Determinants of Mental Health Literacy Among Correctional Officers

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ABSTRACT

*Background: : Inmates are at higher risk of developing mental problems. Correctional officers have an important role in supporting inmate's mental health. Correctional officers' insufficient understanding of mental health can contribute to adverse outcomes for mentally ill inmates in the criminal justice system. **Aims**: This study aimed to determine factors associated with correctional officers's mental health literacy. **Methods**: This is quantitative research using a cross-sectional approach. This research used secondary data from a study about Correctional Officer's Perceptions towards Mental Health, which was conducted in June 2023. The population was 1564 officers in Central Java. The independent variable was demographic factors, history of seminar/training about mental health, and previous contact with someone who has a mental health problem. The dependent variable was mental health literacy, measured with the Mental Health Knowledge Questionnaire (MHKQ). Data was analyzed bivariate with a chi-square test. **Results**: About 66% of correctional institution officers had low mental health literacy. The status as a healthcare worker (p=0.01), longer working duration (p=0.03), experience of attending mental health seminars (p=0.00), and contact with someone that has mental health problem (p=0.03) have a significant correlation with officer level of mental health literacy. **Conclusion**: Correctional officers often have limited mental health knowledge. Level of experience, job scope, contact experience with someone with a mental health problem, and mental health training positively impact their literacy. Increasing mental health education in correctional facilities is vital to enhance this, focusing on risk factors and care delivery.*

Keywords: Correctional institution officer, Mental health literacy, Mental health, Inmates.

INTRODUCTION

Moving seven years closer to the 2030 SDG goal, which aims to decrease one-third of premature deaths from non-communicable diseases, the worrisome aspect remains the problematic state of mental health, a significant non-communicable disease. Mental health has become a challenge and is reported to be one of the primary causes of the global health burden (WHO, 2011). Based on recent research, it has been found that 1 in 2 people worldwide will experience mental health issues during their lifetime. (McGrath et al., 2023). Inmates are at higher risk of physical and mental health problems than the general population (Butler, et al., 2022). Rates of mental disorders in inmates are very high; Depression, anxiety, substance use, and psychiatric disorders predominate

(Gómez-Figueroa & Camino-Proaño, 2022). It is acknowledged that the loss of freedom, autonomy, and contact with family and friends has a significant physical, social, and psychological impact on the prison population and highlights that the level of mental disorder and behavior in this population is significantly higher (Gómez-Figueroa & Camino-Proaño, 2022).

In addition, overcrowding is a clear cause and contributing factor to many correctional facilities' health problems, including infectious diseases and mental health problems. The latest data shows that 22 national correctional systems have doubled capacity, and another 27 operate at 150-200% (MacDonald, 2018).

The Ministry of Law and Human Rights (Kemenkumham) reported that as of March 24, 2023, the number of inmates in correctional facilities (prisons) in

Indonesia reached 265,897 people. This number exceeds the total capacity of the country's prisons, which is 140,424 people (Dataindonesia.id, 2023). According to early detection conducted by the Directorate of Correctional Services in April 2023, 1 in 3 Indonesian inmates reported mental health problems (Direktorat Jenderal Pemasyarakatan, 2023).

Based on the Correctional Services Act 22 of 2022, correctional facilities, as the communities closest to inmates, play a vital role in reducing mental health problems among inmates. This is by the law, which states that correctional facilities are responsible for providing rehabilitation and care services to inmates. Additionally, the law emphasizes the rights of inmates to receive both physical and mental care, access to medical services, and humane treatment while being protected from harmful actions (UU No. 22 Tentang Pemasyarakatan, 2022). Factors contributing to poor outcomes for mentally ill inmates are the attitudes and lack of mental health knowledge among correctional officers working in the criminal justice system (Hebert, 2020). Improvement in mental health literacy can result in advancements in risk mitigation, compassionate care for incarcerated individuals, and collaborative efforts among various professionals and healthcare providers (S. Darani et al., 2021). On the other hand, Several studies indicate that inadequate management of inmate's mental health problems can lead to high rates of suicide attempts, deaths, and recidivism among inmates (Baranyi et al., 2019). Knowledge and skills about mental health can be defined as mental health literacy (MHL). MHL includes knowing how to prevent mental illness, the ability to recognize signs and symptoms of mental illness in its early stages, knowledge of help-seeking options and available treatments, knowledge of self-help strategies, and mental health first aid skills to help and support others affected by mental illness (Jorm, 2015). Thus, mental health literacy is essential to encourage help-seeking behavior, reduce or prevent disease progression, and improve quality of life (Bennett et al., 2023).

Therefore, this study aims to determine the level of mental health literacy among correctional officers and identify the factors that determine this level of literacy. This study was conducted in the Central Java Province because of the region's varying correctional facilities, including public prisons, women's prisons, juvenile prisons, and high-security prisons. This is expected to provide a more comprehensive understanding of the study's topic. According to the latest national health data (Kementerian Kesehatan Republik Indonesia, 2019), Central Java Province ranks fifth in Indonesia regarding the largest prevalence of schizophrenia and psychosis mental disorders.

METHODS

This quantitative study uses an analytical observational design and a cross-sectional approach. Used secondary data from a study about Correctional Officer's Perception towards Mental Health, conducted in June 2023. The population was 1564 officers in Central Java. According to the Slovin formula, the minimum sample size required is 319 individuals. The inclusion criteria for this study were correctional officers working in correctional facilities for at least one year. The exclusion criteria for this study were respondents who did not complete the questionnaire. Based on those criteria, data used in this study are 1161 correctional officers. Questions that support these research variables were selected. The independent variables in this study include demographic factors (age, gender, employment type, highest education level, years of work), history of attending seminars or training on mental health, and history of contact with individuals with mental health issues. The dependent variable is the level of mental health literacy among correctional officers. The measurement instrument used in this study is the Mental Health Knowledge Questionnaire (MHKQ), developed by Wang and adapted into 13 items for the Indonesian context (Farida, 2021). A higher score indicates a higher level of knowledge. The answer choices are "Yes" and "No," with "Yes" being assigned a value of 1 and "No" a value of 0. A higher score corresponds to a higher level of mental health literacy. The data

is divided into two groups based on the median literacy score. The data obtained will be analyzed using univariate and bivariate analysis with the chi-square test using the SPSS application.

RESULTS AND DISCUSSION

After processing the data from 1,161 respondents, the distribution of respondents is as follows:
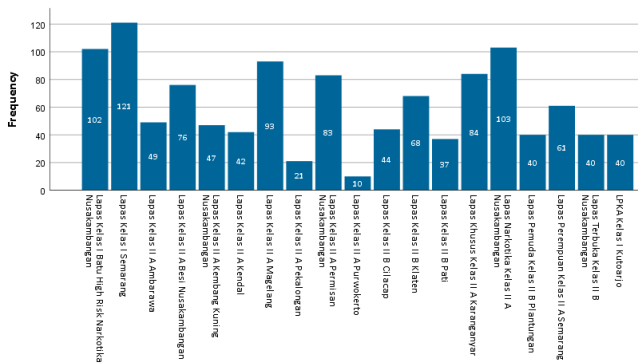

Diagram 1. Respondent Demographic Data

The research respondents ranged in age from 19 to 58 years old. Most respondents were male (86.5%) and predominantly belonged to non-healthcare professions (97.1%). Most respondents had completed their education up to high school level (61.1%), followed by those with a Diploma or Bachelor's degree at 30.1%. Respondents had varying work experience in the correctional institution, ranging from 1 to 38 years (Table 1).

Table 1. Respondent Characteristic

Characteristic		f	(%)
Age	≤ 40 years	804	69,3
	> 40 years	357	30,7
Sex	Male	1004	86,5
	Female	157	13,5
Scope of Work	Non-Healthcare Staff	1127	97,1
	Healthcare Staff	34	2,9
Education	Highschool	709	61,1
		37	3,2
	Vocational	349	30,1
	Bachelor's degree	66	5,7
	Postgraduate		
Work Experience in	1-10 years	661	56,9
	> 10 years	500	43,1

Correctional Facilities

In addition, from the descriptive analysis, it was also found that only 24.2% of the respondents had ever received seminars/training related to mental health. Meanwhile, more than half of the respondents (56%) had contact with someone with mental health issues in their surrounding environment, whether within the family, at work, or in the community (Table 2).

Table 2. Respondent's history of contact with mental health issues

History		f	(%)
Received training/seminar about mental health	Ever	281	24,2
	Never	880	75,8
Had contact with someone who had a mental health problem	Ever	650	56,0
	Never	511	44,0

The results of the measurement of mental health literacy in respondents showed that the minimum mental health literacy score is 3, with a maximum score of 13. The average literacy score is 8.63, and the median score is 9. The total score is then grouped into two categories: high level of mental health literacy and low level of mental health literacy. This grouping is based on a median rating, where respondents with a small score equal to 9 belong to the lowest group, and those with a score above nine are classified into the lower group. The results showed that 66% of respondents had a low level of mental health literacy (Table 3).

Table 3. Distribution of respondents based on mental health literacy

Level of Mental Health Literacy	f	(%)
Low Literacy	766	66,0
High Literacy	395	34,0

Based on the analysis conducted for each item of the Mental Health Knowledge Questionnaire (MHKQ), consisting of 13 items, it was found that respondents tended to answer incorrectly

on items related to the causes of mental health problems, such as "mental disorders are caused by false thoughts," "external pressures cause all mental disorders," and "individuals with a family history of mental disorders are at higher risk of psychological problems and mental disorders." Additionally, respondents also answered incorrectly on items related to specific disorders, such as "some mental disorders like bipolar disorder can be cured within a certain timeframe," as well as on items related to awareness of mental health issues, including knowledge about World Mental Health Day and World Suicide Prevention Day. The summary of respondents' answers can be seen in Table 4.

Each independent variable was analyzed bivariate with the dependent variable. From the analysis results, a significant relationship was found between the status as a healthcare worker (p=0.01), longer working duration (p=0.03), experience of attending mental health seminars (p=0.00), and a history of contact with individuals with mental health issues (p=0.03) with a high level of mental health literacy. Healthcare workers tended to have mental health literacy 1.015 times higher than non-healthcare workers. Workers working for more than ten years tended to have mental health literacy 0.746 times higher than those working for 1-10 years in correctional institutions. Workers who had attended mental health seminars tended to have mental health literacy 1.846 times higher than those who had not attended seminars. Workers with a history of contact with individuals with mental health issues tended to have mental health literacy 1.323 times higher than those without a contact history. The study did not find a significant relationship between gender, age, education level, and mental health literacy among correctional facility staff (Table 5).

Table 4. The distribution of respondent answers is based on Mental Health Literacy items.

Items	True		False	
	N	%	N	%
Mental disorders are caused by incorrect thinking. (false)	128	11	1033	89,0
Many people have mental problems but do not realize it. (true)	1058	91.1	103	8,9
External stressors cause all mental disorders. (false)	635	54,7	526	45,3
Most mental disorders cannot be cured. (false)	1035	89,1	126	10,9
Psychological or psychiatric services should be sought if one suspects the presence of psychological problems or a mental disorder. (true)	920	79,2	241	20,8
Mental disorders and psychological problems cannot be prevented . (false)	917	79	244	21
Some mental disorders like bipolar disorder can be treated within a specific timeframe. (false)	444	38,2	717	61,8
Individuals with a family history of mental disorders are at higher risk of experiencing psychological problems and mental disorders. (true)	773	66,6	388	33,4
Psychological issues in teenagers do not affect academic performance. (false)	866	74,6	295	25,4
Individuals with negative characteristics are more likely to experience mental health problems. (true)	897	77,3	264	22,7
Mental health issues are more likely to occur when individuals experience significant psychological stressors in their lives, such as the death of a family member. (true)	976	84,1	185	15,9
I have heard about World Mental	797	68,6	364	31,4

Health Day				
I have heard about Suicide Prevention Day	570	49,1	591	50,9

Table 5. Result of Bivariate Analysis.

Variables	Level of Mental Health Literacy						OR (95% CI)	P value
	Low		High		Total			
	N	(%)	N	(%)	N	(%)		
Age: > 40 years ≤ 40 years	237 529	66,4 58,0	120 275	33,6 34,2	804 357	100 100	1,027 (0,789 – 1,336)	0,90
Sex: Male Female	673 93	67,0 59,2	331 64	33,0 34,0	157 1004	100 100	1,399 (0,992 – 1,975)	0,07
Scope of Work: Non-healthcare staff Healthcare Staff	751 15	66,6 44,1	376 19	33,4 55,9	1127 34	100 100	1,015 (0,503 – 2,048)	**0,01***
Education: Highschool Vocational Bachelor's degree Postgraduate	465 26 235 40	65,6 70,3 67,3 60,6	244 11 114 26	34,4 29,7 32,7 39,4	709 37 349 66	100 100 100 100		0,69
Work Experience in Correctional Facilities: 1 – 10 years > 10 years	 417 349	 63,2 69,7	 243 152	 36,8 30.3	 660 501	 100 100	0,747 (0,583 – 0,957)	**0,03***
Received training/seminar about mental health: Never Ever	 611 155	 69,4 55,2	 269 126	 30,6 44,8	 880 281	 100 100	1,846 (1,402-2,432)	**0,00***
Had contact with someone who had a mental health problem: Never Ever	 355 411	 69,5 63,2	 156 239	 30,5 36,8	 511 650	 100 100	1,323 (1,034 – 1,694)	**0,03***

As the closest community to inmates, frontline correctional officers play a central role in managing mental health issues (Dvoskin & Spiers, 2004). Community knowledge about mental health issues clearly impacts attitudes and help-seeking journeys and prevents stigma and discrimination against patients with mental health problems. God. It is also a foundation for designing evidence-based community mental health interventions (Tesfaye et al., 2021). People who know about mental illness or have contact with people diagnosed with mental illness are less likely to have discriminatory attitudes. Interactions between correctional officers and inmates significantly impact inmates' mental health and improve conditions for inmates (Stringer, 2019). However, correctional staff training on mental health is often considered inadequate (S. Darani et al., 2019). This is in line with the findings of this study, which indicate that only 24.2% of respondents have received training related to mental health. The scarcity of training can also be observed from the results of grouping literacy scores, where only 34% of respondents have a high level of mental health literacy. The low level of literacy can lead to correctional officers being inadequately prepared when they need to interact with mentally ill inmates

and handle related situations to calm them(S. A. Darani et al., 2023).

The item of mental health literacy most frequently answered incorrectly by respondents is related to the causes of mental health problems and the need for treatment, primarily when it is associated with specific disorders. This aligns with previous research that found that most people do not know the causes, treatments, and prevention of mental illness (Yin et al., 2020). These findings can serve as a foundation for developing mental health training content that can be provided to correctional officers to support their role in mental health issues within correctional facilities.

In this study, the length of time working in a correctional facility was significantly associated with higher mental health literacy scores. Individuals who had been working in the facility for a longer time showed higher levels of literacy. This could be attributed to their increased exposure and interaction with inmates in the correctional facility over the years, contributing to a better understanding of mental health issues. This research also found a relationship between contact with individuals with mental health issues and their literacy level. This is in line with previous research findings that stated people's perceptions of mental illness are influenced by their encounters with people with mental illness, media representations, cultural stereotypes, and personal experiences of mental illness (Tesfaye et al., 2021)

This research also found a significant relationship between the scope of work (healthcare and non-healthcare personnel) and mental health literacy. Healthcare personnel demonstrated a higher level of literacy. However, considering the limited number of healthcare staff within correctional facilities, it is essential to consider collaborative schemes among teams to provide adequate mental health services. Successful collaboration between correctional officers and treatment staff requires a foundation of mutual respect, shared training, and ongoing communication and collaborative supervision (Appelbaum et al., n.d.)

The research did not find a significant relationship between gender, age, and level of education with mental health literacy levels. The lack of a significant relationship between gender and literacy levels was also found in previous studies in the Chinese, Indonesian, and Ethiopian populations (Girma et al., 2013; Idham et al., 2019; Li et al., 2018). However, some studies have also studied type measured among medical students and mental health staff, proving that women have better mental health knowledge and are more prepared to interact with people with mental disorders (Li et al., 2014; Rong et al., 2011). The lack of a significant relationship between educational attainment and age with mental health literacy found in this study contradicts the results of a previous study of the Chinese population, which found that the age and educational level of the participants had a significant impact on their mental health literacy level(Hebert, 2020; Tesfaye et al., 2021). Such differences in research results are not uncommon in the social and behavioral sciences, as various factors, including the specific study population, cultural context, sample size, and methodology, can influence them. It is essential to consider these factors when interpreting and generalizing research findings.

CONCLUSION

Inmates have a higher risk of experiencing mental health problems compared to the general population. Inmates are exposed to many risk factors in correctional institutions that may lead to mental health issues. Correctional institutions, as the closest community to inmates, are crucial in ensuring inmates receive the necessary support and care for mental health problems. The knowledge and perceptions of correctional officers regarding mental health issues can support the existence of a good mental health system in correctional institutions. Based on this research, it was found that the level of knowledge among correctional officers is low. The duration of employment, scope of work, contact, and experience in mental health training are positively related to the literacy level of officers. This can be used to develop more effective training programs by empowering healthcare staff and individuals with contact experience to

share their insights. It is also essential to ensure the sharing of experiences from more experienced staff to new staff, especially related to dealing with mental health issues. The findings of this study also demonstrate the importance of increasing mental health education within the correctional facilities environment to improve the literacy of officers, specifically related to mental health risk factors and how to deliver care.

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