Management and Treatment of the Mentally Ill and Mentally Unwell in Corrections
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As this Edition of Advancing Corrections is released, the world will likely still be suffering from an unparalleled ‘collective’ mental health crisis. Other than the deniers among us who choose to remain blissfully uninformed or misinformed, the spread of an invisible virus has slammed most of us into a state of acute and uncomfortable mental distress – fear, anxiety, depression, isolation, loneliness and even paranoia and panic. Millions of us have had to endure (or perhaps are still enduring) home confinement, separation from family and friends, boredom, restlessness, and gnawing uncertainty. We can ‘feel’ what it is doing to us. But, of course, there are millions of people we confine involuntarily for much lengthier periods of time and who are now facing similar anxieties but with even much less control over their lives. We often fail to ‘feel’ what confinement is doing to these millions of other individuals. Compound the effect of confinement with the psychic vulnerabilities of mental illness, and it becomes almost impossible to conceive what it might ‘feel’ like for these individuals. Correctional services all over the world are working feverishly to mitigate the effects of Covid-19 and the dedication of staff members in-the-line of fire is deserving of our utmost respect. But when this crisis is over, the management and treatment of the mentally ill in our prisons, jails, and community centers will continue as one of the most persistent, complicated and resource-taxing issues facing correctional services worldwide.

It is interesting to speculate that perhaps one silver lining from this emotional pandemic that we are going through is that it may arouse a bit more empathy and compassion for the mentally ill and mentally unwell who we incarcerate in growing numbers. Yet correctional services can’t rely on this possible silver lining. The challenge will remain for years to come and this Edition of Advancing Corrections will hopefully inspire some further refinement and innovation in practice in how we Manage and Treat the Mentally Ill and Mentally Unwell in Corrections. The articles we feature in the Edition are again international in scope – from the US, Canada, Scotland, Singapore, New Zealand and Australia. The Edition begins with my own attempt to give a broad overview of ‘best practice’ strategies for dealing with the mentally ill. This is intended as ‘managing the mentally ill 101’ for correctional practitioners – nothing strikingly new; only a collection and summary of good, research-informed policies and practices; I hope it is helpful. In the rest of our Featured Articles section, we include a very well-executed empirical analysis on the role of ‘mental health factors’ in predicting success/failure on parole (Rely et al.); an interesting qualitative study of the experiences of older schizophrenics who are being transitioned back to the community (Hubbard et al.); a methodical, quantitative analysis of the mental health needs of a cohort of prisoners in New Zealand (Wilson et al.); a qualitative look at how incarceration in England & Wales has affected the mental well-being of Irish prisoners; and a rather unique study of how prison design features can affect an incarcerated person’s access to mental health services (St. John).
In our **Views and Reviews** section, we are pleased to publish an article from the Office of the Correctional Investigator in Canada (Zinger et al.). The paper offers a particular perspective in arguing that “Even in a generally well-resourced correctional agency like the CSC, and despite the correctional reforms implemented to date, there remain challenges in complying with international standards, and the fundamental principles of humane care and custody.”

In our section on **Practice Innovation in Corrections**, we feature two excellent examples of truly integrated practice innovation – one that looks at the importance of master planning and architectural design for responding to the complex physical and mental health needs of vulnerable prisoners (Grant), and another that discusses the development of an innovative Psychiatric Housing Unit within the Singapore Prison Service (Zain et al.).

In focusing on the management and treatment of the mentally ill, this Edition of *Advancing Corrections* certainly does not pretend to offer an exhaustive analysis of all the complicated and interconnected challenges for correctional services. Hopefully, however, it will give some guidance to move a step further forward.

I will end with my usual thanks to the reviewers on my Editorial Board for this and other Editions of *Advancing Corrections*. I continue to be impressed with the selfless support they provide to help us keep our corrections community evidence-informed.

Please forward your feedback, either regarding this Edition or any other matter pertaining to our *Advancing Corrections* vision. Stay safe and stay sane!

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