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Chapter

Mental Health Burden and Burnout in Correctional Workers

Mansoor Malik, Samar Padder, Suneeta Kumari and Haroon Burhanullah

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Abstract

Working in correctional facilities is inherently stressful, and correctional workers have a high rate of anxiety, depression, PTSD, and professional burnout. Correctional workers faced an unprecedented set of challenges during the COVID-19 pandemic, exacerbating an already dire situation. There has been a relative shortage of studies evaluating effective interventions for the psychological consequences of working in correctional facilities. Well-being and mental health Interventions for correctional workers should be embedded in a general framework of support, reducing occupational risk factors, improving mental well-being by developing a positive work environment, improving mental health literacy, and identifying and treating mental health issues. The backbone of the correctional system is its workforce and the mental health and well-being of correctional workers are of paramount importance in an effective correctional system.

Keywords: correctional facilities, well-being, burnout, mental health, stress

1. Introduction

The work of correctional officers has long been pointed at as among the most stressful in the world. Correctional staff across the world work in very difficult circumstances. For example, the United States (US) prison system, which holds almost 2.3 million prisoners, and employs more than 500,000 correctional officers and health care staff, is chronically understaffed and under-resourced [1]. Added to these significant challenges is the impact of the COVID-19 pandemic, which has significantly increased the work demands for correctional workers. One in every five state and federal prisoners in the United States has tested positive for COVID-19, a rate more than four times higher than the general population [2]. The COVID-19 pandemic has brought a sharp focus on the correctional health system and correctional workers.

Correctional work environments are stressful by their nature. Correctional facilities often work in a paramilitary style with inflexible and overwhelming schedules. Correctional institutions have generally low wages and routinely use mandatory overtime. Correctional workers face a complex and unique set of challenges as a result of their confined workspaces and their daily interactions with incarcerated individuals. Correctional workers have to often work for long hours without breaks.

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In the 2017 report, the United States Department of Justice identified several of the challenges faced by correctional officers [3]. These included work-related challenges (e.g., prisoners with infectious diseases or mental illness, gang violence, aggressive and traumatizing inmate behavior), institution-related dangers (e.g., role ambiguity/conflict, inadequate resources, poor leadership/trust), psychosocial dangers (e.g., media/political scrutiny), mental health risks (e.g., stress, burnout), and physical health risks (e.g., injuries, death). In addition, prisons have a high prevalence of chronic diseases and mental illness and house an increasingly aging population. Correctional staff shares all the risks of the physical environment and the additional risks listed above as well as uncontrolled physical contact with inmates as they move prisoners or intervene in altercations or when performing physical examinations and medical procedures.

The backbone of the correctional system is its workforce. The correctional system relies on qualified, trained, and dedicated staff for effective, professional, and competent operations. Correctional staff can be classified in different ways. For example, institutional staff works within the prison systems, while community staff such as probation officers work outside of the prison. Another way to classify is based on the role, such as correctional administrators, correctional officers, correctional medical workers, correctional counselors, etc. In addition, correctional staff has been defined as both custody-oriented workers and non-custody workers. Custody-oriented workers have a primary focus on the security and control of the inmates. Custody-oriented workers include correctional officers, supervisors, and security management. Non-custody workers provide other services to support the operation or mission of the correctional facility. These workers include education, medical, maintenance, kitchen, and business support staff.

However, a perennial shortage of correctional officers and a very high turnover rate are common in all classifications of correctional workers. Correctional officer vacancy rates in some prisons approach 50% [4]. Although community supervision agencies typically fare better, probation and parole officer vacancy rates have been reported as high as 20% [5]. It is particularly hard to recruit and retain trained medical staff such as physicians and nurses in correctional facilities. These efforts are challenged by the fact that the public does not consider corrections to be a high-status occupation. Turnover in correctional facilities can be as high as 50%, and job satisfaction in the correctional industry is in the bottom 5% [6].

2. Studies evaluating stress, mental health burden, and burnout in correctional staff

2.1 Stress

Stress can be seen as the result of a person's interaction with their surroundings. The psychological distress or strain brought on by both individual and organizational pressures at work is known as job stress. Approximately, 37% of correctional staff are thought to experience job stress and burnout at correctional facilities [7]. This is significantly more than the generally estimated stress rate of 19–30% in the working population. A meta-analysis of 20 studies revealed that the specific issues facing correctional officers (such as perceived danger and role challenges) and work attitudes (such as involvement in decision-making, job satisfaction, commitment, and turnover intention) generated the strongest predictive relationships with job stress [8].

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Correctional staff have to be constantly alert to their surroundings and may have to use force to defend themselves and others inside correctional facilities. This constant hyper-vigilance makes working in a correctional environment psychologically and physically draining. Correctional staff is at high risk of depression, suicide, obesity, hypertension, accidents, and early mortality from chronic illness [9–12]. There is strong evidence that the morbidity and mortality rates for correctional workers are higher than those of nearly all other occupational categories [13]. Of all occupational categories, law enforcement had the highest prevalence of workplace injuries; the rate for correctional officers was lower but still comparable with that of the police [14]. In the United States, correctional officers have suicide rates that are 40%–100% higher than those of police officers. Studies have shown similar rates of stress in multiple other countries. However, it is difficult to track natural history and risk factors due to significant turnover and a lack of systematic data for correctional staff. Due to inherent methodological difficulties, correctional employees' surveillance and injury data studies are of limited utility when compared with other disciplines of public safety (such as police and fire).

Cross-sectional studies of correctional staff have consistently found high indicators of stress. Cheek and Miller [15] found that correctional officers had unusually high average rates of divorce and stress-related illnesses (such as heart disease, hypertension, and ulcers), while a different study found that their average life expectancy (59 years) was 16 years lower than the US average [16]. Adwell and Miller [17] discovered that correctional officials were more likely to experience heart attacks, high blood pressure, and ulcers than members of the general public. The results from a systematic review of such studies indicated that the organizational structure and climate of correctional institutions have the most consistent relationship with correctional officers' job stress [18].

2.2 Burnout

Burnout is a syndrome of depersonalization, low self-esteem, and emotional weariness. Although this syndrome can affect any type of worker, it is most noticeable in professionals who work with the public, such as social workers, nurses, and correctional officers. Energy depletion (emotional exhaustion), increased mental distance from one's job (detachment cynicism), and reduced professional efficacy are considered to be characteristic components of burnout.

According to Maslach [19], the core of occupational burnout syndrome is the pattern of work overload and the ensuing emotional weariness. Correctional employees are exposed to high mental, physiological, and cognitive requirements. Over time, these working conditions can lead to strain and ultimately to burnout. In addition to lowering organizational commitment, workers who exhibit signs of stress and burnout may also demonstrate a lack of motivation and dedication. In the case of correctional workers, this can lead to counterproductive attitudes and actions. Negative attitudes and actions jeopardize the rehabilitation of inmates as well as the safety and security of the prison population. Helping prisoners commit crimes while they are incarcerated is an illustration of conduct that is a counterproductive attitude and may stem from burnout [20].

Several studies have demonstrated very high rates of burnout in correctional employees [21]. However, little research has been done to elucidate the factors associated with burnout among correctional employees. It is generally believed that the working environment is more closely related to burnout among correctional workers

than personal characteristics. There is also little research comparing the burnout factors among correctional health employees such as nurses and correctional officers.

Role issues, work overload, difficult social contacts (with convicts, coworkers, and supervisors), and low social standing were the four main factors contributing to burnout in correctional staff as identified by Schaufeli and Peteers [22]. Dowden and Tellier [8] looked at the factors that predict stress in the workplace for correctional officers. Results showed three different sets of conclusions. The factors that were most strongly correlated with job stress were work attitudes and specific issues facing correctional officers (such as perceived risk). A moderate link between job stress and custody orientation (correctional officers' attitudes toward prisoners) was found. Finally, work characteristics and demographic factors were the least reliable predictors of occupational stress.

In a study comparing correctional officers and nursing staff, the level of emotional exhaustion and personal accomplishment of nurses were significantly higher than that of correctional officers. The mean depersonalization score of correctional officers was significantly higher than that of nurses. Correctional officers demonstrated a higher prevalence of burnout syndrome compared with nurses [23].

2.3 Mental health burden

Unsparingly, correctional workers show high rates of mental health symptoms. In a nationwide Canadian study, 44.5% of PSPs (public safety personnel) reported having significant clusters of symptoms consistent with at least one mental disorder [24]. The most common mental disorders identified by screening measures were PTSD (23.2%) and major depressive disorder (26.4%). Rates of mental disorders among PSP were consistently higher than diagnostic rates in the general population. Another Canadian study found that reported rates of mental disorders (i.e., PTSD, generalized anxiety disorder, panic disorder, social anxiety disorder) correlated positively with the number of exposures to potentially psychologically traumatic events [24].

In a study of 3,599 correctional workers in the United States, the rate of PTSD was 27%. Individuals screening positive for PTSD experienced a greater number and variety of potentially psychologically traumatic events (resulting in violence, injury, or death) and had experienced more severe assaults than those who screened negative for PTSD [25]. Another study found that correctional workers screening positive for PTSD demonstrated statistically significant higher frequencies of memory impairment, depression, sleep difficulties, digestive problems, heart disease, skin conditions, and obesity than those screening negative [26].

In a recent survey of US correctional staff, approximately 48% of healthcare workers and 32% of correctional officers reported mild to severe depressive symptoms, 37% reported mild to severe anxiety symptoms, 47% of healthcare workers and 57% of correctional officers reported symptoms of burnout, and 50% of healthcare workers and 45% of correctional officers reported post-traumatic stress symptoms. Approximately 18% of healthcare workers and 11% of correctional officers reported mild to moderate sleep disturbance. Healthcare workers had significantly higher depression and sleep disturbance scores than correctional officers, while correctional officers had significantly higher burnout scores. Female correctional workers scored significantly higher on anxiety than their male counterparts. Increased workload, workplace conflict, younger age of employees, trust in institutional isolation practices, and lower work positions were associated with increased burnout. Despite experiencing a high mental health burden, correctional workers showed high resilience (60%) [27].

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Title and authors	Objectives	Methods	Outcome Measures	Conclusion
Mental Health of Staff at U.S. Correctional Facilities during COVID. By [27]	To determine the perceived mental health burden of COVID-19 on correctional workers Explore the relationship between workers' mental health, social demographics, and environmental/work factors	A cross-sectional study survey was conducted in 78 correctional sites in Pennsylvania, Maryland, West Virginia, and New York from November to December 2020,	Healthcare worker mean PHQ-9 depression score (M = 5.74, SD = 5.15) was higher than that of correctional officers (M = 3.96, SD = 3.86) Healthcare worker mean PHQ-9 depression score (M = 5.74, SD = 5.15) was higher than that of correctional officers (M = 3.96, SD = 3.86	There was a high prevalence of psychological symptoms among correctional workers. In all but the burnout and posttraumatic stress domains, health care workers, on average, had higher scores on these measures than correctional officers. Thus, correctional healthcare workers appear to have a particularly high risk of developing psychological distress during COVID-19
Exposure to Traumatic Events and the Experience of Burnout, Compassion Fatigue and Compassion Satisfaction among Prison Mental Health Staff: Bell et al. [29]	**An Exploratory Survey**	In this exploratory study, 36 mental health professionals and correctional officers were recruited from a prison in England and completed a series of questionnaires on their demographic and professional characteristics. The exposure to traumatic events, support from managers and colleagues, and levels of burnout, compassion fatigue, and compassion satisfaction.	Staff had high exposure to traumatic events, and the level of support provided by managers and colleagues was mixed. Most staff were not at high risk of burnout, compassion fatigue, and reduced compassion satisfaction but higher levels of burnout, compassion fatigue, and reduced compassion satisfaction	These findings should be interpreted cautiously based on the small sample size and limited power in larger surveys of staff working in prison mental health settings are needed to confirm these results across a wider number of sites. This study highlights the need for providers to consider staff's exposure to traumatic events and to promote supportive working environments.
Workplace burnout and health issues among Colombians correctional officers [30]	This study aimed to characterize the burnout profile of correctional officers and to associate their burnout profile with health issues and lifestyle factor**s.**	The full sample comprised 219 Colombian correctional officers with a mean age of 30.18 years. A questionnaire composed of three sections was employed: Demographic data, Burnout, Health information	A high proportion of participants reported burnout indicators, which also significantly correlated to their health indicators, and lifestyle factors. Cluster analyses were used to characterize the burnout/age (model A) and burnout/age/psychological disturbance profiles of correctional officers. Furthermore, significant differences were found when comparing frequencies of alcohol consumption and physical exercise (lifestyle indicators) and perceived social support of officers depending on their profile.	This study highlighted the negative impact of burnout on health and on the importance of strengthening occupational programs aimed at reducing the impact of hazardous working conditions that contribute to the development of burnout.

Title and authors	Objectives	Methods	Outcome Measures	Conclusion
COVID-19's Impact on Black, Female Correctional Officers (CO) and Justice-involved individuals at Rikers Island Jail Martin-Howard [31]	This study focuses on understanding Rikers Island CO perceptions and interactions with justice-involved individuals and the challenges they encountered during the COVID-19 pandemic. **(1) Prior to the COVID-19 pandemic, what physical and mental health resources did the Department of Correction provides for correctional officers and justice-involved individuals. (2) What are the challenges, if any, that correctional officers faced and continue to experience during the COVID-19 pandemic? (3) During the COVID-19 pandemic, what are the challenges, if any, that justice-involved individuals endure as perceived by correctional officers?**	Fifteen Black female COs participated in this study. Forty percent of the sample are between 25 and 35 years old, 36 and 45 years old (53%), and only one participant is between 46 and 55 years of age. This descriptive and exploratory study was conducted through in-depth interviews to ascertain the lived experiences and perceptions of Black, female COs at one of the country's largest jails—Rikers Island. A nonprobability sampling procedure, common in qualitative studies, was applied, and snowballing techniques were utilized to select interview participants. Qualitative interviewing was utilized in this study to capture the individual's point of view and obtain rich, thick descriptions of experiences among Black female COs.	The thematic results are presented in three sections: (1) Lack of Mental Health Services for Correctional Officers, (2) COVID-19 Stressors among Correctional Officers, and (3) The Impact of COVID-19 on Physical and Mental Health among Justice-Involved Individuals. Fourteen of the 15 participants or 93% believe that justice-involved individuals get better care than COs and that differences in access to mental health services among COs and justice-involved individuals existed before the onset of COVID-19. These differences remain throughout the ongoing coronavirus pandemic. Eighty percent of the sample described feelings of stress, burnout, anxiety, and chronic health challenges that started as a result of working at Rikers Island and exacerbated during the global pandemic. Seventy-three percent of participants, or 11 COs, believed that the pandemic worsened health conditions among those detained at Rikers Island.	Using qualitative data from 15 COs at Rikers Island Jail in NYC, three main themes emerged: lack of mental health services for COs; COVID-19 stressors among COs; and the impact of COVID-19 on physical and mental health among justice-involved individuals. Through narratives, this study illustrates the differences between access to mental health services among justice-involved individuals and COs. COs believe that their needs are not being met by the DOC and provided examples of the disparities.

Title and authors	Objectives	Methods	Outcome Measures	Conclusion
The Mental well-being of prison staff in England during the COVID-19 pandemic: a cross-sectional study [32]	To examine the mental well-being of prison staff in England during a pandemic and determine the factors associated with well-being.	Design Cross-sectional study, with self-completed hardcopy and online surveys. Setting 26 prisons across England, chosen to be representative of the wider closed prison estate in England Participants All staff within the 26 prisons from 20th July 2020 and 2nd October 2020 were eligible.	Well-being was measured using the Short-version of the Warwick-Edinburgh Well-being Scale (SWEMWBS). Staff well-being was compared to that of the English population using indirectly standardized data from the Health Survey for England 2010–13 and a one-sample t-test. Multivariate linear regression modeling explored associations with mental well-being scores. 2534 individuals were included (response rate 22.2%). The mean age was 44 years, 53% were female, and 93% were white. The sample mean SWEMWBS score was 23.84, and the standardized population means the score was 23.57. The difference in means was statistically significant (95% CI 0.09 to 0.46) but not at a clinically meaningful level. The multivariate a linear regression model was adjusted for age category, sex, ethnicity, smoking status, presence of comorbidities, occupation, and HMPPS region. Higher well-being was significantly associated with older age, male sex, Black/Black British ethnicity, never having smoked, working within the health staff team, and working in certain prison regions. The overall model had a low predictive value (adjusted R2 = 0.0345).	Unexpectedly, prison staff well-being as measured by SWEMWBS was similar to that of the general population. Reasons for this are unclear but could include the reduction in violence within prisons since the start of the pandemic. Qualitative research across a diverse sample of prison settings would enrich the understanding of staff well-being within the pandemic.

Table 1.
Studies highlighting mental health issues among correctional workers.

In a recent Canadian study, self-reported mental health data from a survey on correctional workers mental health and well-being were analyzed for 491 correctional workers. Over half (57%) of respondents screened positive for mental health disorder, most commonly major depressive disorder, and over one-third of respondents (37%) screened positive for more than one disorder. Positive mental health screens for all mental health disorders were associated with statistically significantly increased odds of lifetime suicidal ideation, and positive screens for most disorders were associated with past-year suicidal ideation [28].

Table 1 summarizes some of the recent the mental health studies for healthcare workers.

2.4 Suicide

As noted above, studies in the United States have indicated that the prevalence of death by suicide among correctional workers may be double that of police officers. Death by suicide rates for correctional workers appears as high as 105 per 100,000, which is more than seven times higher than the US national rate for the general population (i.e., 14 per 100,000). Results from the United States National Occupational Mortality Surveillance database suggest correctional workers are at a significantly higher age-adjusted risk for death by suicide. This risk is an even higher risk for women correctional workers. Canadian studies have shown correctional workers' lifetime suicide ideation rate at 35.2%, planning at 20.1%, and attempts at 8.1%. Regarding past year ideation, correctional workers screened positive for ideation at a prevalence of 11%, planning with 4.8%, and 0.4% had past year attempts.

3. Well-being and mental health interventions for correctional workers

3.1 General framework of mental health support at the workplace

The widespread stress and job stressors experienced by correctional officers have catalyzed growing support for the development of mental health interventions that prevent, identify, and support the well-being of these workers. Mental health interventions in the workplace generally follow the framework laid out by LaMontagne et al. [33], consisting of three different approaches to mental health support, with each intervention typically falling under one of the three categories.

The first approach, or "thread," is to prevent mental health issues by reducing risk factors for mental health that may be present in the working environment [33]. Interventions that prevent and control job stress can be conducted on the primary level by modifying the job or work environment, on the secondary level by improving the worker's ability to withstand job stressors, and on the tertiary level by treating and supporting workers who develop mental health issues.

In the context of correctional facilities, primary-level interventions would involve reducing the stressors associated with correctional officer work, such as inmate violence, understaffing, extensive overtime, and other sources of stress [34]. Though the review encourages a comprehensive implementation of this risk-reduction approach that entails all three levels of the thread, prevalent practices direct focus on secondary intervention while neglecting primary intervention.

The second thread is to improve mental well-being by developing a positive work environment and focusing on worker strengths [33]. Rooted in positive psychology,

this approach cultivates a supportive work environment by identifying and enhancing the strengths of workers rather than focusing on what has been done "wrong." A positive workplace focuses on future aspirations and oversees that work is meaningful. Positive-focused strategies are newer and thus less common but result in a greater presence of positive feelings, engagement with work, and psychological capital.

The third thread is to treat mental health issues that arise among workers. Workplaces have accomplished this by promoting mental health literacy, which teaches employees to recognize mental illnesses and seek help. Several OECD (Organization for Economic Cooperation and Development) countries have implemented the program Mental Health First Aid (MHFA), which aims to reduce stigma and increase understanding of common mental disorders, their causes and identification, and their treatments [33].

The review discusses the necessity of integrating these three threads into a comprehensive workplace mental health literacy approach. In this integrated approach, workplaces would increase knowledge surrounding mental illness prevention and treatment, consider the positive and negative effects of work conditions on mental health, and address mental health issues that arise in workers.

While this piece presents an optimal approach to workplace mental health support, current interventions tend to fall under one of the three threads rather than being an integrated practice. The National Institute of Justice (NIJ) conducted seven case studies that illustrate different mental health interventions employed in correctional facilities [34]. The Rhode Island Department of Corrections Stress Unit consisted of professional evaluations and counseling services, as well as a trained group of peer supporters who help officers experiencing chronic stress and check in with officers after critical incidents. Illness-focused approaches such as this follow the third thread by centering around the treatment of mental health issues after they arise. Similarly, The Counseling Team in Southern California provided individual counseling and debriefing after critical incidents. Providing counseling appointments for those who develop mental health issues is an intervention that focuses on the individual rather than the workplace [33]. If counseling services are not supplemented with a reduction of work-related risk factors or the development of a positive workplace, then the services provided by the facility fall solely under the third approach outlined by LaMontagne et al. Post-incident support for officers partially adheres to the first and third threads, as counselors aim to improve the officer's ability to cope with the job-related incident, but the intervention only supports officers after they have been negatively affected by a stressful incident rather than preparing them to withstand stressors beforehand.

The seven case studies analyzed by the NIJ report consisted of professional counseling or referral to clinicians and critical incident debriefing [34]. Thus, these interventions can be categorized under the third thread, given that they address mental health issues that develop, and partially under the first thread by supporting officers after incidents in an effort to help them withstand the stressors associated with correctional work. The stress programs varied in whether they are offered within the correctional agency or by an outside private service provider [34], but ultimately, they followed the same general framework of mental illness treatment, while lacking the primary level of the first thread—reducing work-related mental health risk factors—and the second thread—developing the positive aspects of work and worker strengths [33].

A review and meta-analysis of mental health programs offered to correctional workers studied nine additional interventions that consisted of crisis interventions, psychoeducational programs, and an exercise program [35]. The studies that

delivered crisis intervention stress debriefings either offered individual, family, or group interventions or a mixture of the three. Similar to the interventions analyzed by the NIJ Report, they focused on providing therapeutic services for PTSD symptoms and developing coping mechanisms post-incident. Different intervention types explored in this study include group psychoeducation programs and a non-traditional on-site exercise program. The psychoeducation approach focused on stress management and reduction and assisted officers with implementing the training. This strategy aligns with the secondary level of the first thread because of the risk-reduction practices that sought to increase worker ability to withstand job stressors. The on-site exercise program, which departed from typical well-being interventions, aimed to improve work-related attitudes and overall emotional wellness. This intervention relates to the second thread because it develops a more positive work environment, and it connects to the secondary level of the first thread because it prevents harm by improving individual attitudes [33].

As noted previously, mental health interventions in the workplace generally center around the second level of the first thread, prevention by improving worker ability to withstand stressors, and the third thread, addressing existing mental health problems. Strategies that concentrate on modifying the work environment to reduce stressors, developing positive aspects of work, and focusing on worker strengths are not as commonplace or well-developed [33]. This trend was reflected in the prevalent treatments analyzed, as the well-being interventions explored in these evaluations mostly consist of crisis interventions and psychoeducation programs.

4. Evaluation of mental health interventions

The aforementioned meta-analysis assessed the effects of nine different interventions on the stress and psychopathology of correctional officers [36]. Studies 1, 2, and 6 delivered support in the form of group psychoeducation programs. Study 3 also offered group-format stress management training but lacked details on program length, frequency, and content. Study 7 delivered a group-format stress reduction training and assistance with implementation of the training. Studies 4, 5, and 8 offered crisis intervention stress debriefing. Study 9 consisted of a 46-day on-site exercise program meant to improve mood and attitude.

The review conducted two separate meta-analyses to evaluate the effectiveness of these treatments. The first meta-analysis assessed measures of stress outcomes, while the second meta-analysis assessed measures of psychopathology outcomes. Studies 1, 3, 4, 5, 8, and 9 were excluded from the first meta-analysis for either not including a stress measure, or not reporting meta-analysis appropriate data, or not measuring post-intervention. Studies 3, 4, 6 were excluded from the second analysis for not providing meta-analysis appropriate data for psychopathology assessment, and Study 9 was excluded for not measuring any dimension of psychopathology.

From the results of the meta-analysis, the interventions were found to have no effect on stress when compared with the control group (standard mean difference [SMD] = −0.15; 95% confidence interval [CI] = [−0.50, 0.20]; $p = .40$) [35]. Similarly, Studies 3 and 6, which were not included in the meta-analysis, also reported no significant reductions of stress in correctional officers. The treatments were also found to have no effect on psychopathology when compared with the control group (SMD = −0.01; 95% CI = [−0.22, 0.20]; $p = .92$). The studies that were excluded from this meta-analysis but measured some form of psychopathology had mixed results.

Study 6 found no significant differences in anxiety, Study 4 presented a decrease in PTSD symptoms except for intrusive results for which there was an increase, and Study 3 found decreases in state and trait anxiety. However, Study 3 was characterized by poor data reporting that limited any definitive conclusions that the decrease was a result of the treatment.

The meta-analysis results demonstrate that mental health interventions do not have a significant effect on the well-being of officers in terms of stress and psychopathology. The review faced difficulty in conducting the meta-analysis due to the methodological issues associated with the individual studies of the interventions [36]. After searching through 11 databases, the nine studies previously mentioned were identified to have met the eligibility criteria for the review. Only four out of the nine studies utilized a randomized controlled trial design, which negatively affected the confidence in the findings of the research studies. The review identified several potential sources of bias in the studies, including allocation concealment, blinding, and selective reporting. Additionally, three of the nine studies lacked a comparison group, limiting the ability to determine if the outcome was a result of the treatment and not other variables.

Assessing intervention effectiveness was also made difficult by the wide variety of assessment outcomes measured by the different studies. The nine studies employed 27 different measures of officer well-being, and only two measures were used in more than one study. The lack of consistency in outcome measurements restricted the comparison of findings across studies. In order to conduct the meta-analysis, the review summarized the array of measures into six categories intended for comparison through meta-analysis. The six categories included physical health markers, measures of stress, measures of psychopathology, measures of positive markers, measures or negative markers, and attitudes toward work. The review did not find it possible to conduct a meta-analysis of the other four categories outside of stress and psychopathology due to the limited amount of meta-analysis appropriate data and incomparable measures across the studies. The variety of measures across the studies raises the questions of what constitutes a correctional officer's well-being and how such studies can be standardized to measure the same factors.

The review observed a lack of consistency in the intervention outcomes, which can be attributed to the lack of planning and comprehensiveness regarding the treatments that may have affected their success. It was noted that the interventions applied to correctional officers were drawn from interventions designed for general populations and were not customized to the prison work context. Given that correctional officers experience unique stressors, such as the confinement and dangerousness associated with the job, the non-specificity of the interventions may have contributed to their lack of effectiveness. The review also suggested that the treatments were not successful because they did not include a planning phase to take baseline measures of the needs of correctional officers. This data would have helped identify effective interventions for the prison setting.

Finally, the number of measures used to evaluate effectiveness in each study likely affected the results. The number of measures varied from two to 14, with treatments that used three or fewer measures reporting positive outcomes and treatments that used three to 14 measures reporting no effect or negative outcomes. These results could have several different explanations. According to the review, this pattern reflects the difficulty of determining an appropriate standard for measuring the well-being of correctional officers. Studies with fewer measures may not have been able to assess outcomes as thoroughly as the studies with several measures. It is also possible

that studies with several measures were longer and thus prompted participants to answer in a manner that resulted in increased or unchanged results due to priming effects and increased awareness of their emotional situation, among other factors.

Given the findings of the meta-analysis and the critiques of the intervention studies, there is an evident need for better correctional officer treatment development and more methodologically rigorous intervention research. The meta-analysis conducted with limited data concluded that the interventions had no effect on the stress and psychopathology of the officers, suggesting interventions should be more methodically constructed and implemented [35]. While some of the studies indicated significant results in well-being improvement, they were characterized by poor data reporting, lack of control, and other methodological issues that compromised their results and disallowed conclusions of causality. To improve the methodological rigor of future intervention research, the review advises that studies should utilize well-validated measures that are appropriate for the intervention, and studies should aim to lessen any bias. Baseline measures of correctional officer well-being should be taken beforehand to develop an intervention that is suited for the job context. There should also be specific definitions constructed for the well-being of correctional officers, and studies should include standard, objective outcome measures. To avoid the negative effects of poor data reporting, data should be completely and thoroughly reported.

Beyond the room for improvement in intervention research, the interventions themselves should be carefully constructed and developed while considering the specific situations and stressors affecting correctional officers in prison settings [36]. A review published in the International Journal of Environmental Research and Public Health discussed why workplace interventions may not be effective for correctional officers in Canada using two theories: the Job Demand Control Support (JDCS) Model and the Social Ecological Model (SEM) [37]. The JDCS Model consists of two hypotheses, the first being that in order to improve mental health outcomes in jobs that are low in control and high in demand, interventions should decrease job demands and increase job control. The second hypothesis is that increasing just job control and social support can improve mental health outcomes related to the job.

Research testing the success of the second hypothesis found that social support can increase psychological outcomes among correctional officers; however, social support should be provided by supervisors rather than peers [37]. Studies did not find that peer social support was successful in lessening job strain and improving well-being outcomes for correctional officers, but most social support programs for officers were found to be provided by their peers. In a survey of 134 workplace employees, 31% of the personnel agreed that running a coworker support program increased job strain and that participation in the program was negatively affected by mental health stigma. Thus, the prevalence of support programs led by peers rather than leaders displays a disconnect between successful interventions and current practices.

The review further suggests that workplace support programs have not been effective in improving correctional officer well-being because the demands of the job remain high. The Social Economical Model (SEM) emphasizes that structural factors that are beyond the individual level influence the work environment and impact mental health. Several structural factors increase job demand and may impact individual officer behavior, such as policy changes that increase the number of inmates, budget cuts to rehabilitative programming that result in more frequent exposure to violence, and reduced staffing. The SEM approach implies that prevalent interventions may not be successful because although they typically increase social support, they do not

affect job demands. This view reiterates the point made by LaMontagne et al. [33] that current interventions tend to focus on improving worker ability to withstand stressors, while the strategy of modifying the work environment to reduce stressors is not commonplace.

The meta-analysis did not find that the interventions offered improved the well-being of correctional officers in terms of stress and psychopathology [36]. The individual intervention studies did not provide definitive results on the effectiveness of the treatments due to the lack of randomization, comparison groups, and standardized measurements of mental health outcomes. The review suggested more methodologically rigorous intervention research and better development of interventions that are attuned to the needs of correctional officers. The Canadian review emphasized that prevalent practices are not deemed effective in reducing the occupational stress and adverse mental health outcomes experienced by Canadian correctional officers [37]. Examining current interventions through the lenses of the SEM and JDCS Model, the review suggests that the effectiveness of interpersonal support programs is limited due to the peer-led aspect and the lack of attention to structural factors that contribute to job strain.

5. Recent trends and future directions

The meta-analysis of nine interventions [35] and the review of Canadian interventions found that the treatments were not effective in improving well-being and lacked specificity to the occupational context of prison work [37]. In order to identify how interventions can be improved, a study collected data from Canadian correctional officers to determine their needs and establish which initiatives would improve their well-being [32]. The responses indicated four central recommendations for workplace mental health. The first recommendation was to expand mental health resources to make them accessible, consistent, and specialized for the needs of correctional officers. Respondents requested ongoing and timely support that was convenient to access. The second recommendation was for changes in work structures and schedules to increase the stability of daily life. Some officers felt that their stress was aggravated by the instability in their schedule and position, such as alternating between day and night shifts and lack of available leave time for emergencies. Another common theme in the responses was eliminating the perceived disconnect with upper management by building positive relationships and forming trusting connections with staff. Finally, respondents recommended changes to the physical work environment, which could be accomplished by creating spaces for meditation, physical exercise, and other activities that promote wellness.

In considering new interventions, Moghimi et al. [38] have detailed the potential for digital cognitive behavioral therapy programs that align with the primary recommendation of increasing the accessibility and quality of mental health services. Online therapy programs are appealing due to the accessibility of the option and the stronger preservation of anonymity. Digital interventions may decrease the stigma surrounding mental health, as greater mental health knowledge is associated with a greater willingness to seek mental health care. It is noted though that empirical research on digital interventions offered to correctional workers is necessary to determine the type of online intervention appropriate for the population.

Digital interventions are also considered flexible and cost-effective in the sense that they allow for e-CBT programs in addition to proactive interventions [38].

Evidence-based interventions such as CBT have shown effectiveness online and in-person, and these interventions suggest greater improvements in mental health outcomes for correctional officers than prevalent programs. Proactive interventions that can be widely customized in an online format can help correctional workers cope with daily stressors and mental health issues that do not necessarily fall under psychological distress. Online implementation of mental health services can provide e-CBT and proactive interventions to cater to the specific needs of each individual.

Though digital mental health interventions improve well-being by reducing PTSD symptoms and developing coping abilities, online interventions for public safety personnel have shown low engagement and un-sustained use [38]. However, the review suggests that digital interventions can increase user engagement by tailoring the programs to the specific needs and experiences of correctional workers. Online programs can be personalized by employing correctional work-specific examples and case studies that officers can relate to.

Digital interventions offer a unique format of treatment given their personalization and adaptability [38]. Future research on how correctional workers feel about online therapy programs could inform the development of such interventions. The review notes that online interventions alone are not sufficient to improve the well-being of correctional officers. As mentioned by LaMontagne et al. [33], an integrated approach to workplace intervention reduces work-related risk factors for mental health problems on an individual and organizational level, promotes the positive capacities of workers, and appropriately treats mental health problems. Considering the perspectives of correctional staff, conducting conclusive intervention research, and developing integrated treatments that are attuned to the needs of correctional officers can foster improved well-being outcomes among workers.

6. Conclusions and recommendations

The correctional staff shows a high rate of stress, burnout, and mental health symptoms. Dealing with mental health struggles can be isolating and challenging for the correctional staff due to stigma, shame, lack of awareness, and limited resources. Open dialogue with supervisors of the prison systems should be encouraged, along with linking correctional officers to appropriate mental health resources, and counseling services depending upon need assessment.

Digital delivery of trauma therapies for correctional officers and staff is a critical area for further research. Limited data are available about the application and effectiveness of digital therapy among people employed in correctional settings. Although promising evidence exists regarding the effectiveness of digital health within other populations (Civilians, Veterans), many questions remain unanswered, and a cautious approach to more widespread implementation and reassessment is warranted. Policies and procedures in correctional settings must be examined to improve support services for staff. Raising public awareness and addressing the needs of this important demographic require political advocacy and changes in public policy to address this pressing public health crisis.

Author details

Mansoor Malik[1]*, Samar Padder[2], Suneeta Kumari[3] and Haroon Burhanullah[1]

1 Department of Psychiatry, Johns Hopkins University, Baltimore, USA

2 University of California, Los Angeles, CA, USA

3 Department of Psychiatry, HMH- Ocean University Medical Center, Brick, NJ, USA

*Address all correspondence to: mmalik4@jhmi.edu

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References

[1] Ferdik F, Smith H. Correctional Officer Safety and Wellness Literature Synthesis. Washington, DC: National Institute of Justice; 2020

[2] Sawyer W, Wagner P. Mass Incarceration: The Whole Pie 2020. Northampton, MA: Prison Policy Initiative; 2020

[3] Ferdik FV, Smith HP. Correctional Officer Safety and Wellness Literature Synthesis. Washington, DC: National Institute of Justice, Office of Justice Programs, US Department of Justice; 2017

[4] Associated Press. MS prisons'a pressure cooker, MDOC commissioner warns. Staff shortage leads to lockdown. 2019

[5] New Mexico Department of Corrections. Hearing Brief to Legislative Finance Committee. 2017 [Accessed: July 21, 2017]

[6] Armstrong GS, Atkin-Plunk CA, Wells J. The relationship between Work–Family conflict, correctional officer job stress, and job satisfaction. Criminal Justice and Behavior. 2015;**42**(10):1066-1082. DOI: 10.1177/0093854815582221

[7] Bourbonnais R, Malenfant R, Vézina M, Jauvin N, Brisson I. Work characteristics and health of correctional officers. [Les caractéristiques du travail et la santé des agents en services de détention]. Revue d'Epidemiologie Et De Sante Publique. 2005;**53**(2):127-142

[8] Dowden C, Tellier C. Predicting work-related stress in correctional officers: A meta-analysis. Journal of Criminal Justice. 2004;**32**:31-47

[9] Brower J. Correctional Officer Wellness and Safety Literature Review. Washington, DC: National Institute of Justice, Office of Justice Programs, US Department of Justice; 2013

[10] Jaegers LA, Matthieu MM, Vaughn MG, Werth P, Katz IM, Ahmad SO. Posttraumatic stress disorder and job burnout among jail officers. Journal of Occupational and Environmental Medicine. 2019;**61**(6):505-510

[11] Obidoa C, Reeves D, Warren N, Reisine S, Cherniack M. Depression and work family conflict among corrections officers. Journal of Occupational and Environmental Medicine. 2011;**53**(11):1294-1301

[12] Warren N, Dussetschleger J, Punnett L, Cherniack MG. Musculoskeletal disorder symptoms in correction officers: Why do they increase rapidly with job tenure? Human Factors. 2015;**57**(2):262-275

[13] Violanti JM. Suicide behind the wall: A national analysis of corrections officer suicide. Suicidal. 2017;**8**:58-64

[14] Harrell E. Workplace Violence, 1993-2009. Washington, DC: Office of Justice Programs; 2011

[15] Cheek FE, Miller M. The experience of stress for correction officers: A double-bind theory of correctional stress. Journal of Criminal Justice. 1983;**1983**:105-120

[16] Cheek FE. Reducing staff and inmate stress. Corrections Today. 1982;**44**(5):72-76

[17] Adwell ST, Miller LE. Occupational burnout. Corrections Today. 1985;**47**(7):70-72

[18] Finney C, Stergiopoulos E, Hensel J, Bonato S, Dewa CS. Organizational stressors

associated with job stress and burnout in correctional officers: A systematic review. BMC Public Health. 2013;**13**:82

[19] Maslach C, Schaufeli WB, Leiter MP. Job burnout. Annual Review of Psychology. 2001a;**52**:397-422

[20] Taxman FS, Gordon JA. Do fairness and equity matter? An examination of organizational justice among correctional officers in adult prisons. Criminal Justice Behavior. 2009;**36**(7):695-711

[21] Lambert EG, Hogan N, Griffin Marie L, Kelley T. The correctional staff burnout literature. Criminal Justice Studies. Criminal Justice Studies. 2015;**28**(4):397-443

[22] Schaufeli WB, Peeters MCW. Job stress and burnout among correctional officers: A literature review. International Journal of Stress Management. 2000;**7**:19-48

[23] Harizanova S, Stoyanova R. Burnout among nurses and correctional officers. Work. 2020, 2020;**65**(1):71-77

[24] Carleton RN, Afifi TO, Turner S, Taillieu T, Duranceau S, LeBouthillier DM, et al. Mental disorder symptoms among public safety personnel in canada. Canadian Journal of Psychiatry. Revue Canadienne De Psychiatrie. 2018;**63**(1):54-64

[25] Fusco N, Ricciardelli R, Jamshidi L, Carleton RN, Barnim N, Hilton Z, et al. When our work hits home: Trauma and mental disorders in correctional officers and other correctional workers. Frontiers in Psychiatry. 2021;**11**:493391

[26] Spinaris CG, Denhof MD, Kellaway JA. Posttraumatic Stress Disorder in United States Corrections Professionals: Prevalence and Impact on Health and Functioning. Florence, CO: Desert Waters Correctional Outreach; 2012

[27] Burhanullah MH, Rollings-Mazza P, Galecki J, Van Wert M, Weber T, Malik M. Mental health of staff at correctional facilities in the united states during the COVID-19 pandemic. Frontiers in Psychiatry. 2022;**12**:767385

[28] Ricciardelli R, McKendy L, Jamshidi L, Carleton RN. Mental health disorders and suicidal behaviors among provincial correctional workers. Journal of Occupational Environmental Medicine. 2022;**64**(6):504-509

[29] Bell S, Hopkin G, Forrester A. Exposure to traumatic events and the experience of burnout, compassion fatigue and compassion satisfaction among prison mental health staff: An exploratory survey. Issues in Mental Health Nursing. 2019;**40**(4):304-309

[30] Useche SA, Montoro LV, Ruiz JI, Vanegas C, Sanmartin J, Alfaro E. Workplace burnout and health issues among colombian correctional officers. PloS One. 2019;**14**(2):e0211447

[31] Martin-Howard S. COVID-19's impact on black, female correctional officers and justice-involved individuals at rikers island jail. Crime & Delinquency. 2022;**68**(8):1247-1270

[32] Johnston MS, Ricciardelli R, McKendy L. Improving the mental health of correctional workers: Perspectives from the field. Criminal Justice and Behavior. 2022;**49**(7):951-970

[33] LaMontagne AD, Martin A, Page KM, Reavley NJ, Noblet AJ, Milner AJ, et al. Workplace mental health: Developing an integrated intervention approach. BMC Psychiatry. 2014;**14**:131

[34] Finn P. Addressing Correctional Officer Stress: Programs and Strategies. Washington, DC: National Institute of Justice; 2000

[35] Evers TJ, Ogloff JRP, Trounson JS, Pfeifer JE. Well-being interventions for correctional officers in a prison setting: A review and meta-analysis. Criminal Justice and Behavior. 2020a;**47**(1):3-21

[36] Evers TJ, Ogloff JRP, Trounson JS, & Pfeifer JE. Well-being interventions for correctional officers in a prison. Criminal Justice and Behavior. 2020b;47(1):3-21

[37] Jessiman-Perreault G, Smith PM, Gignac MAM. Why are workplace social support programs not improving the mental health of Canadian correctional officers? an examination of the theoretical concepts underpinning support. International Journal of Environmental Research and Public Health. 2021;**18**(5):2665

[38] Moghimi E, Knyahnytska Y, Omrani M, Nikjoo N, Stephenson C, Layzell G, et al. Benefits of digital mental health care interventions for correctional workers and other public safety personnel: A narrative review. Frontiers in Psychiatry. 2022;**13**:921527

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