Peer support for prisoners with Common Mental Disorders (CMD), Substance Use (SU), Suicide and Deliberate Self-Harm

Thekkumkara, Sreekanth; Jagannathan, Aarti; Prasad-Muliyala, Krishna; Murthy, Pratima

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Peer support for prisoners with Common Mental Disorders (CMD), Substance Use (SU), Suicide and Deliberate Self-Harm: A Training Programme for Watchers and Staff in Bengaluru Central Prison

Developed by:

Mr Sreekanth T

Dr Aarti Jagannathan

Dr Krishna Prasad M

Professor Pratima Murthy

Department of Psychiatric Social Work
National Institute of Mental Health and Neurosciences
(NIMHANS), Bangalore - 560 029.

in collaboration with
Department of Prisons and Correctional Services
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Supported by
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Editors:

Mr. Sreekanth Thekkumkara. PhD Scholar, Department of Psychiatric Social Work, NIMHANS

Dr. Aarti Jagannathan, Associate Professor, Department of Psychiatric Social Work, NIMHANS

Dr. Krishna Prasad Muliyala, Additional Professor, Psychiatry

Prof. Pratima Murthy, Director, NIMHANS

Reviewers:

- Dr Ravikesh Tripathi, MPhil, PhD Clinical Psychology, Assistant Professor, School of Behavioural Sciences, National Forensic Institute, Gandhinagar, Gujrat, India.
- Dr Vikram Singh Rawat, MD, PDF, Psychiatry, Associate Professor, Department of Psychiatry, All India Institute of Medical Sciences (AIIMS), Rishikesh, India
- Dr Soyus John, MPhil, PhD, PSW, Department of Psychiatric Social Work, Kasturba Medical College, Manipal, India
- Dr Sadanada Reddy, MPhil, PhD PSW, Department of Psychology, Christ Deemed University, Bangalore, India

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Corresponding Author: Mr. Sreekanth Thekkumkara. Ph.D. Scholar, Department of Psychiatric Social Work, NIMHANS, Email: sreekanthnairgck@gamil.com

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NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCES

INSTITUTE OF NATIONAL IMPORTANCE
P.B. 2900, Bengaluru - 560 029 (India)

Dr. Pratima Murthy
MBBS, DPM, MD, FRCP (Glasgow)
Director

Off : 91-80-26564140, 26561811
26565822, 26995001 / 2
Res : 91-80-22239127
Fax : 91-80-26564830 / 26562121
Email : pratimamurthy@gmail.com
pmurthy@nimhans.ac.in

Foreword

Studies have observed that the prevalence of mental health problems and substance use disorders (SUD) is higher in prisons as compared to the general population. Mental Health and substance use disorders may be present before admission to prison and worsen after entry to prison. They may also manifest for the first time after incarceration. There is a need to improve mental health professionals' capacity in settings like prison to identify mental health problems and address the huge mental health needs.

The concept of peer-led self-management support groups could be an effective solution in the prison setting, this can significantly contribute to better mental health care of prisoners and mitigate the gap due to the lack of availability of qualified mental health professionals adequate in prisons, such training can support the mental health care services in prison, while the attempts to have qualified mental health professionals is also further strengthened. The World Health Organization and the recent notification of Government of India advocates training of the prison staff and convicted prisoners to become peer supporters. I am delighted to present this training manual developed based on the PhD study of Mr Sreekanth T, from the Department of Psychiatric Social Work, NIMHANS. I would like to congratulate all the team members and the prison administration of the Government of Karnataka for providing an opportunity to develop this training programme.

This training manual provides detailed information on various stages of establishing a peer support programme in prison settings. I hope it can also act as a resource for policymakers who can base decisions on the information presented here.

I sincerely hope that this work, which probably is the first of its kind in the country, will pave the way for further scientific endeavors in the areas of the peer support programme in prison settings to address various mental health and substance use issues and lead to effectively identify and provide psychosocial care for these issues.

Dr. Pratima Murthy,
Director, NIMHANS.

NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCES
AN INSTITUTE OF NATIONAL IMPORTANCE
BENGALURU - 560 029
DEPARTMENT OF PSYCHIATRIC SOCIAL WORK

Dr. R. Dhanasekara Pandian
M.Phil., Ph.D.
Professor & Head
Department of Psychiatric Social Work

Psychiatric Social Work services were initiated in NIMHANS in 1963. Since then, the Department has been providing preventive, promotive and curative health in mental health services for various sections of the population in the country. Department is well known to be a pioneer in conducting various collaborative research activities with multiple stakeholders in the country and internationally and has taken a leading role in achieving many high-quality capacities building training programmes in different areas for their psychosocial care.

The Psychiatric Social Work profession has an immense role in the correctional area. As a Psychiatric Social Worker, the roles include ensuring human rights, advocating for accessible health, prevention, promotion and curation of various mental health issues, and reintegrating back to the community. With these objectives, the Department of Psychiatric Social Work, NIMHANS involved in various activities for the reformation and rehabilitation of prisoners. The Department is also actively engaged in conducting police training programme, conducting mental health wellbeing activities and initiating research for future recommendations.

It gives me immense pleasure that the Department and team have developed a capacity building training manual. This Manual will be of tremendous use for improving the mental health and wellbeing of the prisoners in our country. I would like to appreciate the team involved in developing this training manual, and I firmly believe that this Manual will help the prison department utilize it for prisoners' wellbeing.

Dr. R. Dhanasekara Pandian
Professor and Head

CONTENTS

Preface

The Peer Support Programme for prisoners with common mental disorders, substance use disorders, and suicide is part of a PhD degree programme in the Department of Psychiatric Social Work. In the study, a peer support programme was developed based on key informant interviews, systematic reviews, and training manuals redwing. The Manual was validated with various experts in the field. The study examined the feasibility of peer support programmes for prisoners with common mental disorders, substance use and Suicidality. The training for the peer support programme will involve 9 sessions over 3 days, 4hours daily. This Manual focuses on training peers within the prison system to identify common mental disorders, substance use disorders and prisoners at risk for suicide or deliberate self-harm. The training also includes training in providing basic counselling, referral and follow-up of such individuals. The Manual also gives a detailed description of the various processes of implementing in the peer support programme.

PEER SUPPORT PROGRAMME SCHEDULE

Duration : 3 Days

Time : 4 hours daily

Pre-Sessions : Rapport building + Informed consent + assessments

DAY 1 : Information about Common mental disorders (CMD) and substance use disorders (SUD), Training in Assessment Tools

DAY 2 : Suicide Prevention & Counselling skills (Basic Counselling Skills)

DAY 3 : Roles and Responsibilities of the Peer Supporter in Management of CMD SUD & Suicide (Discussion and Role Plays)

Post Session: Summary of sessions + Feedback+ Assessments (you may use bullets instead of +)

Section 1: How to Use the Manual

What does this Manual Contain?

The Manual starts with "information about common mental disorders and substance use". It provides good (good can be substituted with other terms like evidence based or scientific etc.) clinical practices for the interaction of peer's supporters and staff with prisoners seeking mental health care.

The Manual includes an 'information and flow chart of care', which provides information on common presentations of priority conditions (better to be specific). This should guide the peers and staff to the relevant modules. It also includes follow up on a regular basis with prisoners after the peer support intervention.

The manual includes essential management of each condition. If the state is flagged as an emergency, it needs to be managed first. For example, if the person is actively reporting Suicidality, the acute distress should be managed first before taking a detailed history about the presence of other mental disorders

The manual, organized by individual priority conditions, is a tool for clinical decision-making and management in the prison setting. Each condition has been explained separately in the Manual.

Each of the modules consists of two sections. The first section is about information about various common mental disorders, substance use and Suicidality, and the second section are about essential management of these conditions.

Who can be trained?

The training manual can be used by both male and female prisoners for training in the Prison. Manual can be used to train both a volunteer (Convicted prisoner) identified by the prison authorities for this peer support programme and the staff, including police, medical staff, vocational instructors, and other cadres of staff in the prison setting. The selection of a peer volunteer can be flexible, based on the individual's availability and interest. Selection of staff in the prison settings must be done with the consent of the concerned prison authority based on criteria followed by the prison department.

What is the role of peers after training?

Following the training, a trained peer volunteer and staff will be able to identify, provide essential mental health support and make appropriate referrals and follow up in the prison setting. Therefore, the trainees will be able to identify convicts and undertrials with common mental disorders and substance use disorders. Audiovisual aids, group discussions and role-plays can be used as a medium of training based on the manual. The training will also enable to provide peer support that includes listening to the problems of prisoners, educating prisoners about their mental health and substance use-related issues, supporting and encouraging prisoners to seek treatment from the mental health team in the prison settings and providing follow-up services including referral to the other mental health professionals.

Are there any risks involved for the trainees?

If any peer supporter faces any difficulty providing peer intervention and assessment, the prison authority and prison mental health team can be approached for support. All the information, such as the identification of any prisoners with mental health conditions should be kept confidential. All information should be accessible only to the peers and prison mental health team. The information gathered by a peer supporter should be kept confidential and used only for making an appropriate treatment plan.

Where can you find materials to provide to trainees, if necessary?

Based on the manual, references to books, pamphlets and related information on various common mental disorders and Substance use-related issues will be made available. These can then be made available in the library of the prison.

How can you help the peer handle practical difficulties?

Post the identification of prisoners with various mental health issues, space that ensures privacy and confidentiality needs to be selected for providing intervention. Identification of risk of violence, suicide and homicide needs to be informed to the prison mental health team or authority.

Good _____ and welcome to our session. Thank you for taking the time to join our programme.

My name is _____, and I am a _____ (designation). Assisting me is _____, who is a _____(designation). We are here to discuss and learn how best you can take care of your fellow prisoners who are having any form of common mental disorder, Substance use-related issues and prisoners who have suicidal risk. Some of you may have some experience in dealing with persons with mental illness. World over, prisons have a high prevalence of mental health and substance use-related disorders. The prevalence of mental health problems in prisons is observed to be three to five times higher than that of the general population. Studies show that peer support given to persons with common mental disorders and substance use helps in effective management.

This training manual is being developed as part of a PhD degree in the Department of Psychiatric Social Work at NIMHANS, Bengaluru. The current programme will be conducted daily for 3 days for a duration of 4 hours per day. Over the 3 days, we will educate you about common mental health disorders, substance use, management of suicidal behaviour, train you in identifying prisoners with these mental health conditions and provide you with basic counselling skills besides discussing your role as a peer counsellor. (Handout on day-wise programme schedule will be given to participants).

Well, let's begin. Let us first find out some more about each other by going around the room. Tell each person your name and some details about yourself. Then once you know everybody in the room, we will ask you to give an introduction about one of your group members (name, a hobby and what they expect from the training)

(Participants go around the room and the introduction game is conducted. In the introduction game, participants have to stand in a circle clapping their hands and with every fourth clap, the person has to introduce himself to the group. Participants get to know each other and discuss areas of concern in taking care of the patient. The moderator facilitates discussion in the group. Once each member has introduced himself to others, each member takes turns to introduce another member in the group)

Section 2: Orientation about Common Mental Disorders (CMD) and substance use disorders (SUD) &Management of CMD and SUD

Section One	
Time required	90 minutes

Section Objectives
• To educate the participants about CMD (signs, symptoms, management) • To train participants to identify CMD using Patient Health Questionnaire (PHQ)

Methodology:

1. Brainstorming (15 mins)
2. Didactic lecture on CMD (45 mins)
3. PHQ training (15mins)
4. Q & A (15mins)

Brainstorming:

Good _____ everyone, today we shall start by understanding a little about the common mental illness (**common mental disorders)** and substance use disorders. So, what do you know about CMD, SU and Suicide *(Facilitator discusses with the group members about their views on CMD, SU – signs, symptoms and management)*

The facilitator asks the following questions to the participants.

Why is Mental Health Important?

There is more to good health than just a physically healthy body: a healthy person should also have a healthy mind. A person with a healthy mind should be able to think, should be happy and calm, should be able to solve the various problems faced in life, should enjoy good relations with friends, colleagues at work and family, should be able to enjoy activities of daily living, and should feel spiritually at ease and bring happiness to others in and around the person. These aspects of health can be considered mental health (Lars Møller, Heino Stöver, Ralf Jürgens 2007; World Health Organization 2011).

In settings like a prison, the staff and the prisoners' mental health might be affected by various internal and external factors. Many studies have found that external factors in the Prison such as overcrowding, poor hygiene, abuse, poor quality of food, lack of activity, availability of drugs, forced solitude and internal factors such as guilt of committing crime, shame and sense of poor social support led to worsening of mental health of a prisoner (Birmingham, Mason, and Grubin 1996; Diamond et al. 2001; Fazel et al. 2016; Fazel, Bains, and Doll 2006; Fazel and Seewald 2012; Forrester et al. 2018; Math et al. 2011).

Why should you be concerned about mental illness?

There are many reasons why you need to be concerned about mental illnesses.

- ***There is a bidirectional relationship between crime and mental illness***; some people get

involved in criminal activities and end up in Prison. Some of them get involved in crime and develop any of these conditions due to imprisonment and the above-mentioned conditions within the prison.

- ***The experiences of imprisonment lead to mental health problems***- Imprisonment can be a stressful experience. The isolation, loss of freedom and anxiety can, in some people, lead to mental illness. Drug use and violence may occur in some prisons. Thus, being in Prison can affect the mental health of a person.
- ***Mental illness can affect us all***. It is estimated that one in five of all adults will experience a mental health problem in their lifetime. This shows how common mental health problems are. Anyone can experience a mental health problem. Worldwide it has been established that prisons have a high prevalence of mental health and substance use-related disorders (Fazel and Danesh 2002). The prevalence of mental health problems in prisons is observed to be three to five times higher than that of the general population
- ***They are a major public health burden***. The World Health Organization in 2008 noted that out of nine million prisoners worldwide, around one million had severe mental disorders and even more had common mental health disorders. Many of them are suffering from mental health problems, and in a setting like a prison, there are higher chances that mental health conditions may not be identified and gain proper treatment.
- ***Mental illnesses can be very disabling***. Even though the popular belief is that mental illnesses are less severe than physical illnesses, they do produce severe disability. They can also cause death, as a result of suicide, deliberate Self-harm and accidents. Some people tend to have both physical as well as mental illnesses. In such persons, mental illness can make the outcome of the physical illness worse. The World Health Report from the World Health Organization in 2001 found that four out of the ten most disabling conditions in the world were mental illnesses. Depression was the most disabling disorder, ahead of anaemia, malaria and many other health problems. Among the mental health disorders, prisoners were affected by mostly neurotic disorders such as anxiety, depression, and sleep disturbances. Undetected, under-detected and under-treated depression in prisoners is considered an increasing public health problem
- ***Mental health services are very inadequate***. There is a severe shortage of psychiatrists, psychologists and other mental health professionals in most countries. Prisons, in general, are underserved facilities from a healthcare perspective. Most people with common mental health problems, such as depression or alcohol problems, often will not consult a mental health specialist. In prisons, high-risk behaviours such as violence towards others, suicide, suicidal attempt, deliberate self-harm, unprotected sexual activity, and destruction of the property have been observed to be high. Mental health professionals available in the prisons are few and inadequate.
- ***The presence of mental illness and addiction may lead to repeat offences among the prisoners***. It is thus important to focus on mental health and reduce recidivism among the convicted prisoners through an effective intervention for the underlying mental health issues.
- ***Mental illness leads to stigma***. Many people with a mental health problem never admit to their illness. Those with a mental illness are often discriminated against by the community

and their family. They are usually not treated sympathetically by health workers. Settings like Prison need extra care about these issues and accepting mental health professionals by the prisoners so it will encourage the prisoners to seek treatment for their mental health issues.

- ***Mental illness can be treated with simple, relatively inexpensive methods***. It is true that mental illness is treatable. Some conditions may have a longer treatment period. Some of the conditions are episodic in nature. Many physical illnesses, such as cancers, diabetes, high blood pressure and rheumatoid arthritis, are also not curable but treatable. Yet, much can be done to improve the quality of life of those who suffer these conditions and the same applies to mental illness.

Can you examine a mentally ill person?

In the absence of a specialist or a mental health professional, certain basic services could be delivered even by a trained layperson. The number of mental health professionals available to provide effective interventions are few in setting such as prisons; therefore, a trained peer (co prisoner) or a trained staff led self-management support groups could be an effective solution to manage mental health concerns in the prison setting. It requires compassion, good listening skills and some basic knowledge, as described in this Manual. People are hesitant to seek care for mental illness

People often have mixed feelings about assessing a mentally ill person because of:

- Fear the person may attack them or be aggressive with them
- the person's lack of personal hygiene and odd behaviour
- the dilemma of whether the person is acting like a person with "Mental illness."

Such attitudes of yours may make the person feel less comfortable and less likely to share feelings with you. It would also make it harder for you to provide help to a person with mental illness. A prisoner with a mental illness should be treated with the same respect and compassion as anyone else. Working with a person with mental illness is a challenge that can be both fulfilling and rewarding. The most important aspect of assessing mental illness is to give the person enough time and accept the person as he is.

Myths and Misconceptions about Mental illness and Substance Use (The researcher would ask Yes/No questions to the participant and discuss the points after that)

- ❖ Mental illness is the result of God's punishment for their past sins, Karma, the result of black magic, and evil forces
- ❖ Mental illness is a result of lunar cycle changes - full moon and half-moon.
- ❖ Those who don't have self-discipline and willpower will have a mental illness
- ❖ Mental illness is a sign of personal weakness
- ❖ Drinking wine or beer is not a problem
- ❖ Alcohol/drugs give good sleep
- ❖ Alcohol is good for health

- ❖ Smoking and drinking relieve tensions, worries and stress
- ❖ Smoking and drinking are good ways to cope with cold weather
- ❖ Alcohol/drug use enhances sexual performance and desire and
- ❖ One can become bold and act brave with Substance
- ❖ Cold and fevers can be treated with alcohol

WHAT ARE COMMON MENTAL DISORDERS? (Murthy et., al) (*Didactic Lecture)*

All of us get emotionally disturbed at different times due to a variety of reasons. Sometimes we feel sad, and other times, we experience tension and anxiety. We get irritable, angry and occasionally behave peculiarly in response to a certain situation. Usually, such behaviour does not last for long, and further, the routine activities are not affected. Generally, such behaviour does not affect others. These day-to-day changes are not considered to be abnormal. Such reactions are regarded as being "off mood", "emotionally upset", "losing temper".

What is mental illness?

Generally, the behaviour is considered abnormal and is suggestive of mental illness when it occurs without an understandable reason, is exaggerated, it lasts for a long time and causes disability to the individual and society.

The following section presents the common features of different mental illnesses. An individual may not show all the features.

Disturbance in bodily functions

a) ***Sleep:*** The person with mental illness may find it difficult to fall asleep. They may lie awake or sit and worry about his inability to sleep. He/she may sometimes wake up in the middle of the night and find it difficult to fall asleep again. He may have difficulty sleeping throughout the night or may not sleep at all. He may not feel fresh in the morning. Any of these types of sleep disturbance can be present.

b) ***Appetite and food intake*:** A person with mental health problems may not have a good appetite and may eat less. At times, although appetite is normal, the individual cannot enjoy what he is eating. Loss of weight can be present.

c) ***Sexual desire and activity:*** Patients who are depressed may lose interest in sex. They may also complain of impotence.

Changes in mental functions

a) ***Behaviour*:** His behaviour may irritate fellow prisoners and other people or place them in awkward and embarrassing situations. The person behaviour can be dangerous to himself and others. The individual may become overactive, restless and wander. He may abuse and beat others for trivial or no reason. This, however, does not apply to all mental disorders; on the other hand, an individual can be very dull, inactive and lost interest in the day-to-day activities around him. He may sit or lie down for hours or, at times, days together, refusing to move to attend to his bodily needs. You will be handling this issue in the Prison.

b) ***Talk (Thought process):*** The ill person may talk excessively and unnecessarily or he may utter only a few words and remain silent. At times, talk may be irrelevant and un-understandable.

c) ***Emotions: (Feeling)*** The person may exhibit excessive emotions of sadness or happiness. Emotions inappropriate to the situations may sometimes be shown. In contrast, some may be unable to express any emotion at all and just be motionless. Others may laugh or weep for no apparent reason.

d) **Perception:** A person's ability to understand the various stimuli reaching him through the five sensations can be disturbed and may lead to abnormal experiences such as hearing voices when no one is near the person or seeing something/someone when none is present.

Changes in personality and social activities

a) ***Personal:*** The person may neglect bodily needs and personal hygiene like not washing, not combing hair, refusing to take a bath or changing clothes. The person can remain unclean for many days and not bother even when such neglect causes discomfort.

b) ***Social:*** The individual can behave inappropriately with fellow prisoners, others and staffs.

Therefore, for a person to be considered mentally ill, he should have symptoms that bother him/her or others around him/her and disturb his/her daily routine or work and responsibilities and has to be present for a significant duration ranging from weeks to months. Sudden onset of symptoms is also possible through…

Now let us discuss some of the common mental disorders. Common mental disorders consist of two types of emotional problems: depression and anxiety. Depression means feeling sad, low, or miserable, similar to what we go through when we lose a loved one . It is an emotion that almost everyone suffers from at some time in their life. To some extent, it can be thought of as 'normal'. But there are times when depression starts to interfere with life and then it becomes a problem. Let us discuss it in detail

CASE 1: Mr. K is 23 years old, educated up to 10^{th} standard, hailing from lower socio-economic status from Karnataka and is imprisoned recently in the jail. Before he was imprisoned, he was very cheerful and actively engaged in all the family and social activities at home. After the imprisonment, he started to be sad and dull and became irritable, others co prisoners felt that he had become 'touchy'. He was not able to concentrate on anything, felt restless, and was feeling low constantly. He had lost interest in doing anything in the Prison, interacting with others, attending different sections and engaging in festivals in the Prison and often felt exhausted in the barrack. He often thought he is useless and worthless and his future was uncertain. Sometimes, he would feel like ending his life or having death wishes. He felt sleepy the whole day and at night found it difficult to sleep. At night, he spent time thinking that he had done something wrong, which is why this happened to him. He felt a tightness in his chest and head often felt heavy. He describes his feeling as empty but heavy darkness. He also keeps thinking that now others would start seeing him as a worthless person who cannot even do anything for his family or himself. His appetite had significantly come down, due to which his weight had reduced considerably.

What is Depression

Depression is a mood disorder that makes you sad, but it is different from normal sadness. When someone has depression, they will have trouble with daily life. Everyone feels sad sometimes, but these feelings usually pass, but in depression following symptoms will be present.

Signs and Symptoms of Depression

Depressed people feel down most of the time for many days on end and at least 2 weeks. They also have at least 1 of these 3 symptoms:

- They no longer enjoy or care about doing the things they used to like to do.
- They feel sad, down, hopeless, or cranky most of the day, almost every day.
- They will easily feel tired and fatigued,

A person with depression may complain of

- Feeling sad or "empty"
- Loss or gain of weight
- Sleeping too much or too little
- Feeling tired
- Feeling guilty
- Forgetting things or feeling confused
- Moving and speaking more slowly than usual
- Acting restless or have trouble staying still
- Thinking about death or suicide
- Expressing ideas of hopelessness, helplessness and worthlessness.

If you observe someone with these symptoms, offer support and inform your doctor in the Prison.

How can we help your Co prisoner to manage depression?

1. **Education about the illness**

- Depression is a very common problem that can happen to anybody.
- Depressed people tend to have unrealistic negative opinions about themselves, their life and their future.
- Effective treatment is possible. It tends to take at least a few weeks before treatment reduces depression. Adherence to any prescribed treatment is important.
- The following need to be emphasized: – the importance of **continuing**, as far as possible, **activities that used to be interesting or give pleasure**, regardless of whether these

currently seem interesting or give pleasure; – the importance of trying to **maintain a regular sleep cycle** (i.e., adequate Sleep hygiene practice);

- the benefit of **regular physical activity in the barrack or gym**, as far as possible;
- the benefit of **regular social activity**, including participation in games, celebration and festivals in Prison, as far as possible;
- recognizing **thoughts of self-harm or suicide** and coming back for help when these occur;

2. Addressing current triggers and stressors

- Offer the person an **opportunity to talk**, preferably in a private space. Ask for the person's subjective understanding of the causes of his or her symptoms.
- Ask about **current psychosocial stressors** and, to the extent possible, allow them to ventilate.

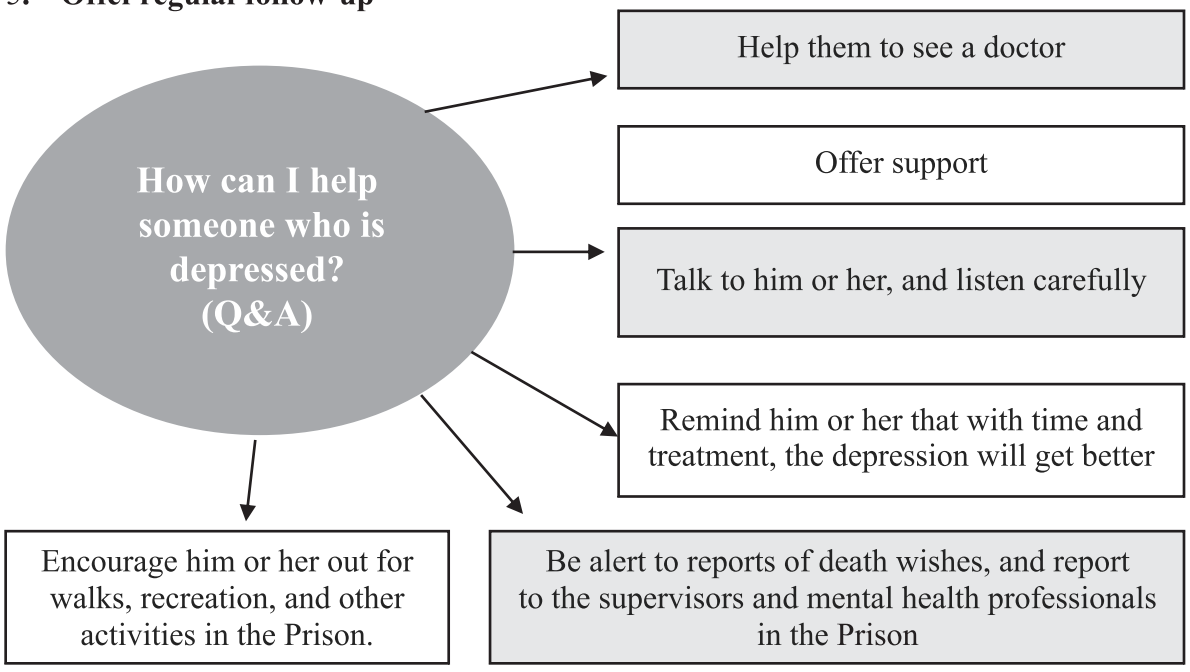
3. Reactivate social networks

- Identify the person's **prior social activities** that, if reinitiated, would have the potential for providing direct or indirect psychosocial support (e.g. more family meetings, social activities at prison setting, sports, attending music and art activities in the barracks).

4. Structured physical activity programme

- Organization of physical activity of moderate duration (e.g. 45 minutes) 3 times per week.
- Explore with the person what kind of physical activity is more appealing, and support him or her to gradually increase the amount of physical activity, starting for example with 5 minutes of physical activity (Within the premises of prison setting)

5. **Offer regular follow-up**



How to assess depression?

PHQ-9

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(Use "✔" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things.....	0	1	2	3
2. Feeling down, depressed, or hopeless.....	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much.....	0	1	2	3
4. Feeling tired or having little energy.....	0	1	2	3
5. Poor appetite or overeating.....	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down.....	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television.....	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving .around a lot more than usual.....	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way.....	0	1	2	3

(For office coding: Total Score _____ = ___ + ___ + ___)

CASE 2: P is 25 years old. He is staying in Prison, His co prisoners find him to be very caring, loving, and smart. However, he constantly worries about things that may go wrong. If the family does not visit him in a month, he starts feeling afraid, and his mind keeps telling him that something really bad has happened to the family. Further, if he knows that they got a call from his home in jail, the first thought of his would be that someone has fallen ill. He finds it difficult to relax. As his co prisoners say, he is always apprehensive. When he feels anxious, he becomes restless and several times irritable. He also recognizes that he is more worried than is necessary but is not able to stop it. And if asked what he is anxious about, he has no clear answer, which further frustrates him. His friends in Prison have also noted that reassuring him or distracting him reduces his anxiety when it is more, but it often tends to come back.

Anxiety Disorders

Everyone feels anxious or nervous once in a while. That is normal. But being extremely anxious or worried on most days for 6 months or longer is not normal. This is called "generalized anxiety disorder." The disorder can make it hard to do everyday tasks.

Social Anxiety: People with social anxiety disorder feel very anxious in social situations. They often fear that they will be embarrassed in front of other people. The anxiety can be so bad that it can keep the person from doing things they want and need to do in their lives.

Some people have social anxiety in many different situations (for example, at meetings or parties). This problem is sometimes called "social phobia." Other people have social anxiety only at certain

PANIC DISORDER

Panic is when anxiety occurs in severe attacks, usually lasting only a few minutes. Panic attacks typically start suddenly. They are associated with severe physical symptoms of anxiety and make sufferers feel terrified that something terrible will happen or that they are going to die. Panic attacks occur because fearful people breathe much faster than usual. This leads to changes in the blood chemistry which cause physical symptoms.

SOMATOFORM DISORDER

Somatoform disorders are various disorders included in the group that share the central characteristics of having physical symptoms without a physical basis as the presenting feature. The physical symptoms suggest a physical illness with no demonstrable organic findings or known physiological mechanisms.

Signs and Symptoms of Anxiety Disorders

People with extreme or severe anxiety feel very worried or "on the edge" much of the time. They can have trouble sleeping or forget things. Plus, they can have physical symptoms. Other symptoms follow,

Physical

- feeling heart is beating fast (palpitations)
- a feeling of suffocation
- dizziness, trembling, shaking all over, headaches
- pins and needles (or sensation of ants crawling) on limbs or face
- feeling as if something terrible is going to happen, feeling scared

Thinking

- worries about things going wrong
- thoughts that he/she is going to die, lose control or go mad (these thoughts are often associated with severe physical symptoms and extreme fear)
- repeatedly thinking the same distressing thought again, and again despite efforts to stop thinking them avoiding situations that she is scared of, such as marketplaces or public transport Preoccupation with various everyday events Difficulties in Concentration Constant Apprehension Inability to feel relaxed Muscle tension and aches Bodily symptoms of anxiety such as the feeling of shortness of breath, sweating, abdominal

discomfort, dry mouth Negative thought about oneself in a social situation Attempts to avoid social situations that trigger anxiety Fear that others will say bad things about them

Management of Anxiety

Medicines - Medicines used to treat depression can relieve anxiety as well, even in people who are not depressed. Your doctor or nurse will decide which medicines are best for your situation.

Psychotherapy - Psychotherapy involves meeting with a mental health counsellor to talk about your feelings, relationships, and worries. Therapy can help you find new ways of thinking about your situation so that you feel less anxious. In therapy, you might also learn new skills to reduce anxiety and/ or manage anxiety

Relaxation Technique - concentrate fully on what you are doing. Do not allow any other thought to cross your mind. Do not fall asleep. Concentrate only on that part of the body engaged in tensing and relaxing.

Assume a comfortable position in a quiet environment. Select some neutral, peaceful or pleasant thought or object and focus full attention on it.

Take several deep respirations and exclude unpleasant thoughts; deep breathing exercise is a form of relaxation, and when practiced regularly, can bring about relief from stress.

next, tighten in sequence the following muscle group (which muscle groups specify…), tense the muscle for 5-7 seconds and relax for 20-30 seconds. repeat 3-5 times for each muscle group

Following completion of the muscle tensing and relaxing, take several deep respirations, sit quietly for a few minutes and focus on attention on the pre-selected object or thought **(Prashanthi Nattala et., al)**

Yoga - Yoga has three main components (postures, breathing, and meditation), and is tested to be safe and effective in improving multiple parameters of health and quality of life. Meditation and mindfulness techniques are also can help manage anxiety.

Physical exercise - Physical exercise has been defined as the body's physical movement(s), voluntarily performed by the individual to become stronger and healthier.

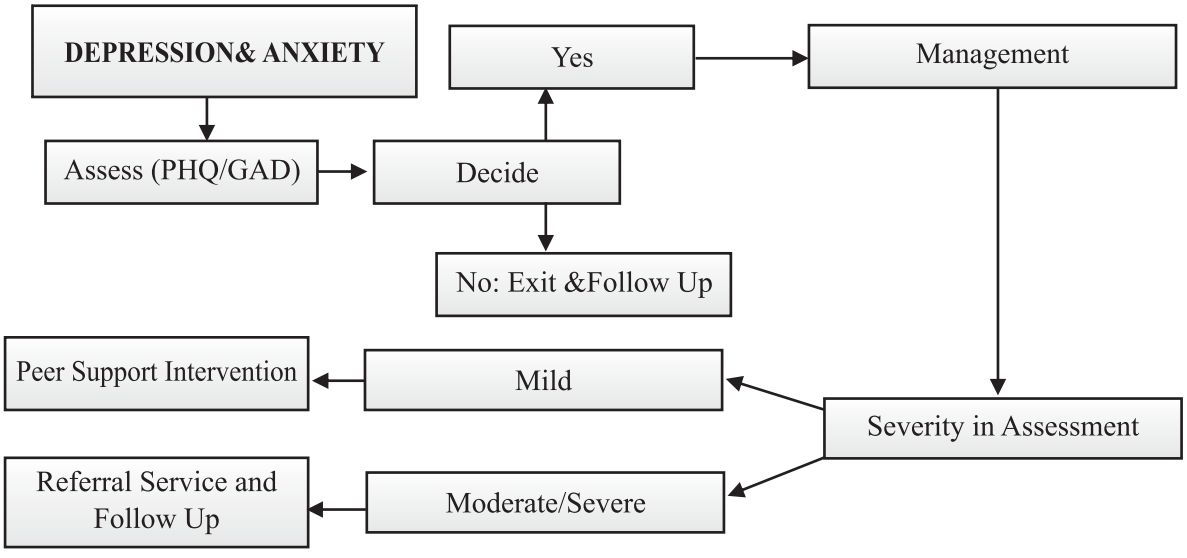
Other mechanisms: Spirituality and Religion: Spirituality and religious activities, in general, can be thought of as relating to or affecting the human spirit or soul, as opposed to material or physical things. Religion typically involves a relationship with God or a higher power.

How to assess anxiety disorders?

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems? *(Use "✔" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

Pathways of Care



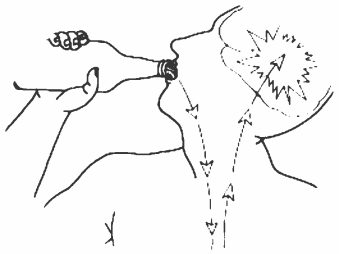
Section 3: Orientation about substance use disorders (SUD) & Management of SUD

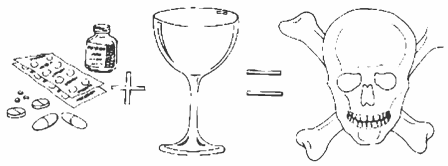
Section One	
Time required	75 minutes

Section Objectives
• To improve the awareness of participants about various substance use disorders and management
• Train participants to assess the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)

Methodology:

1. Video clips about clients with SUD
2. Didactic lecture on SUD
3. Q & A





Mr. R, a 44-year-old man who had been recently imprisoned. His main complaints were that his sleep was not good soon after being imprisoned, that he often felt like vomiting in the mornings and was generally not feeling well. On the second day, he came to the hospital with severe burning pain in the stomach area. Antacids were not as much help as they had been before. He was seen by the doctor, who prescribed more antacids and ranitidine, a medicine to help stomach ulcers heal. When he was about to leave the clinic, the doctor noticed that R was sweating profusely, and his hands appeared to be shaking. The doctor asked R if he had any other problems. R sat down and started crying. He admitted that his main problem was that he had been drinking increasing amounts of alcohol in the previous few months to cope with stress at work. However, now the drinking itself had become a problem. He could not pass even a few hours without having to have a drink. He has a strong desire for consuming alcohol, and often he would think and plan only about drinking, he remembered the days he was abstinent from work and away from family just to consume alcohol.

ALCOHOL USE DISORDERS (Didactic Lecture)

Alcohol affects users and people around them. Alcohol like any other mind-altering chemical, affects the brain. Over time, the brain changes in certain ways so that a powerful urge to use alcohol controls the person's behaviour

What is alcohol disorder?

- Alcohol use disorder is a medical term for alcoholism or alcohol addiction. People who have an alcohol addiction have 2 or more of the following problems.
- The more of these they have, the more severe their disorder.
- **They end up drinking more alcohol than they planned to or for a longer time than they intended to.**
- **They wish they could cut down on alcohol, but they can't.**
- **They spend a lot of time trying to get alcohol, getting drunk, or recovering from being drunk.**
- **They crave or have a strong desire or urge to drink alcohol.**
- **Because of their alcohol use, they often don't do things expected of them, such as going to work or school, remembering family events, and cleaning their home.**
- **They keep drinking even if it causes or worsens problems in their relationships or interactions with other people.**
- **They stop or cut back on significant social, work, or fun activities they used to do earlier.**
- **They keep drinking alcohol even in situations where it is dangerous to do so (such as while driving).**
- **They keep drinking alcohol even when they know they have a physical or mental problem probably caused or made worse by their drinking.**
- **They need to drink more and more to get the same effects they used to get with less. Or they get less effect from using the amount that used to get them drunk. This is called "tolerance."**
- **They have "withdrawal symptoms" if they stop drinking alcohol after drinking for a long time. Withdrawal symptoms can include:**
  - Sweating or a racing heart
  - Hand trembling
  - Insomnia (not being able to sleep)
  - Nausea or vomiting
  - Seeing, feeling, or hearing things that aren't there (these are called "hallucinations")
  - Being restless

- Anxiety
- Seizures (these can be severe, even life-threatening)

The prisoners who come with acute withdrawal and/or related alcohol issues can be admitted and referred to the prison mental health team.

SMOKING

Smoking-related issues

Nicotine is one of the most highly addictive and heavily used drugs around the world. It causes lung cancer, emphysema, and cardiovascular disease and secondhand smoke is associated with lung cancer in adults and respiratory illness in children. Tobacco is the most common form of nicotine. It is smoked most commonly as cigarettes or bidis.

What are the symptoms of withdrawal?

The symptoms include:

- Craving
- Trouble sleeping
- Being irritable, anxious or restless
- Getting frustrated or angry
- Having trouble thinking clearly

Cannabis use

The effects of cannabis depend on the dose received, the modes of administration, the user's previous experience with cannabis, the person's mood state, and attitude towards the drug.

Signs and Symptoms of Cannabis use

Acute adverse effects

- Anxiety and panic, especially in naïve users
- Psychotic symptoms
- other issues like accidents
- chronic bronchitis and impaired respiratory function in regular smokers
- Psychotic symptoms and various mental health-related issues
- Subtle cognitive impairment those who are daily users.

Non-Smoking Tobacco

Nonsmoking tobacco such as beeda, gutka, Khaini, etc is highly addictive. It leads to mouth cancer and associated issues around the mouth.

Initial responses of persons not ready to change

“Drinking alcohol is not my problem.”

“Cannabis is a herb, so smoking Ganja is good; I will not stop using it”

“I drink because I have aches and pains after a hard day's work.”

“Why should I stop.”

"Do I need to change": When a person views a significant difference between all his current problems due to substance intake and a possibility in the redressal of these problems when he quits

"Is this change possible?": When the same person perceives that giving up Substance will be beneficial and he is capable of doing it within a stipulated time

“Can I do?": The sense of ability to take actions to stop drinking alcohol

Management of Smoking

The letters in the word "START" can help you remember the steps to take:

S = Set a quit date.

T = Tell family, friends, and the people around you that you plan to quit.

A = Anticipate or plan for the tough times you'll face while quitting.

R = Remove cigarettes and other tobacco products from your barracks in the Prison.

T = Talk to your doctor about getting help to quit.

How can I help a co prisoner with substance use: (Q&A)

- Help them to see a doctor
- Offer support
- Talk to him/her, and listen carefully
- Encourage them out for walks, recreation, and other activities.
- Remind him about time for follow up and treatment options (10-15% of users may have any of the other mental health problems)
    - ❖ Handling craving: Try the 4 Ds-Delay, Distract, Drink water, Deep breathing
    - ❖ Refusal skills and assertiveness: Preparing persons to be aware of pressure tactics, usually from friends.
    - ❖ Handling negative mood states

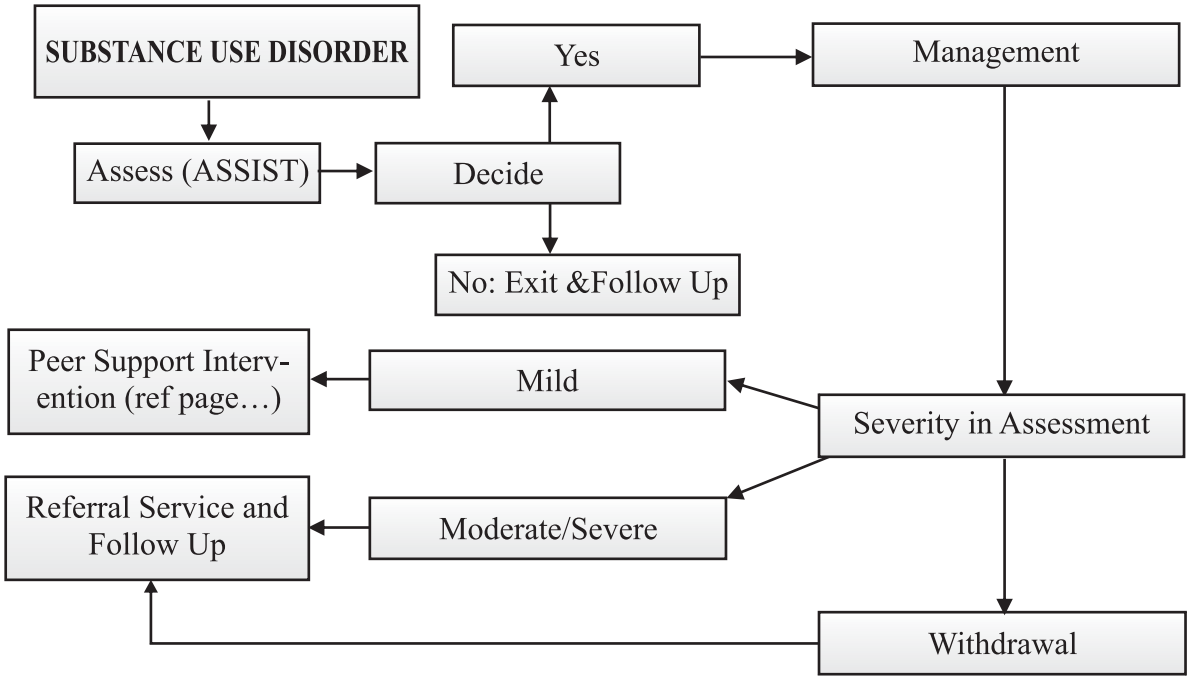
- ❖ lifestyle modifications
- ❖ Follow-ups

What else can I do to improve my chances of quitting

- Start exercising.
- Stay away from smokers and places that you associate with smoking. If people close to you smoke, ask them to quit with you.
- Keep gum, hard candy, or something to put in your mouth handy. If you get a craving for a cigarette, try one of these instead.
- Don't give up, even if you start smoking again. It takes most people a few tries before they succeed.

Interventions to reduce relapses:

Identifying and handling high-risk situations: one can ask for the description of past relapses and the situations where the client feels the risk of restarting the Substance is very high. The better the preparation lesser is the chance of relapse. Example: Peer pressure, being alone, stress, negative emotions



Section 4: Other types of Mental Illness

Psychosis: This is a severe type of mental illness in which patients talk and behave abnormally. The body and mind functions are severely disturbed, resulting in gross disturbance in individual and societal roles. Patients lose touch with reality, and people label them as "mad". Patients are not fully aware of the consequences of their behaviour. Ill persons do not believe that they are sick and hence, often refuse to take treatment.

Early recognition of Psychosis

1. Prisoners has become very quiet and does not talk or mix with people.
2. Prisoners who claim to hear the voice or see things others cannot see or hear.
3. Prisoners who are very suspicious and claims that some people are trying to harm him.
4. Prisoners who have become unusually cheerful crack jokes and say that he/ she says very wealthy and superior to others when it is not so.

Section 5: Suicide and Deliberate Self Harm and Management (Suicide gatekeeping programme, NIMHANS Center for wellbeing)

Section One	
Time required	1 Hour

Section Objectives
• To improve the awareness of participants about suicide risk and explore the suicidal intentions of someone who may be at the risk of committing/attempting suicide and Immediate intervention for Suicidality

Brainstorming (Using the board for listing out)

Participants are asked to share about:

- Their experience in dealing with someone with risk of suicide and deliberate self-harm in the Prison
- Whether they felt comfortable in dealing with someone who was at risk of suicide
- How they managed the situation
- What are the challenges they had?

Who is a Gatekeeper? (Didactic method: Information about Suicide)

A Gatekeeper believes that suicide can be prevented at the Prison and is willing to give time and energy for this cause. Gatekeepers may be peers, prison staff, vocational instructors or anyone who shares this interest.

What is the role of a Gatekeeper?

- Keep a watchful eye and be able to "sound the alarm" when an at-risk individual is identified.
- Refer the prisoner of concern to the appropriate mental health professional for further evaluation and treatment.

Understanding Suicide and Self Harm – Define

- **Self-harm** is a self-inflicted injury such as cutting or burning. It is a way of expressing distress in which the person tries to get out or gain control of the painful situation. After harming oneself, the person might seem to cope with life for a while, but it will not sustain for a more extended period. Self-harm is usually a coping mechanism and is more about staying alive than taking one's life. However, the risk of death cannot be ignored in case of self-harm.

- **Suicide** is an act of ending one's life. It is usually associated with a sense of hopelessness and helplessness. Suicide attempts may be planned or impulsive.

Identifying warning signs and risk factors?

What are Warning signs?

- Talking about wanting to die or to kill oneself.
- Looking for a way to kill oneself
- Talking about feeling hopeless or having no reason to live.
- Talking about feeling trapped or in unbearable pain.
- Talking about being a burden to others due to the cases and crime conducted
- Acting anxious or agitated; behaving recklessly.
- Sleeping too little or too much.
- Withdrawing or feeling isolated.
- Showing rage or talking about seeking revenge.
- Displaying extreme mood swings.

What are Risk Factors?

Risk factors are the factors that increase chances of self-harm or suicide in an individual.

- Previous suicide attempts
- Mental disorders – particularly mood disorders such as depression and bipolar disorder
- Co-occurring mental and alcohol and Substance abuse disorders
- Family history of suicide
- Impulsive and/or aggressive tendencies
- Barriers to accessing mental health and/or substance abuse treatment
- Relational, social, work, or financial loss
- Physical illness
- Easy access to lethal methods, especially in Prison, such as bedsheets, blades, glass pieces
- Unwillingness to seek help because of stigma attached to mental and Substance abuse disorders and/or suicidal thoughts
- Influence of significant people - family members, celebrities, peers who have died by suicide within or outside of Prison - both through direct personal contact or inappropriate media, especially newspaper representations.
- Cultural and religious beliefs - for instance, the belief that suicide is a noble resolution of a personal dilemma
- Isolation, a feeling of being cut off from other people

How to assess suicide risk?

1. Assess Suicidal intent

How to ask a suicide question?

Use 'Normalizing questions' and not Direct or Indirect questions

Example: Indirect question

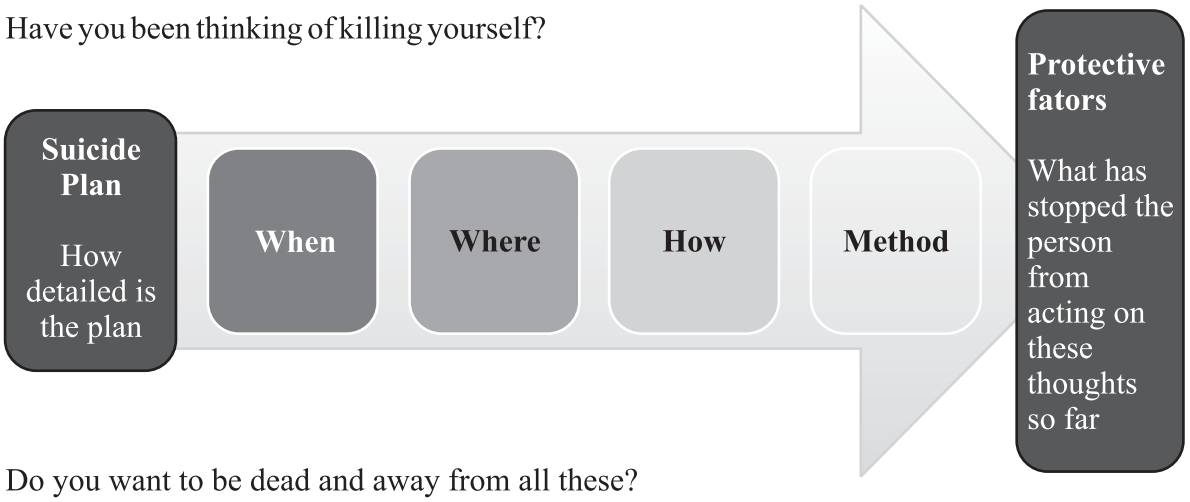
Do you feel like harming yourself?

Do you feel like getting away from all of this?

From what I understand, do you mean that you want to kill yourself?

Direct question

Have you been thinking of killing yourself?



Do you want to be dead and away from all these?

Normalizing question

Sometimes when people are feeling disturbed, they think of suicide, is this something you're thinking?

Tips for Asking the Suicide Question

- If in doubt, don't wait; ask the question
- If the person is reluctant, be persistent
- Talk to the person alone in a private setting
- Allow the person to talk freely
- Give yourself plenty of time

Check about the **frequency of thoughts**, whether the thoughts are **fleeting or fixed.**

1. Assess degree and seriousness

Assessment role-plays demonstration and discussion.

Activity:(*Divide the participants into groups, provide a case vignette for each group. One of the participants will be the person who has suicidal ideas and another person would be the person who is planning to assess the risk)*

Case 1: *Mr. S, 35 years old, convicted for 4 years living in 5th barrack has reported that he suicidal over the past several days. The trigger for her ideation is that his family has not visited*

him for the last 4 months even after being informed by the prison authority to his family. Mr. S feels hurt, angry and rejected and has threatened to kill herself. He is also reporting ongoing anger at his family, who are not coming and visiting him in the Prison, he often feels neglected and has pessimistic ideas about his future. He has planned to take a bedsheet and hang in the fan when all the other co prisoners sleep in the night, and he has been observing the activity of the barrack, timing where other prisoners sleep, the height of the fan, strength of bedsheet, and he is always preoccupied with these thoughts. Co-prisoners also observed him to sad almost all the day and not attending carpentry section which he used to attend regularly. he also shared with other prisoners about being "trapped", "hopelessness", in an unbearable "pain" He had the previous history of mood disorder, and he was not on treatment at present for it. Mr M also had a suicide attempt by an overdose of medication resulting in a short hospitalization 6 years previously.

Case 2: *Mr. R is a 25-year-old male from the undertrial side of the barrack. Mr. R reported to cut his forearms whenever he is in distress after entering to the Prison. He would threaten the fellow prisoners and police staff whenever he felt distressed, break the window's glass, and take a piece of glass and cut himself. He reported that he could not control his anger and distress, and he would feel like teaching a lesson to his family. He was observed to have cut marks on his hands, previous episodes of cutting typically occurred after an emotional conflict with his parents or perceived rejection by a peer. The frequency of self-injury episodes increased, ranging from daily to monthly.*

What immediate intervention can be provided?

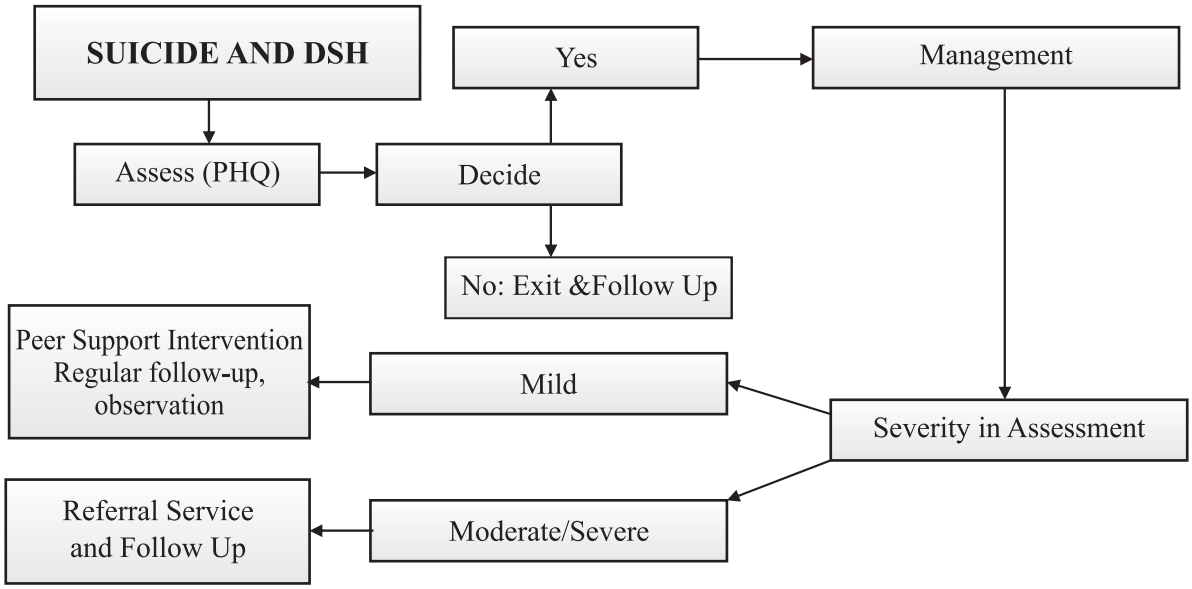
After the initial assessment, the gatekeeper *should try to help the client to come out of suicidal thoughts by:*

- Being a good listener and paying full attention
- Being non-judgmental
- Being supportive and instilling hope
- Offering help by asking, 'Can I help you?'
- Building a contract by asking, 'Will you promise me not to kill yourself till I find help for you?'

As a part of the contract, the gatekeeper should provide a **crisis plan as a safety net** to safeguard the client's life.

The crisis plan will include instructions such as:

- Distract your prisoner from the suicidal thoughts by involving them in activities like attending various sections in the Prison, music classes, playing or talking to friends.
- Get involved in physical activities such as walking, yoga or exercising within the Prison premises.
- Ask to write down their thoughts in a diary if you have a book with them.
- Ask them to repeat to themselves, 'I have promised not to hurt myself.'
- Ask them to meet and talk to the peer supporter or people who are comfortable with them


SUICIDE AND DSH
Yes
Management
Assess (PHQ)
Decide
No: Exit &Follow Up
Peer Support Intervention
Regular follow-up,
observation
Mild
Severity in Assessment
Referral Service
and Follow Up
Moderate/Severe

Section 6: Counselling Skills

Section One	
Time required	1 hour 30 minutes

Section Objectives
• To improve the counselling skills of the peer supporters

Activities involved:

1. Didactic (PPT input) – of counselling skills

   Conclude the session with a quick recap of the various topics covered. Also, the participants are informed about the small session to be conducted for action planning where the groups plan actions around the importance of different counselling skills. Also, provide the feedback forms for the day's session. Participants are provided with the following printed takeaway materials.

Counselling Skills

An interview is a conversational interaction between two individuals. A good interview is indispensable to understand the patient's problem and arrive at a diagnosis. The interviewee is a medium by which relief of symptoms is brought about using various psychotherapeutic techniques. an interview encompasses both verbal (What is said) and nonverbal (eye contact, facial expression)

Verbal and Nonverbal Communication skills for counselling

Nonverbal communication

1. **Eye Contact**: There should be adequate eye contact with the patient
2. **Gestures**: Gestures should be appropriate to what is being said.
3. **Facial Expressions:** the peer supporter needs to demonstrate interest and attention while listening to the patient. Peer supporter.

Verbal Communication

1. **Conveying interest**: The peer should communicate interest in what is being spoken by remembering and repeating the details mentioned in the interview.
2. **Conveying acceptance and reassurance**: Whatever the nature of the prisoner's problem, the peer should convey his approval and reassure him that he will be helped.
3. **Convey willingness and understanding to help**: The peer should convey his willingness to help with the statements like: "I understand your difficulties, please feel free to talk about your problems so that we can find a solution together."
4. **Directing the conversation**: The peer should control the interview. The prisoner should be brought back to the topic by a gentle reminder and indirect questioning like "You were telling the problem earlier, could you please talk more about it"

5. **Facilitating the flow of speech**: During the course of counselling, the prisoner might pause or even lose track of the main theme. The flow of speech can be facilitated by repeating the last words or sentences uttered by the prisoner "You were saying…. what happened after the incident?

Techniques in Counselling

1. **Ventilation:** It is a process of facilitating the individual to talk about suppressed experiences
2. **Reassurance:** Process to alleviate the person anxiety by reassuring statements like "things will be all right" "I am confident that you will get well"
3. **Explanation:** Process of explanation to remove misconceptions and provide a proper understanding of the problem.
4. **Suggestion:** Process of making a positive statement with a degree of firmness and authority.
5. **Persuasion:** Process by which the counsellor urges the patient repeatedly to change his behaviour or to try new methods of dealing with his problem.
6. **Reinforcement:** Reinforcement or reward are a potent method to enhance the desired behaviour. They can be verbal or material in nature. Verbal reinforcement includes a statement like "you are done well" "excellent" "I am happy that you are taking help now".

Stages of Counselling

Usually, the counselling proceeds through three phases, namely an initial phase, a middle phase and a terminal phase. These phases are not rigidly delineated and the progress from one phase to another will vary from prisoner to prisoner. However, certain major themes can be identified in each of these phases

The Initial Phase

The focus of this phase of counselling is to understand the nature and cause of the prisoner's problem and to explain the nature of peer support intervention. it includes

a) Rapport Building

- The interview is best conducted in a room with adequate privacy, where interruptions are minimal
- Your prisoner should be offered a comfortable sitting arrangement
- A good beginning is offered by the peer greeting the prisoner with a smile and making an opening for the prisoner to sit.
- "Good morning, Namaskara, please take your seat, what is the reason for your consultation."
- You can slowly inquire about patient problems and allow your prisoner to speak freely and comfortably.
- Avoid unnecessary interruptions which may block prisoners' communication.

b) ***Evaluation of the patient*:** Detailed evaluation is a prerequisite before beginning the counselling. List out the problems and concerns raised by the patient, following a detailed assessment with the training instruments(trained) in the previous sessions. Developing an empathetic relationship is an important aspect in this phase where some of the counselling techniques (see above) can be utilized. Try to understand the emotional state of the patient's situation. It is also important to assure confidentiality so that prisoners can relate without inhibitions however, inform your prisoner about breaching of confidentiality if it the issue is sensitive such as homicidal, suicidal ideas.

You can inform them that "would you like to discuss more about it", "how can I help you", "is there anything you would like to discuss."

c) ***Exploration of the problems and stress factors:*** Peer may attempt to understand the specific stress factors or conflicts responsible for prisoners' emotional difficulty.in this step, spend adequate time with your prisoner.

The middle phase

a) ***Strengthen the therapeutic relationship:*** You will be continuing your interaction with your prisoner during the follow-up. The prisoner will be more open to understanding the source of his problems and trying a different method of dealing with them.

b) ***Further understanding of prisoner's situation:*** Use active listing skills, appropriate paraphrasing of the sentences, clarification and summarizing techniques.

c) ***Educating about the condition:*** *(Based on the information provided on day 1)*

d) ***Explanation of the nature of treatment, services & referral:*** available in the Prison, services provided by peers including you, OPD days. Based on the severity of the issue (Based on assessment) and considering the competency in handling the case of the peer supporter, appropriate referral services to the prison mental health team can be considered and communicate the referral to the mental health team.

The end phases

a) ***strengthening the insight:*** in this phase, prisoners understanding of the problem can be strengthened by continuing the psychoeducation about the condition.

b) ***Reinforcement:*** Reinforcement for prisoners' improvement, for taking adequate steps to seek and continue the treatment.

"I'm happy to note that you are able to deal with your problem better now. If you continue to seek help from the team, I'm sure you will be fully capable of managing by yourself."

c) ***Preparing for termination***.

Undesirable responses (Q&A and Discussion)

- Avoid exclamations or surprise
- Avoid expressions of over concern
- Avoid criticizing the prisoner.
- Avoid any false promises

- Avoid sharing your problem
- Avoid touching the prisoner
- Avoid interrupting the prisoner
- Do not reject the prisoner
- Avoid forcing prisoner to talk when he is unwilling
- Avoid taking sides
- Avoid getting angry with the prisoner

Day 3: Section One	
Time required	3 hours

Section Objectives
• The role of peer supporters

Activities involved:

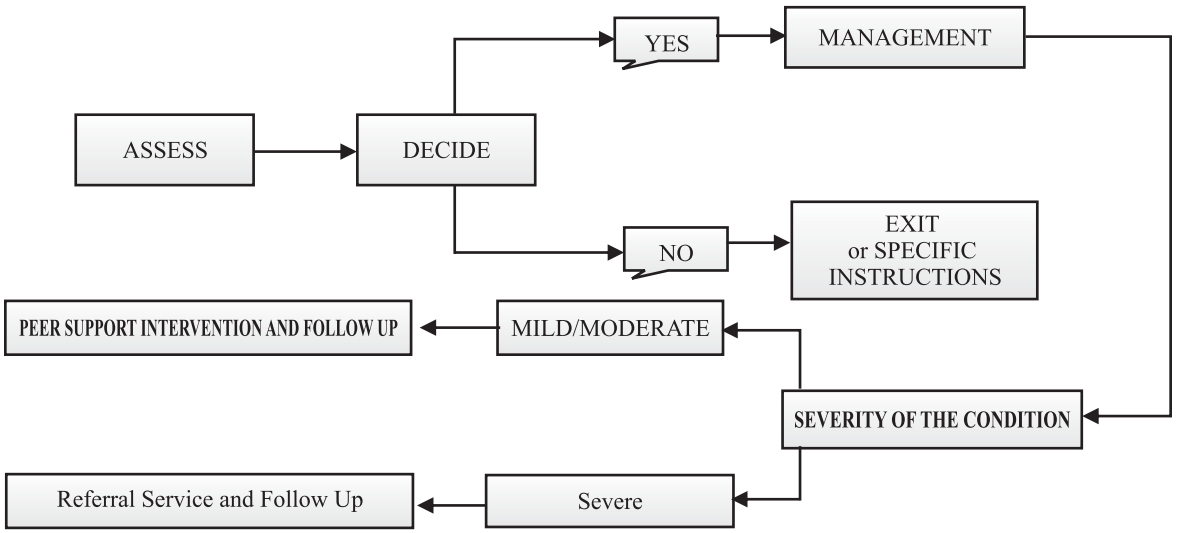
1. Demonstration of role of peer supporters in various situations (Role plays, Role rehearsal, Modeling)
2. Case Discussion-Group activity

Conclusion	
Time required	05 minutes

Conclude the session with a quick recap of the various topics covered. Also, the participants are informed about the small session to be conducted for action planning where the groups plan actions around the importance of various counselling skills. Also, provide the feedback forms for the day's session. Participants are provided with the following printed takeaway materials.

ROLE OF A PEER SUPPORTER

Assessment and Management Guide Fig 1



Section 7: Role and responsibilities of Peers

Good _____ and welcome to the third day of our session. Thank you for taking the time to join our programme. Yesterday, we spoke in detail about the illnesses of CMD, SUD and Suicide Prevention– causes, treatment options and management. Were you able to read through the workbook? Do you have any questions (The facilitator clarifies any questions raised by the members in the group)? First, let us start discussing some of the important aspects of whole training before you start helping your co prisoners.

What can I do if someone doesn't want my help?

If you feel that someone you care about is struggling but can't or won't reach out for help and won't accept any help you offer, it's understandable to feel frustrated, distressed and powerless. But it's important to accept that they are individuals and that there are always limits to what you can do to support another person.

Standard Operating Procedures (SOP) Do's and Don'ts

You can't	You can
• **Force someone to talk to you.** It can take time for someone to speak openly, and putting pressure on them to talk might make them feel less comfortable telling you about their experiences. • **Force someone to take help.** As adults, we are all ultimately responsible for making our own decisions. This includes when – or if – we choose to seek help when we feel unwell. • **See a doctor for someone else.** A doctor might give you general information about symptoms or diagnoses, but they won't be able to share any specific advice or details about someone else without their agreement.	• Be patient. You won't always know the full story, and there may be reasons why they are finding it difficult to ask for help. • Offer emotional support and reassurance. Let them know you care about them, and you'll be there if they change their mind. • Inform them how to seek help when they're ready (for example, you could show them our pages on talking to your doctor and what might happen at the appointment). • Look after yourself, and make sure you don't become unwell yourself.

How can I look after myself?

Supporting someone else can be challenging. Making sure that you look after your wellbeing can mean that you have the energy, time and distance to help someone else. For example:

- **Take a break when you need it.** If you're feeling overwhelmed by supporting someone or taking up a lot of time or energy, taking some time for yourself can help you feel refreshed.
- **Talk to someone you trust** about how you're feeling. You may want to be careful about how much information you share about the person you're supporting, but talking about your feelings to a friend can help you feel supported too.

- **Set boundaries and be realistic about what you can do**. Your support is precious, but it's up to your friend or prison mental health team to support themselves. Remember that small, simple things can help and that just being there for them is probably helping a lot.

- **Share your caring role with others if you can.** It's often easier to support someone if you're not doing it alone.

Now, we will go into details about how you can manage the individual symptoms of this illness. First, I would like the group to discuss the various symptoms you find difficult to manage in your prisoner. I had asked you to write them down as your homework? For example, some of you may not know how to manage the prisoner if he suddenly becomes sad and worried…Similarly, there are other symptoms that you have observed in your co prisoners, which you find difficult to manage. Can you share some of these difficulties with the group?

(The group members discuss some symptoms of their co prisoners that they find difficult to handle. The facilitator facilitates the group discussion and writes down the symptoms that peers find difficult to manage).

Group Discussions: Case Vignette

(Divide the participants into five groups. Provide each group with one vignette and give them the following instructions)

Instructions: *As we have seen, people often are not aware of when someone requires help for psychological problems. For example, we noticed that mental health and illness are not about being absent or present, but they are continuum. So, differentiating a condition as something requiring outside help may become difficult. Here is an activity to train you all so that you may learn how to identify, at a basic level, CMD, SUD and Suicide, two of the most common mental health issues among prisoners. Each of you (team) would have got a vignette where the story of prisoners is given. You have to read them carefully, discuss them with group members, and provide answers to the questions provided at the end of the story. You can use the response sheet given to mark your responses. Once you finish doing it, one or two of the members can come forward to present their responses.*

Questions that the participants have to answer:

1. *Do you think this particular person is experiencing some form of a mental health problem?*
2. *If yes, what is the issue that he/she is facing? What are the reasons to say that he is experiencing a mental health issue?*
3. *How would you manage/help your co prisoners with any of these issues?*

CASE 1: *Mr. R was 30 when he had a severe incident in his life. He was with his friends, drinking tea in a tea shop. Suddenly, a verbal altercation with one of the persons in the shop led to physical fights and violence. Mr R also got pulled into the violence. To R's horror, his friend was poorly injured over his head and other body parts. Post the incident Mr R and friend\s were taken into police custody. After a few days of deep sadness and shock, R began to experience spells of fear. These started when he had been working in the bakery section of the*

Prison. Mr.R suddenly experienced a choking sensation and felt his heart beating hard. His father had a heart complaint and R became worried that he had a heart problem too. This made him scared and fearful. The doctor in the Prison sent him for tests which showed that he had a healthy heart. Sometimes, even when he was awake, he would get images of the incident in his mind and feel scared and tense.

CASE 2: *Mr. S is 20 years old; he is known to be cheerful, sociable, and energetic in the Prison. He often takes part in various extracurricular activities such as sports, festivals in the Prison. A month back, there was an incident while he was in the barrack, he suddenly felt that he might fall ill. He felt as he was going to fall and die and nothing could stop it. His heart started beating fast, his body started trembling, and his body started sweating profusely. He had this urge to run away from the large crowd in the Prison, which he did. Since then, he has started feeling more and more anxious in social situations in the Prison and keeps worrying that he will do or say something embarrassing. He avoids going to social gatherings or other similar situations in the Prison because he thinks that people may critically observe him or evaluate him somehow and that he might make a fool of himself. He knows that his fears are unreasonable, but he is not able to overcome them same. Even when he is accompanied by someone he knows, he has trouble going to crowded places in the Prison.*

Case 3: *Mr. S, 35 years old, convicted since 4 years living in 5th barrack has reported that he suicidal over the past several days. The trigger for her ideation is reported to be that his family is not visiting him last 4 months, even after being informed by the prison authority to his family. Mr. S feels hurt, angry and rejected and has threatened to kill herself. He is also reporting ongoing anger at his family, who are not coming and visiting him in the Prison; he often feels neglected have pessimistic ideas about his future. He has a plan to take a bedsheet and hang it in the fan when all the other co prisoners sleep in the night, he has been observing the activity of the barrack, timing where other prisoners sleep, height of the fan, the strength of the bedsheet, and he is constantly preoccupied with these thoughts. Co prisoners also observed him sad almost all day and not attending the carpentry section he regularly participated in. He also shared with other prisoners about being "trapped", "hopelessness", in unbearable "pain" Mr. M also had a suicide attempt by an overdose of medication resulting in a short hospitalization 6 years previously.*

CASE 4: *Mr. K is 23 years old, educated up to 10th standard, hailing from lower socio-economic status from Karnataka and is imprisoned recently in the jail. Before he was imprisoned, he was very cheerful and actively engaged in all the family and social activities at home. After the imprisonment, he started to be sad and dull and became irritable, others co prisoners felt that he had become 'touchy'. He was not able to concentrate on anything, felt restless, and was feeling low constantly. He had lost interest in doing anything in the Prison, interacting with others, attending different sections and engaging in festivals in the Prison and often felt tired and exhausted in the barrack. He often thought he was useless and worthless, and his future was uncertain. Sometimes, he would feel like ending his life or have death wishes. He felt sleepy the whole day and at night found it difficult to sleep. At night, he spent time thinking that he had done something wrong, which is why this happened to him. He also keeps thinking that now others would start seeing him as a worthless person who cannot even*

do anything for his family or himself. His appetite had significantly come down, due to which his weight had reduced considerably.

***Case 5**: Mr. R, a 44-year-old man who had been recently imprisoned. His main complaints were that his sleep was not good soon after being imprisoned, that he often felt like vomiting in the mornings and was generally not feeling well. On the second day, he came to the hospital with severe burning pain in the stomach area. Antacids were not as much help as they had been before. He was seen by the doctor, who prescribed more antacids and ranitidine, a medicine to help stomach ulcers heal. When he was about to leave the clinic, the doctor noticed that R was sweating profusely and his hands appeared to be shaking. The doctor asked R if he had any other problems. R sat down and started crying. He admitted that his main problem was that he had been drinking increasing amounts of alcohol in the previous few months to cope with stress at work. However, now the drinking itself had become a problem. He could not pass even a few hours without having to have a drink. He has a strong desire for consuming alcohol, often he would think and plan only about drinking, he remembered the days he was abstinent from work and away from family just to consume alcohol.*

***Case 6:** Mr. M, 21 years old, under trial prisoner, recently admitted in Prison (UTP) section. he reported that "it's better to die" than living in Prison. He also often says to be anxious about his future and family, feeling guilty about what he has done. Other prisoners also observed him that he blamed himself for whatever happened to him and his family and sometimes about the worth of living. Mr. M had active suicidal plans two months ago when he was entered to prison; however, he currently feels occasional death wishes. He was regular use of alcohol and cannabis, and now, he is sober after coming to Prison. Fellow prisoners reported that Mr. S was irritable and agitated when he entered Prison, and over a period of stay, his irritability and agitation has come down.*

***Case 7:** Mr. J is a 22 years old male living in barrack number 2. He occasional reports about his distress to other prisoners whenever he had distress about something related to his relations with wife or blaming from the family, during this incident he would tell others about "teaching a lesson to him and family by ending his life" however after sometimes he would report that he doesn't want to die because he wanted to live with his family and children's since he is the only son for his parents. Mr. J has friends circle in the barrack and whenever he is in distress, he would discuss it with them. He is one of the active members in the barracks and others have not seen him bad mood except occasional distress due to above mentioned incidents.*

Role Play (Participants were divided into 5 groups, each group would get a case vignette. One of the persons in the group would be the peer supporter and other would-be Prison with either CMD, SUD or Suicidal. Each group would have 10 minutes for the role play including planning. during the role-play other group members would be noting down their observation and critical comments)

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