



# **MENTAL HEALTH AND JUSTICE - CASE STUDY OF THE PRISON DECONGESTION AND RE- ENTRY SCHEME**

By

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## **PRESENTATION OUTLINE**

- **The Context**
- **Some Interventions**
- **Lessons Learnt**
- **Conclusion**

## THE CONTEXT

- High number of persons with mental disabilities incarcerated in prisons especially amongst the pre trial population eg 10 percent in some instances.
- Various types prisoners presenting with mental disabilities [ ref. civil lunatics, criminal lunatics, persons with mental disabilities in general prison populations]
- Detention of some persons solely for reasons of their mental disabilities ['civil lunatics']
- Lack of / poor mental health programmes in prisons

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## CONT...

- Lack of /inadequate mental health professionals in prisons and correctional services.
- Archaic Mental Health Legislation
- Stigma and lack of support from the families and the general public
- High cost of mental health care
- Little specialized mental health care in the community
- Lack of adequate mental health awareness by law enforcement and lack of coordination amongst law enforcement agencies

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## SOME INTERVENTION – PRISON DECONGESTION AND REENTRY SCHEME [PDRS] PILOTED IN NIGERIA

### STEP 1. AWARENESS AND SENSITIZATION ACTIVITIES

#### a. Sensitization of Law Enforcement Agencies

- police,
- judiciary,
- community  
leaders

[separate sessions]

#### b. General public using the media [Radio, TV programmes and leaflets, posters, etc

#### c. Family members

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## CONT.... STEP 2 - ADVOCACY

#### a. Advocacy with the judiciary [the chief judge] to include the consideration of review of prisoners with mental disabilities during the jail delivery exercise

- [cases of 'civil lunacy']
- [cases of 'criminal lunatics']

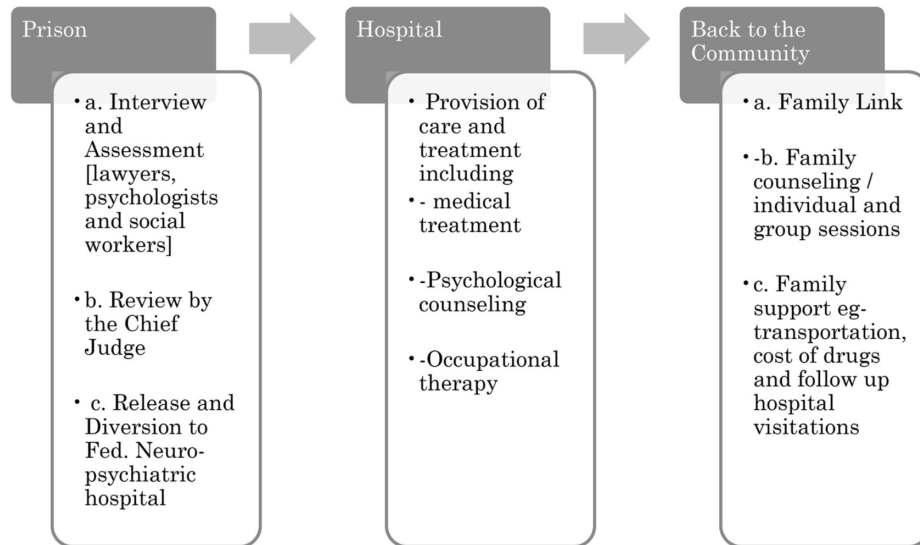
#### b. Advocacy with the Federal Neuro-psychiatric Hospital [Enugu] on provision of treatment and care to released prisoners with mental disabilities

- [care and treatment for those  
diverted from the criminal justice  
system from the police and the  
courts and from the Chief  
Judge's Jail Delivery Program]
- Provision of in-prison care.....

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## CONT....

### STEP 2. FROM INCARCERATION TO THROUGH CARE ACTIVITIES



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## CONT

- The impact of the intervention
- Police and the magistrates increased rates of their direct referrals to the Fed. Neuro-psychiatric hospital [reducing the number processed into the prison]
- Over 117 inmates [mainly the ‘civil lunatics’ diverted from the prison to the Federal Neuro-psychiatric hospital]
- Low cases of ‘civil lunatics’ observed in the prisons subsequently
- More cases of ‘criminal lunatics’ observed

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## LESSONS LEARNT

1. Tap the resources in the community  
e.g Having hospitals near prisons, integrate mental health care into general health care [ref to the Kenya and Zambia examples]
2. Train prison officers on early identification of persons in need of mental health care, and appropriate and prompt referral.
3. Legislative reforms but look beyond this; focus on implementation of laws and on 'good practice' that works.

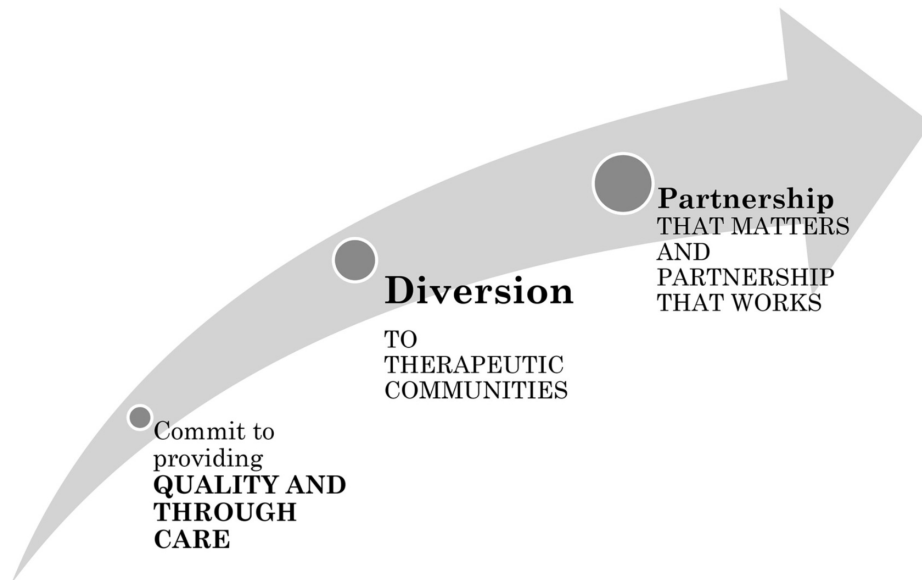
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## CONTS .....

4. Multi-agency collaboration and partnership to provide through care  
e.g. between prisons service, Probation service, faith based organizations etc.
5. Diversion programme should include various law enforcement agencies
6. Public Education

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## CONCLUSION



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## THANK YOU FOR LISTENING

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