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**OPTIMIZING HEALTH IN CORRECTIONAL WORK:  
EVIDENCE-INFORMED FEASIBLE UPSTREAM SOLUTIONS**

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**Abstract**

The current article, based in the context of the Canadian provincial, territorial, and federal correctional services, focuses on the health crisis in correctional work. Correctional workers collectively across all occupational roles screen positive for at least one mental health disorder at a prevalence of over 60%. Their most intensive stresses at work are social in nature, rooted in relationships with colleagues, management, and, although to a less degree, people who are under their care and supervision. Physically, although understudied, there is a toll on the body. For instance, correctional officers work in the same environment prisoners live, thus, are susceptible to compromised hearing, respiratory functioning, and infectious disease. Around the world, correctional workers work in a morally harmful environment, watching human suffering, like that inherent in being separated from loved ones, or missing years of one’s child’s life. As well as the normative “pains of imprisonment,” there are also the “pains of employment.” In response, drawing on my correctional workers training experience and knowledge, I speak to how services can prepare trainees better for working in correctional services, illuminating gaps in training and ways forward with the hope of supporting a healthier correctional workforce and thus correctional population.

**Keywords:** Correctional Workers, Prisons, Community Correctional Service, Health, Training

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## Introduction

In a recent trip to a maximum-security prison, a colleague, who had previously visited a youth facility and felt knowledgeable about prison, admitted being entirely surprised by the positivity in the institution, given the rehabilitative programming, opportunities, and pride prisoners had. Asked why I did not correct their narrative regarding their claimed "knowledge of prisons," I reflected. *How can you tell anyone what they do or do not know? How can I even know what they know and who I am to judge the degree or accuracy of their knowledge?* Given, we cannot know what we do not know, I took their word at face-value and made no assumptions or comments about their scope of knowledge. This reminded me, prisons, and correctional work more broadly, tend to be envisioned based on imaginations, as many (most) people have never stepped foot inside a prison. If toured, people only tend to see a selective presentation of what is within institutions, and most draw impressions of prisons created from news media, television, music, and movies, which are sensationalized representations rooted in mis- or dis-information.

In consequence, correctional workers tend to enter the field without genuine knowledge of prisons, instead all is based on their imaginations. This very fact impairs training. When the setting one is being trained in is actually unknown, a mystery, how can the training be well absorbed and learned? For instance, one cannot learn how to control a sallyport entry without knowledge of what a sallyport entry is; how do you understand working in a pod without understanding how the pod is constructed? The challenge is, we need to better prepare correctional workers for the health outcomes of prison work, yet we are restricted in doing so if recruited trainees truly may not understand the context and content in which they will be performing their occupational responsibilities. The reasons are multifold, including how without realistic understanding, lessons are harder to retain, unimaginable in their impacts, people may feel immune, and much knowledge feels too opaque to truly understand. Against this framing, I provide an overview of the health of correctional workers in Canada and speak to how training can be used to better prepare workers for the realities of their work and the implications of such on their health. Further, well prepared recruits will, hopefully, help improve training outcomes and retention.

## Health

The world health organization defines health as inclusive of social, mental, and physical health, rather than just being without illness or bodily harm (World Health Organization, 2020).

**Mental Health.** The mental health of correctional employees is affected by uncertainty, hypervigilance, potential threat, a lack of safety, exposure to trauma or critical incidents, etc. (Ricciardelli, Andres, et al., 2024; Ricciardelli, Carleton, Groll, & Cramm, 2018). Investigations are a source of stress for correctional workers and a source of compromised mental health, that often comes after critical and/or traumatic incidents. In studying all 13 provincial and federal correctional services in Canada, my team and I found, correctional workers screen positive for Major Depressive Disorder at a prevalence of 37.3%, 27.8% for General Anxiety Disorder, 19% for Panic Disorder, 29% for Posttraumatic Stress Disorder, and 57.9% for any mental health disorder (Ricciardelli, Carleton, Taillieu, et al., 2024). This is despite the low prevalence of mental health disorders among arriving trainees, where, for example, among federal correctional officer trainees, a prevalence was found that was lower than that of the general Canadian population (Easterbrook et al., 2022). Further, the study also revealed 34.8% of correctional workers had suicidal ideation in their lifetime, with 15.1% in the last year, 20.2% had made



a plan to complete suicide in their lifetime and 7.7% in the last year, and 9.6% had attempted suicide in their lifetime, with 2% doing so in the last year (Ricciardelli, Carleton, Johnston, et al., 2024). There is a suicide crisis in correctional services, evidenced in the suicide inquiry of the Ontario Coroner's Office underway now, in 2025. But the crisis is not just limited to Canada, it is also spreading across North America (Violanti, 2017, see also Frost and Monterio 2020; 2021).

**Social Health.** For correctional officers, although largely generalizable across correctional service roles, the most intense stress officers experience is social in nature, first due to their interactions with colleagues, then management (i.e., noted as their "biggest stressor" by nearly 70% of interviewed officers), then prisoners (Cassiano & Ricciardelli, 2023). Further, correctional workers enact caveated comradery as a form of solidarity, tempered with a need to adhere to institutional mandates, values, and ethics (Ricciardelli, 2025). They practice solidarity while directing caution toward outsiders (Carbonell & Ricciardelli, 2023), while also perpetuating a culture with an in-group/out-group dynamic largely aligned with occupational tenure and reliability during emergency situations (Ricciardelli & Carbonell, 2025).

**Physical Health.** Scholarship on the physical health of correctional workers is much more sparse than the literature on prison health, despite how they work in the same space prisoners live, "also serving time" (Ricciardelli, 2019). Like prisoners (Carbonara et al., 2005; Jacobson et al., 1989; Moxey-Adderley et al., 2016; O'Grady et al., 2011), correctional staff, particularly officers, can be impacted by the noise, air quality, lighting, and struggle with infectious disease transmission (Cassiano, Ozturk, & Ricciardelli, 2022; Gacek et al., 2023; Turner et al., 2023). All realities which Turner et al. (2023) refer to as "the pains of employment."

Overall, regarding health, Schultz and Ricciardelli (2025) wrote "in aggregate, the literature suggests prison staff are the unhealthiest of all law enforcement personnel, with seriously compromised physical, mental, and social health..." (np). Essentially, all correctional staff, not just those in prisons, appear to be the most unwell of all public safety professionals, beyond police (for comparisons, see: Carleton et al., 2018; James & Todak, 2018). The health of correctional workers requires study and action, starting at initial training and continuing to be centralized throughout the correctional career. All types of health require focus, without prioritizing any form of health over another, as physical, social, and mental health are interconnected.

### **Training Gaps and Policy/Applied implications**

Challenges in training include: the lack of realistic understanding and knowledge of prison spaces and the disbelief that negative "bad things" will happen to oneself at work. The former as noted impacts the ability to retain and apply knowledge taught in training and the latter suggests certain topics are less relevant in training (i.e., one may pay less attention to the lessons) and feel immune to requiring the retention of certain information.

Thus, first and foremost, recruited trainees must be exposed to the realities of prisons prior to training, they must have an in-depth tour that reveals the best and worst of prisons – the truth, which is good and bad. The tour must describe different areas, tools, structures, and the purposes of each. Doing so will help more learning be retained and increase the applicability of the knowledge shared in training.

Second, staff must understand and learn, particularly if in a security role, the probability of them being investigated during their career is very high, almost guaranteed, they will at some point be involved in an investigation. For instance, every use of force requires investigation, thus, all officers will at some point be involved in an investigation. Trainees must be told: investigations are stressful; even if one did everything as trained, investigations push one to question themselves, and how they are treated during such processes can be detrimental to their health and sense of self.

Third, trainees must understand the realities of prison and community correctional work. This includes understanding what they will see when working, the physical toll of the work, what they will hear, and what they will learn. They must be taught to remain aware of changes in their physical health and reminded to do annual physical check-ups. Moreover, correctional workers must understand they will be asked to perform occupational tasks that counter their morals, ethics, and values – and this can result in harms, distress, frustration, or injury (Ricciardelli, Easterbrook, & Turner, 2024; Tangney, Stuewig, & Mashek, 2007). Workers will see extreme human suffering, given the deprivations of prison and loss of freedom. Many prisoners are missing years of the lives of their children, life events, and time to bond – the loss is agonizing to experience, and painful to watch. Prisoners may have no visitors, no one to call, they will see prisoners try to end their life or self-harm, experience psychosis, be neuro-diverse, or fueled by self-hate. Some may be violent, maladapted, and harmful while others beyond kind, suffering from challenges in courts, or inside due to actions that were unintentional or accidental but still illegal. Thus, the job is *moral labour* meaning correctional work, in all its essence in prisons and the community, is inherently morally violating, which can be morally frustrating, distressful, harmful, or injurious. Officers must be prepared for what they will see and what they will be required to do, they need to learn such, and they need to be prepared with the skills to manage the implications of what they see – the coping skills. What does not kill you does not make you stronger, but often gives you the skills to cope such that the next harm has a lesser impact. In training, trainees must learn the skills to help them navigate their environments in healthy ways, prioritizing their health – physical, social, and mental – to prepare for their work experiences.

Fourth, to improve social health, the value of kindness (which is not to be reduced to being nice, which can be fake) must be engrained. Being kind refers to not assuming if someone is upset or angered that you are somehow involved, being kind means not making situations about yourself and not being self-focused. Kindness is respecting another person's boundaries, not gossiping, and always listening to colleagues, prisoners, and management. Kindness is learning from others the reasons for their interpretations and positions, and sometimes saying directly to a person very "hard things" rather than saying such behind their back or listening to others do so. Thus, kindness as part of being a team must be taught, built, and reinforced during training. Training must transform groups into teams, which will help teach and remind all about kindness.

Fifth, prison is a society, disconnected from free society. In Canada, it is a system for social welfare that catches people who fall through the cracks of our social welfare system and are caught in our criminal justice system for housing, substance, and clothing. The society has ways of doing, including the "pains of imprisonment" and the "pains of employment," it is a shared living and working space, with unique rules, policies, norms, and ways of living. This must be explained to all entering such a society, to prepare for how working/living in dual spaces (i.e., free society versus prison society, free society versus community correctional space) can impact views of life, their values, their behaviours,

trust, and experience of freedom. Trainees must be prepared for the personal transformation most will experience through prison and correctional work as they become exposed to injustice in their enactment of justice.

## Conclusion

In the current article, I spoke to the role of training in supporting the health of correctional workers over their occupational tenure. Focusing on Canadian data from all 14 correctional services in the country, I showed the scope of health challenges among these employees and provided evidence for the suicide endemic across services. However, the suggestions put forth for practical consideration reflect what I have seen in prisons and community correctional services (where existent) across continents – the commonalities all correctional services share. Anywhere in the world, no matter the income of the country, my considerations are possible and feasible. Thus, consider exposing trainees to prisons, ensure they understand investigations will occur, be comprehensive and honest about what people will see and hear working in correctional services, encourage kindness, and recognize correctional work occurs in a rather isolated society that is social support and welfare to many.

## LIST OF REFERENCES

- Carleton, R. N., Afifi, T. O., Turner, S., Taillieu, T., Duranceau, S., LeBouthillier, D. M., . . . Asmundson, G. J. G. (2018). Mental Disorder Symptoms among Public Safety Personnel in Canada. *The Canadian Journal of Psychiatry*, 63(1), 54-64. doi:10.1177/0706743717723825
- Carbonara, S., Babudieri, S., Longo, B., Starnini, G., Monarca, R., Brunetti, B., Andreoni, M., Pastore, G., De Marco, V., Rezza, G., & GLIP (Gruppo di Lavoro Infettivologi Penitenziari). (2005). Correlates of *Mycobacterium tuberculosis* infection in a prison population. *European Respiratory Journal* 25(6): 1070-1076.
- Carbonell, M., & Ricciardelli, R. (2023). Correctional officer culture in Canada: Proving oneself for in group acceptance. *The Prison Journal*, 103(6), 791-811.
- Cassiano, M. S., Ozturk, F., & Ricciardelli, R. (2022). Fear of infectious diseases and perceived contagion risk count as an occupational health and safety hazard: Accounts from correctional officer recruits in Canada. *Journal of Criminology*, 55(1), 47-64.
- Cassiano, M. S., & Ricciardelli, R. (2023). Sources of stress among Federal Correctional Officers in Canada. *Criminal Justice and Behavior*, 00938548231174900.
- Easterbrook, B., Ricciardelli, R., Sanger, B. D., Mitchell, M. M., McKinnon, M. C., & Carleton, R. N. (2022). Longitudinal study of Canadian correctional workers' wellbeing, organizations, roles and knowledge (CCWORK): Baseline demographics and prevalence of mental health disorders. *Frontiers in Psychiatry*, 13, 874997-874997. doi:10.3389/fpsyt.2022.874997
- Frost, N. A., & Monteiro, C. E. (2020). The interaction of personal and occupational factors in the suicide deaths of correction officers. *Justice Quarterly*, 37(7), 1277–1302. <https://doi.org/10.1080/07418825.2020.1839538>
- Frost, N. A., & Monteiro, C. E. (2021). The impact of correctional officer suicide on the institutional environment and on the wellbeing of correctional employees. *Massachusetts Department of Corrections*.
- Gacek J, J., Turner, J., Quirion, B., & Ricciardelli, R. (2023). Mettre en lumière la lumière: l'éclairage carcéral, le travail correctionnel et le bien-être. *Criminologie*, 56(2), 67-92.
- Jacobson, C.A., Jacobson, J.T., & Crowe, T.A. (1989). Hearing Loss in Prison Inmates. *Ear and Hearing*,

- 10(3): 178-183. James, L., & Todak, N. (2018). Prison employment and post-traumatic stress disorder: Risk and protective factors. *American journal of industrial medicine*, 61(9), 725-732.
- Moxey-Adderley, T., Williams, E., Gibson-Mobley, I., & Sands, S. (2016). "Prison Conditions and the Health and Well-Being of Inmates." In William Fielding, Virginia Balance, Phillip Smith, Alexandre Veyrat-Pontet, and Heather Sutton (eds.), *Our Prisoners: A collection of papers arising from a 2016 survey at The Bahamas Department of correctional services facility at Fox Hill*. University of The Bahamas: Inter-American Development Bank. Pp. 161-170.
- O'Grady, J., Maeurer, M., Atun, R., Abubakar, I., Mwaba, P., Bates, M., Kapata, N., Ferrara, G., Hoelscher, M., & Zumla, A. (2011). Tuberculosis in prisons: Anatomy of global neglect. *European Respiratory Journal*, 38(4): 752-754.
- Ricciardelli, R. (2019). *Also serving time: Canadian provincial and territorial correctional officers*. Toronto: University of Toronto Press.
- Ricciardelli, R. (2025). *Federal Canadian Correctional Officer Training: An Ethnographic Analysis*. Switzerland: Springer Nature.
- Ricciardelli, R., Andres, E., Johnston, M. S., Taillieu, T. L., Dorniani, S., Carbonell, M., . . . Nicholas Carleton, R. (2024). Canadian Provincial and Territorial Correctional Worker Mental Health and Well-Being Study (CWMH): Navigating Practical and Unanticipated Methodological Challenges. *The Prison Journal*, 104(6), 787-807. doi:10.1177/00328855241286515
- Ricciardelli, R. & \*Carbonell, M. (2025). New Canadian Federal Correctional Officers Striving to be Accepted: A Source of Occupational Stress. *Sociology Compass*, 30 September. doi:10.1111/soc4.70120
- Ricciardelli, R., Carleton, R. N., Groll, D., & Cramm, H. (2018). Qualitatively Unpacking Canadian Public Safety Personnel Experiences of Trauma and Their Well-Being. *Canadian Journal of Criminology and Criminal Justice*, 1-12.
- Ricciardelli, R., Carleton, R. N., Johnston, M. S., Dorniani, S., Taillieu, T. L., & Afifi, T. O. (2024). A Canadian national study of provincial and territorial correctional workers' suicidal ideation, plans, and attempts. *Stress Health*, 40(5), e3476. doi:10.1002/smi.3476
- Ricciardelli, R., Carleton, R. N., Taillieu, T. L., Dorniani, S., Johnston, M. S., Carbonell, M., . . . Afifi, T. O. (2024). Provincial and territorial correctional service workers: A Canadian national and jurisdictional assessment of mental health. *Journal of Criminal Justice*, 91, 102168. doi:https://doi.org/10.1016/j.jcrimjus.2024.102168
- Ricciardelli, R., Easterbrook, B., & Turner, J. (2024). The Continuum of Moral Harms: Correctional Officers' Perspectives of Prison and the Influence on their Wellness. *Journal of Police and Criminal Psychology*. doi:10.1007/s11896-024-09659-w
- Ricciardelli, R., & Carbonell, M. (2025). New Canadian Federal Correctional Officers Striving to Be Accepted: A Source of Occupational Stress. *Sociology Compass*, 19(10), e70120.
- Schultz, W. & Ricciardelli, R. (2025, forthcoming). Correctional officers and the ongoing health impacts of prison work. *Health & Justice*.
- Turner, J., Ricciardelli, R., & Gacek, J. (2023). The "pains of employment"? Connecting air and sound quality to correctional officer experiences of health and wellness in prison space. *The Prison Journal*, 103(5), 610-632.
- Tangney, J., Stuewig, J., & Mashek, D. (2007). Moral emotions and behavior. *Annual Review of Psychology*, 58, 345-372.
- Violanti, J. M. (2017). Suicide behind the wall: A national analysis of corrections officer suicide. *Suicidology Online*, 8(1), 58-64.

World Health Organization. (2020). What is the WHO definition of health? Frequently asked questions.  
Retrieved from <https://www.who.int/about/who-we-are/frequently-asked-questions>

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