

Preparedness of Provincial Jails in Handling PDL's Exhibiting Mental Incapacity; A Policy Paper

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Abstract:- Equality is a concept for everyone it is to be enjoyed not just by the free man but also the unfree ones. This concept involves equality to health care services, wherein it is not very well observed in the world of the unfree. Rule 25 of Nelson Mandela rules, iterates that every prison shall have in place a health-care service that evaluates, promotes, protects and improve not just the physical but also the mental health of prisoners. The aim of this study is to trace the procedures and programs of the Provincial Jails in handling PDLs exhibiting mental incapacity as part of their institutional preparedness. This research is quantitative research and descriptive in design, it has used frequency distribution as the statistical treatment. (1) Conduct of Psychological evaluation of Persons deprived of liberty before commitment to the facility, (2) presence of psychologist and psychiatrist, (3) Separate portion in the facility intended for the psychological, psychiatric evaluation room; (4) Intended portion or cell in the facility for housing PDLs exhibiting untoward behavior caused by mental disability, until further decision for transfer to a proper mental health facility, (5) In-house Counselling program for PDLs who are in need of help to vent out their situation; are among the programs and procedures of the Provincial Jails that are marked as “not implemented”. While (1) Risk assessment or evaluation is conducted for the PDLs to measure their risk level from the time of the commitment, (2) Conduct of Training on Disability Assessment for Provincial Jail Personnel. Doctors and Nurses shall be given proper training on disability assessment, (3) Conduct of seminars like stress management seminar for inmate's awareness, (4) Facilitate stress debriefing to address inmate's trauma; are among the programs and procedures that are seen to be “partially implemented”. With the results from the data gathered and those programs and procedures marked as “not implemented”, it could be concluded that Provincial Jails still lacks preparedness and still needs further policy construction when it comes to handling persons deprived of liberty with mental incapacity.

I. INTRODUCTION

Rule 25 of the Nelson Mandela Rule states the specifics of the health-care services that should be observed in prison facilities in general. Under the rule 25 it iterates that every prison shall have in place a health-care service that evaluates, promotes, protects and improve not just the physical but also the mental health of prisoners, that pays particular attention to those prisoners who are categorized with special health-

care needs and certain health issues that hamper their rehabilitation. Another thing under the rule 25 it clearly states there that health-care service shall accord of an interdisciplinary group with sufficient expertise in psychology and psychiatry.

In rule number 30 of the above mentioned, it iterates there that a physician, shall see, talk with and conduct examination in every prisoner as soon as possible following his or her admission and thereafter if the necessity dictates. On the specified particulars of attention under rule 30; (b) it states that identification of ill-treatment of arriving prisoners shall be subjected prior the admission; (c) states that identification of the signs of psychological or other stress that is possibly brought on by the fact of imprisonment, including, but not limited to, the risk of committing suicide or self-harm and withdrawal symptoms that is a byproduct of drug use, medication or alcohol abuse; and undertaking all necessary individualized measures and treatments. (United Nations Office on Drugs and Crime)

In order to better understand the context of this study, this study aims to provide the generally accepted principles or guidelines on how prison facilities should cater health care needs of their clients, with deep emphasis on mental health care of the inmates. In South Australia Department of Correctional Services, part of their admission process to clients is that their nurses and medical staffs assess the prisoner's health and wellbeing intensively. After which they will provide medication if applicable and sets physicians consultation for the clients thorough medically related concerns. (Department of Correctional Services , n.d.)

In fact, there are different sets of standards for prison facility health care programs that have been outlined and promulgated by national organizations in order to elevate correctional health care system. One of the most utilized as to the usability of its set of guidelines and standards for mental health services in prisons have been created and published by the American Public Health Association (APHA), the other one is the American Psychiatric Association (APA), and the last one is the National Commission on Correctional Health Care (NCCHC).

The APA task force report on the psychiatric services in prisons and jails provided three different types of health screening evaluation for prison clients. First, it indicates there that receiving mental health screening should consist of observation and structured inquiry basically designed to put assurance that the newly admitted client, who might possibly

require mental health intervention as a result of a certain mental illness or development disability, is forwarded mental health evaluation and is put in the accurate living environment designed for the need.

Next to the above procedure, intake mental health screening should happen within seven (7) days of admission to a jail facility or reception center and shall consist of a more thorough, more specified and accurately structured mental health examination that is administered to all recently arriving clients as one of the important parts of the admission process. This mentioned screening needs to be part of the standard medical screening procedure or evaluation and needs to be performed by a competent member of the health care staff.

The last of the above-mentioned procedure, is that mental health evaluation needs to be a comprehensive mental health examination that is directly appropriate to specific suspected level of mental health illness or disability. A mental health evaluation procedure needs to be conducted by an appropriately trained mental health professional as a response to referrals from the screening procedures conducted.

While the NCCHC standards is somehow similar with above iterated procedures of APA. The former added a fourteen (14) day post evaluation of clients. This postadmission mental health evaluation includes the following;

First, observance of a structured interview by a competent mental health care worker in which inquiries into the following items are created: history of psychiatric hospitalization and might include outpatient treatment; recent psychotropic medications; also includes if the client has suicidal ideation or history of suicidal behavior; possible drug use, alcohol usage; history of sex offenses; presence of history of victimization due to criminal violence; special education placement; if there is a history of cerebral trauma or seizure; and if there is an experience of emotional response to incarceration.

Next to the above procedure is the testing of intelligence to screen for mental retardation. Last, these procedures are to be practiced by a qualified mental health personnel and this is clearly defined that they might be a physician, psychiatrist, psychologist, nurses and others who by means of the virtue of their educational background and credentials including their experience are permitted by the rule of law to conduct evaluation and care for the mental health related needs of the patients. (Jeffrey L. Metzner, 1994)

In the Philippines we are also able to adapt these generally accepted principles. There are three main jail management pillars existing in the country the BJMP, BUCOR, and the Provincial Jails.

The BJMP and BUCOR have a closely similar guidelines in handling clients with mental incapacity. The former has set of procedures during the classification process;

first, during the admission of inmates they will undergo a registration process and they will temporarily house in the ICCU (Inmate Classification and Counseling Unit) if available in the jail facility. The minimum stay in ICCU is 30 days and the maximum is 60 days or until completion of the classification process. In the ICCU the newly admitted client will undergo series of assessments by the different health professionals.

Adding in the list of the above procedure, Psychological Examination is also being conducted by the jail psychologist-in-charge conducts the psychological examination to assess if the inmate's psychological state during the time of the examination.

Another procedure being conducted to properly assess their clients is the conduct of Social Case Study, the social worker at the ICCU perform an in-depth interview with the newly admitted client, this interview comprises the "who the inmates is" this is basically a thorough inquiry from birth up to the present including the client's family background, educational background, social, vocational and other circumstances that might possibly put an impact in the client's personality.

Risk Assessment is also being conducted as part of the process to be undergone by the newly admitted clients. This is to determine the level of violence and risk the inmate poses both external or internal. This is necessary for the proper classification and segregation of inmates as well as for the design of specific development plans for the client.

Of course, one of the vital processes that needs to be undergone by the clients is the Psychiatric Evaluation. In this stage the result of the psychological examination is one of the bases this is why psychological examination is vital, social case study, and risk assessment. Here, the psychiatrist performs psychiatric evaluation to identify the present state of the inmate and to possibly come up with a diagnosis if there is an existing psychiatric illness for follow up treatment.

Next, Case management, each of the clients is being designated to a certain case manager who is either a psychologist, a nurse or a social worker. They are responsible for the consolidation of the results of the clients' examination. And they execute the proper decision as to the classification of the clients and identify the suited program for inmates.

In the Inmate orientation and counselling, during this phase the newly committed clients shall undergo counselling for the development of better coping skills to prevent psychological imbalance in the early stage of incarceration. While in the inmate evaluation and classification different tools is being utilized for client's assessment.

During the latter phase, the newly committed clients will now be classified base from their level of risk, present physical, mental and emotional state. These were the processes being utilized by the BJMP. (BJMP Comprehensive Operations Manual 2015 Edition , n.d.)

The occurrence of mental health associated problems is more prevalent inside the prison facility as compared to the general population. (Jo Abdulmalik, 2015) According to a certain study, about 26% of the inmates were diagnosed with a certain mental illness at certain stage during their lifetime. A small portion of this at about 18% of the population of prisoners with diagnosed mental incapacity were taking medication for their condition/s on admission to prison facility. It is said that in prison facilities, more than 50% of those who were medicated for mental health conditions at the admission did not receive pharmacotherapy in prison. A larger chunk of the prison population is seen to be not receiving treatment and programs for mental health conditions. (Jennifer M. Reingle Gonzales PhD, 2014)

The lack of medical personnel such as psychiatrist, psychologist, technology and dysfunctional state machinery is adding in the worsening mental health condition in every prison. It is said that prison inmates are twice as likely to die of suicide than the general Indian population this is based on the report of Commonwealth Human Rights Initiative (CHRI). Even the WHO and the red cross have also shared their views with the circumstances like the inadequate healthcare facilities, the overcrowding, physical and sexual violence increase and the huge possibility of prisoners to suffer mental health related issues. (Goyal, 2021)

According to Prison facilities face a resource scrape when it comes to the infrastructure for mental health treatment. In the mental health study took by Project 39A, in which 88 death row prisoners were subjected to interview across Delhi, Chhattisgarh, Madhya Pradesh, Karnataka and Kerala, majority of the respondents reported a troubling inadequacy of quality mental health treatment in the prison facility.

To continue, The Prison Statistics of India report shows that in many states there are withal no sufferance positions for psychologist or psychiatrist in prisons, or either that position is not being filled. To give concrete example of this situation, in Maharashtra there are eight vacancies for the post but only three have been filled. (Mariwala Health Initiative, n.d.)

To further illustrate the context of this study, the researcher wishes to site a case of death associated with mental health issue in prison. In the case of Parsons vs. Ryan Lawsuit, it was on March 22, 2012 when a lawsuit was filed challenging the unconstitutional and inhumane faulty regulations of Arizona Department of Corrections (ADC) in providing the minimal commensurate medical, mental health including dental care to their clients in custody and which aims also to end the abusive conditions in solitary confinement.

Following the timeline of this lawsuit, on October 2012 the U.S District Court Judge Neil Wake denied the defendants motion to dismiss, allowing the case to proceed. Wherein significant discovery was undertaken, including tours if the facility and reports by the five plaintiffs' experts showing

system-wide problems with the prisons' health care and excessive use of solitary confinement.

This case ends up in settlement in October 2014. The settlement on behalf of more than thirty thousand prisoners in Arizona's state prisons, requires the ADC to meet more than one hundred health care measures. The settlement also resulted the ADC requirement to overhaul the rules for prisoners with serious mental illnesses in solitary confinement. Instead of spending 6 hours a week in their cells, the prisoners will now have an access to nineteen hours week outside cell, and this moment arise to the inclusion of mental health treatment and other related programming. (ACLU Arizona , 2020)

It is safe to believe that even big states are not exempted from this foregoing problem and violations of prison not delivering the adequate mental healthcare for prisoners. In fact, in the state of Massachusetts the Department of Justice found a justifiable reason to believe that the Massachusetts Department of Corrections violated the constitutional rights of inmates by not being able to give the commensurate support for those clients suffering from mental health crises.

The department come up with a reasonable cause to believe that the MDOC fails to meet the constitutionally commensurate supervision to prisoners in mental health crises; the latter has committed violation of the constitutional rights of the prison clients in mental health crisis by using prolonged and incompetent mental health watch under restrictive conditions. In addition to the DOJ findings, in 2019 the MDOC is comprised of 8700 prisoners in 15 facilities, the prison management failed to remove clients under mental health suicide watch could use to harm themselves and would place prisoners in "segregated, restrictive housing" instead of giving adequate treatment. (Freiman, November 17, 2020)

The issue of non-compliance to the mental health care need of inmates is not an issue of just one prison facility. Even in the Federal prison, many of them lacks the necessary medical staff and resources to be able to adequately administer treatments and also to document how mentally-ill prisoners are treated by the prisons. In addition, many prisons failed to put into record the confinement times and document mental illnesses. (Bat, July 12, 2017)

Truth to be told that these non-compliance on the part of the prison system has a detrimental effect to the inmate, the prison and to other individuals concerned. The next discussions mainly stipulate the scenarios of the extent of the effect of this problem.

Mariam Abdullah an inmate ate Arizona Perryville Prison, committed suicide inside her prison cell, seven months before her scheduled release. It is believed that the case of Mariam is not an isolated case rather the latter's death was a part of a pattern of neglecting inmates with mental health issue in the Arizona prison system. (Mooney, October 4, 2019) The Philippine prison is in fact not exempted from this too, there also cases of suicide among inmates in the Philippine prison. Which might be quite inevitable given the

prison environment coupled with other personal factors, but this could be prevented given a proper mental health guidance.

This unfortunate reality doesn't not only harm the physical body of the person suffering from it but also other things that surrounds it. It is a fact that that mental illness inside the prison facility also leads to different deleterious results both during and after serving sentence period. The state of Poor mental health is associated with escalating rates of prison misconduct and it is to be taken note higher overall costs for the prison facility. (Timothy G. Edgemon, August 2, 2018)

It has been known to the status quo that financial aspect is one of the main considerations for a certain project to push through. While one might think that this study will be an additional burden to the pocket of the concerned offices. Whereas the Mandanas Ruling that was signed by President Rodrigo Roa Duterte last June 1, 2021 otherwise known as Executive Order 138, signifies the proper allocation of fiscal budget to the LGUs. Section 17 (f) of Republic Act No. 7160 or the Local Government Code of 1991 was also strengthened in this ruling, whereas it provides that the National Government or next higher of LGU may provide or augment the basic services or facilities assigned to lower level of LGU when such services or facilities are not made available or, if it is then made available; it should be assured that it is adequate to meet the requirements of its inhabitants.

Whereas it is also highlighted in this ruling; under Section 24(a), Rule V of the Implementing Rules and Regulations of RA NO. 7610, the provision for the delivery of basic services including facilities shall be devolved from the National Government to provinces, cities, municipalities including the barangays so that each LGU shall be responsible for a minimum set of services and facilities in accordance with established national policies, guidelines and standards. (Official Gazette of the Philippines , June)

II. METHODS

➤ *Research Design and Methodology*

This study is descriptive in nature. Descriptive research according to (McCombes, 2020) this type of research is gearing towards rightfully and systematically describe a situation, phenomenon or even situation. It is possibly to answer what, where, when and how queries except for the why. This research design can be utilized in wide sets of research methods to investigate one or few more variables. This is the on-point choice when the study aims to outline characteristics, trends, categories including frequencies. This could be more of a use when not much is known yet about the problem.

The survey design of descriptive research was used. The latter was used to examine if there are policies and procedures that are being utilized by the Provincial Jails in handling PDLs with mental incapacity.

➤ *Population and Locale of the Study*

The actual respondents of this study are comprised of two (2) Provincial Jails, the Albay Provincial Jail with 43 personnel and Masbate Provincial Jail with 47 personnel.

➤ *Data Gathering Tool*

The data gathering tool that will be utilized in this study is a two (2) page questionnaire and is composed of only one part which contains the policies and the procedures being utilized by the Provincial Jails in handling PDLs with mental incapacity. Wherein the respondents will be putting a check mark on their corresponding responses whether the policy and procedure is being "implemented" by the jail management or "not implemented".

➤ *Treatment of Data*

The data that will be gathered from this study will be subjected to the following statistical treatment:

Percentage. The relative percentage of each type of response per category is derived by this formula: $\% = f i / N$ (Fraenkel and Wallen, 2008).

Where:

fi = frequency of responses per category/demographic

N = total number of scores/responses

Percentage is an index of relative position indicating the percentage of scores that fall at or below a given score.

➤ *Ethical Considerations*

In the conduct of this study and in the aim to get the best result from this, the research ensured the clarity and privacy of certain things that is related in the conduct this study.

The research ensured that the respective respondents have read and comprehended before signing the consent letter that assures for the voluntary nature of their participation.

The researcher also insured that during the duration of the study, specifically during the data gathering there was no single person harmed or put into discomfort.

The researcher vouched for the assurance that the data collected and the identity of the respondents is kept in private and only the researcher and other necessary persons involved in the study like the statistician, and the subject professor will be able to glance or see the data.

The researcher by no means would not coerce an unwilling respondent to participate in the study. Only those who are willing will be included.

The researcher assures that there are no PDLs involved in the study, likewise the researcher has no access or does not wish to access PDLs information with relation to the subject of this study.

Rest assured that the data and information collected from this study is kept in a coded data base only accessible for the researcher.

III. RESULTS AND DISCUSSION

This part presents the significant findings found in the study. The study determines the Preparedness of Provincial Jails in handling PDLs exhibiting mental incapacity by getting the situation of two (2) groups of respondents, the Albay Provincial Jail and Masbate Provincial Jail.

Programs/Procedures Implemented	Implemented	Not Implemented
Admission Procedure	f(%)	f(%)
Conduct of Psychological Evaluation of PDLs before commitment to the facility.		87 (100%)
Administer social case study to the inmates for the in-depth background information of the PDLs from birth to present and other related circumstances that is a factor for their safekeeping.	87 (100%)	
Risk assessment or evaluation is conducted for the PDLs to measure their risk level from the time of the commitment.	40 (46%)	47 (54%)
Facilitate psychiatric evaluation to the PDLs from the results of the psychological assessment, social case study and risk assessment evaluation. Ensuring that the PDLs are in sound discretion and avoid self-harm or risk to other PDLs.		87 (100%)

Table 1:- Policies and Procedures that are Being Implemented by the Provincial Jails in Handling PDLs with Mental Incapacity in terms of Admission Procedure.

The Provincial Jails implemented 87 or 100% of the following Admission Procedures: Administer social case study to the inmates for the in-depth background information of the PDLs from birth to present and other related circumstances that is a factor for their safekeeping. However, some programs/procedures not implemented (87 or 100%) are the following: Conduct of Psychological Evaluation of PDLs before commitment to the facility and Facilitate psychiatric evaluation to the PDLs from the results of the psychological assessment, social case study and risk assessment evaluation. It is quite alarming that this is not being implemented in Provincial Jails, when it shall be as being mandated by the Nelson Mandela Rule in number 30. It iterates there that a physician, shall see, talk

with and conduct examination in every prisoner as soon as possible following his or her admission and thereafter if the necessity dictates. (United Nations Office on Drugs and Crime) Ensuring that the PDLs are in sound discretion and avoid self-harm or risk to other PDLs. Moreover, Risk assessment or evaluation is conducted for the PDLs to measure their risk level from the time of the commitment is partially implemented 40 (46%). Evaluation is highly necessary, according to the American Association of Psychologist (APA) that mental health evaluation needs to be a comprehensive mental health examination that is directly appropriate to specific suspected level of mental health illness or disability. (Jeffrey L. Metzner, 1994)

Table 2:- Policies and Procedures that are Being Implemented by the Provincial Jails in Handling PDLs with Mental Incapacity in terms of Personnel.

Programs/Procedures Implemented	Implemented	Not Implemented
Personnel	f(%)	f(%)
Presence of Psychologist/ Psychiatrist personnel to conduct the psychological evaluation or assessment of inmates before the actual commitment to the facility.		87 (100%)
There are social worker personnel to assist the social evaluation and other related needs of the PDLs.		87 (100%)
Nurse personnel are present to assist the initial medical needs of the PDLs and conduct aid to PDLs displaying or experiencing symptoms or signs of mental disturbance.	70 (80%)	17 (20%)
Jail escorts and Jail guards are trained or knowledgeable on how to respond to PDLs with mental incapacity. Especially in situations where the client displays harmful behavior to the rest of the PDLs in the facility or even to the jail guards itself.	87 (100%)	
Facilitate training of PDL health Aide on Personal Service Assistance.	87 (100%)	
Conduct of Training on Disability Assessment for Provincial Jail Personnel. Doctors and Nurses shall be given proper training on disability assessment.		87 (100%)
Other jail personnel aside from the medical staff shall also be trained in the proper handling of inmates with mental incapacity.	40 (46%)	47 (54%)

The Provincial Jails implemented 87 or 100% of the following in Personnel: Jail escorts and Jail guards are trained or knowledgeable on how to respond to PDLs with mental incapacity. Especially in situations where the client displays harmful behavior to the rest of the PDLs in the facility or even to the jail guards itself and facilitate training of PDL health Aide on Personal Service Assistance. But Some of the programs related to personnel are implemented partially such as Nurse personnel are present to assist the initial medical needs of the PDLs and conduct aid to PDLs displaying or experiencing symptoms or signs of mental disturbance (70 or 80%) and other jail personnel aside from the medical staff shall also be trained in the proper handling of inmates with mental incapacity (40 or 46%). This part is also to be taken seriously, because it is needed for case management of clients. Wherein each client is being designated to a certain case manager who is either a psychologist, a nurse or a social worker. They are the ones responsible for the consolidation of the results of

the client’s examination. And they execute the proper decision as to the classification of the clients and identify the suited program for inmates. (BJMP Comprehensive Operations Manual 2015 Edition , n.d.)However, programs related to personnel not implemented are the following: Presence of Psychologist/ Psychiatrist personnel to conduct the psychological evaluation or assessment of inmates before the actual commitment to the facility (87 or 100%), There are social worker personnel to assist the social evaluation and other related needs of the PDLs (87 or 100%) and Conduct of Training on Disability Assessment for Provincial Jail Personnel. Doctors and Nurses shall be given proper training on disability assessment (87 or 100%). It is duly observed that the lack of medical personnel such as psychiatrist, psychologist, technology and dysfunctional state machinery is adding in the worsening mental health condition in every prison. (Mariwala Health Initiative, n.d.)

Table 3:- Policies and Procedures that are Being Implemented by the Provincial Jails in Handling PDLs with Mental Incapacity in terms of Facility.

Programs/Procedures Implemented	Imple-mented	Not Implemented
Facility	f(%)	f(%)
Separate portion in the facility intended for the psychological, psychiatric evaluation room.		87 (100%)
Intended portion or cell in the facility for housing PDLs exhibiting untoward behavior caused by mental disability, until further decision for transfer to a proper mental health facility.		87 (100%)

The Provincial Jails did not implement 87 or 100% of the following in terms of facility: Separate portion in the facility intended for the psychological, psychiatric evaluation room and Intended portion or cell in the facility for housing PDLs exhibiting untoward behavior caused by mental disability, until further decision for transfer to a proper mental health facility. This particular need that needs implementation, is not a first-time problem. In fact, this is also being experienced in other country it is said that

prison inmates are twice as likely to die of suicide that the general Indian population this is based on the report of Commonwealth Human Rights Initiative (CHRI). Even the World Health Organization and the red cross have also shared their views with these circumstances like the inadequate healthcare facilities, the overcrowding, physical and sexual violence increase and the huge possibility of prisoners to suffer mental health related issues. (Goyal, 2021)

Table 4 Policies and Procedures that are Being Implemented by the Provincial Jails in Handling PDLs with Mental Incapacity in terms of Programs.

Programs/Procedures Implemented	Imple-mented	Not Implemented
Programs	f(%)	f(%)
In-house Counselling program for PDLs who are in need of help to vent out their situation.		87 (100%)
Implementation of therapeutic community for PDLs welfare.	40 (46%)	47 (54%)
Conduct of seminars like stress management seminar for inmates awareness.	40 (46%)	47 (54%)
Facilitate stress debriefing to address inmate’s trauma.	40 (46%)	47 (54%)
Presence of interfaith program to allow PDLs to practice their faith and seek divine guidance in times of mental turmoil.	87 (100%)	
Presence of other related programs that promotes PDLs welfare, physical and mental betterment.	87 (100%)	

The Provincial Jails implemented 87 or 100% of the following programs: Presence of interfaith program to allow PDLs to practice their faith and seek divine guidance in times of mental turmoil and Presence of other related programs that promotes PDLs welfare, physical and mental betterment. But some programs are partially implemented such as Implementation of therapeutic community for PDLs welfare (40 or 46%), Conduct of seminars like stress management seminar for inmates' awareness (40 or 46%), and Facilitate stress debriefing to address inmate's trauma. (40 or 46%). However, a program which is not implemented is the In-house Counselling program for PDLs who are in need of help to vent out their situation (87 or 100%). It's needed to be taken down that according to Rule 25 of the Nelson Mandela Rule states the specifics of the health-care services that should be observed in prison facilities in general. Under the rule 25 it iterates that every prison shall have in place a health-care service that evaluates, promotes, protects and improve not just the physical but also the mental health of prisoners, that pays particular attention to those prisoners who are categorized with special health-care needs and certain health issues that hamper their rehabilitation. (United Nations Office on Drugs and Crime)

IV. CONCLUSIONS

Base from the findings revealed in the study, the following conclusions were drawn:

In the policies and Procedure that are being Implemented by the Provincial Jails in Handling PDLs with Mental Incapacity in terms of their Admission Procedure, the Provincial Jails has shown that they have series of Admission procedures that are being conducted during the commitment of the prisoners but are only limited. As to the medical personnel needed in the psychological evaluation of the PDL it is seen that Provincial Jails lacks in this area. They only have nurses, and their jail escorts who are assisting the PDLs. One of the observed major deficiency of the Provincial Jails are their facilities, wherein base from the result of the data gathered Provincial Jails lacks facilities intended for isolation or psychiatric evaluation. Also seen in the result of the study that Provincial Jails conducts programs that will help the PDLs in taking care of their mental health, but these programs are only limited.

As a whole, the Provincial jails have no uniform manual in addressing the needs of their PDLs specifically when it comes to mental capacity assessment. With those parameters that are seen to be marked as "Not implemented" it is noted that the Provincial Jails still lacks considerable preparedness in the given problem, thus there are still more to be improved and added.

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