inability to take on responsibilities (Kumar dkk., 2019). However, a 14-year longitudinal study in China showed that people with mental health problems who married had better functional status, were able to work better, and had lower symptoms of psychosis (Ran dkk., 2017).

Table 4. Distribution of Respondents by Stigma Item

	Stigma Items	Yes		Maybe		No / Don't Know	
		N	%	N	%	N	%
1	Would an inmate with mental health problems try to keep others from knowing?	98	8,4	371	32,0	692	59,6
2	If one of your assisted inmates had mental health problems, would you think less of yourself, because of this person's problem?	16	1,4	40	3,4	1105	95,2
3	In correctional institution, does mental health problems cause shame or embarrassment?	172	14,8	356	30,7	633	54,5
4	Would other people in correctional institutions think less of an inmate with mental health problems?	112	9,6	401	34,5	648	55,8
5	Would knowing that an inmate has mental health problems have an adverse effect on you?	77	6,6	177	15,2	907	78,1
6	Would other people in correctional institutions avoid an inmate with mental health problems?	101	8,7	344	29,6	716	61,7
7	Would other people in correctional institutions refuse to visit the cell of an inmate with mental health problems?	107	9,2	324	27,9	730	62,9
8	Would other people in correctional institutions think less of the other inmates who share a cell with an inmate with mental health problems?	64	5,5	289	24,9	808	69,6
9	Would mental health problems cause problems in the correctional institution?	392	33,8	420	36,2	349	30,1
10	Would correctional institutions have concerns about disclosure if one of their inmates has mental health problems?	104	9,0	224	19,3	833	71,7
11	Would mental health problems be a problem for an inmate to get married (for inmates who have not been married)?	469	40,44	463	39,9	229	19,7
12	Would mental health problems cause problems in an ongoing marriage (for inmates who have been married)?	474	40,8	471	40,6	216	18,6
13	Would having an inmate with mental health problems as a relative cause a problem for their relatives to get married (for relatives who have not been married)?	190	16,4	450	38,8	521	44,9

14	Would having mental health problems cause difficulty for an inmate to do daily activities in correctional institutions?	470	40,5	394	33,9	297	25,6
15	Would you allow inmates with mental health problems to do 'angin-angin' or do activities outside the cell?	157	13,5	211	18,2	793	68,3

A person who has a relationship with an inmate may also experience stigma. This along with other factors such as limited opportunities to see each other can put a strain on the relationship (DeShay dkk., 2021). Although numerous studies have shown that life partners can be an important source of support for inmates. Their partner can provide emotional and material support, become a bridge to connect with people in the neighborhood, and prevent the possibility of recidivism (Siennick dkk., 2014).

Inmates have a negative perception in the public eye. People often think of stereotypes such as negative personalities when they hear the word inmate. This stigma may cause embarrassment and low self-esteem, making it difficult for inmates to interact in the community or discourage them from seeking employment (Moore dkk., 2013). Negative perceptions might also be received by people who have mental health problems. In Indonesia, mental health problems are rarely discussed openly, leading to misunderstanding, prejudice, confusion,

and fear. This stigma in society affects the life, work, and socialization of people who have mental health problems (Subu dkk., 2021).

The results of the analysis showed a correlation between age ($p=0,05$; $OR=1,28$; $95\% CI=1,0-1,66$), length of work ($p=0,02$; $OR=1,32$; $95\% CI=1,04-1,68$), and previous contact with someone who has mental health problems ($p=0,04$; $OR=0,78$; $95\% CI=0,62-0,99$) and stigma. Officers aged ≤ 40 years old tended to stigmatize 1.28 times compared to officers aged >40 years old. Officers who have worked ≤ 10 years tended to stigmatize 1.32 times compared to officers who have worked >10 years in the correctional institution. Officers with no history of contact with someone who has mental health problems were 0.78 times tended to stigmatize compared to officers with a history of contact. There was no correlation between gender, type of employment, latest education, and history of receiving seminars/training with the level of stigma among officers (Table 5).

Table 5. Bivariate analysis

	Level of stigma						OR (95% CI)	p Value
	High stigma		Low stigma		Total			
	N	(%)	N	(%)	N	(%)		
Independent Variables								
Age								
≤ 40 years old	514	63,9	290	58,0	804	100	1,28 (1,0 - 1,66)	0,05*
> 40 years old	207	58,0	150	42,0	357	100		
Gender								
Female	99	63,1	58	36,9	157	100	1,05 (0,74 - 1,49)	0,79
Male	622	62,0	382	38,0	1004	100		
Type of employment								
Non-health employee	700	62,1	427	37,9	1127	100	1,01 (0,50 - 2,05)	0,96
Health employee	21	61,8	13	38,2	34	100		
Latest education								
High school / equivalent	436	61,5	273	38,5	709	100	1,04	0,91
D3 / equivalent	23	62,2	14	37,8	37	100	1,07	
D4 / S1 / equivalent	222	63,6	127	36,4	349	100	1,14	
S2, S3 / equivalent	40	60,6	26	39,4	66	100		
Length of work								

1 - 10 years	429	64,9	232	35,2	661	100	1,32 (1,04 - 1,68)	0,02*
> 10 years	292	58,4	208	41,5	500	100		
Receiving seminars / training about mental health								
Never	539	61,3	341	38,8	880	100	0,86 (0,65 - 1,14)	0,29
Ever	182	64,8	99	35,2	281	100		
Previous contact with someone who has mental health problems								
Never	301	58,9	210	41,1	511	100	0,78 (0,62 - 0,99)	0,04*
Ever	420	64,6	230	35,4	650	100		

This study found that officers aged ≤ 40 years old had a 1.28 times higher level of stigma towards inmates with mental health problems. It is also in line with previous research. The more mature a person is, the more tolerant they are of people who have mental health problems. Older people have a wider range of life experiences, so they are more tolerant of differences, which includes accepting people who have mental health problems (Hartini dkk., 2018).

Officers who worked less time in the correctional institution were 1.32 times more likely to stigmatize than officers who had worked longer. The results of this study are supported by previous research showing that familiarity with mental health problems contributes positively to forming attitudes and behaviors towards people who have mental health problems (Hartini dkk., 2018). The same applies to inmates. A history of contact with inmates can broaden understanding and facilitate learning about inmates, thereby lowering stereotypical and conventional beliefs about inmates (Tan dkk., 2016). Officers who have been working in prisons for a long time will have a greater chance of having contact with inmates who have mental health problems, so they will also be more familiar with the condition.

The absence of previous contact with people who have mental health problems is a protective factor against the chance of officers' stigmatization. This is in contrast to previous research which suggests that contact with mental health problems can increase understanding of mental health and thus reduce stigma (Lem dkk., 2023). However, a review suggests that this cannot be generalized. If the contact is a negative interaction with a person who has a mental health problem, this can potentially increase stigma (Corrigan & Nieweglowski, 2019). A recent study that looked deeper into the relationship between contact and stigma suggested that positive contact was associated with

lower stigma. However, people who have close relationships or people who meet people with mental health problems more frequently without positive interactions can potentially increase stigma. Quantity of contact has the potential to decrease compassion and increase separation towards people who have mental health problems (Ran dkk., 2022).

In this study, there was no significant correlation between the level of stigma and the history of receiving seminars/training about mental health. This is in contrast to previous research conducted in Indonesia by Hartini et al. (2018) who found an association between mental health-related knowledge and stigma towards people who have mental health problems, although the association was weak (Hartini dkk., 2018). Another research conducted in China also found an association between better knowledge and lower stigma towards mental health problems (Lo dkk., 2021). There is a weakness in the data as it did not ask in detail about what kind of mental health seminars or trainings they received, when they received them, or measure the officers' knowledge about mental health.

No correlation was found between gender and the level of stigma in this study. This is not in line with previous research in Indonesia and China that showed women have a higher stigma towards people who have mental health problems compared to men (Hartini dkk., 2018; Lo dkk., 2021). However, different results were obtained in another research conducted on African Americans, where the male gender was associated with more negative behaviors (Ward dkk., 2013). This difference illustrates that local culture affects people's perceptions. The insignificant results can also be influenced by the sample population in this study which tends to be homogeneous.

Type of employment did not correlate with the level of stigma towards inmates with mental health problems. This is in line with previous literature that

suggests health professionals can also stigmatize patients with mental health problems. Although the behavior of health professionals is more positive than that of the general population, negative behaviors are also prevalent, especially about prognosis and likelihood of recovery (Subu dkk., 2021). Previous research has shown that health professionals have both positive and negative perceptions that underlie their behavioral responses to people who have mental health problems (Riffel & Chen, 2020). This is also in line with a study in China which states that there is no difference in stigma from different types of professions or occupations (Lo dkk., 2021).

This study found no correlation between education level and the level of stigma towards inmates with mental health problems. This is in line with previous research by Hartini et al. (2018) which states that community attitudes and behaviors towards people with mental health problems are not related to their educational background (Hartini dkk., 2018). This result is different from the study obtained in China, which showed that lower education levels had higher stigmatizing behavior. People with higher levels of education are assumed to have better knowledge about mental health. However, the relationship between mental health knowledge, mental health stigma, and behavior may also depend on the type of mental health problem. Knowledge of mental health illnesses such as psychosis or schizophrenia may increase stigmatizing behavior, but knowledge of mental health problems in general may decrease stigmatization (Lo dkk., 2021). Knowing the signs and symptoms associated with mental illness can also reduce stigmatization (Suen dkk., 2021), but only knowing in general about mental illness without knowing the symptoms and treatment can increase stigmatization (Chan dkk., 2016).

Intervention methods based on contact and education are common and effective in reducing stigma (Rao dkk., 2019; Seaward dkk., 2023). Face-to-face contact that provides opportunities for direct interaction with stigmatized groups is effective in changing people's attitudes, knowledge, and behavior. Regular contact can reduce perceived harm and anxiety towards people who have mental health problems (Seaward dkk., 2023).

This study has limitations where in this study use secondary data which collected through self-reporting by respondents, so the possibility of bias cannot be ruled out. The results may also be affected by double stigma of being an inmate and someone with mental health problem, which needs further research.

CONCLUSION

Inmates with mental health problems are one of the targets that can be stigmatized. Correctional institution officers play an important role in preventing, causing, and even exacerbating mental health problems in inmates, through the way they treat and interact with them. Unfortunately, there is still a high level of stigma among officers towards inmates with mental health problems. The stigma item that received the most 'Yes' answers was related to social interaction. This study found a correlation between age, length of work in correctional institutions, and previous contact with people who have mental health problems with officers' level of stigma. Further research is needed to determine the possibility of double stigma in inmates with mental health problems.

This research can be a recommendation for correctional institutions to increase the knowledge of all officers, both health and non-health employees, regarding the mental health of inmates as a whole. Activities that enable positive contact between officers and inmates are also needed to reduce possible stigma and increase officers' awareness of inmates' mental health.

REFERENCES

- Ballering, A. V., Peters, R. M. H., Waltz, M. M., Arif, M. A., Mishra, C. P., & Van Brakel, W. H. (2019). Community stigma and desired social distance towards people affected by leprosy in Chandauli District, India. *Leprosy Review*, 90(4), 418-432. <https://doi.org/10.47276/lr.90.4.418>
- Baranyi, G., Scholl, C., Fazel, S., Patel, V., Priebe, S., & Mundt, A. P. (2019). Severe mental illness and substance use disorders in prisoners in low-income and middle-income countries: A systematic review and meta-analysis

- of prevalence studies. *The Lancet Global Health*, 7(4), e461-e471. [https://doi.org/10.1016/S2214-109X\(18\)30539-4](https://doi.org/10.1016/S2214-109X(18)30539-4)
- Chan, S. K. W., Tam, W. W. Y., Lee, K. W., Hui, C. L. M., Chang, W. C., Lee, E. H. M., & Chen, E. Y. H. (2016). A population study of public stigma about psychosis and its contributing factors among Chinese population in Hong Kong. *International Journal of Social Psychiatry*, 62(3), 205-213. <https://doi.org/10.1177/0020764015621941>
- Corrigan, P. W., & Nieweglowski, K. (2019). How does familiarity impact the stigma of mental illness? *Clinical Psychology Review*, 70, 40-50. <https://doi.org/10.1016/j.cpr.2019.02.001>
- Dean, K., Browne, C., & Dean, N. (2022). *Stigma and discrimination experiences amongst those with mental illness in contact with the criminal justice system: A rapid review report for the Australian National Mental Health Commission.*
- DeShay, R. A., Vieraitis, L. M., Copes, H., Powell, Z. A., & Medrano, J. (2021). Managing courtesy stigma: Women and relationships with men in prison. *Criminal Justice Studies*, 34(3), 251-267. <https://doi.org/10.1080/1478601X.2021.1966628>
- Dumay, Z. C. B., Harnais, J. T., & Cerminara, C. M. (2022). Stigma and Criminalization of Mental Health in an Inpatient Versus Jail Setting. *The Graduate Review*, 7, 146-155.
- Enggist, S. (2014). *Prisons and health.* WHO Regional Office for Europe.
- Fazel, S., Hayes, A. J., Bartellas, K., Clerici, M., & Trestman, R. (2016). Mental health of prisoners: Prevalence, adverse outcomes, and interventions. *The Lancet Psychiatry*, 3(9), 871-881. [https://doi.org/10.1016/S2215-0366\(16\)30142-0](https://doi.org/10.1016/S2215-0366(16)30142-0)
- Goodwin, J., & Zaman, U. (2023). Editorial: Mental Health Stigma and UN Sustainable Development Goals. *Frontiers in Psychiatry*, 14, 1190406. <https://doi.org/10.3389/fpsy.2023.1190406>
- Hartini, N., Fardana, N. A., Ariana, A. D., & Wardana, N. D. (2018). Stigma toward people with mental health problems in Indonesia. *Psychology Research and Behavior Management*, Volume 11, 535-541. <https://doi.org/10.2147/PRBM.S175251>
- International Federation of Anti-Leprosy Associations (ILEP). (2020). *Guide 4. How to assess health-related stigma and mental wellbeing | InfoNTD.* <https://www.infontd.org/toolkits/stigma-guides/guide-4-how-assess-health-related-stigma-and-mental>
- Kementerian Kesehatan Republik Indonesia. (2019). *Laporan Nasional Rischesdas 2018.* Lembaga Penerbit Badan Penelitian dan Pengembangan Kesehatan (LPB).
- Kumar, P., Sharma, N., Ghai, S., & Grover, S. (2019). Perception about Marriage among Caregivers of Patients with Schizophrenia and Bipolar Disorder. *Indian Journal of Psychological Medicine*, 41(5), 440-447. https://doi.org/10.4103/IJPSYM.IJPSYM_18_19
- Lem, W. G., Kawata, K. H. D. S., Kobayashi, T., & Oyama, H. (2023). Public Stigma Related to People With Mental Health Conditions Among Japanese Company Employees. *Journal of Clinical Medicine Research*, 15(3), 139-147. <https://doi.org/10.14740/jocmr4868>
- Lo, L. L. H., Suen, Y. N., Chan, S. K. W., Sum, M. Y., Charlton, C., Hui, C. L. M., Lee, E. H. M., Chang, W. C., & Chen, E. Y. H. (2021). Sociodemographic correlates of public stigma about mental illness: A population study on Hong Kong's Chinese population. *BMC Psychiatry*, 21(1), 274. <https://doi.org/10.1186/s12888-021-03301-3>
- Moore, K., Stuewig, J., & Tangney, J. (2013). Jail Inmates' Perceived and Anticipated Stigma: Implications for Post-release Functioning. *Self and Identity*, 12(5), 527-547. <https://doi.org/10.1080/15298868.2012.702425>
- Penal Reform International. (2018). *Mental Health in Prison: A Short Guide for Prison Staff.* Penal Reform International.
- Ran, M.-S., Hall, B. J., Su, T. T., Prawira, B., Breth-Petersen, M., Li, X.-H., & Zhang, T.-M. (2021). Stigma of mental illness and cultural factors in Pacific Rim region: A systematic review. *BMC*

- Psychiatry*, 21(1), 8.
<https://doi.org/10.1186/s12888-020-02991-5>
- Ran, M.-S., Peng, M.-M., Yau, Y. Y., Zhang, T.-M., Li, X.-H., Wong, I. Y. L., Ng, S., Thornicroft, G., Chan, C. L.-W., & Lu, L. (2022). Knowledge, contact and stigma of mental illness: Comparing three stakeholder groups in Hong Kong. *International Journal of Social Psychiatry*, 68(2), 365-375. <https://doi.org/10.1177/0020764021997479>
- Ran, M.-S., Wong, Y.-L. I., Yang, S.-Y., Ho, P. S. Y., Mao, W.-J., Li, J., & Chan, C. L.-W. (2017). Marriage and outcomes of people with schizophrenia in rural China: 14-year follow-up study. *Schizophrenia Research*, 182, 49-54. <https://doi.org/10.1016/j.schres.2016.10.034>
- Rao, D., Elshafei, A., Nguyen, M., Hatzenbuehler, M. L., Frey, S., & Go, V. F. (2019). A systematic review of multi-level stigma interventions: State of the science and future directions. *BMC Medicine*, 17(1), 41. <https://doi.org/10.1186/s12916-018-1244-y>
- Riffel, T., & Chen, S.-P. (2020). Stigma in Healthcare? Exploring the Knowledge, Attitudes, and Behavioural Responses of Healthcare Professionals and Students toward Individuals with Mental Illnesses. *Psychiatric Quarterly*, 91(4), 1103-1119. <https://doi.org/10.1007/s11126-020-09809-3>
- Seaward, H., Dieffenbacher, S., Gaab, J., Graf, M., Elger, B., & Wangmo, T. (2023). Stigma management during reintegration of older incarcerated adults with mental health issues: A qualitative analysis. *International Journal of Law and Psychiatry*, 89, 101905. <https://doi.org/10.1016/j.ijlp.2023.10.1905>
- Siennick, S. E., Stewart, E. A., & Staff, J. (2014). EXPLAINING THE ASSOCIATION BETWEEN INCARCERATION AND DIVORCE: INCARCERATION AND DIVORCE. *Criminology*, 52(3), 371-398. <https://doi.org/10.1111/1745-9125.12040>
- Subu, M. A., Wati, D. F., Netrida, N., Priscilla, V., Dias, J. M., Abraham, M. S., Slewa-Younan, S., & Al-Yateem, N. (2021). Types of stigma experienced by patients with mental illness and mental health nurses in Indonesia: A qualitative content analysis. *International Journal of Mental Health Systems*, 15(1), 77. <https://doi.org/10.1186/s13033-021-00502-x>
- Suen, Y. N., Yeung, E. T. W., Chan, S. K. W., Hui, C. L. M., Lee, E. H. M., Chang, W. C., Chan, C. Y. H., & Chen, C. E. Y. H. (2021). Integration of biological and psychological illness attributional belief in association with medication adherence behaviour: A path analysis. *Early Intervention in Psychiatry*, 15(6), 1686-1695. <https://doi.org/10.1111/eip.13114>
- Tan, X. X., Chu, C. M., & Tan, G. (2016). Factors Contributing towards Stigmatisation of Offenders in Singapore. *Psychiatry, Psychology and Law*, 23(6), 956-969. <https://doi.org/10.1080/13218719.2016.1195329>
- Tremlin, R. C., & Beazley, P. (2022). A systematic review of offender mental health stigma: Commonality, psychometric measures and differential diagnosis. *Psychology, Crime & Law*, 1-25. <https://doi.org/10.1080/1068316X.2022.2072842>
- Tyerman, J., Patovirta, A.-L., & Celestini, A. (2021). How Stigma and Discrimination Influences Nursing Care of Persons Diagnosed with Mental Illness: A Systematic Review. *Issues in Mental Health Nursing*, 42(2), 153-163. <https://doi.org/10.1080/01612840.2020.1789788>
- United Nations. (2015). *Transforming Our World: The 2030 Agenda for Sustainable Development* | Department of Economic and Social Affairs. <https://sdgs.un.org/2030agenda>
- Ward, E. C., Wiltshire, J. C., Detry, M. A., & Brown, R. L. (2013). African American Men and Women's Attitude Toward Mental Illness, Perceptions of Stigma, and Preferred Coping Behaviors. *Nursing Research*, 62(3), 185. <https://doi.org/10.1097/NNR.0b013e31827bf533>
- WHO Regional Office for Europe. (2022). *Addressing the noncommunicable disease (NCD) burden in prisons in the*

WHO European Region: Interventions and policy options. WHO Regional Office for Europe.

World Prison Brief. (2023). *Highest to Lowest—Prison Population Total | World Prison Brief.*
https://www.prisonstudies.org/highest-to-lowest/prison-population-total?field_region_taxonomy_tid=All