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## Mental Health Provider Perceptions of Self-Efficacy Following Prison Budget Reductions

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# Walden University

College of Allied Health

This is to certify that the doctoral dissertation by

Angela M. Frankland

has been found to be complete and satisfactory in all respects,  
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Walden University  
2026

Abstract

Mental Health Provider Perceptions of Self-Efficacy Following Prison Budget

Reductions

by

Angela M. Frankland

BA, Southern New Hampshire University, 2015

MS, Southern New Hampshire University, 2017

MS, Walden University, 2021

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Ph.D. Clinical Psychology

Walden University

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## Abstract

Burnout rates for mental health workers are impacted due to budget restrictions in treatment programs. Fiscal challenges and their impact on the experiences of mental health providers have yet to be explored within correctional settings. There is a lack of research concerning mental health professional's self-efficacy beliefs when providing treatment services to inmates. The purpose of this qualitative, phenomenological study was to explore mental health professional's self-efficacy beliefs in correctional systems with context towards diminishing fiscal resources. Self-efficacy theory and prison rehabilitation management theory are the theoretical frameworks used as the foundation for this study. The research question was designed to explore the lived experiences of participants through semi-structured interviews. Eleven participants who currently work directly with inmates were interviewed. Narrative descriptions of experiences mental health professionals have in the prison environment were collected. Data collection tools included databases, public records, questionnaires, and interviews. Data programs were utilized for decoding and transcribing each interview. All participants identified how their self-efficacy beliefs, burnout, lack of responses, and resource availability were impacted by budget reductions. Participants expressed frustration and emotional exhaustion for lack of materials available while awaiting responses from prison management. Social change implicates an urgent need for mental health professionals' immediate access to materials within their treatment programs. Future research would benefit from focusing on support to mental health professionals and resources needed for treatment programs.

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## Dedication

I want to dedicate my dissertation to my mom. Mom, you have been my confidant throughout this entire process. You have been the rock I needed to push through the days where I struggled most. You were the support I needed to give myself the confidence and push towards the finish line. Thank you, and I love you more than words can describe.

I want to dedicate my dissertation to myself. I never knew I would be able to put together a study that I would be proud of until now. I pushed myself further than I ever realized I could, and I achieved my greatest wish in life since I was a little girl: to be a doctor. I now know I can do whatever it is I set my mind, goals, and standards to.

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## Chapter 1: Introduction to the Study

### **Introduction**

Mental health professionals experience burnout due to a lack of resources (Mivshek & Schriver, 2024) or materials provided in rehabilitation programs which may create ethical dilemmas (Testoni et al., 2023). Treatment comes with specific challenges for patients (Hicks et al., 2023; Leach et al., 2023). Mental health professionals are questioned by inmates (Juwita et al., 2023) about their qualifications due to lack of progression (Leach et al., 2023). Mental health workers are responsible for inmate progression in treatment programs. Program leaders cite a lack of resources or funding (Lee & Brown, 2023) for treatment programs as factors that contribute to minimal progression (Rhodes Fortino et al., 2024). Mental health professionals are introduced at the forefront of treatment programs offered in prisons. Inmates and programs offered within correctional facilities along with prisons will be reviewed.

Mental health providers in prison settings struggle to work one-on-one with inmates within treatment programs. The relationship between inmates and mental health professionals differs from that with correctional officers. Inmates respond better to mental health professionals (Solbakken et al., 2024) as they believe mental health providers are more respectful (Tadros & Presley, 2024). However, mental health professionals experience more depression and sleep disturbances (Laranjeira et al., 2024) than correctional officers in the same work setting (Testoni et al., 2023). Mental health workers in correctional settings have a higher burnout rate than other mental health

professions. Self-care and wellness plans need to be developed for those professionals who provide treatment programs in prison facilities.

Inmates who are part of court-mandated treatment programs (Leach et al., 2023) can cause ethical dilemmas (Hicks et al., 2023) for mental health professionals. Treatment protocols implemented by mental health professionals (Solbakken et al., 2024) may impact the quality of care toward reintegration into society (Vijayan & Bhuvanewari, 2025). Diagnoses and specific criminal charges (Solbakken et al., 2024) toward inmates influence how resources are distributed throughout treatment programs which can impact the quality of care for reintegration into society (Vijayan & Bhuvanewari, 2025). Mental health professionals face different situational factors that cause dilemmas when providing treatment which determines the resources needed for each program. Professionals who work in mental health can provide information to prison management on what programs are beneficial for prison populations and which programs contain better quality of care. Professionals within this system can provide greater information on what is needed which displays positive social change needed for successful treatment programs. Positive social change may be attenuated by providing necessary tools for mental health professionals to affect changes with inmates.

Chapter 1 includes current research regarding mental health professionals in prison settings. Mental health professionals contribute to the growing knowledge of prison systems by identifying what resources are needed for treatment within rehabilitation programs. The study problem is changing the self-efficacy beliefs of mental health professionals in prison settings, while providing services after budget cuts are

implemented. The issue is rooted in the lack of resources provided to treatment programs run by mental health professionals. Mental health professionals' self-efficacy beliefs about working in correctional systems following budgetary challenges are described. The impact budgetary constraints have on the self-efficacy beliefs of mental health professionals within correctional settings are researched. Rehabilitative prison management theory (Gul, 2018) and self-efficacy theory (Bandura, 1977; Juwita et al., 2023) will be used throughout the study.

### **Background**

Mental health professionals working with inmate populations experience different types of stress and burnout rates compared to other professions. Occupational roles (Mivshek & Schriver, 2024) are key factors mediating mental health (Testoni et al., 2023). Mental health professionals working in prison settings (Laranjeira et al., 2024) have higher burnout rates (Testoni et al., 2023) than their counterparts. Mental health workers in prison settings have experienced high levels of stress and burnout (Laranjeira et al., 2024) especially during the Coronavirus (COVID-19) pandemic (Testoni et al., 2023). Prisons underwent drastic rule changes (Laranjeira et al., 2024) during the COVID-19 outbreak (Testoni et al., 2023). Treatment programs were modified due to the no-contact order, which was an additional stressor for mental health professionals.

Inmates who are incarcerated (Solbakken et al., 2024) often receive mental health services against their will (Vijayan & Bhuvaneshwari, 2025). Inmates who are required to participate in treatment programs (Vijayan & Bhuvaneshwari, 2025) may lead mental health professionals toward ethical dilemmas (Solbakken et al., 2024). Inmates who are

required to attend court-mandated treatment programs can cause ethical dilemmas for mental health professionals. Mental health professionals need to address ethical dilemmas while in practice (Solbakken et al., 2024). Treatment programs are designed to motivate the participant and reach goals without the risk of ethical dilemmas. Appropriate resources should be communicated and available for mental health professionals.

Treatment comes with specific challenges (Solbakken et al., 2024) for patients who are required to attend (Vijayan & Bhuvaneshwari, 2025). Mental health professionals run treatment programs in accordance with each patient's needs and can face challenges while providing services. Professionals face challenges from patients wanting to control each treatment session. People with mental health illness (PMI) are often incarcerated (Hicks et al., 2023), have greater disciplinary infractions, and more likely to experience recidivism (Leach et al., 2023). Patients who question mental health professional's qualifications at the end of their treatment (Juwita et al., 2023) raise concerns about the treatment accuracy they received (Leach et al., 2023). Mental health professionals must assess whether there are sufficient resources available to support each participant's completion of the program. Mental health professionals who assess inmates for participation in the program must report what resources are needed.

Budgetary challenges and experiences have yet to be explored in correctional environments amongst mental health professionals. Treatment comes with specific challenges for inmates (Hicks et al., 2023), such as participation and control of the program (Leach et al., 2023). Mental health services in prisons are assessed as being under-resourced (Burgos-Jimenez et al., 2023) for what is needed along with inmates

who have mental illness receive inadequate, fragmented care while in prison and transition period back to society (Tadros & Presley, 2024). The experiences of mental health professionals working in a prison setting (Laranjeira et al., 2024) have not been well-researched (Solbakken et al., 2024). Incarcerated individuals benefit from supportive environments (Solbakken et al., 2024) where support for both symptoms of mental illness and addiction (Hicks et al., 2023) are addressed. Mental health professionals are responsible for creating this supportive environment and may be constrained by resource scarcity from budget cuts. The impact of budgetary challenges on mental health professionals working in prisons serves as the gap.

Burnout is a common occurrence among mental health professionals (Mivshek & Schriver, 2024; Testoni et al., 2023). Psychologists who work in prison settings (Mivshek & Schriver, 2024) have a higher burnout rate compared to other mental health professions (Testoni et al., 2023). Job and organizational factors (Mivshek & Schriver, 2024) can impact feelings of burnout (Testoni et al., 2023). Mental health professionals who experience burnout (Testoni et al., 2023) are linked with decreased empathy (Mivshek & Schriver, 2024). Burnout and empathy are related (Testoni et al., 2023) to the quality of mental health care (Mivshek & Schriver, 2024) which impacts overall inmate outcomes. Burnout rates for mental health professionals impact the way treatment is administered to inmates as awareness of what resources are being provided may be overlooked. Burnout among mental health professionals will be presented.

Empathy fatigue (Mivshek & Schriver, 2024) is associated with burnout as empathy can be compromised by working in correctional settings. A negative association

between empathy and burnout (Testoni et al., 2023) has been found with mental health professionals (Mivshek & Schriver, 2024), which may lead to disengagement from inmates along with diminished quality of care. Correctional settings are associated with fewer opportunities for advancement and autonomy (Kevan et al., 2023) compared to other mental health settings. Quality of care may diminish (Testoni et al., 2023) as mental health professionals are not able to advance within their treatment programs (Mivshek & Schriver, 2024). Inmates continue to challenge treatment programs as no advancements are made. Lack of materials and budget can contribute to mental health professionals burning out at a quicker rate (Testoni et al., 2023). Mental health professionals are at the forefront of treatment for inmates reentering society and charged with ensuring a smooth reintegration. Under-resourced treatment programs designed to support integration may instead lead towards lower rates of participation.

### **Problem Statement**

The research problem that will be addressed is to explore the self-efficacy beliefs of mental health professionals when providing services after budget cuts were implemented. Poor management, budget deficits, and overcrowding (Gul, 2018) are often found in the prison setting. Budgetary challenges and their impact on the experiences of mental health providers have yet to be explored within correctional settings. The experience of mental health professionals (Laranjeira et al., 2024) working in a prison setting (Mivshek & Schriver, 2024) is not adequately described. The impact of budgetary challenges on mental health professionals working in a prison has yet to be investigated. Mental health professionals have different needs as to what each inmate's end goal is for

treatment. Mental health professionals who require proper resources for treatment programs may face challenges.

Burnout rates for mental health workers in a prison setting need to be addressed. Burnout encompasses exhaustion (Rivera-Kloppel & Mendenhall, 2023) due to the continuity of listening and providing care (Mivshek & Schriver, 2024). Compassion fatigue occurs in many different professions (Rivera-Kloppel & Mendenhall, 2023) which has increased more with mental health professionals who are a high-risk group (Laranjeira et al., 2024). Prisons are a complex system that may not have sufficient resources to work with their population. Correctional settings are associated with fewer opportunities for advancement and diminished autonomy (Laranjeira et al., 2024) compared to other mental health settings (Mivshek & Schriver, 2024). Proper resources in correctional settings may be lacking due to different situational factors presented by management which limits professional development. Mental health professionals face the challenges of finding suitable resources for inmates.

Treatment comes with specific challenges (Solbakken et al., 2024) for patients who are required to attend (Vijayan & Bhuvaneshwari, 2025). Patients who questioned mental health professionals' qualifications (Juwita et al., 2023) at the end of their treatment raised concerns around lack of progression (Leach et al., 2023). Mental health professionals are given a specific program to facilitate with each patient. Mental health professionals must assess whether there are sufficient resources available to support each participant's completion of the program. Mental health professionals who conduct treatment programs without certain resources find it difficult to help each individual

patient complete the program. Lack of resources creates an additional barrier to successful program completion for inmates whose participation is mandated by the court. Mental health professionals may be unable to obtain and use essential resources because of restrictions associated with external factors.

Budgetary constraints and challenges were explored. Inmates who arrive at the jail are assessed (Solbakken et al., 2024) for potential mental health diagnoses (Leach et al., 2023). Inmates who have a valid mental health diagnosis are more likely to take advantage of the services in prison. Treatment programs are provided in prisons and expected to have the proper resources for services. Budgetary constraints are some challenges mental health professionals face with inmates (Solbakken et al., 2024) as treatment is part of required programs (Vijayan & Bhuvaneshwari, 2025). Mental health professionals' qualifications were questioned by inmates (Laranjeira et al., 2024) at the end of each treatment program (Leach et al., 2023). Professionals must assess whether each program has sufficient resources available to support treatment completion.

### **Purpose of the Study**

The purpose of this qualitative study was to better describe mental health professionals' self-efficacy beliefs about working in correctional systems following budgetary challenges. Burnout encompasses exhaustion due to the continuity of listening and providing care (Rivera-Kloepfel & Mendenhall, 2023; Testoni et al., 2023). Mental health professionals describe their experiences of stress (Testoni et al., 2023) differently than other front-line workers (Laranjeira et al., 2024). Budgetary constraints were examined to better understand how rehabilitation programs are affected. Self-efficacy

beliefs amongst mental health professionals in correctional systems were examined within the context of budgetary constraints to better understand how rehabilitation programs are affected. Self-efficacy beliefs and burnout are shaped by the lived experiences of mental health professionals. Budgetary constraints within treatment programs contribute to burnout and the lack of resources available for mental health professionals in correctional institutions.

The purpose was to understand what changes in resource availability associated with budgetary constraints impact the self-efficacy beliefs of mental health professionals. Resources are provided to each program which then comes the risk (Kirschstein et al., 2023) of not having enough along with proper training (Laranjeira et al., 2024). Budget restrictions can lead to fewer resources available for those who are already benefiting from these programs. Budget restrictions can become part of the issue that is leading to some mental health workers not performing their jobs adequately. Mental health professionals providing certain treatment programs need specific resources for inmates. Budgetary restrictions can prohibit mental health professionals from obtaining certain resources. Mental health professionals who are working with the resources available while attempting to avoid burnout will be explored.

### **Research Question**

How do budgetary constraints impact self-efficacy beliefs of mental health professionals within correctional systems?

### **Theoretical Framework**

Rehabilitative prison management theory (Gul, 2018) and self-efficacy theory (Bandura, 1977) served to ground this study. Rehabilitative prison management theory may be used to define ways in which inmates internalize the norms and values necessary for leading a law-abiding and productive life (Gul, 2018). Mental health professionals providing knowledge to inmates have a higher preference rate over correctional officers in prison (Gul, 2018). Rehabilitation programs may be used as a positive service for inmates. Mental health professionals using rehabilitation theory are responsible for utilizing the correct resources with each inmate during their program. Rehabilitative prison management theory is used to describe the evolution of how prison systems work toward inmates' reintegration into society. The ways in which inmates internalize the norms and values necessary for leading a productive life are described by rehabilitative prison management theory (Gul, 2018).

Mental health professionals must possess high self-efficacy beliefs (Juwita et al., 2023) to consistently deliver these innovative programs (Keyan et al., 2023). Self-efficacy theory (Bandura, 1977) is grounded in the concept of starting with personal efficacy. Personal efficacy expectations of coping behavior will be initiated, what effort is expanded, and how long it can be sustained when facing obstacles with aversive experiences (Bandura, 1977). Self-efficacy theory is at the forefront of the research problem which can relate to how mental health professionals are going through different challenges with resources. Persistence in activities that are subjectively threatening but objectively relatively safe will further enhance self-efficacy beliefs. There are challenges

of having inmates participate either willingly or by court order (Gul, 2018). Self-efficacy can be used to uncover how mental health professionals are coping with minimal resources available. Chapter 2 includes the connection between self-efficacy theory and rehabilitative theory ways through which both theories will contribute to mental health professionals within prison settings.

Rehabilitative prison management theory (Gul, 2018) may be used to explain ways in which the behavior of inmates is influenced by knowledge about living a law-abiding and productive life. Self-efficacy theory may be used in understanding factors that lead to relatively faster burnout rates for prison-based mental health professionals than other mental health professions. Self-efficacy theory and rehabilitative prison management theory relate to this study as lack of resources contributes towards burnout. Rehabilitative prison management theory contributes to inmates' treatment programs by having enough resources for each person. Mental health professionals who lack enough resources for each treatment program due to budget restrictions face burnout faster as they struggle in finding different materials. Numerous factors will be identified as influencing the cognitive processing of efficacy information arising from different reliable sources (Bandura, 1977).

### **Nature of the Study**

The study was to better understand the lived experiences of mental health professionals working in correctional systems. A qualitative study of 11 participants was used for investigating the research question (Gonzalez-Montalvo et al., 2023; Vijayan & Bhuvaneshwari, 2025). Preliminary questionnaire was used to identify the sample for

inclusion (Vijayan & Bhuvanewari, 2025). Data were collected via questionnaires, interviews, and narrative inquiry (Gonzalez-Montalvo et al., 2023) to determine what resources are needed within rehabilitation programs. Interviews using a semi-structured protocol were conducted until saturation is reached. Questionnaires, interviews, and narrative inquiry provided rich evidence.

Participants were mental health professionals who are working one-on-one with inmates. Criteria for inclusion was licensed practitioners involved with direct care through group programs and one-on-one sessions. Narrative inquiry and interviewing (Gonzalez-Montalvo et al., 2023; Vijayan & Bhuvanewari, 2025) were an appropriate way to collect data. Journal records were kept throughout the process to align the study with the research question. Structured questions were designed based on empirical research. Budget restrictions being implemented consistently (Laranjeira et al., 2024) means a greater stretch on the mental health workers (Testoni et al., 2023) to provide consistent care possible for such populations. Narrative descriptions of experiences in the prison environment were collected via semi-structured interviews.

Data were collected from public records, questionnaires, and interviews. Data were obtained by interviewing mental health professionals who are currently in the prison setting. Public records from various municipalities will provide data about budgetary changes in prisons and narrow down potential participants. Once the sample was identified, interviews were conducted using semi-structured protocol. Interviews were recorded then professionally transcribed and de-identified prior to coding. Data were collected and be kept confidential throughout the duration of the study along with seven

years following data collection. Variability across participants responses to guiding questions was expected and data were collected until saturation is reached.

Questionnaires are beneficial as participants might be able to provide more information on what is needed in treatment programs (Vijayan & Bhuvanewari, 2025). Questionnaires remained anonymous, except the gender of each participant, as this can be a reliable method for data collection. Interviews were professionally transcribed and de-identified prior to coding. Mental health professionals working amongst inmates (Gonzalez-Montalvo et al., 2023) can provide an understanding of the difficulty connecting with this population (Vijayan & Bhuvanewari, 2025). Mental health professionals are the ones working directly with the resources and can provide detailed information about program needs. Budget restrictions can have a negative impact on the professionals as resource availability declines. Mental health professionals continuing to work under such restrictions can cause early burnout rates and have fewer staff members available for providing proper treatment services.

### **Definitions**

*Burnout:* Burnout, characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment in response to job-related stressors (Mivshek & Schriver, 2024).

*Coronavirus:* Coronavirus, COVID-19, is the worldwide pandemic that played an interesting role with rehabilitation programs due to rule changes for no-contact (Testoni et al., 2023).

*Empathy:* Empathy is the ability to understand and share feelings of another (Mivshek & Schriver, 2024).

*Empathy Fatigue:* Empathy fatigue is a state of emotional, mental, physical, and occupational exhaustion when mental health professionals are drained from interactions with inmates (Mivshek & Schriver, 2024).

*Inmates:* Individuals who are incarcerated due to a crime. Inmates can have different relationships with each professional in the prison system (Mivshek & Schriver, 2024). Inmates respond better to mental health professionals as they believe mental health professionals are more respectful (Mivshek & Schriver, 2024).

*Mental health professional:* Mental health professionals work directly with the inmates (Laranjeira et al., 2024). Mental health professionals provide treatment to inmates in group or one-on-one settings.

*Prison:* Prisons are a complex system which may not have sufficient resources to work with their population (Kirschstein et al., 2023; Laranjeira et al., 2024). Prison includes local jails, county jails, correctional facilities, and federal prisons.

*Rehabilitative prison management theory:* Rehabilitative prison management theory focuses on helping inmates internalize the norms and values necessary to lead a law-abiding and productive life (Gul, 2018).

*Self-efficacy theory:* Individual's belief of achieving specific goals. Mental health professionals must possess high self-efficacy beliefs to consistently deliver innovative programs (Bandura, 1977; Juwita, 2023).

### **Assumptions**

Assumptions include mental health professionals will answer interview questions honestly. The results are assumed to accurately reflect self-efficacy beliefs and resources available after budget cut implementation. Self-efficacy beliefs of mental health professionals when providing services after budget cuts were the subject. Mental health professionals who face burnout experience different contributing factors with treatment programs. Budgetary constraints underline the need for different resources in treatment programs. Assumptions include sufficient resources to provide proper and adequate services for prison treatment programs.

Self-efficacy, budget cuts, burnout, and resources were examined. Data collected are narrative descriptions of the experiences mental health professionals have in prison environments. Mental health professionals working one-on-one or in groups face challenges with some inmates as they might not want to participate. Budget restrictions being implemented consistently (Laranjeira et al., 2024; Testoni et al., 2023) means greater stretches on the mental health workers to provide consistent care possible for such a population. Mental health professionals are describing their experiences of stress (Testoni., 2023) differently than other front-line workers (Laranjeira et al., 2024). Poor management, budget deficits, and overcrowding (Gul, 2018) contribute to the stress mental health professionals experience. Mental health professionals working under such restrictions can cause early burnout rates and have fewer staff members available.

### **Scope and Delimitations**

The data were narrative descriptions of the experiences mental health professionals have in the prison environment. Mental health professionals face challenges when working with inmates and providing therapeutic care. Mental health professionals working one-on-one or in groups (Solbakken et al., 2024) face challenges with some inmates as they might not want to participate. Budget restrictions being implemented consistently (Laranjeira et al., 2024) means a greater stretch on the mental health workers to provide consistent care (Testoni et al., 2023) possible for such populations. Staff member availability may be a contributing factor to early burnout rates. Resource availability is a restriction for staff members providing direct treatment care in correctional institutions. Inmates needing therapeutic care require certain resources for completion. Budgetary restrictions within treatment programs prevent mental health professionals from utilizing new tools and different resources for inmates.

Data collection tools included databases, public records, questionnaires, and interviews. Public records from various municipalities were analyzed around budgetary changes in prisons and narrow down potential participants. Interviews were transcribed so there is no misinterpretation of the data collected. Data collected from questionnaires was deidentified and the respondents' identities are to remain confidential. Databases can be used to reference older data for any significant change. Databases can be used to support current findings when collecting data from mental health professionals. Public records can be useful when collecting data for research purposes from various prisons to compare the information collected.

Rehabilitative prison management theory and self-efficacy theory were used to define questions asked during interviews and questionnaires. Narrative descriptions of experiences mental health professionals have in the prison environment was collected. Mental health professionals face challenges when working with inmates and providing therapeutic care. Mental health professionals working with inmates might have a different approach (Solbakken et al., 2024) to solutions than other prison workers (Tadros & Presley, 2024). Budget restrictions being implemented consistently (Testoni et al., 2023) means a greater stretch on the mental health workers to provide consistent care possible for such a population. Mental health professionals who work under such restrictions can cause early burnout rates with fewer staff members available.

### **Limitations**

Program guideline availability, permission to recruit, and privacy of information are limitations that will be included. Rehabilitation programs can lack the proper guidelines (Solbakken et al., 2024) necessary to ensure great quality of care (Testoni et al., 2023). The Health Insurance Portability and Accountability Act (HIPAA) is a limitation since there is a risk of not having permission to recruit participants. Participants may need to sign a waiver for participation permission. Privacy can be an issue as data collection can be agreed upon to have enough participants for the study. Prison systems are important for the collection of data and understanding the prisons' privacy concerns is noteworthy. Solutions may be found quickly to lead towards accurate and reliable collected information.

Mental health professionals in prison settings may not have the freedom to provide information about rehabilitation programs. Mental health professionals face the challenge of incorporating patient's requests (Hicks et al., 2023) during sessions without ceding complete control (Leach et al., 2023). Mental health professionals who receive requests from inmates during treatment without being able to fulfill them is a barrier. Attitudes of prison management around research in their facilities may be another barrier. Prison management might not want information on resources available to become full public knowledge as budget is publicly known. Prison managers who agree to answer provided questions and have interviews conducted amongst staff can become a challenge. Mental health professionals who are currently providing services will be interviewed to gather an appropriate amount of data.

### **Significance**

Mental health professionals identified what kind of resources are needed for treatment so inmates might have a successful reintegration into society. Mental health professionals also contribute to the growing knowledge of prison systems with how mental health workers are needed in this setting. Prison systems need continuous growth and support from all fields. Mental health professionals working with inmates can provide an understanding of the difficulty connecting with this population (Bondoc et al., 2023). Mental health professionals are agents of positive social change as they provide inmates with the tools necessary for successful rehabilitation. Mental health workers may provide information on programs for prison populations.

Forensic psychologists already know the risks of being in prison with inmates providing treatment services (Kirschstein et al., 2023). Clinical psychologists working with inmates require an understanding of the prison system. Clinical and forensic psychology enlightens the need for what is necessary in each treatment program. Mental health workers have different factors that determine what is needed for treatment programs based on the funds received. Mental health professionals at each facility provided information on what is needed and how programs are growing through training. Professionals provided information on what restrictions are presented for each program which impacts inmates' successful completion. Professionals within prison systems provide the change for inmates' success in treatment programs.

Positive social change is set in place by mental health professionals working together to create a better prison system. Psychologists can promote programs for inmates upon release so there is success within society. Treatment programs are designed to help inmates rehabilitate (Burgos-Jimenez et al., 2023) and be released back into society (Tadros & Presley, 2024). Mental health professionals are the frontline workers who take charge of treatment programs and their success rates. Proper materials are required for treatment programs to be successful as inmates rely on the quality of care and instruction. Positive social change for inmates is to be released back into society successfully. Mental health professionals are the agents of positive social change as their determination to help inmates be successful drives them towards providing top-quality treatment programs.

## Summary

The purpose of the proposed study was to understand what changes in resource availability associated with budgetary constraints impact the self-efficacy beliefs on mental health professionals. Resources are provided for each program (Kirschstein et al., 2023) which may lead to a risk of not having sufficient tools (Laranjeira et al., 2024) along with proper training. Mental health professionals providing treatment for inmates can uncover what resources are necessary. Mental health professionals face burnout when there are not enough resources to provide services. Mental health workers in prison settings are at the frontline for inmates on their road to reintegration. Treatment programs are designed to help inmates while incarcerated. Mental health professionals who are working with the resources available in their treatment programs while attempting to avoid burnout will be studied.

Mental health professionals are charged with monitoring treatment programs for inmates who progress from prison into society. Inmates who are not receiving proper materials for successful completion of treatment will lack the tools necessary to reenter society upon release. Treatment comes with specific challenges for inmates enrolled (Solbakken et al., 2024). Mental health professionals determining which resources are available based on prison management can add stress and higher burnout rates. Gap will be addressed by examining the impact of budgetary challenges on mental health professionals working in a prison. Chapter 2 includes a thorough review of the literature around mental health professionals and perceptions on self-efficacy with burnout rates following prison budget reductions will be further presented.

## Chapter 2: Literature Review

The research problem was the self-efficacy beliefs of mental health professionals when providing services after budget cuts were implemented. Poor management, budget deficits, and overcrowding (Gul, 2018) are often found in prison settings. Budgetary challenges and their impact on the experiences of mental health providers has yet to be explored within correctional settings. The impact of budgetary challenges while working in a prison has yet to be investigated. The experience of mental health professionals working in a prison setting (Laranjeira et al., 2024; Mivshek & Schriver, 2024) has also not been adequately described.

Burnout rates for mental health workers in a prison setting need to be addressed. Burnout encompasses exhaustion (Rivera-Kloeppe & Mendenhall, 2023) due to the continuity of listening and providing care (Laranjeira et al., 2024). Compassion fatigue amongst mental health professionals (Rivera-Kloeppe & Mendenhall, 2023) in prison settings increases as they are a high-risk group (Laranjeira et al., 2024). Prisons are a complex system that may not have sufficient resources to work with their population. Correctional settings are associated with fewer opportunities (Mivshek & Schriver, 2024) for advancement and diminished autonomy (Testoni et al., 2023) compared to other mental health settings. Correctional settings lacking proper resources from prison management may limit professional development for mental health workers. Mental health professionals face the challenges of finding suitable resources for inmates.

Treatment comes with specific challenges for patients enrolled in required programs (Hicks et al., 2023; Leach et al., 2023). Patients who questioned mental health

professionals' qualifications at the end of their treatment (Juwita et al., 2023) raised concerns around lack of progression (Leach et al., 2023). Mental health professionals are given a specific treatment program to facilitate. Mental health practitioners must assess whether there are sufficient resources available to support each participant's completion of the program. Mental health professionals who conduct treatment programs without certain resources find it difficult to help each patient complete the program. A lack of resources creates an additional barrier to successful program completion for inmates whose participation is mandated by the court. Mental health professionals may be unable to obtain and use essential resources based on restrictions associated with different external factors affecting treatment.

The purpose of this qualitative study was to better describe mental health professionals' self-efficacy beliefs about working in correctional systems following budgetary challenges. Burnout encompasses exhaustion (Rivera-Kloppel & Mendenhall, 2023) due to the continuity of listening and providing care (Laranjeira et al., 2024). Mental health professionals describe their experiences of stress (Testoni et al., 2023) differently than other front-line workers (Laranjeira et al., 2024). Budgetary constraints were examined to better understand how rehabilitation programs are affected. Self-efficacy beliefs amongst mental health professionals in correctional systems were examined with the context of budgetary constraints to better understand how rehabilitation programs are affected. Self-efficacy beliefs and burnout are shaped by the lived experiences of mental health professionals. Budgetary constraints within treatment programs contribute to burnout and the lack of resource availability.

The purpose was to understand what changes in resource availability associated with budgetary constraints impact the self-efficacy beliefs of mental health professionals. Resources are provided to each program (Kirschstein et al., 2023), and there is a risk of there not being enough resources or training (Laranjeira et al., 2024). Budget restrictions can lead to fewer resources available for those who are already benefiting from these programs. Budget restrictions may lead to mental health workers' inadequate job performance. Mental health professionals providing certain treatment programs need specific resources for inmates. Budgetary restrictions can prohibit mental health professionals from obtaining certain resources. Mental health practitioners who work with the resources available while attempting to avoid burnout will be explored.

Burnout rates for mental health workers in a prison setting need to be addressed. Burnout encompasses exhaustion (Rivera-Kloepfel & Mendenhall, 2023) due to the continuity of listening and providing care (Laranjeira et al., 2024). Compassion fatigue (Testoni et al., 2023) amongst mental health professionals in prison settings (Rivera-Kloepfel & Mendenhall, 2023) increases as they are a high-risk group. Prisons are a complex system which may not have sufficient resources to work with their population. Correctional settings are associated with fewer opportunities for advancement and diminished autonomy (Testoni et al., 2023) compared to other mental health settings (Mivshak & Schriver, 2024). Proper resources in correctional settings may be lacking due to different situational factors presented by management, which limits professional development. Mental health professionals face the challenges of finding suitable resources for inmates to complete treatment programs.

Treatment comes with specific challenges (Testoni et al., 2023) for patients enrolled in required programs (Hicks et al., 2023). Patients who question mental health professionals' qualifications at the end of their treatment (Juwita et al., 2023) raise concerns about lack of progression (Leach et al., 2023). Mental health professionals are given a specific program to facilitate with each patient. Mental health professionals must assess whether there are sufficient resources available to support each participant's completion of the program. Mental health workers who conduct treatment programs without certain resources find it difficult to help each patient complete the program. Lack of resources creates an additional barrier to successful program completion for inmates whose participation is mandated by the court. Mental health professionals may be unable to obtain and use essential resources because of restrictions associated with external factors for treatment programs.

Budgetary constraints and challenges were explored. Inmates who arrive at the jail are assessed (Solbakken et al., 2024) for potential mental health diagnoses (Leach et al., 2023). Inmates who have a valid mental health diagnosis are more likely to take advantage of the services in prison. Treatment programs are provided in prisons and are expected to have the proper resources for services. Budgetary constraints (Laranjeira et al., 2024) are some of the challenges mental health professionals face with inmates (Testoni et al., 2023) as treatment is part of court-mandated programs. Mental health professionals' qualifications (Juwita et al., 2023) were questioned by inmates (Leach et al., 2023) at the end of each treatment program. Professionals must assess whether each

program has sufficient resources available to support each participant's completion of their treatment services.

Mental health professionals identify what kind of resources are needed for treatment so inmates might have a successful reintegration into society. Mental health professionals also contribute to the growing knowledge of prison systems with how mental health workers are needed in this setting. Prison systems need continuous growth and support from all fields. Mental health professionals working with inmates (Bondoc et al., 2023) can provide an understanding of the difficulty connecting with this population (Vijayan & Bhuvanewari, 2025). Mental health professionals are agents of positive social change as they provide inmates with the tools necessary for successful rehabilitation. Mental health workers can provide information on what programs are beneficial for prison populations' treatment services.

Forensic psychologists already know the risks of being in prison with inmates providing treatment services (Kirschstein et al., 2023; Leach et al., 2023). Clinical psychologists working with inmates require an understanding of the prison system. Clinical and forensic psychologists can determine what is necessary in each treatment program. Mental health workers have different factors that determine what is needed for treatment programs based on the funds received. Mental health professionals at each facility provide information on what is needed (Dublin et al., 2024) and how programs are growing by means of training (Laranjeira et al., 2024). Professionals provide information on what restrictions are presented for each program which impacts inmates'

successful completion. Professionals within prison systems provide the change for inmates' successful completion of treatment programs.

Limited research has been identified for mental health workers in prison settings providing treatment services. Mental health professionals are part of the frontline workers who provide treatment services. Rehabilitation programs can lack proper guidelines (Solbakken et al., 2024) necessary to ensure great quality of care for inmates (Testoni et al., 2023). Mental health professionals working with inmates can provide an understanding (Vijayan & Bhuvanewari, 2025) of the difficulty connecting with this population (Bondoc et al., 2023). Treatment programs are designed to help inmates rehabilitate (Burgos-Jimenez et al., 2023) and be released back into society (Tadros & Presley, 2024). Proper materials are required for treatment programs to be successful as inmates rely on quality care and instruction. Limited materials provided for treatment programs may prohibit proper services to inmates being released into society.

The remainder of Chapter 2 includes research involving mental health professionals in correctional settings providing treatment. The two theories that frame this study are self-efficacy theory (Bandura, 1977; Juwita et al., 2023; Keyan et al., 2023) and rehabilitative prison management theory (Gul, 2018). Mental health professionals who provide treatment services must possess high self-efficacy beliefs to consistently deliver innovative programs (Juwita et al., 2023; Keyan et al., 2023). Major constructs include mental health professionals' self-efficacy beliefs and burnout due to inadequate materials provided for treatment programs (Bandura, 1977). Qualitative methodology will be used through questionnaires, interviews, and narrative inquiry (Juwita et al., 2023;

Keyan et al., 2023). Interviews using a semi-structured protocol were used during data collection. Responses from mental health practitioners were recorded to understand unknown concepts of treatment programs and resources.

### **Literature Search Strategy**

Online databases were used to explore scholarly articles on the phenomenon of interest. The Walden University library databases used were Thoreau, ProQuest Central, and Psychology Databases Combined Search. The primary database searched was Thoreau to collect basic information. The secondary database searched was ProQuest Central. The tertiary database searched was Psychology Databases Combined Search. Database searches are limited from 2023 to 2025. Thoreau was used to discover basic information about prison budget restrictions and mental health professionals. ProQuest Central and Psychology Databases Combined Search were used to explore more about mental health professionals and working in prison environments.

Keywords searched in Thoreau included mental health professionals, prison, jail, incarceration, imprisonment, correction facilities, and qualitative research. Keywords searched in ProQuest Central and Thoreau included *mental health professionals, prison, jail, incarceration, imprisonment, and correction facilities*. Keywords searched in Psychology Databases Combined Search included *mental health workers, mental health staff, prison, jail, incarceration, imprisonment, and correction facilities*. These keywords were searched between the years 2023 and 2025. Boolean operators *and, or* were combined with keyword terms and enhancers *\** to optimize search results. Keywords and terms were searched combined and individually for a thorough investigation.

Guidelines for identification, referral, and services in jails (Solbakken et al., 2024) were developed by the American Psychological Association though little research is shown within treatment programs (Testoni et al., 2023). Research parameters were broken down to explore the primary topic and collect more in-depth information about the phenomenon in question. A thorough search of mental health professionals within prison settings with limited resources available due to budget restrictions was conducted. Peer-reviewed articles were searched with publication dates between 2023 and 2025. An abundance of information was produced regarding prisons, mental health professionals, inmates, incarceration, and correctional staff. Current research with publication dates ranging between 2023 and 2025 lacked information about mental health professionals providing treatment to inmates with budget restrictions and the effect of self-efficacy beliefs. Relevant information about mental health professional's role in correctional settings providing treatment programs was identified.

### **Theoretical Framework**

Rehabilitative prison management theory (Gul, 2018) and self-efficacy theory (Bandura, 1977; Juwita et al., 2023; Keyan et al., 2023) serve to ground this study. Rehabilitative prison management theory may be used to define ways in which inmates internalize the norms and values necessary for leading a law-abiding, productive life (Gul, 2018). Self-efficacy theory (Bandura, 1977) is grounded in the concept of starting with personal efficacy. Personal efficacy expectations of coping behavior will be initiated, what effort is expended, and how long it can be sustained when facing obstacles with aversive experiences (Bandura, 1977; Juwita et al., 2023). Mental health

professionals must possess high self-efficacy beliefs (Juwita et al., 2023) to consistently deliver these innovative programs (Keyan et al., 2023).

Self-efficacy (Juwita et al., 2023) is an individual's belief they can take steps needed to attain specific performance objectives (Bandura, 1977). The strength of an individual's convictions and their effectiveness are likely to affect whether they will try coping with given situations (Bandura, 1977). Efficacy expectations (Bandura, 1977) determine how much effort an individual will expend and how long the individual's persistence is in the face of obstacles plus aversive experiences (Juwita et al., 2023). Persistence in activities that are subjectively threatening but objectively relatively safe will further enhance self-efficacy beliefs. Self-efficacy theory contributes to mental health professionals in the correctional setting as they are coping with minimal resources available. Individuals who have servable coping skills available (Bandura, 1977) contribute to their personal efficacy (Keyan et al., 2023).

Self-efficacy and coping (Juwita et al., 2023) are discussed in isolation while being treated as variables (Lee & Brown, 2023). Self-efficacy and coping (Juwita et al., 2023) are part of a reciprocal process influencing behavior. Individuals' level of perceived self-efficacy (Lee & Brown, 2023) can enhance their coping response in which coping efforts (Rivera-Kloepfel & Mendenhall, 2023) help to increase or decrease self-efficacy. Low self-efficacy is related to increased emotional distress and functional impairment (Lee & Brown, 2023; Rivera-Kloepfel & Mendenhall, 2023). Mental health professionals experiencing low self-efficacy may face the challenge of providing proper treatment services to inmates. Efficacy (Bandura, 1977) expectation is the conviction that

one can successfully execute the behavior required to produce the outcome. Mental health professionals who provide treatment programs are responsible for their self-efficacy and well-being.

Self-efficacy gains from behavior attainment may be delimited due to cognitive appraisal (Bandura, 1977). The impact of performance attainments for self-efficacy will vary depending on whether accomplishments are ascribed by ability or effort (Bandura, 1977). Changes in self-efficacy and behavior (Bandura, 1977) can be achieved by participants using powerful induction procedures such as removing external aids to verify personal efficacy. Self-efficacy theory and rehabilitative prison management theory were used to break down how mental health professionals' work is impacted by the lack of resources provided. Rehabilitative prison management theory and self-efficacy theory have been applied in prison settings by implementing protocols for treatment programs. Resources have become scarce within correctional institutions. Mental health professionals who are under the stress of not having enough resources for treatment programs need self-efficacy to overcome these adversaries.

A rehabilitative approach (Gul, 2018) is necessary to ensure social peace and tranquility (Hicks et al., 2023). Rehabilitation programs may be used as a positive service for inmates. Mental health professionals using rehabilitation theory are responsible for utilizing the correct resources to each inmate during their program. Rehabilitation theory (Gul, 2018) focuses on working with an offender's dignity of view and focuses their reclamation. Rehabilitation programs incorporate different services to help inmates become confident, cooperative, and self-dependent (Gul, 2018; Hicks et al., 2023).

Mental health professionals providing knowledge to inmates (Gul, 2018) have a higher performance rate than correctional officers in prison (Timar et al., 2024). Prisons are said to be designed to confine violent prisoners and help them change their behavior (Gul, 2018). Rehabilitative prison management theory (Gul, 2018) is used to describe the evolution of how prison systems work toward inmates' reintegration into society while internalizing norms and values for a law-abiding, productive life.

Rehabilitative prison management theory (Gul, 2018) is based on the idea of prisons being institutions for reform rather than violent incubators. Human dignity is compromised along with confining prisoners for as long as possible (Gul, 2018) while putting an extra burden on the state economy. Prisons are charged with making their settings capable enough to prepare inmates for release and lead law-abiding lives (Gul, 2018; Hicks et al., 2023). Rehabilitation programs may be used as a positive service for inmates. Rehabilitative prison management theory (Gul, 2018) incorporates different programs to help individuals become confident and self-dependent (Jalain et al., 2024). Inmates who are incarcerated will undergo treatment programs that relate to rehabilitative prison management theory. There are challenges of having inmates participate either willingly or required by court order (Hicks et al., 2023).

Rehabilitative prison management theory (Gul, 2018) is a product of experiences that emerged with focus on inculcating offenders the values and norms for law-abiding, productive lives. Mental health professionals who work directly with inmates are under the guise of having enough resources to provide during treatment. Professionals who work for the state and those in society (Hicks et al., 2023) are willing to rehabilitate

offenders back into their community (Gul, 2018). Prison administration not being able to release inmates back into society after treatment (Solbakken et al., 2024) can be a costly omission. Inmates who are released from prison following incarceration (Heilbrun et al., 2023) face different challenges when returning to society (Kennedy et al., 2023). Incarceration has been associated with mental health challenges (Heilbrun et al., 2023) following inmate's release, such as mood disorders (Kennedy et al., 2023). Mental health professionals who face this challenge of helping inmates may have issues with the resources available.

Self-efficacy theory may be used in understanding factors that lead to relatively faster burnout rates for prison-based mental health professionals than other mental health professions. Cognitive processing of efficacy information arising from different sources may help determine how self-efficacy is affected (Bandura, 1977, Juwita et al., 2023; Keyan et al., 2023). Rehabilitative prison management theory (Gul, 2018) may be used to explain ways in which the behavior of inmates is influenced by knowledge around living a law-abiding and productive life. Self-efficacy theory and rehabilitative prison management theory relate to each other as lack of resources contributes towards burnout. Rehabilitative prison management theory may be used to examine inmates' treatment program resource availability. Treatment progress amongst inmates may help determine which treatment programs are beneficial for reintegration along with resources available. Mental health professionals who lack enough resources for each treatment program may face burnout faster as they struggle to find different materials.

Mental health professionals utilize self-efficacy theory and rehabilitative prison management theory to provide quality care during treatment programs. Mental health professionals operationalize rehabilitation prison management theory when working with inmates to ensure positive reintegration. The goal of imprisonment is reintegration into society (Solbakken et al., 2024). Self-efficacy theory (Bandura, 1977) is the framework as mental health professionals who lack proper resources needed to work with inmates may find difficulties providing treatment. The job burnout experienced by mental health professionals is grounded by both theories. Factors will be identified as influencing the cognitive processing of efficacy information arising (Bandura, 1977; Juwita et al., 2023; Keyan et al., 2023). Self-efficacy theory and rehabilitative prison management theory have yet to be utilized in the scope of mental health practitioners within each prison setting that is providing treatment.

Self-efficacy theory and rehabilitative prison management theory are used to ground the research. Self-efficacy theory relates to the research question as budgetary constraints are related to mental health professional's efficacy beliefs. Rehabilitative prison management theory relates to the research question as correctional settings oversee treatment programs and are equipped with proper resources. Both theories build on the research question by working through the challenges presented. Self-efficacy theory is related to the present study by mental health professionals relating their burnout rate toward a lack of resources available in treatment programs. Rehabilitative prison management theory is related to the present study of how correctional facilities utilize

mental health professionals and treatment programs. Each theory will be connected throughout the presented study.

### **Literature Review Related to Key Concepts**

Key concepts in this section are mental health professionals, prisons, inmates, budget restrictions, self-efficacy, and prison management. Budget restrictions being implemented consistently (Laranjeira et al., 2024) means greater stretches on the mental health workers to provide consistent care (Testoni et al., 2023) possible for such a population. Mental health professionals describe their experiences of stress (Testoni et al., 2023) differently than other front-line workers (Laranjeira et al., 2024). Poor management, budget deficits, and overcrowding (Gul, 2018) contribute to the stress mental health professionals experience. Mental health practitioners are charged with treatment programs and reintegration into society for inmates. Facilities often lack appropriate mental health intervention, resource difficulties, and ineffective support for the staff (Burgos-Jimenez et al., 2023). Reduced uptake of mental health services in secure settings (Burgos-Jimenez et al., 2023) is a result of these factors.

### **Main Concepts**

The main concepts involved mental health professionals' self-efficacy, lack of materials for treatment programs, all due to budget restrictions. Mental health professional's experiences have been explored in research. Treatment programs are provided in prisons and are expected to have the proper resources for services. Budgetary constraints (Solbakken et al., 2024) are some challenges mental health professionals face with inmates as treatment is part of required programs (Vijayan & Bhuvaneshwari, 2025).

Resources are provided to each program (Kirschstein et al., 2023) which then comes the risk of not having enough along with proper training (Laranjeira et al., 2024).

Professionals must assess whether each program has sufficient resources available to support treatment completion. Mental health professionals are the ones who are working with treatment resources that can provide detailed information about program needs.

A qualitative study was used to investigate the research question (Gonzalez-Montalvo et al., 2023; Vijayan & Bhuvanewari, 2025). Preliminary questionnaires (Gonzalez-Montalvo et al., 2023) were used to identify the sample of mental health professionals for inclusion (Vijayan & Bhuvanewari, 2025). Data were collected via questionnaires, interviews, and narrative inquiry to determine what resources are needed within rehabilitation programs. Participants were mental health professionals who are working one-on-one with inmates. Criteria for inclusion was mental health professionals involved with direct care by means of group programs and one-on-one sessions. Journal records will be maintained for documentation and alignment with the research question.

The research problem was to explore the self-efficacy beliefs of mental health professionals when providing services after budget cuts were implemented. The experience of mental health professionals (Laranjeira et al., 2024) working in a prison setting (Mivshek & Schriver, 2024) was not adequately described. Burnout (Testoni et al., 2023) is primarily caused by occupational stress related to work (Mivshek & Schriver, 2024). Burnout may occur in an individual's interpersonal environment (Mivshek & Schriver, 2024) which includes psychological pressure and secondary trauma stress (Laranjeira et al., 2024) from vicarious experiences. Management programs

may be developed to assist mental health professionals with burnout (Mivshek & Schriver, 2024) which is a strength for mental health workers. Mental health practitioners who are working through their burnout are not providing proper treatment for inmates. Mental health professionals face challenges in finding suitable resources for inmates.

Budget restrictions for treatment programs (Laranjeira et al., 2024) within prison settings (Testoni et al., 2023) was the gap. Budgetary challenges and experiences were further explored. Poor management, budget deficits, and overcrowding (Gul, 2018) are often found in prison settings. Mental health professionals' experience working in prison settings (Laranjeira et al., 2024) is not adequately described. Lack of materials and budget (Mivshek & Schriver, 2024) can contribute to mental health professionals burning out (Testoni et al., 2023) at a quicker rate. Mental health professionals are responsible for creating a supportive environment and may be constrained by resource scarcity from budget cuts. Budgetary challenges mental health professionals face while working in prisons has not been adequately researched.

### **Inmates**

Solitary confinement (Burgess-Proctor et al., 2025) may be detrimental to the mental health of inmates (Scanlon & Morgan, 2025). Inmates who have a mental health diagnosis should not be placed in solitary confinement as they require specific services for treatment. Inmates who have multiple mental disorders (Burgess-Proctor et al., 2025) may have more difficulty coping (Scanlon & Morgan, 2025) with unsafe environments. Mental health professionals may have a particular role in reducing the use of solitary confinement (Burgess-Proctor et al., 2025) by contributing evidence on inmate needs

(Scanlon & Morgan, 2025). Inmates who are placed in solitary confinement are at risk of not receiving proper treatment services. Treatment programs are important to prison even with a lack of materials.

Inmates who have mental illness and incarcerated present logistical challenges within correctional facilities (Burgess-Proctor et al., 2025) as prisons are not designed mental health facilities (Scanlon & Morgan, 2025). Prisons need more mental health and rehabilitation services (Hicks et al., 2023). Resources are needed within facilities to assess which treatment program will benefit the needs of each inmate. Limited mental health resources (Burgess-Proctor et al., 2025) matching the needs of inmates are imperative (Hicks et al., 2023). Information-sharing initiatives (Barber & Resnick, 2023) have been put in place to provide information between mental health professionals and prisons (Timar et al., 2024) with goals for improving resources towards care. Mental health professionals may find limited funding available for proper resources as correctional institutions are putting efforts toward other projects or personnel. Funds for treatment programs are important to the success of inmate reintegration into society.

Inmates who are wrongfully convicted (Fisher et al., 2025) may benefit from treatment programs which increase the chances of successful release into society (Tadros & Presley, 2024). Social supports may be beneficial (Fisher et al., 2025) to inmates who are being released (Tadros & Presley, 2024). Inmates may find it difficult to reintegrate into society as lack of resources are available. Treatment programs may be offered to inmates who are ready for reintegration as social support is needed when released into society. Mental health professionals may have difficulty finding the right program for

each inmate. Resources are needed for proper reintegration into society. Mental health professionals' limitation to resources may hinder positive treatment efforts for helping inmates' completing each program.

Mental health crises may become common occurrences (Solbakken et al., 2024) as individuals who do have a crisis are placed in holding cells until emergency services arrive (Solbakken & Wynn, 2023). Risk assessment (Kirschstein et al., 2023) and risk management are fundamental (Welner et al., 2023) for mental health professionals providing services. Mental health professionals may be unaware of which assessment has been administered (Kirschstein et al., 2023) to determine the proper treatment program (Welner et al., 2023). The lack of information and resources available may indicate little information provided to mental health professionals about their clients. Incarcerated individuals who receive mental health services are provided assessments to indicate which program will fit their needs. Mental health workers who have little to no resources available may not know which assessment was administered and can result in improper treatment. Services provided to inmates with limited resources may indicate there is a growing need for proper resources within treatment programs.

Inmates who experience posttraumatic stress disorder (PTSD) while in prison require treatment (Crole-Rees et al., 2024; Malik et al., 2023). Treatment for PTSD includes multiple interventions (Crole-Rees et al., 2024) such as eye movement desensitization and reprocessing, cognitive behavioral therapy, and dream restructuring (Malik et al., 2023). Pharmacological treatment is considered (Crole-Rees et al., 2024) when administering treatment to inmates who are diagnosed with PTSD. Mental health

professionals without the proper training to administer pharmacological treatment may face licensing concerns. Lack of materials for treatment programs that are not pharmacologically based may indicate there is no other option inmates can choose from. Correctional institutions may provide training on only certain topics (Kirschstein et al., 2023) to help guide mental health professionals with services (Laranjeira et al., 2024). Mental health professionals who attend training on their own may gain more materials than other resources from prison management.

Inmates who arrive at jail are assessed for potential mental health diagnoses (Solbakken et al., 2024; Leach et al., 2023). Inmates who have mental health diagnoses may have poorer outcomes (Dublin et al., 2024) including self-harm, suicide, violence, and victimization while experiencing mental health problems (Leach et al., 2023). Lack of awareness and limited screening (Burgos-Jimenez et al., 2023) for mental health problems in the criminal justice setting (Tadros & Presley, 2024) have been identified. Resources are needed for inmates who have mental health problems while incarcerated. Accessible resources may provide better sentencing opportunities (Burgos-Jimenez et al., 2023) and improve access to mental health services (Tadros & Presley, 2024). Resource availability is important for the success of inmate release. Mental health professionals providing treatment may have difficulty finding proper resources related to diagnoses.

Mental health needs have increased while reports indicate higher rates of personality disorder, anxiety, mood disorders, and post-traumatic stress disorder (Malik et al., 2023; Testoni et al., 2023). Relationships between inmates and prison staff (Solbakken et al., 2024) may have a significant impact on prisoners' well-being, ability to

cope, and complying with staff requests (Tadros & Presley, 2024). Inmates have different relationships with each professional in the prison system (Mivshek & Schriver, 2024; Tadros & Presley, 2024). Mental health professionals who work directly with other prison staff may learn of different treatment opportunities that could be offered. Inmates believe mental health professionals are more respectable (Fisher et al., 2025; Tadros & Presley, 2024) than other prison professionals. Mental health professionals who find different treatment programs for inmates understand the need of resources to gain trust. Inmates who are participating in treatment programs with a lack of materials may lose trust in the service provided by mental health workers.

Mental health professionals may understand an inmate's risk level by the assessment administered. Results of the assessment determine the intervention needed. Adequately determining the risk of reoffending (Kennedy et al., 2023) may determine the intervention needed to reduce recidivism (Tadros & Presley, 2024). Inmates who arrive at a jail (Solbakken et al., 2024) are assessed for potential mental health diagnoses (Leach et al., 2023). Assessments require certain resources for proper administration. Mental health professionals who provide direct assessment and services to inmates may face challenges with a lack of resources available during treatment. Lack of resources during treatment based on the assessment administered (Kirschstein et al., 2023) may be detrimental to successful program completion (Welner et al., 2023).

Inmates who become incarcerated (Kirschstein et al., 2023) often have cultural considerations to include in treatment (Nijdam-Jones et al., 2023). Mental health professionals providing services do need to consider cultural influences and what

resources are available for treatment. Comprehensive services may include court-mandated programs (Solbakken et al., 2024) which can cause ethical dilemmas (Vijayan & Bhuvaneshwari, 2025) for mental health practitioners. Court-mandated programs may come with specific challenges for inmates enrolled (Solbakken et al., 2024) as they challenge mental health professionals' control of treatment (Vijayan & Bhuvaneshwari, 2025). Mental health professional's qualifications may be challenged by inmates during treatment (Juwita et al., 2023) as a concern for lack of progression (Leach et al., 2023). Mental health professional's lack of resources may indicate an underlying issue for treatment as programs require certain tools to complete the program. Inmates who have cultural needs during treatment may challenge mental health professionals' ability for proper accommodations for services.

Mental health courts (MHCs) and drug courts (DCs) (Thompson, 2024) may harm inmates with mental illness and addictions (Zielinski et al., 2023) as they contribute to the flow within the courtroom. MHCs and DCs may increase criminalization among inmates (Thompson, 2024) who have a mental illness and decrease the chances of treatment programs (Testoni et al., 2023). Mental health nurses are among the professionals charged with treating inmates daily (Jalain et al., 2024) which includes treatment programs (Solbakken et al., 2024). Mental health nurses may provide information to professionals providing direct services (Jalain et al., 2024) as they increase the value for treatment programs (Solbakken et al., 2024) based on the needs of what is needed. Inmates who have specific diagnoses require treatment programs that work with the diagnosis and may be court-mandated to attend services (Solbakken et al., 2024). Mental

health professionals providing services for inmates (Thompson, 2024) require proper resources to maintain treatment program compliance (Zielinski et al., 2023). Mental health professionals who work directly with inmates during treatment programs (Lee & Brown, 2023) may require more resources than what is provided (Rhodes Fortino et al., 2024) by prison management due to budget restrictions on services.

Inmates who arrive at jail are assessed for potential mental health diagnoses (Solbakken et al., 2024) which indicates interviews are needed (Leach et al., 2023). Mental health professionals conduct interviews (Solbakken et al., 2024) to understand inmates presenting mental health issues (Leach et al., 2023) for proper diagnosis. Inmates who are subject to interviews may face forensic interviewing for determining specific criminal behavior (Clercx et al., 2023; Leach et al., 2023). Inmates have a different relationship with each professional in the prison system (Leach et al., 2023; Mivshek & Schriver, 2024) which may indicate how open or resistant they are to treatment. Mental health professionals who administer interviews may determine how receptive inmates are to treatment programs (Clercx et al., 2023; Leach et al., 2023). Mental health professionals are trained in different areas to provide proper resources for inmates throughout treatment. Inmates are placed in treatment programs based on their needs which indicates what resources may be needed for completion.

### **Treatment Programs**

Communities question rehabilitation methods (Burgos-Jimenez et al., 2023) which include limiting pretrial jail detention time (Timar et al., 2024). Rehabilitation methods are questioned by individuals in the community as they are unsure of the

qualifications mental health professionals possess. Mental health professionals who work in prisons may use more forensic treatment programs than other mental health professions. Mental health professionals may integrate social determinants of health into recovery-oriented care (Jalain et al., 2024) directed toward inmates and advocate for structural reforms at the population level (Tadros & Presley, 2024). Substance abuse treatment, social support, and mental health programs may produce positive outcomes with a continuum of care from correctional centers in the community (Hicks et al., 2023; Maruca et al., 2022). Mental health practitioners assist inmates with reentry by providing resources to help with their success. Inmates' reintegration into society may increase recidivism due to the lack of resources provided in treatment.

Rehabilitation programs can lack the proper guidelines (Solbakken et al., 2024) necessary to ensure great quality of care for inmates (Testoni et al., 2023). Mental illness among inmates is at a higher rate than in the general population (Hicks et al., 2023; Timar et al., 2024). Jails face a variety of challenges (Hicks et al., 2023) in identifying and addressing mental health (Tadros & Presley, 2024) as individuals have shorter stays. Jails are used to hold individuals after an arrest for arraignment, conviction, sentencing, or trial (Heilbrun et al., 2023; Hicks et al., 2023). Mental health professionals may be given a short amount of time to speak with an individual for assessment or treatment within the jail setting. Guidelines on how to proceed with shorter treatments may be provided for mental health professionals. Proper guidelines may be necessary for the successful release of inmates from jail settings as they are immediately back in society.

Treatment fidelity (Solbakken et al., 2024) is the extent to which an intervention is delivered as intended (Testoni et al., 2023). Treatment manuals provided to mental health professionals lack details (Solbakken et al., 2024) necessary for assessing the deliverance of interventions (Testoni et al., 2023). Mental health professionals who provide treatment are using the intervention tool correctly to gain effectiveness is implied. Resource constraints may be included in the intervention effectiveness. Available funds, proper training, necessary equipment, administrative commitment, staffing, program organization, and delivery approach (Lee & Brown, 2023) pose as challenges to the development of fidelity measurements (Rhodes Fortino et al., 2024). Intervention efforts based on the mental health professional's ability to adequately administer treatment may be put at risk with a lack of funds. Resource availability results in limited treatment options provided for inmates while incarcerated.

Mental health services have increased (Burgos-Jimenez et al., 2023) by demand in the criminal justice system (Tadros & Presley, 2024). Mental health professionals require training (Kirschstein et al., 2023) for specialized assessments and treatment services (Laranjeira et al., 2024) within correctional settings. Correctional institutions can provide training (Kirschstein et al., 2023) on certain topics to help guide mental health professionals with services (Laranjeira et al., 2024). Mental health practitioners require proper training and resources to ensure successful completion of treatment programs. Correctional settings have become the new home for individuals who are diagnosed with mental illness (Burgos-Jimenez et al., 2023) despite being a poor fit while servicing their needs (Tadros & Presley, 2024). The return of rehabilitation focus within criminal justice

systems may demand for more properly trained and experienced mental health professionals (Kirschstein et al., 2023). Proper resources and training are necessary for successful completion of treatment programs provided to inmates.

Specific treatments are required for inmates who suffer from addiction. Complete mental health evaluation, withdrawal treatment, individual and group counseling, housing and employment support, health education, peer support, and take-home naloxone kits (Barber & Resnick, 2023; Kirschstein et al., 2023) should be provided. Comprehensive treatment's purpose is to remove all barriers of treatment and recovery (Solbakken & Wynn, 2023) while providing alternatives for incarceration (Tadros & Presley, 2024). Resources provided for each comprehensive treatment program (Kirschstein et al., 2023) come with the risk of not having enough services and proper training to provide services (Laranjeira et al., 2024). Inmates who receive comprehensive treatment (Kennedy et al., 2023) are more likely to remain sober and avoid recidivism (Tadros & Presley, 2024). The lack of materials for comprehensive treatment programs may indicate mental health professionals are improperly equipped. Addiction treatment requires specific resources for successful treatment completion which may be missing from treatment services.

Treatment programs are designed to help inmates rehabilitate (Burgos-Jimenez et al., 2023) and be released back into society (Tadros & Presley, 2024). Proper materials are required for treatment programs to be successful (Solbakken et al., 2024) as inmates rely on quality of care and instruction (Vijayan & Bhuvaneshwari, 2025). The juvenile justice system provides adverse childhood experiences (ACE) assessment (Kennedy et al., 2023; Reef et al., 2023). ACEs are traumatic events occurring during childhood

(Kennedy et al., 2023) such as violence, abuse, neglect, witnessing violence in the home, community, and family members attempting suicide or homicide (Reef et al., 2023). ACEs may further knowledge of the challenges and barriers (Kennedy et al., 2023) juvenile justice system faces to service those incarcerated (Reef et al., 2023). Mental health professionals who provide services to juveniles may find difficulty gathering enough resources for treatment. A lack of resources for incarcerated juveniles may prevent proper treatment services (Bondoc et al., 2023) as they are a highly vulnerable population (Reef et al., 2023).

### **Burnout**

Symptoms of burnout (Testoni et al., 2023) for mental health professionals and correctional officers are fatigue, irritability, and increased somatic concerns (Mivshek & Schriver, 2024). Protocols were developed to assist mental health professionals with evidence-based interventions that address personal wellness (Mivshek & Schriver, 2024; Testoni et al., 2023). Management may establish metrics to measure wellness (Mivshek & Schriver, 2024) and address burnout for their employees (Testoni et al., 2023). Management is in charge of ensuring mental health providers are provided with their own care. Mental health professionals with positive self-efficacy are expected to be equipped and prepared for effective action (Juwita et al., 2023). Burnout and self-efficacy (Testoni et al., 2023) are important factors when treating inmates. Limitations of reducing the occurrence of burnout mean mental health workers are less likely to follow protocols set in place as they continue providing treatment for inmates.

Correctional workers often face higher stressful work conditions (Lee & Brown, 2023) and frequent exposure to psychologically traumatic events (Rhodes Fortino et al., 2024). Correctional settings demanding nature (McLennan et al., 2025) may explain the increased risk of suicide and mental health disturbances (Rhodes Fortino et al., 2024). Sleep disturbance and depression are higher (Testoni et al., 2023) with mental health professionals (Mivshek & Schriver, 2024) than correctional officers in the same work setting. Safety concerns, physical assaults, verbal threats, harassment, witnessing murder or suicide attempts, and working with constrained work conditions (Rhodes Fortino et al., 2024) contribute to mental disturbances (Rivera-Kleoppel & Mendenhall, 2023) in the work setting. Mental health professionals who feel supported in correctional settings (Mivshek & Schriver, 2024) have better relationships with management (Rhodes Fortino et al., 2024). Communication and proper materials are needed for successful treatment programs. Resources provided to mental health professionals may help their own stress management while providing treatment programs in prisons.

Budget restrictions being implemented consistently (Mivshek & Schriver, 2024) means greater stretches on the mental health workers (Testoni et al., 2023) to provide consistent care possible for such a population. Mental health practitioners describe their experiences (Mivshek & Schriver, 2024) of stress differently than other workers (Testoni et al., 2023). Poor management, budget deficits, and overcrowding (Gul, 2018) contribute to the stress mental health practitioners experience. Burnout is a common occurrence (Testoni et al., 2023) among mental health professionals (Mivshek & Schriver, 2024). Burnout rates for mental health workers (Mivshek & Schriver, 2024) impact the way

treatment is administered (Juwita et al., 2023) to inmates. Resources becoming limited may provide strain on mental health professionals as they are finding appropriate treatment services. Mental health professionals who are working efficiently to provide proper treatment may experience burnout faster (Mivshek & Schriver, 2024) when presented with limited materials (Juwita et al., 2023). Burnout amongst mental health professionals while working with inmates may potentially indicate how workers utilize certain resources and maintain current materials.

Empathy fatigue is associated with burnout (Mivshek & Schriver, 2024) as empathy can be compromised by working in correctional settings (Testoni et al., 2023). The negative association between empathy and burnout occurs in mental health treatment professionals (Mivshek & Schriver, 2024) which may lead to inmates' disengagement and diminished quality of care (Solbakken et al., 2024). Inmates have questioned mental health professionals' qualifications when ending treatment (Lee & Brown, 2023) which raised concerns for their lack of progression due to minimal resources (Rhodes Fortino et al., 2024). Burnout rates for mental health professionals may increase due to a lack of resources provided during treatment. Burnout encompasses exhaustion due to the continuity of listening and providing care (Juwita et al., 2023; Rivera-Kloeppe & Mendenhall, 2023). Proper resources in correctional settings may be lacking due to different situational factors. Mental health professionals are charged with finding immediate resources when lacking proper materials provided during treatment.

Mental health professionals can experience burnout from a lack of resources provided (Juwita et al., 2023; Laranjeira et al., 2024). Mental health professionals who do

not have the proper resources for treatment (Kirschstein et al., 2023) acquire a risk of using inappropriate materials (Laranjeira et al., 2024). Diminished budgetary allocations (Lee & Brown, 2023) may bring about insufficient capacity to proper resources and train the mental health providers (Rhodes Fortino et al., 2024) responsible for program implementation. Mental health professionals determining which resources are available based on prison management can add stress and higher burnout rates. Proper materials are required for treatment programs to be successful (Solbakken et al., 2024) as inmates rely on quality care and instruction. Lack of resources may indicate how effective treatment programs are for inmates. Mental health professionals may benefit from inmates' responses during treatment as resources are consistently changing.

### **COVID-19**

Mental health professionals who were called during the COVID-19 pandemic (Testoni et al., 2023) became front-line workers in every capacity (Laranjeira et al., 2024). Front-line workers' call to action became urgent once the COVID-19 pandemic started infiltrating prisons and other areas. Experiences, views, and needs of professionals (Laranjeira et al., 2024) who were asked to be on the front line were provided limited support (Testoni et al., 2023). Mental health professionals who were sent to help the front-line during COVID-19 (Testoni et al., 2023) were explored by qualitative research (Laranjeira et al., 2024). Burnout amongst mental health professionals who worked during the pandemic (Testoni et al., 2023) became significant. Mental health practitioners faced higher levels of stress and burnout during the COVID-19 pandemic (Laranjeira et al., 2024; Testoni et al., 2023). Proper materials provided to mental health professionals

(Mivshak & Schriver, 2024) were not adequately provided treatment services which increased anxiety and burnout rates (Testoni et al., 2023).

COVID-19 became a challenge for mental health professionals administering treatment programs. Mental health professionals are more exposed to risks during the pandemic (Laranjeira et al., 2024; Testoni et al., 2023). Increased risk of anxiety, depression, burnout, post-traumatic stress, addiction, and suicide have increased (Laranjeira et al., 2024) since working on the frontlines during COVID-19 (Testoni et al., 2023). Mental health professionals face challenges with limited resources (Testoni et al., 2023) preventing professionals working in prisons from ensuring quality of care. Qualitative research through individual and group interviews (Laranjeira et al., 2024) shows professionals should have access to proper resources (Testoni et al., 2023). COVID-19 limited the number of resources (Testoni et al., 2023) provided due to no contact orders (Laranjeira et al., 2024). Inmates who take advantage of treatment programs require resource abundance.

The imposition of COVID-19 restrictions (Testoni et al., 2023) presented challenges for mental health professionals who provide direct services to inmates. Mental health workers who conduct treatment programs (Testoni et al., 2023) may indicate challenges with protocols during services (Laranjeira et al., 2024). Mental health professionals may experience burnout (Testoni et al., 2023) due to stressors and lack of materials (Laranjeira et al., 2024) provided during treatment. Protocol changes may indicate how mental health program budgets are impacted (Laranjeira et al., 2024) and lack of resources made less available (Testoni et al., 2023). Burnout rates may increase

(Testoni et al., 2023) among mental health professionals as lack of materials for reducing stress and treatment resources (Laranjeira et al., 2024). Burnout and self-efficacy amongst mental health professionals due to budget restrictions may impact treatment programs which are direct care. Inmates who require treatment programs due to court orders may see a lack of progression resulting from budget restrictions (Juwita et al., 2023; Leach et al., 2023).

### **Reentry**

Prisoner reentry to society includes a variety of challenges (Fisher et al., 2025) including little social support, housing, education, physical issues, mental health problems, and poverty (Lee & Brown, 2023). Mental health professionals who are assigned a specific treatment program may encounter challenges providing services inmates need. Resources available for mental health professionals to use in specific programs may be limited as a result of budget restrictions. Treatment comes with specific challenges for inmates (Testoni et al., 2023), such as participation and control of the program (Hicks et al., 2023). Inmates who are rejected for a job upon release into society may experience greater negative impacts on their self-esteem and self-efficacy (Fisher et al., 2025; Lee & Brown, 2023). Social constructs are placed for reassurance as inmates are released with the resources provided. Mental health professionals who lack the proper resources to ensure successful reintegration may find treatment difficult for completion.

Cultural groups who are in prison together may experience similar difficulties while incarcerated. Little evidence is presented for which adaptations are needed to improve the cultural relevance of risk assessment tools when applied (Kirschstein et al.,

2023; Nijdam-Jones et al., 2023). Risk assessments that are culturally responsive (Kirschstein et al., 2023) may be necessary to accurately identify high-risk individuals and distinguish them from those who identify lower-risk violence (Nijdam-Jones et al., 2023). Forensic psychologists who provide these assessments know the risks (Dublin et al., 2024) of providing such treatment to inmates (Welner et al., 2023). Forensic psychologists may find difficulty improving their competency (Leach et al., 2023) and knowledge of assessments (Nijdam-Jones et al., 2023) with limited techniques available. Mental health professionals who are providing direct treatment understand the risks that may arise. Treatment required for inmates while incarcerated may be difficult to administer with lack of knowledge or resources.

Prison-based therapeutic communities are established (Barber & Resnick, 2023) to provide effective treatment and structure for inmates (Laranjeira et al., 2024). Mental health professionals are charged with establishing rapport with inmates and continuing care. Therapeutic communities in prison (Barber & Resnick, 2023) focus on group therapy and everyday behaviors (Laranjeira et al., 2024). Therapeutic communities contribute to reducing reconviction rates (Burgos-Jimenez et al., 2023) and improving psychological features (Laranjeira et al., 2024). Mental health professionals who work with therapeutic communities (Burgos-Jimenez et al., 2023) may need to continuously monitor effective interventions (Laranjeira et al., 2024). Mental health professionals working with inmates need to ensure there are enough resources. Therapeutic communities require enough resources for inmates' successful completion and reintegration into society.

Mental health professionals may be charged with preparing inmates for reentry into society. High recidivism rates (Kennedy et al., 2023) may indicate reentry programs or rehabilitation services (Tadros & Presley, 2024) do not have an impact on inmates working with mental health professionals. Mental health practitioners who work directly with inmates may face challenges in helping them see they are more than prisoners (Kennedy et al., 2023) which places questions towards the qualifications workers have for programs (Juwita et al., 2023). Juvenile offenders (Dublin et al., 2024) may relive memories associated with their crimes while incarcerated (Kennedy et al., 2023). Mental health professionals who work with juvenile offenders (Dublin et al., 2024) may witness increased suicidal rates or ideation (Reef et al., 2023) which can indicate heightened risk factors. Mental health assessments administered to juvenile offenders (Dublin et al., 2024) may provide mental health practitioners with the necessary diagnosis and treatment plan (Reef et al., 2023) for possible suicide prevention. Mental health professionals require training in different areas to provide appropriate services (Dublin et al., 2024; Heilbrun et al., 2023).

### **Resource Availability**

Resources in correctional settings (Lee & Brown, 2023) may be stretched thin while providing treatment (Rhodes Fortino et al., 2024). Overuse of mental health resources (Lee & Brown, 2023) may limit the resources for another inmate (Rhodes Fortino et al., 2024). Mental health professionals are charged with understanding and knowing their inmate population. Inmates who require certain resources with their treatment need to be taken into consideration when mental health professionals provide

services. Inmate's dynamics during treatment may indicate the way sessions will go. Mental health professionals run treatment programs (Jalain et al., 2024) in accordance with each inmate's needs (Solbakken et al., 2024). Inmates who questioned mental health professional qualifications (Juwita et al., 2023) at the end of their treatment raised concerns around a lack of progression (Leach et al., 2023). Mental health professionals may need better assistance in planning behavioral interventions (Laranjeira et al., 2024) that are more suited for inmates which means improved resources.

Resources required for treatment programs may prove to be a challenge mental health professionals face. Mental health practitioners have experienced high levels of stress (Laranjeira et al., 2024) and burnout during COVID-19 (Testoni et al., 2023). Mental health professionals who suffer from work-related problems keep increasing (Mivshek & Schriver, 2024). Known information regarding mental health professionals is burnout has become common while working in correctional settings. Mental health practitioners who work directly with inmates may experience a higher burnout and fatigue rate than other mental health workers in the same setting. Prisons underwent drastic rule changes during the COVID-19 outbreak (Testoni et al., 2023). Rule changes affected treatment programs for mental health professionals by limiting what resources are available which may cause increased direct care burnout rates.

Mental health professionals identify what kind of resources are needed for treatment so inmates might have a successful reintegration into society. Mental health professionals also contribute to the growing knowledge of prison systems with what is needed in this setting. Mental health workers have different factors that determine what is

needed for treatment programs based on the funds received. Treatment programs are designed to help inmates rehabilitate (Burgos-Jimenez et al., 2023) and be released back into society (Tadros & Presley, 2024). Mental health professionals working with inmates (Burgos-Jimenez et al., 2023) can provide an understanding of the difficulty connecting with this population (Tadros & Presley, 2024). Mental health providers are the first responders for inmates when they arrive at prison. Mental health professionals who work directly with inmates and provide up-to-date resources may not have an abundance available to provide for each participant.

Correctional institutions (Burgos-Jimenez et al., 2023) have become the new home for individuals with mental illness (Tadros & Presley, 2024). Mental health courts may work with correctional institutions (Thompson, 2024) to ensure proper resources are available (Zielinski et al., 2023). Forensic vigilance within correctional institutions (Clercx et al., 2023) may widen the resources (Leach et al., 2023) available for treatment programs. Courts and prison management may work together (Clercx et al., 2023) to provide proper services for inmates (Leach et al., 2023). Mental health has become an increasing problem within prisons as diagnoses continue to rise (Solbakken et al., 2024). Prisons may need to rework their guidelines for treatment as updated materials are needed. Mental health professionals working with limited budgeting resources may have a decreased opportunity to gain proper materials. Budget reductions are restricting mental health professionals from providing inclusive treatment for inmates.

## **Mental Health Professionals**

Mental health providers may track progress with patient-reported outcome measures for mental health treatment (Barber & Resnick, 2023) and empower patient providers to collaborate on goals through planning (Hicks et al., 2023). Mental health workers may lack proper tracking measures (Barber & Resnick, 2023) for inmates who are participating in treatment programs (Tadros & Presley, 2024). Patient-reported outcome measures (Barber & Resnick, 2023) are tools to help inmates discuss their care and what helps treatment progress (Tadros & Presley, 2024). Mental health professionals who administer treatment for inmates provide resources that are available during services. Treatment comes with specific challenges for inmates (Solbakken et al., 2024) as mental health professionals also experience high levels of stress (Laranjeira et al., 2024) and burnout (Testoni et al., 2023). Inmates who are participating in treatment programs need enough resources to complete services. Burnout may be experienced due to a lack of existing materials within treatment programs.

Mental health professionals and other correctional workers (Kevan et al., 2023) may have different perspectives of the inmates (Timar et al., 2024) who are incarcerated. Correctional workers who interfere with treatment programs administered by mental health professionals may cause conflicts for inmates as they can lose progress (Juwita et al., 2023; Leach et al., 2023). Mental health workers may not be provided enough resources (Juwita et al., 2023) by prison management as conflicts can arise (Leach et al., 2023). Mental health professionals who lack proper resources to provide for inmates during treatment (Kirschstein et al., 2023) may encounter difficulties completing

necessary tasks within each program (Welner et al., 2023). Inmates who attend treatment programs (Juwita et al., 2023) may lack in progression due to minimal resources available during services (Leach et al., 2023). Court-mandated programs may cause ethical dilemmas for mental health professionals (Hicks et al., 2023) as inmates may challenge the qualifications (Leach et al., 2023) due to lack of progression. Mental health practitioners who are tasked with treatment programs require adequate resources for services as inmates depend on successful completion.

Prison management may evaluate mental health professional's assessments or criteria for treatment qualification (Dahl et al., 2023; Kirschstein et al., 2023). Ethical concerns may arise (Solbakken et al., 2024) as mental health professionals allow their opinions to enter sessions or affect treatment outcomes (Dahl et al., 2023). Prison management who oversees treatment programs may conduct observations within each program and determine how to approach ethical dilemmas (Dahl et al., 2023; Leach et al., 2023). Treatment programs come with specific challenges (Vijayan & Bhuvaneshwari, 2025) which may involve ethical violations due to a lack of materials present during services (Hicks et al., 2023). Mental health professionals who work directly with inmates during treatment are responsible for the resources available throughout services. Mental health diagnoses have been on the rise (Laranjeira et al., 2024) including distress after Covid-19 (Testoni et al., 2023). Mental health professionals who worked during Covid-19 (Testoni et al., 2023) may witness an increase in illness and diagnosis among inmates.

Individuals who are not mental health professionals working with inmates may be at risk of substantial burnout (Burgos-Jimenez et al., 2023). Mental health professionals

and correctional workers may need to communicate (Burgos-Jimenez et al., 2023) more for developing treatment programs (Timar et al., 2024) which includes older incarcerated inmates. Older incarcerated adults have different health needs than younger inmates which raises urgent concerns as to how those needs are being met. Treatment programs (Timar et al., 2024) for older incarcerated adults are in need of proper materials (Burgos-Jimenez et al., 2023). Prison policymakers may review and revise programs (Solbakken et al., 2024) based on the health condition of inmates. Budget restrictions may be placed upon changing programs. Materials needed for programs may be reviewed by prison management to determine what is not utilized enough. Mental health professionals who are reviewing materials for treatment programs may indicate what budget is needed.

Prison management may assume mental health professionals have enough resources (Dahl et al., 2023) to provide treatment for inmates as training is provided (Kirschstein et al., 2023). Mental health professionals may require more training (Barber & Resnick, 2023) in different areas to provide appropriate treatment services (Kirschstein et al., 2023). Mental health professional's resources for training (Barber & Resnick, 2023) are believed to be sufficient to meet each inmate's needs (Kirschstein et al., 2023). Mental health professionals' access to resources varies from each program they administer. Treatment programs inmates participate in do have resources provided as a basis. Programs accommodate accordingly to each inmate's needs. Mental health professionals indicate a lack of resources for each program which may not be meeting inmates' successful completion needs.

Mental health professional's self-efficacy beliefs are impacted by budgetary constraints. Mental health professionals must possess high self-efficacy beliefs (Juwita et al., 2023) to consistently deliver innovative programs (Lee & Brown, 2023). Personal efficacy expectations of coping behavior will be initiated, what effort is expended, and how long it can be sustained when facing obstacles with aversive experiences (Bandura, 1977). Changes in behavior produced by stimuli may either signify events to come or indicate probable response consequences (Bandura, 1977). Self-efficacy may be deterred by mental health professionals experiencing burnout. Mental health professionals being overworked (Mivshek & Schriver, 2024) is associated with an increased likelihood of provider burnout (Testoni et al., 2023). Mental health professional's self-efficacy beliefs may be impacted by the amount of stress that is surmounted through treatment services.

Ethical concerns may be taken into consideration. Ethical considerations may include language barriers (Solbakken et al., 2024) and inmates' participation during treatment (Vijayan & Bhuvanewari, 2025). Treatment programs can cause ethical dilemmas and other challenges (Testoni et al., 2023). Mental health professionals need to address ethical dilemmas (Mivshek & Schriver, 2024) while in practice (Testoni et al., 2023). Mental health professionals who are charged with providing direct care for inmates (Jalain et al., 2024) and controlling the session may find challenges within each program (Solbakken et al., 2024). Mental health professionals may need to balance inmates' well-being and safety when providing treatment (Solbakken et al., 2024). Ethical consideration when providing such treatment may indicate what resources are being potentially used. Treatment programs may provide certain resources toward the

reentry process for inmates while working with limited budget restrictions towards materials.

### **Summary**

Mental health professionals working with inmates need to be provided with proper resources. Demand for mental health services (Burgos-Jimenez et al., 2023) in the criminal justice system is increasing (Tadros & Presley, 2024). Mental health services provided in prisons require specialized training (Kirschstein et al., 2023) for appropriate assessments and treatment services (Laranjeira et al., 2024). Resource availability is determined by the budget mental health professionals have for their programs. Budget restrictions may impede treatment quality and completion as resource availability is limited. Data collected will provide rich detail about the resources that are currently provided to mental health professionals and their experiences while providing treatment. Availability of appropriate resources (Burgos-Jimenez et al., 2023) may better sentencing opportunities and improve access to mental health services (Tadros & Presley, 2024). Court-mandated programs may have their own set or abundance of resources. Resource availability may be further provided in detail.

Little-known concepts of how budget restrictions affect treatment programs in correctional settings. Adequate funding for treatment programs ensures the availability of high-quality services. Concepts of budget reduction will be explored to better understand mental health professionals' challenges. Mental health professionals are trained in different areas to provide proper resources for inmates throughout treatment. Knowledge in the discipline will be extended by understanding mental health professionals providing

treatment to inmates. Resources are identified as needed for inmates so they might have a successful reintegration into society. Mental health practitioners also contribute to the growing knowledge of prison systems with how mental health workers are needed in this setting. Treatment programs are vital to the successful reintegration process for inmates. Treatment program utilization of materials that are reported may indicate how a continuum of care is provided. Program utilization reports may indicate how a continuum of care is provided in treatment services.

Gaps in the literature on mental health professional's experiences and budgetary challenges can be addressed through qualitative methodology including narrative descriptions, public records, questionnaires, and interviews. The data collected will extend knowledge for mental health practitioners who provide direct treatment to inmates. Burnout due to limited resource availability was further explored. A phenomenology approach was utilized as the research tradition. Phenomenology may determine through semi-structured interviews how mental health workers are impacted by budget restrictions for treatment programs. Bias was addressed and reduced through narrative inquiry and interviewing. Journal records were kept throughout the process to maintain align with the research question. Data saturation, recognition, and sample size were discussed. Semi-structured interviewing, questionnaires, and narrative inquiry were explained further. Mental health workers may provide knowledge on the discipline when participating in data collection. Credibility, ethical concerns, coder reliability, institutional permission, informed consent, dependability, anonymity of participants, and transferability were further explored in Chapter 3.

### Chapter 3: Research Method

Additional knowledge is needed on self-efficacy beliefs (Juwita et al., 2023) for mental health professionals who work in prison settings (Lee & Brown, 2023). Burnout encompasses exhaustion (Lee & Brown, 2023) due to the continuity of listening and providing care (Rivera-Kloeppel & Mendenhall, 2023). Mental health professionals described their experiences of stress differently (Laranjeira et al., 2024) than other front-line workers. Budgetary constraints within treatment programs contribute to burnout and the lack of resources available for mental health professionals. Budgetary constraints were examined to better understand how rehabilitation programs are affected. Self-efficacy beliefs amongst mental health professionals in correctional systems were examined in the context of budgetary constraints to better understand how rehabilitation programs are affected. Self-efficacy beliefs and burnout are shaped by the lived experiences of mental health professionals.

The purpose of this study was to understand what changes in resource availability associated with budgetary constraints impact the self-efficacy beliefs of mental health professionals. Mental health professionals providing certain treatment programs need specific resources for inmates. Resources are provided to each program (Kirschstein et al., 2023), and there is a constant risk of not having enough resources or proper training (Laranjeira et al., 2024). Budget restrictions can lead to fewer resources available for those who are already benefiting from these programs. Budget restrictions can become part of the issue that is leading to some mental health workers not performing jobs adequately. Budgetary restrictions can prohibit mental health professionals from

obtaining certain resources. Mental health professionals who are working with the resources available while attempting to avoid burnout were explored.

The research sample consisted of mental health professionals providing direct services within treatment programs. Phenomenological analysis was used to analyze the data. Research validity and trustworthiness are outlined in this chapter. Preliminary questionnaires (Gonzalez-Montalvo et al., 2023) were used to identify the sample of mental health professionals (Vijayan & Bhuvaneshwari, 2025). Data were collected via questionnaires, interviews, and narrative inquiry (Gonzalez-Montalvo et al., 2023) to determine what resources are needed within rehabilitation programs. Interviews were conducted using a semi-structured protocol. Interviews were recorded and then professionally transcribed and de-identified prior to coding. Ethical concerns were addressed by utilizing HIPAA and an informed consent form.

## **Research Design and Rationale**

### **Research Question**

How do budgetary constraints impact the self-efficacy beliefs of mental health professionals within correctional systems?

### **Qualitative Research Design**

A phenomenological approach was utilized to understand how and in what ways budgetary constraints impact the self-efficacy beliefs of mental health professionals in prison settings. Phenomenology focuses on the intersection between the mind and the world which neither can be understood separate from one another (Dodgson, 2023). Phenomenology requires researchers to focus on the first-person perspective (Dodgson,

2023) as it is lived within the person's environment. Sampling is purposeful and often in smaller sizes within qualitative studies due to extended engagement during research (Dodgson, 2023). Phenomenology may allow researchers to study self-efficacy beliefs mental health professionals possess while experiencing budget restrictions during treatment. Self-efficacy, budget restrictions, mental health professionals, and treatment programs in correctional institutions were explored further. Phenomenology served as the qualitative research tradition.

Narrative descriptions of experiences mental health professionals have in the prison environment were collected. Mental health professionals working with inmates (Solbakken et al., 2024) might have a different approach to solutions (Tadros & Presley, 2024) than other prison workers. Alignment between the problem statement and purpose is why a phenomenological methodology was selected. Context is critical in phenomenological research (Dodgson, 2023) as researchers must provide the participants with enough information for participation. Participants must be situated within their profession to provide sufficient descriptive details (Dodgson, 2023). Mental health professionals working with inmates may provide greater detail on what is needed for sufficient resources in each treatment program. The context of phenomenological research for treatment program needs may indicate what changes are necessary towards positive outcomes. Budget restrictions being implemented consistently (Laranjeira et al., 2024) increases the burden on mental health workers to provide consistent care possible for such a population (Testoni et al., 2023), which was further explored.

### **Role of Researcher**

Researcher assumptions and biases were identified throughout this process. Personal experiences with the phenomenon were identified. Assumptions may be formed from the researcher as past experiences in mental health can potentially be utilized. Assumptions and biases must be acknowledged throughout the research process. The researcher's role was to eliminate bias to ensure findings will not impact results.

Budgetary challenges and experiences had yet to be explored in correctional environments amongst mental health professionals. Treatment comes with specific challenges for inmates (Hicks et al., 2023), such as participation and control of the program (Testoni et al., 2023). The experiences of mental health professionals working in a prison setting (Solbakken et al., 2024) have not been well-researched. Incarcerated individuals benefit from supportive environments (Solbakken et al., 2024) where support for both symptoms of mental illness and addiction are addressed (Hicks et al., 2023). The researcher's role was to present questions to mental health professionals during data collection and uncover how services are impacted by budget restrictions.

The researcher's experiences with personal and professional individuals may differ as mental health professionals experience lower self-efficacy beliefs with limited resources available. Previous interactions with participants may be considered professional relationships. When potential participants were identified as having had a previous relationship, the interview was not scheduled. Professional interactions by the researcher involved mental health professionals, self-efficacy beliefs, budgetary restrictions, and resource availability. Mental health professional's self-efficacy beliefs

due to budgetary restrictions and limited resource availability had limited discussion in the research. Interest in how mental health professional's self-efficacy is affected stemmed from the researcher's experience.

Researcher biases were managed by eliminating factors such as program favoritism. The researcher may have had advanced knowledge of certain treatment programs in which more resources are available versus other services. Treatment programs within correctional institutions may be required to disclose what sources are current and available data collection begins. Researcher bias may occur when certain resources are available that can be more utilized than other sources. Bias was managed based on data collected before the study is conducted. Public records may indicate what resources are already available which can determine how the study should proceed. Power relationships based on resource availability may be deterred with a pre-study discussion of what is currently available versus needed.

Program guideline availability, permission to recruit, and privacy of information may become issues. Rehabilitation programs can lack the proper guidelines (Testoni et al., 2023) necessary to ensure great quality of care for inmates. HIPAA guidelines were followed when recruiting participants and storing their information. Participants may need to sign a waiver for participation permission. Privacy can be an issue as data collection can be agreed upon to have enough participants. Participants who work directly with incarcerated individuals are important for data collection as they may provide insight on what is needed within each treatment program. Solutions may be found quickly towards reportable information during data collection.

## Methodology

An exploration of mental health professionals' self-efficacy beliefs providing treatment services in correctional institutions following budget restrictions was conducted. Self-efficacy amongst mental health professionals with limited resources due to budget restrictions has not been fully explored. Budget restrictions being implemented consistently (Laranjeira et al., 2024) places a greater burden on the mental health workers to provide consistent care possible for such populations. Mental health professionals continuing to work under such restrictions can experience early burnout rates and be a part of smaller teams available to provide services. Mental health professionals describe their experiences of stress differently than other front-line workers (Laranjeira et al., 2024). Poor management, budget deficits, and overcrowding (Gul, 2018) contribute to the stress (Testoni et al., 2023) mental health professionals experience.

Participants for data collection were mental health professionals who work one-on-one with inmates. Criteria for inclusion was being mental health professionals involved with direct care by means of group programs and one-on-one sessions. Preliminary questionnaires were used to identify the sample of mental health professionals for inclusion (Gonzalez-Montalvo et al., 2023) by asking specific questions to determine the eligibility of each participant. Data were collected via questionnaires, interviews, and narrative inquiry (Gonzalez-Montalvo et al., 2023) to determine what resources are needed within rehabilitation programs. The number of participants included 11 mental health professionals who are sharing their lived experiences in correctional

institutions. Participants varied in experience and provided detailed insight into what is needed within each treatment program.

### **Participant Selection**

Participants were recruited by flyers through social media posts on Facebook, Instagram, LinkedIn, and TikTok. Participants were provided with an email on the flyer to contact if interested in participating. Preliminary questionnaires were sent to the participant's confirmed email address and must be filled out for participation. The researcher contacted each participant. The researcher reminded participants of their confidentiality rights when participating. Participants were de-identified once their information was processed from the preliminary questionnaire. Participants were emailed with provided a form to fill out with dates and times for their interview. Data were collected until saturation was reached with 11 participants in this qualitative research design (Gonzalez-Montalvo et al., 2023; Vijayan & Bhuvaneswari, 2025).

Questionnaires are beneficial (Gonzalez-Montalvo et al., 2023) as participants might be able to provide more information on what is needed in treatment programs (Vijayan & Bhuvaneswari, 2025). Questionnaires remained anonymous, except for the gender of the participant, as this can be a reliable method for data collection. Interviews were professionally transcribed and de-identified prior to coding. Mental health professionals working with inmates (Gonzalez-Montalvo et al., 2023) can provide an understanding (Vijayan & Bhuvaneswari, 2025) of the difficulty of connecting with this population. Mental health professionals are the ones working with the resources which can provide detailed information about program needs. Budget restrictions can have a

negative impact on the professionals as resource availability declines. Mental health professionals who continue working under such restrictions may have early burnout rates and fewer staff members available for treatment services.

Narrative inquiry and interviewing (Gonzalez-Montalvo et al., 2023) were an appropriate way to collect data (Vijayan & Bhuvaneshwari, 2025). Interviews were conducted using semi-structured protocol once the sample has been identified. Interviews were recorded then professionally transcribed and de-identified prior to coding. Data were collected and kept confidential throughout the duration of the study along with seven years following data collection. Data saturation is the point during collection where no additional issues are identified (Rahimi & Khatooni, 2024), and results start to repeat which makes collecting redundant. Saturation signifies an adequate sample size has been reached (Rahimi & Khatooni, 2024). Participant responses to guiding questions were expected to have variability. Data were collected until saturation.

### **Instrumentation**

Data collection tools included snowball sampling, databases, public records, questionnaires, and interviews. Public records from various municipalities were analyzed around budgetary changes in prisons and narrow down potential participants. Interviews were transcribed so there is no misinterpretation of the data collected. Data collected from questionnaires were deidentified and respondent identities will remain confidential. Databases were used to reference older data for any significant change. Databases were used to support current findings when collecting data from mental health professionals.

Public records were useful when collecting data from various prisons as it was used to compare the research information collected.

Mental health professionals who provide treatment services must possess high self-efficacy beliefs (Juwita et al., 2023) to consistently deliver innovative programs (Keyan et al., 2023). Major constructs include mental health professional's self-efficacy beliefs and burnout due to inadequate materials provided for treatment programs (Bandura, 1977). Qualitative methodology was used through questionnaires, interviews, and narrative inquiry (Juwita et al., 2023; Keyan et al., 2023). Interviews using a semi-structured protocol were used during data collection. Responses from mental health professionals were recorded to understand unknown concepts of treatment programs and resources. Prison systems are important for data collection and maintaining confidentiality. Solutions were found quickly which can led to a fast data collection and provided reportable information.

### **Researcher-Developed Instruments**

Instrument development is based on the research question which has a foundation of rehabilitation prison management theory (Gul, 2018) and self-efficacy theory (Bandura, 1977). Key factors for data collection with developed instruments were interviews and questionnaires. Databases were used to collect extra information such as program development and where resources are gathered from. Validity was established as mental health professionals who are currently working one-on-one or in group settings with inmates were interviewed. Data collection instruments were sufficient to answer the research question as mental health professionals provide direct treatment services. Mental

health professionals who are provided preliminary questionnaires to be included will establish the sample pool for data collection. Semi-structured interviews were conducted to determine self-efficacy beliefs amongst this population.

Validity refers to the extent which studies reflect dominant values of research (Sabnis & Wolgemuth, 2023). Interview protocol was assessed for content validity. Validity is the degree to which instruments measure intended concept (Sabnis & Wolgemuth, 2023). The concepts included self-efficacy beliefs, burnout, mental health professionals, and budget restrictions. Access to resources and self-efficacy beliefs was assessed directly within interview questions which may increase validity. Content validity indicates the degree an instrument measures a specific topic (Sabnis & Wolgemuth, 2023). Content validity was addressed during preliminary interviews.

### **Procedures for Recruitment, Participation, and Data Collection**

Participants were recruited by email and flyers posted on social media platforms focusing on mental health professionals who are providing treatment programs. The flyers were placed on Facebook, Instagram, LinkedIn, and TikTok. Recruitment of participants is foundational (Lim, 2025) to research methodology. Participants who are recruited became enrolled in the preliminary questionnaire. Participant enrollment may become challenging (Lim, 2025) while it is important to the overall research outcomes. Flyers posted on designated platforms provided mental health professionals private ways of direct contact with researchers via phone call, text message, or email. The flyer provided information about the study's purpose, how data will be collected, and

participant anonymity. Preliminary questionnaire determined participant eligibility. The flyer discussed informed consent and participant eligibility.

Emails were sent to the mental health professionals who qualify for participation for this study. The preliminary questionnaire required accurate email addresses for assurance each procedure is sent to the right participants. Emails sent to participants contained instructions for next steps. The interviews focused on mental health professional's self-efficacy beliefs when providing treatment programs with available resources due to budget restrictions. Program leaders cite lack of resources or funding for treatment programs (Lee & Brown, 2023) as factors that contribute to minimal progression (Rhodes Fortino et al., 2024). Under resourced treatment programs designed to support inmates may instead lead towards lower rates of participation which may be reported during data collection.

Semi-structured interviews lasting approximately 60 minutes were conducted. Participants availability for the interview was determined by data collection timeframe. Participants were reminded of the study and confidentiality throughout data collection. Participants were reminded of their right to withdraw before interviews are conducted. Debriefing was conducted at conclusion of the interviews. Interviews were recorded then transcribed and de-identified prior to coding. Data will be kept confidential throughout the duration along with seven years following data collection. Data will be destroyed after seven-year timeline.

Participants were verified at the end of interviewing. Participants verified their email and were sent a summary of their transcript for accuracy. Information was also sent

via email to each participant. A \$25 Amazon gift card was offered to each participant along with thanking them for participating. Gift cards were given to each participant with retrieval signature request. Participants were provided contact information for any questions or concerns about the study and verification process. A final copy of the data was offered to all participants upon completion and publication. Participants were provided with a possible timeline of when the study will be complete to publish results.

### **Data Analysis Plan**

Qualitative researchers may start their research by creating and organizing files followed by reading then analyzing data. Interviews may be transcribed by professional software and reviewed by the researcher to prevent misinterpretation. Interviews conducted (Laranjeira et al., 2024) will show what professionals should have access to for proper resources (Testoni et al., 2023). Narrative inquiry and interviewing (Juwita et al., 2023) were an appropriate way to collect data for this qualitative study (Keyan et al., 2023). Journal records were kept throughout the process to align each section with research question. Data coding was how results were organized. Coding programs were used to code the data collected.

Sonix (sonix.ai) was used to transcribe the conducted interviews. Sonix offers different features such as language detection, word-by-word timestamps, transcript editor, and more. Delve (delvetool.com) was used to code the data collected. Delve can also be used for transcription of interviews. Delve is an encompassing program which allows the researcher to stay organized while analyzing the data. Interviews were audio recorded,

transcripts, and journal notes for utilization throughout the data collection process. The first set of codes for analysis were interview transcripts to gather data.

Data were explained with relevant phenomena by structured models (Sherman, 2025) during analysis. Data coding focused on mental health professional's experiences providing treatment programs to inmates. Codes were identified and connected to specific theoretical framework (Sherman, 2025) is part of this phase. Connections were made during data coding. Experiences of mental health professionals in this setting provided critical information of what is still needed. Specific statements and experiences were identified during coding. Theoretical framework was reflected when using specific statements and experiences.

### **Issues of Trustworthiness**

Trustworthiness has been defined as being evaluated by credibility, transferability, dependability, and confirmability (Kakar et al., 2023). Transparency is a key factor as technique and theoretical bases (Kakar et al., 2023) must be made apparent. Trustworthiness in qualitative research determines its scientific adequacy (Kakar et al., 2023). Trustworthiness may confirm what is being researched (Subedi, 2023) while also being open for surprise results. Data collection transparency, data analysis, participant interaction, and procedures can structure a trustworthy qualitative study (Kakar et al., 2023; Subedi, 2023). Attention to detail and bias will be required. Bias can threaten the trustworthiness (Subedi, 2023) of the data collected. Trustworthiness has steps that need to be followed for unbiased assurance.

## **Credibility**

The process of credibility (Kakar et al., 2023) is important to evaluate the study's characteristics (Subedi, 2023). Credibility checks the participants as they are heavily involved by providing critical information. Summaries of the interviews that were conducted will be provided to each participant for accuracy checking. Bias was reduced by participant checking within the research study. The researcher will be checking bias during data collection as own experience may be reflected. Participants who were part of the interview process were able to check their own interview before publication. Credibility is supported by the theories, research question, data collection, analysis, and results throughout this qualitative study.

Descriptions during coding increase the analysis's credibility (Subedi, 2023). Participant validation may also ensure credibility (Kakar et al., 2023) during analysis. Participants provided clarifications when checking their own interview before publication. Interviews allowed each participant to be descriptive and elaborate on their experiences. Interview duration was estimated to be sufficient for completing questions and discussion topics. The interview structure was determined based on compiled questions. The initial interview was completed before the structure is determined.

## **Transferability**

Transferability is not a common goal in phenomenological research. Rich descriptions (Kakar et al., 2023) that include contextual information (Subedi, 2023) are part of this research type. Descriptions and rich data are part of transferring the findings to other populations. Rich data provided greater detail on the content of the research

question. Participants who provided such rich descriptions of their experiences were establishing context for data collection purposes. Effective interviewing provided the necessary information from participants. Interview questions provided by the research allowed further elaboration from participants when necessary.

### **Dependability**

Triangulation is cross-checking (Kakar et al., 2023) the research to make it more credible (Subedi, 2023). Member-checking is a process of triangulation (Kakar et al., 2023) which involves participants providing feedback about the analysis and results of data collection (Subedi, 2023). The researcher is dependent on the participants providing feedback on the data collected. Participants were mental health professionals in prison settings. Interviews and member-checking were part of the process as they are triangulation methods. Audit trails were created when each step of the data analysis is highlighted. Audit trails (Kakar et al., 2023) were useful when establishing findings (Subedi, 2023) from participant responses.

### **Confirmability**

Confirmability is the neutrality of the study within its findings. Confirmability may lead to bias (Kakar et al., 2023) as the researcher will find exactly what they are looking for (Subedi, 2023). Claims are confirmed through verification (Kakar et al., 2023) which are verified by observations and conclusions (Subedi, 2023). Open-ended questions increased credibility and confirmability when conducting interviews. Detailed descriptions which are observations and member-checking were used for confirmability. Interview summaries were provided to each participant by the researcher which may

prevent bias from entering data collection with member-checking. Clear links were found between data and findings presented by the researcher.

### **Ethical Procedures**

Institutional Review Board (IRB) approval was required before conducting any type of study. A member of the IRB reviewed all required documents prior to data collection. The IRB was tasked with ensuring Walden University's ethical standards are followed. Informed consent was required from each participant before data collection begins. Verbal or digital responses to emailed consent forms with "I consent" were accepted from each participant. The Common Rule was taken into effect. The Common Rule disclosed to participants that participation is voluntary (Rhodes & Blanchard, 2025). The Common Rule required participants' data and identities are protected.

Participants were treated with respect throughout the entire data collection process. Each participant had the opportunity to provide feedback about their experience after data collection. Participants had risks disclosed during the review for participation. Participants' risks must be minimized and changes to the study or process will be disclosed (Rhodes & Blanchard, 2025). The balance of risks and benefits (Rhodes & Blanchard, 2025) were reviewed by IRB. Participants were reminded of their right to exit at any time if they choose. Participants were educated on the study's purpose. Potential participants had time to consider participating while considering each possible risk that may be included.

Participants were recruited by flyers and emails. Flyers were published on social media platforms for participation. Emails were sent to the participants who reach out

from the flyer. Protocols were disclosed to each participant as well as expectations and ethical guidelines for participation. Ethical guidelines were followed when recruiting participants by keeping their identity confidential. Confidentiality was followed throughout data collection and seven years after data analysis was completed. Participants were notified once data collection is complete, and a summary of all the study findings may be provided.

Ethical concerns surrounded data collection as participants may leave at any time. The IRB required a detailed protocol to be submitted before the study is conducted (Rhodes & Blanchard, 2025). The IRB also required recruitment documentation, consent, data collection tools, and an analysis plan (Rhodes & Blanchard, 2025). A detailed checklist was completed to ensure no bias or relationships interfered with data collection. The IRB reviewed the checklist to ensure it followed ethical procedures. Participant privacy and identity confidentiality were an important part of data collection. Participants were made aware of the potential risks and sign a consent form stating they were willing to participate.

Data were treated with high-security protocols to keep identities confidential. Data were de-identified prior to coding for anonymous participation assurance. Data were coded with professional software such as Nvivo and be confidentially stored. Data breaching was a concern and was monitored consistently throughout the duration of collection. Data will only be accessible by the researcher to keep participant information confidential. Data has been stored on a secure hard drive that is only accessible by the researcher. Data will be destroyed seven years following collection.

Participants' transcripts and any other documentation have been kept secure with the researcher. Participants were identified by pseudonyms to keep their identity confidential. Personal identifiers were removed to protect participants' identities. Breach of confidentiality was a potential risk within the research as participants may disclose information. Data will be kept for seven years following results and be confidential per Walden University ethical guidelines. Gift card incentives were utilized to thank the participants for their time. Incentives may be an indication of bias to some participants as they know the study is searching for specific information. Participants were reassured that they are a vital part of data collection. Gift card incentives were signed off upon when participants arrive for retrieval.

### **Summary**

Mental health professionals and their self-efficacy beliefs were examined in this qualitative study. Resources within treatment programs, budget restrictions, self-beliefs, and specific needs were addressed through data collection. A phenomenological approach was used to understand how mental health professional's self-efficacy beliefs are impacted by the lack of resources provided. Data were explained with relevant phenomena by structured models during analysis (Sherman, 2025). Concepts of interest within this qualitative study included self-efficacy, mental health professionals, treatment programs, lack of resources, and budget restrictions. Minimal research can be found on mental health professionals who are impacted by budget restrictions for their treatment programs. The role of the researcher, potential biases, data analysis, and ethical procedure were disclosed.

The purpose of this qualitative study was to better describe mental health professionals' self-efficacy beliefs about working in correctional systems following budgetary challenges. Member-checking, flyers, and emails were strategies considered for participation recruitment. Member-checking is a process of triangulation (Kakar et al., 2023) that involves participants providing feedback about the analysis and results of data collection. Data collection occurred through semi-structured interviews and snowball sampling. An interview protocol was developed and was based on the research question. Semi-structured interviews were conducted with open-ended questions within the interview protocol. Narrative inquiry and interviewing (Juwita et al., 2023) were an appropriate way to collect data (Keyan et al., 2023). Participants had the opportunity to provide feedback when presented with a summary of their interview.

The setting, demographics, data collection, data analysis, evidence of trustworthiness, and results will be further discussed. The setting was correctional institutions in which mental health treatment programs are provided. Present participants who are mental health professionals providing current services will be described. Data collection will include the number of participants. Data collection will also include how information was collected. A description of the locations and duration for each data instrument will be described. Unusual circumstances throughout the data collection process will be described and discussed. Codes, categories, and themes that were discovered from the data will be described in detail. Trustworthiness regarding credibility, transferability, dependability, and confirmability with the results will be discussed thoroughly in Chapter 4.

## Chapter 4: Results

Mental health professionals' self-efficacy beliefs due to budget restrictions in correctional settings is the topic of this research. Self-efficacy beliefs, burnout, budget restrictions, and access to materials were the main points of investigation. Self-efficacy beliefs are an individual's belief of achieving specific goals and consistently deliver innovative programs (Bandura, 1977). Burnout is characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment (Mivshek & Schriver, 2024). Budget restrictions are financial limitations on spending.

Self-efficacy beliefs, burnout, budget restrictions, and access to materials were discussed through the interviews. Participants were asked to share whether the budget restrictions have impacted their treatment programs they are facilitating. Participants were asked a series of questions to describe their experiences with the budget. Participants shared their current lived experiences working with inmates in individual and one-on-one settings. Budgetary constraints impacting self-efficacy beliefs of mental health professionals within correctional systems are discussed throughout this chapter.

Research findings are discussed throughout this chapter. Data collection, setting, and procedures are also described, along with participant demographics and characteristics relevant to the study. Unusual circumstances throughout the data collection process are discussed. Issues of trustworthiness management, credibility, transferability, dependability, and confirmability are explained in the chapter. Specific codes and themes that emerged from results are emphasized. Results are described in detail from interview findings.

### **Setting**

Participants' experiences during the study may have been influenced by personal and situational factors present at the time of data collection. Recruitment was conducted through email communications, ensuring participants had control over scheduling and location of their interview. The participants and researcher used private offices for all interviews and scheduled in the absence of others to ensure privacy. External stressors such as personal responsibilities, emotional distress, or life events may have impacted their responses. Semi-structured interviews through audio-recorded Zoom calls were the method for data collection. Participants received a \$25 gift card for participating.

Interviews were conducted using the Zoom platform. All participants were familiar with the Zoom platform prior to each interview. All 11 interviews were completed without technical difficulties or barriers. Participants received their interview invitations via e-mail. Each interview was scheduled for 1 hour. All interviews were conducted within the allotted hour. Introductions and familiarization with the research were performed for approximately five to 10 minutes before each interview. Participants had opportunities to ask questions about the research topic before, during, and following each interview meeting.

### **Demographics**

Recruitment efforts resulted in 11 candidates for study participation. Participants were licensed mental health professionals providing direct treatment to inmates in correctional settings. Candidates could not be part of the prison administration. All participants worked in a correctional setting. Participants could provide direct services to

inmates by one-on-one and/or group treatment modalities. Scheduled and completed interviews were done no less than four days after the initial e-mail was sent to each participant. Participants were identified as P1 through P11 corresponding with when each interview occurred (see Table 1).

**Table 1**

*Participant Interviews*

Code	Scheduled Interview	Completed Interview
P1	5/16/2025	5/17/2025
P2	5/18/2025	5/19/2025
P3	5/19/2025	5/19/2025
P4	5/18/2025	5/20/2025
P5	5/20/2025	5/21/2025
P6	5/18/2025	5/22/2025
P7	5/21/2025	5/23/2025
P8	5/21/2025	5/25/2025
P9	5/22/2025	5/25/2025
P10	5/25/2025	5/25/2025
P11	5/25/2025	5/26/2025

**Data Collection**

Interview questions were written in compliance with IRB requirements to address the research question. Participants completed a preliminary questionnaire to qualify for the study and agreed to the study voluntarily with their preliminary questionnaire responses. Data collection occurred between May 17 and May 26, 2025. The recruitment process was completed within four weeks from IRB approval. Each participant received a \$25 Amazon gift card for participation as an incentive. Participants were also offered access to the final study once fully completed.

Each of the interviews took place within four weeks of the data collection revision approval. Participants emailed and confirmed dates to be part of the study after preliminary questionnaire submission. Participants were only communicated through e-

mail to ensure privacy of information. Each interview was conducted in a confidential location with audio recording to ensure accuracy of the information collected. Audio recording of each interview was conducted on a private computer. All recordings are locked by passcode to ensure security of information. The results were based on each interview questions regarding self-efficacy beliefs due to budget restrictions.

Participants emailed and confirmed dates to be part of the study after preliminary questionnaire submission. Each of the interviews took place within four weeks of the data collection revision approval. Each interview was conducted in confidential locations with audio recording to ensure accuracy of the information collected. Participants were provided Zoom links which allowed each participant to choose their interview location for privacy. Participants were only communicated through e-mail to ensure privacy of information. Audio recording of each interview was conducted on a private computer. All recordings are locked by passcode to ensure security of information

### **Data Collection and Analysis**

In-depth interviews were audio recorded via the Zoom platform to help with transcribing each participant interview. The themes were initially recorded, transcribed, and coded in Delve (delvetool.com) for organizational purposes. Delve helped organize, analyze, and develop insight into each interview by importing, exploring, general coding, comparing codes, and exporting transcripts. Tables and figures were created to visualize the results while identifying recurring themes. The candidate responses in this study were from open-ended interview questions. All participant responses were documented and explored. Participant interview responses were placed in Delve and coding completed.

### **Data Variation**

There were minor finding variation processes from the original proposal in Chapter 3. The semi-structured interviews lasted approximately 60 minutes. Interviews were conducted at the participants' convenience. The timeframe of data collection completion was determined by participant availability. Participants were reminded of confidentiality and their right to withdraw before beginning each interview. Each interview included a debrief at the conclusion. Participant concerns, study potentiality, and research were addressed during the debriefing. Interviews were audio recorded and transcribed. Interviews were audio recorded, transcribed, and stored securely for 7 years as required by the IRB.

Each participant verified their initial interview results. Member-checking was completed after all interviews were concluded and after developing the summary for each interview. Any additional information needed regarding participants was also collected. Each interview concluded with welcoming participants to add any additional information. Participants were provided a \$25 Amazon gift card as an incentive. The \$25 Amazon gift card was emailed to each participant after the interview. Participants were provided contact information for any questions or concerns about the study. A copy of the final study was offered to all participants upon completion and publication. Participants were informed it may be some time before the study was fully completed.

### **Data Analysis**

Participants' interviews and observational notes were read and re-read to establish familiarity with the findings. Initial codes were generated by a systematic identification

of features across information and relevant information. Codes were collected into potential themes. Themes were checked against coded extracts, and all information was analyzed. The results were analyzed on a continuous basis to refine names and definitions of each theme. Vivid extracts were selected with overall analysis related back to the research question and scholarly literature. Codes were created based on each response.

Mental health professional perspectives were documented using a qualitative design and phenomenological approach. Mental health professional perspectives of self-efficacy beliefs due to budget restrictions data analysis were conducted to support identification. The information from each professional's interviews were hand-coded and continuously compared to maintain consistency in theme interpretation. The data were analyzed by looking for patterns and themes which naturally emerged from each participants' responses. Delve was utilized to interpret and clarify the information collected among participants involved. Potential richness of theme development was limited by the inability to ask specific follow-up questions. The result outliers were developed based on responses during each interview.

Codes were developed based on the interview question categories. The categories included funding, burnout, stress, self-efficacy, resource availability, requesting resources, materials available, out of date materials, self-confidence, effect of facility responses, and overcoming funding (see Table 2).

**Table 2***Categories and Responses*

Categories	Responses
Burnout	Exhaustion Irritability Overstressed Drowning Hopelessness Emotional fatigue Robotic overwhelmed
Self-Efficacy	Self-Doubt Frustration Focus on Control Sense of Effectiveness Limited Resource Availability Emotional Exhaustion Guilt Helplessness Questioning Effectiveness
Funding	Lack of Privacy Lack of Staff Lack of Current Materials Lack of Access to Materials No Continued Education Opportunities Paying Out of Own Pocket
Requesting Resources	Lengthy Response Times Weeks to Months of Waiting No Response Go Through Management Delayed Notifications Multiple Follow-Ups Required for Answers
Resource Availability	Handwriting Material Drawing by Hand Out of Date Materials Create Own Materials Look Online for New Materials Need Permission for New Materials Increased Emotional Labor
Facility Response	Personal Funds No Guaranteed Response Frustrated with Silence Feeling of Nonimportance Lack of Acknowledgement No Changes Made Not Enough Support Not Being Heard

Mental health professionals who were interviewed identified different burnout symptoms. Providers identified which symptoms have affected them most in and outside the facility. Each participant's response provided insight to ask follow-up questions. Participant responses created themes which were developed into codes.

Mental health professionals being overworked (Mivshek & Schriver, 2024) is associated with an increased likelihood of provider burnout (Testoni et al., 2023). Burnout encompasses exhaustion due to the continuity of listening and providing care (Rivera-Kloeppel & Mendenhall, 2023). Major constructs include mental health professional's self-efficacy beliefs and burnout due to inadequate materials provided for treatment programs (Bandura, 1977). Burnout rates for mental health workers impact the way treatment is administered to inmates (Juwita et al., 2023). Burnout is a core concept of mental health services with direct relation to empathy towards inmates (Mivshek & Schriver, 2024). Each of the burnout symptoms were identified by participants when providing direct treatment to inmates.

Self-efficacy is an individual's belief (Bandura, 1977) they can take steps needed to attain specific performance objectives (Juwita et al., 2023). Mental health professionals must possess high self-efficacy beliefs (Juwita et al., 2023) to consistently deliver these innovative programs (Keyan et al., 2023). Individuals' level of perceived self-efficacy can enhance their coping response (Lee & Brown, 2023) in which coping efforts help to increase or decrease self-efficacy (Rivera-Kloeppel & Mendenhall, 2023). Low self-efficacy is related to increased emotional distress (Lee & Brown, 2023) and functional impairment (Rivera-Kloeppel & Mendenhall, 2023). Mental health professionals

experiencing low self-efficacy face the challenge of providing proper treatment services to inmates. Participants identified self-efficacy beliefs that were impacted by prison management and budget restrictions. Self-efficacy beliefs are shaped by the lived experiences of each mental health professional.

Lack of resources or funding for treatment programs are factors that contribute to minimal progression (Lee & Brown, 2023). All mental health providers need ongoing training (Johnson et al., 2024) to provide current treatment. Eleven mental health professionals were interviewed and discussed prison funding. Program leaders cite lack of resources or funding for treatment programs as factors that contribute to minimal progression (Lee & Brown, 2023). Mental health professionals have not received any additional funding or support as caseloads increase (Rhodes Fortino et al., 2024). Participants identified challenges funding has presented when providing materials to inmates during treatment. Funds for treatment programs are important to the success of inmate reintegration into society.

Participants were asked how long the request process can take to receive necessary resources. Participants stated responses from management could take weeks to months when requesting resources. Participants provided insight to the request process for resources needed. Participants were asked if their facilities provide answers of approval for resources. Participants answered some requests received no response from prison management while others receive approvals. Participants answered multiple follow-ups were necessary when no response was received. Participants answered

programs are not able to wait for responses as inmates are completing their treatment before resources become available.

Resources in correctional settings are stretched thin while providing treatment (Lee & Brown, 2023). Participants were asked how available the resources to them for treatment are. Participants answered the resources are limited and out of date. Participants answered handwritten worksheets have been provided for inmates due to lack of available resources. Participants were asked how lack of resources has affected their ability to provide treatment. Participants answered emotional stress is a contributing factor. Participants use their personal funds to purchase resources and materials for treatment.

Participants were asked how the facility responses affected their providing of treatment. Participants answered treatment groups were affected by not receiving responses in time for materials needed before completion. Participants answered leadership would not respond to requests for updates on materials. Participants were asked if the lack of response was an answer for them. Participants answered the silence from management was a response as materials were handwritten. Participants answered there is not enough support for treatment programs to be successful. Participants stated a feeling of nonimportance would linger when no response was received. Participants were asked if they felt heard by prison management when requesting resources. Participants answered they felt prison management did not hear the importance of materials needed when requests were made.

## **Evidence of Trustworthiness**

### **Credibility**

Researchers may employ multiple data sources, methods, or perspectives to validate findings (Kakar et al., 2023; Subedi, 2023). Member-checking was utilized to enhance the credibility. Summaries of each interview were shared with participants for accuracy as part of the member-checking process. Self-awareness was practiced by the researcher throughout the study. Bias and preconceptions were reduced with reflexivity. The research process improved the quality of knowledge gained. Credibility in the study was achieved through alignment of theory, research question, data collection, analysis, and the results generated.

### **Transferability**

Transferability is not a goal in phenomenological studies. Thick descriptions provide a comprehensive understanding of the phenomena (Kakar et al., 2023) with capturing participants' experiences (Subedi, 2023). Researchers provide rich and detailed descriptions (Kakar et al., 2023) of the research context with participants and processes (Subedi, 2023). Rich data were essential for transferring the findings to other contexts. Research data needed to be in-depth, substantial, and relevant. Open-ended questions were presented during the interview process allowed participants to elaborate on their responses. Participants were not required to elaborate on their answers.

### **Dependability**

Member checking (Kakar et al., 2023) was utilized as participants verified the accuracy and authenticity of collected data (Subedi, 2023). Dependability (Kakar et al.,

2023) means reliability of the research study (Subedi, 2023). Participants provided mental health professional perspectives on self-efficacy beliefs due to budget restrictions in correctional settings. Interviews and member-checking were utilized throughout the study. Audit trails were created for each step of the highlighted data analysis. Audit trails (Kakar et al., 2023) allow others to follow the process of the study and ensure it can be replicated (Subedi, 2023). Detailed records were kept of the research process (Kakar et al., 2023) which include data collection, analysis, and interpretation (Subedi, 2023).

### **Confirmability**

Confirmability is described as the neutrality in the findings of a research study. Confirmability (Kakar et al., 2023) is the degree of unbiasedness the researcher in the research and interpretation process (Subedi, 2023). Direct quotes from participants (Kakar et al., 2023) included in the report helped improve overall neutrality of this study (Subedi, 2023). Objectivity was used for neutrality (Kakar et al., 2023) and ensured appropriate methodology established validity with reliability (Subedi, 2023). Open-ended questions during interviews increased credibility and confirmability. Detailed descriptions were used to help with confirmability. There was a clear link between results and findings throughout each individual interview.

### **Results**

A requirement of the study was to provide direct treatment to inmates in one-on-one or group settings. All participants of the study provide direct treatment to inmates. Inclusion criteria for the study required participants not being part of prison management. Only two participants, P6 and P8, do not provide group treatment to inmates. All

participants provide one-on-one treatment to inmates. All participants have experience with providing treatment in both one-on-one and group sessions. P6 and P8 are the only two participants currently not providing group treatment at their facility.

**Table 3**

*Participants Involvement*

Code Name	Group Treatment	One-on-One Treatment
P1	Yes	Yes
P2	Yes	Yes
P3	Yes	Yes
P4	Yes	Yes
P5	Yes	Yes
P6	No	Yes
P7	Yes	Yes
P8	No	Yes
P9	Yes	Yes
P10	Yes	Yes
P11	Yes	Yes

**Table 4**

*Self-Efficacy Beliefs*

Self-Efficacy Beliefs	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11
Self-Doubt	X	X	X	X	X	X	X	X	X	X	X
Frustration	X		X			X		X			
Focus on Control			X			X	X				
Sense of Effectiveness	X	X	X	X	X	X	X	X	X	X	X
Limited Resource Availability	X	X	X	X	X	X	X	X	X	X	X
Emotional Exhaustion	X			X			X			X	
Guilt	X	X	X	X	X			X		X	X
Helplessness							X	X		X	
Questioning Effectiveness	X	X	X	X	X	X	X	X	X	X	X

Participants identified self-efficacy beliefs throughout the interviews. All participants in the study identified self-doubt, sense of effectiveness, limited resource availability, and questioning effectiveness (see Table 4). P1, P3, P6, and P8 identified frustration. P3, P6, and P7 identified a focus on controlling themselves when faced with

adversity (see Table 4). P1, P4, P7, and P10 reported emotional exhaustion is contributing to low self-efficacy and burnout. P6, P7, and P9 are the only participants who did not state guilt is contributing to their self-efficacy beliefs (see Table 4). P7, P8, and P10 are the only participants who stated helplessness are contributing to their self-efficacy beliefs (see Table 4). P1, P3, P7, P8, and P10 had the most self-efficacy beliefs identified (see Table 4). P1, P3, P7, P8, and P10 had seven out of nine self-efficacy beliefs identified. P2, P4, and P6 had the second highest identified self-efficacy beliefs.

**Table 5**

*Burnout Symptoms*

Burnout Symptoms	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11
Exhaustion	X	X	X	X	X	X	X	X	X	X	X
Irritability	X						X	X	X		
Overstressed	X	X	X	X	X	X	X				
Drowning	X									X	
Hopelessness								X			
Emotional Fatigue	X	X			X	X	X	X	X	X	X
Robotic					X						
Overwhelmed	X	X	X	X	X	X	X	X	X	X	X

Participants identified burnout symptoms throughout each interview. All participants identified exhaustion and being overwhelmed in the study (see Table 5). P1, P7, P8, and P9 identified irritability when providing treatment with limited resources. P8 is the only participant to identify hopelessness as a burnout contributor (see Table 5). P5 is the only participant to identify robotic as a burnout contributor. P3 and P4 did not identify emotional fatigue as a contributing factor for burnout when providing treatment. P1 and P10 identified drowning as a symptom of burnout when providing treatment to inmates (see Table 5). P8, P9, P10, and P11 did not identify overstressed as a symptom of burnout (see Table 5).

**Table 6***Funding*

Funding	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11
Lack of Privacy	X	X	X	X	X	X	X	X	X	X	X
Lack of Staff	X	X		X		X	X	X	X		
Lack of Current Materials	X	X	X	X	X	X	X	X	X	X	X
Lack of Access to Materials	X	X	X	X	X				X	X	
No Continued Education Opportunities		X		X		X			X		
Paying Out of Own Pocket	X	X		X	X	X	X	X	X	X	X

Participants identified how funding has affected providing treatment to inmates. All participants in the study identified lack of privacy and lack of current materials (see Table 6). P3 is the only participant to not pay out of own pocket for materials. P2, P4, P6, and P9 identified there are no continued education opportunities within their facility (see Table 6). P3, P5, P10, and P11 did not identify lack of staff as a contributing factor to budget constraints. P6, P7, P8, and P11 did not identify lack of access to materials as a budget constraint factor (see Table 6). Participants shared concern for lack of privacy and current materials as budget constraints continue to tighten within treatment programs.

**Table 7***Requesting Resources*

Requesting Resources	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11
Lengthy Response Times	X	X	X	X	X	X	X	X	X	X	X
Weeks to Months of Waiting	X	X	X	X	X	X	X	X	X	X	X
No Response	X	X	X	X	X	X	X	X	X	X	X
Go Through Management	X	X	X	X	X	X	X	X	X	X	X
Delayed Notifications		X		X		X	X	X			
Multiple Follow-Ups Required for Answers				X			X				

Participants identified how requesting resources have affected their ability to provide treatment. All participants in the study identified lengthy response times, weeks

to months of waiting, go through management, and no response (see Table 7). P4 and P7 are the only participants to identify multiple follow-ups were needed for updated answers. P2, P4, P6, P7, and P8 answered delayed notifications were frequent and hindered progress for treatment (see Table 7). All participants stated frustration with waiting for responses to resource requests as progress was delayed. Participants stated receiving no response left an impact on the progress being made in treatment. Participants stated requesting resources takes a process through management which does not guarantee a timely response.

**Table 8**

*Resource Availability*

Resource Availability	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11
Handwriting Material	X	X	X	X	X	X	X	X	X	X	X
Drawing by Hand	X	X	X	X	X	X	X	X	X	X	X
Out of Date Materials	X	X	X	X	X	X	X	X	X	X	X
Create Own Materials	X	X	X	X	X		X	X	X	X	X
Online for New Materials					X	X	X	X	X		
Need Permission for New Materials	X	X	X	X	X	X	X	X	X	X	X
Increased Emotional Labor	X		X	X				X			
Personal Funds	X	X	X	X	X	X	X	X	X	X	X

Participants identified how resource availability impacts their ability to provide treatment for inmates. All participants in the study identified handwriting material, out of date materials, creating their own materials, needing permission for new materials, and using personal funds (see Table 8). P10 is the only participant who does not draw materials by hand. P6 is the only participant who does not create their own material (see Table 8). P5, P6, P7, P8, and P9 seek resources online to use within their treatment modalities. P1, P3, P4, and P8 experienced increased emotional labor when seeking

resources for treatment (see Table 8). Participants reported limited and out of date resources have hindered treatment progress for inmates to be released successfully.

**Table 9**

*Effect of Facility Responses*

Effect of Facility Responses	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11
No Guaranteed Response	X	X	X	X	X	X	X	X	X	X	X
Frustrated with Silence	X	X	X	X	X	X	X	X	X	X	X
Feeling of Nonimportance	X	X	X				X	X	X	X	
Lack of Acknowledgement	X	X							X		
No Changes Made						X			X		
Not Enough Support	X	X	X	X	X	X	X	X	X	X	X
Not Being Heard	X	X				X		X	X		X

Participants identified how the effect of facility responses affects treatment progress. All participants in the study identified no guaranteed response, frustrated with silence, and not enough support (see Table 9). P1, P2, and P9 reported lack of acknowledgement from management when providing treatment has impacted their ability to request resources. P6 and P9 reported no changes have been made to improve treatment programs and requesting resource materials (see Table 9). P1, P3 P7, P8, P9, and P10 stated feelings of nonimportance have impacted their ability to provide treatment. Participants stated not being heard by prison management has impacted their confidence of requesting and providing resources.

### Summary

Mental health professional self-efficacy beliefs following prison budget restrictions were examined using a phenomenological approach through interviews. Eleven mental health professionals providing direct treatment to inmates in correctional settings participated. Participants could not be part of prison management to qualify for

this study. Each interview lasted approximately 60 minutes and was audio recorded with the permission of each participant. Transcriptions were checked for accuracy through member-checking, and final summaries were sent via email for verification. To ensure anonymity, participants were labeled P1 through P11.

Key themes emerged from participant responses regarding self-efficacy beliefs following budget restrictions. Burnout rates, resource availability, requesting resources, and support from correctional facilities were major themes. Funding needs, additional support, and materials needed were explored through expression of self-efficacy with burnout symptoms. Challenges within the correctional system varied with some participants experiencing timely responses to requests, while others were expressing frustration on timely answers. Future goals and aspirations were stated by participants by expressing the need for change for correctional facility funding.

Findings from the interviews contribute to understanding mental health professional's self-efficacy beliefs. Potential questions arising from the interviews encouraged further research into mental health professional's self-efficacy beliefs when providing treatment within correctional settings. Expanding on self-efficacy beliefs, burnout, and resource availability may foster positive social change and outcomes for inmates. Chapter 5 includes a detailed discussion of findings, study limitations, recommendations for practice, and future research directions. Mental health professionals providing direct treatment to inmates in correctional settings interviews may inform prison management of what is needed for providers successful interaction with this vulnerable population.

## Chapter 5: Discussion, Conclusion, and Recommendations

Mental health professional's self-efficacy beliefs while providing direct treatment to inmates were addressed in the study. A phenomenological approach was utilized to better understand experiences of mental health professionals. The phenomenological approach allowed for in-depth exploration of this topic. Key concepts of interest were burnout symptoms, self-efficacy beliefs, funding, requesting resources, resource availability, and effect of facility responses. Rehabilitative prison management theory and self-efficacy theory were used to break down how mental health professionals' work is impacted by the lack of resources provided. Mental health professional self-efficacy beliefs affect experiences of providing direct treatment to inmates. Mental health professional self-efficacy beliefs shape the outcome of treatment for inmates.

Mental health professionals described burnout as exhaustion (River-Kloeppe & Mendenhall, 2023) due to continuity of listening and providing care (Testoni et al., 2023). Mental health professionals described resource availability (Kirschstein et al., 2023) as a risk of not having enough (Laranjeira et al., 2024) to provide inmates. Participants provided insights regarding how resource availability impacts the treatment for inmates.

The qualitative phenomenological approach was employed to gain a deeper understanding of this topic. This involved in-depth interviews aimed at addressing the phenomenon. Phenomenology focuses on intersections between the mind and the world which neither can be understood separate from one another (Dodgson, 2023). The

phenomenological approach provided valuable insights regarding mental health professional's self-efficacy beliefs due to budget reductions.

Phenomenology requires researchers to focus on the first-person perspective as it is lived within that person's environment (Dodgson, 2023). With this phenomenological approach, experiences were bracketed, analyzed, and compared. Sampling was purposeful and often in smaller sizes within qualitative studies due to extended engagement during research (Dodgson, 2023). Mental health professionals were recruited for interviews. Interview protocols were developed to address the research problem and purpose. The recruitment process involved distributing a social media flyer and using the snowball technique. Participants during the recruitment process could refer other mental health professionals who met criteria to the study. The IRB reviewed and approved the recruitment flyer prior to distribution. Interested participants were required to communicate by email for participation. Interviews were conducted in confidential locations to ensure privacy based on each participant's discretion. All results were stored securely in a confidential location. Mental health professionals who were not providing direct treatment to inmates were excluded. Eleven mental health professional interviews were conducted about their self-efficacy beliefs based on budget restrictions.

Delve was used to organize, analyze, and gain insights from each interview. Delve was used for relationship coding, exploration, transcript import and export, coding review, and general coding. Importing and exporting transcripts was assisted by Delve. Participants provided consent for audio recording prior to conducting each interview. Audio recording aided each transcript to ensure accuracy. IRB requirements were

followed throughout the interview process. The three methods that aided with participant interview results were field notes, audio recordings, and transcripts.

P1 through P11 identified affected self-efficacy beliefs, limited resource availability, exhaustion, being overwhelmed, and lack of current materials. P3, P7, P8 and P10 identified the most self-efficacy beliefs (see Table 4). P1 identified the most burnout symptoms (see Table 5). P2, P4, and P9 identified the most how funding has affected treatment (see Table 6). P8 identified hopelessness. P5 identified robotic. P1, P2, and P9 identified lack of acknowledgement from management. P9 had the lowest number of self-efficacy beliefs. P3 was the only participant to not pay out of own pocket for materials. P4 and P7 were the only participants to identify multiple follow-ups were needed for updated answers. P10 was the only participant who did not draw materials by hand. P6 was the only participant who does not create their own material (see Table 8).

### **Interpretation of the Findings**

#### **Self-Efficacy Beliefs**

Self-efficacy is an individual's belief (Bandura, 1977) that they can take steps needed to attain specific performance objectives (Juwita et al., 2023). Low self-efficacy (Lee & Brown, 2023) is related to increased emotional distress and functional impairment (Rivera-Kloeppe & Mendenhall, 2023). Mental health professionals must possess high self-efficacy beliefs (Juwita et al., 2023) to consistently deliver these innovative programs (Keyan et al., 2023). Individuals' level of perceived self-efficacy (Lee & Brown, 2023) may enhance their coping response (Rivera-Kloeppe & Mendenhall, 2023). In Table 3, mental health professionals' self-efficacy beliefs are represented. Each

of the self-efficacy beliefs marked were identified based on their experiences with providing direct treatment. Each finding underscores the complexity of self-efficacy beliefs and reinforces importance for having proper materials available.

All participants identified self-doubt, sense of effectiveness, limited resources, and questioning effectiveness as self-efficacy symptoms (see Table 4). Major constructs include mental health professional's self-efficacy beliefs and burnout (Bandura, 1977) due to inadequate materials provided for treatment programs. P1, P4, P7, and P10 identified emotional exhaustion as self-efficacy belief symptoms. P1, P3, P6, and P8 identified frustration as self-efficacy belief symptoms. P7, P8, and P10 identified helplessness as self-efficacy belief symptoms. The results suggest self-efficacy beliefs among mental health professionals are affected when resource needs are not met. Recognizing the symptoms through mental health professional observation can provide insight on resource necessity and availability.

Self-efficacy theory contributes to mental health professionals in the correctional setting, as the professionals are coping with minimal resources available. Increased emotional distress and functional impairment (Lee & Brown, 2023) are related to low self-efficacy beliefs (Rivera-Kloeppel & Mendenhall, 2023). P1, P4, P7, and P10 identified emotional exhaustion symptoms when providing treatment. P1, P3, P6, and P8 identified frustration when providing treatment to inmates as a symptom of self-efficacy. Efficacy expectation (Bandura, 1977) is the conviction of successfully executing the behavior required to produce adequate outcomes. Self-efficacy and coping (Juwita et al., 2023) are part of a reciprocal process that influences behavior (Lee & Brown, 2023).

Self-efficacy beliefs were identified to be impacted by prison managements responses and available resources.

### **Burnout**

Burnout (Testoni et al., 2023) is primarily caused by occupational stress related to work (Mivshek & Schriver, 2024). Burnout may occur in an individual's interpersonal environment (Laranjeira et al., 2024) which includes psychological pressure and secondary trauma stress from vicarious experiences (Mivshek & Schriver, 2024). Protocols were developed (Mivshek & Schriver, 2024) to assist mental health professionals with interventions (Testoni et al., 2023). Poor management, budget deficits, and overcrowding (Gul, 2018) contribute to the stress mental health practitioners experience. Rehabilitative prison management theory (Gul, 2018) incorporates different programs to help individuals become confident and self-dependent (Jalain et al., 2024). Burnout encompasses mental health professionals incorporating different programs while working with limited resources and funding for their treatment modality.

Mental health professionals being overworked (Mivshek & Schriver, 2024) is associated with an increased likelihood of provider burnout (Testoni et al., 2023). Burnout encompasses exhaustion due to the continuity of listening and providing care (Rivera-Kloeppe & Mendenhall, 2023). P1, P7, P8, and P9 identified irritability as burnout symptoms. P8 identified hopelessness as a burnout contributor (see Table 5). P1 and P10 identified drowning as a symptom of burnout when providing treatment to inmates. Burnout rates for mental health workers impact the way treatment is

administered to inmates (Juwita et al., 2023). Mental health professionals identified exhaustion and feeling overwhelmed as symptoms of burnout.

Mental health professionals report being overworked (Mivshek & Schriver, 2024) and having higher burnout rates (Testoni et al., 2023) than their counterparts. Mental health professionals expressed burnout affects their ability to provide adequate treatment for inmates. Burnout rates for mental health workers impact the way treatment is administered to inmates (Juwita et al., 2023). Mental health professionals who experience burnout exhibited exhaustion as they handwrite material to provide inmates. Mental health professionals who identified emotional fatigue lack proper materials to successfully complete treatment curriculum for inmates. Mental health professionals utilizing resources provided by correctional facilities found there is not enough material for inmates to successfully complete their treatment. Mental health workers experienced burnout when faced with limited resources and funding for materials.

### **Funding**

Lack of resources or funding for treatment programs (Lee & Brown, 2023) are factors that contribute to minimal progression. All mental health providers require ongoing training (Johnson et al., 2024) to provide current treatment. P2, P4, P6 and P9 identified there are no continued education opportunities provided by the correctional facility. Mental health professionals working with inmates require continued education to have proper knowledge of treatment modalities. P3 was the only participant who does not pay out of pocket for materials. P3, P5, P10, and P11 identified they do not lack the staff

necessary to hold treatment programs. Mental health professionals require adequate funding to ensure inmates are receiving proper materials for program completion.

Mental health professionals require enough funding to provide adequate and current materials during treatment. Correctional facilities who lack adequate funding cannot provide proper resource for treatment programs. Mental health professionals require up-to-date materials as each treatment program is continuously updating. Treatment programs need proper funding for inmates to successfully complete the program. Program leaders cite lack of resources or funding for treatment programs (Lee & Brown, 2023) as factors that contribute to minimal progression. Mental health professionals have not received any additional funding or support as caseloads increase (Rhodes Fortino et al., 2024). Funding is vital for successful reintegration into society.

Self-efficacy theory (Bandura, 1977) is identified with funding as mental health professionals take steps needed to attain specific performance objectives (Juwita et al., 2023). Correctional facilities who have limited funding require specific steps for acquiring resources to provide mental health professionals. Mental health professionals identified limited funding available for updated materials to provide inmates. Mental health professional's self-efficacy is affected by paying for their own materials when providing treatment. Treatment programs require specific materials for each inmate as needs are specific with each modality. Correctional facilities with low funding available may not be able to provide adequate resources to treatment programs. Minimal access to funding and resources hinders treatment completion rates within correctional facilities.

## **Requesting Resources**

Correctional facilities have lengthy request times for resources, which indicates the lack of urgency to provide materials. All participants identified lengthy response times, weeks to months of waiting, requests going through management, and a lack of response (see Table 7). Correctional facilities who have lengthy processes for requesting resources hinder the success rate of inmates completing their treatment program. P4 and P7 required multiple follow-ups for answers on their material requests. Mental health professionals experienced delayed notifications of approval when requesting specific materials from prison management. Mental health workers waiting for responses from management face the challenges of inmates successfully completing treatment.

Correctional facilities have lengthy request times for resources which indicates the lack of urgency to provide materials.

Treatment programs require adequate resources to provide each inmate for successful completion of the program. Treatment programs come with specific materials that are required to be updated. P4 reported out-of-date material from 2014 is in use within treatment programs. Correctional facilities require funding to provide mental health professionals with enough resources for each treatment program. P4 reported requesting for updated material to be met with no response from prison management. Correctional facilities requesting updated or new material need more funding to provide mental health workers.

Mental health workers require timely responses when requesting resources for their treatment programs as continuum of care is necessary to inmate success. P4 and P7

required multiple follow-ups to ensure their requests were submitted and being reviewed by prison management. Participants were met with no responses to most requests submitted. Mental health professionals indicated their frustration with the process of requesting resources to prison management.

### **Resource Availability**

Resources in correctional settings are stretched thin while providing treatment (Lee & Brown, 2023). P10 identified not hand drawing materials for treatment programs (see Table 8). P6 identified not creating their own materials for treatment programs (see Table 8). Treatment programs within correctional facilities require adequate resources to provide mental health professionals the correct material. Participants identified out of date materials are found throughout the treatment curriculum. Participants identified purchasing resources with their personal funds is becoming more common within treatment programs. Inmates require proper and up-to-date materials to complete their treatment programs successfully.

Inmates require specific resources to complete their treatment programs before being released. Correctional facilities are provided with specific funding to obtain these resources. Mental health professionals are continuously waiting for responses from prison management on the ability to obtain certain resources. Current resources which are provided to mental health professionals are out-of-date and hinders program completion. Mental health professionals are tasked with ensuring there are proper resources for each treatment program. Resource availability is a vital component to completing treatment. Mental health professionals who have proper resources may help reduce recidivism.

Treatment programs are designed to help inmates rehabilitate (Burgos-Jimenez et al., 2023) and be released back into society (Tadros & Presley, 2024). Resource availability is a component of ensuring inmates have the material necessary to complete their treatment program. Resources available to mental health professionals ensures each inmate is receiving the proper care. Rehabilitative prison management theory (Gul, 2018) focuses on working with the offender's dignity of view and their reclamation. Adequate resource availability is a key component for treatment programs as inmates require enough materials for completion. Limited resources indicated minimal acknowledgement from prison management of the need for successful completion. Treatment program completion is dependent on up-to-date materials and their availability.

### **Effect of Facility Responses**

Participants identified there is a lack of support from correctional facilities when requesting materials. P6 and P9 identified no changes were made by management at the correctional facility (see Table 9). P1, P2, and P9 identified lack of acknowledgement of resource requests by prison management (see Table 9). Participants identified not enough support from the correctional facility when providing direct treatment to inmates. Mental health professionals require management support when working directly with inmates as they are providing direct treatment. Mental health professionals rely on adequate response times when requesting resources as materials are vital for the success rate of inmates. Self-efficacy beliefs are affected by the response prison management provides mental health professionals when requesting adequate resources.

Mental health workers who submitted requests for materials did not receive timely or adequate responses. Burnout and self-efficacy beliefs have been impacted by the lack of timely responses from prison management. Treatment programs benefit from quality materials to provide inmates for successful completion. Correctional facility responses may hinder mental health professionals' ability to provide enough material in each treatment program. Mental health professionals require timely responses and adequate material when working with inmates. Lack of responses for updated resources affects program outcomes. Mental health professionals rely on responses from management to ensure inmates are receiving proper treatment.

Prisons are charged with making their settings capable (Hicks et al., 2023) enough to prepare inmates for release and lead law-abiding lives (Gul, 2018). Mental health professionals are required to provide adequate resources for inmate's successful reintegration. Prison management's lack of response can hinder resource availability and may regress inmate progress within their treatment. Mental health professionals are charged with providing adequate resources to ensure the success of each program. Prisons utilizing rehabilitative prison management theory (Gul, 2018) may create a setting capable to prepare inmates for release (Hicks et al., 2023) while leading law-abiding lives. Self-efficacy beliefs are compromised when mental health professionals question their effectiveness with providing treatment. Correctional facilities that provide no response are hindering the success of each program. Mental health professionals providing treatment ensure inmates are provided enough and adequate resources for each program that is being administered within the facility.

### **Limitations of the Study**

There were limitations considered throughout the research. Privacy of information and openness to share were identified throughout the interviews. Correctional facilities lacking proper guidelines (Solbakken et al., 2024) necessary to ensure adequate quality of care can hinder treatment results (Testoni et al., 2023). The limitation was addressed by participants when discussing self-efficacy beliefs. Mental health professionals may have chosen not to discuss in further detail their personal experiences based on the study's findings and actual prevalence. Resource availability and process of requesting resources were identified by mental health professionals providing direct treatment to inmates. Mental health professionals were not contacted after the study. Participants who identified self-efficacy and burnout symptoms were not followed up on. Mental health professionals may have hesitated on sharing experiences based on fear of judgement. Participants were clear and thorough with most answers while follow-up answers were lacking detail on specific questions.

Inmates require specific resources for their successful completion of treatment. Mental health professionals face the challenge of incorporating inmate's requests (Hicks et al., 2023) during treatment program sessions (Leach et al., 2023). Correctional facilities are charged with ensuring each program has enough materials to provide inmates. Mental health professionals identified lack of updated materials within each curriculum which may result in delayed outcomes for treatment. Mental health professionals' hesitation of providing further details on material adequacy may hinder treatment results. Treatment programs lacking materials may indicate the limited updated

availability. The relationship between mental health professionals and prison management was not explored within the context of this study.

Mental health professionals limited the generalizability of findings to other professions. The interview questions incorporated rehabilitation prison management theory and self-efficacy theory. Prison management's perspectives were not included in the study as they did not meet criteria. Services for self-efficacy and burnout symptoms for other prison workers besides mental health professionals were not addressed or included. Mental health professionals included in this study are providing direct treatment to inmates through treatment programs. Mental health professionals providing specific treatment only could have restricted generalizability.

Positive rapport was established between the researcher and participants. Rapport was a vital component to each semi-structured interview as specific questions were asked of all participants. Rapport was necessary to ensure comfortability with participants throughout the interview process. Participants comfortability is a key component to the interview process as specific questions were asked which required honest answers. Assumptions were made that participants were honest in their responses to interview questions. Rapport ensured each participant understood all questions being asked and remained relevant to the study. The specific questions being asked caused some concern with fully establishing rapport as some participants chose not to answer some questions.

### **Recommendations**

The recommendations for future exploration were grounded in the strengths and limitations considered throughout this study. Mental health professionals' self-efficacy

beliefs were the focus of this study and provided insight to what materials are needed within correctional facilities. Mental health professionals' self-efficacy beliefs, burnout, and process of requesting resources would have been helpful based on results in Chapter 2. The bias and stigma were addressed during the interview process with each participant. The information gathered would have benefited from also doing interviews in-person. Mental health professionals experiencing burnout and self-efficacy belief symptoms would have benefited from a wider population and number of participants from other correctional facilities. Self-efficacy beliefs and burnout symptoms were identified from mental health professionals. Interview questions directed at prison management would have provided insight into resource availability for each program.

Mental health professionals' relationship with prison management was not fully known prior to interviewing participants. Mental health professional's provided insight on how prison management responded to requests of updated material for treatment programs. Participants were not contacted after the study. Participants identified self-efficacy and burnout symptoms and were not followed up. Participants were hesitant to disclose their relationship with prison management. Participants were hesitant to disclose more information on the process for requestion resources. Mental health professionals were vague with some answers to the research questions, and no follow-up questions were asked for clarification. Mental health professionals limited the generalizability of findings to other populations. Mental health professional's providing direct treatment to inmates and no other professionals were included.

Mental health professionals who work directly with inmates require an abundance of resources to provide inmates. Prison management may benefit from inquiring mental health professionals to identify their needs within treatment programs. Policy makers may benefit from additional knowledge mental health workers indicate when discussing program resources. Prison management may gain insight to self-efficacy and burnout rates mental health professionals experience when working directly with inmates. Mental health professionals may indicate to policy makers and prison management the support needed for more adequate materials. Treatment programs require proper materials to provide inmates for successful completion. Mental health professionals reporting to prison management may provide what updated resources are required.

The academic community would benefit from expanding their knowledge of mental health professional self-efficacy beliefs when providing direct treatment to inmates. The community and correctional facilities need to expand their knowledge of mental health professionals' impact on inmates. Past self-efficacy beliefs and burnout rates of mental health professionals through semi-structured interviews are not well documented. Future research efforts focused on lived experiences and larger participant sample size may be beneficial for understanding the negative effects of material availability. The current study may be replicated with other populations to enhance validity of findings. Interventions may be further developed based on original findings and future investigative efforts. Additional investigation efforts on self-efficacy beliefs and burnout rates would be helpful to develop treatment programs for inmates.

The impact mental health professionals have on treatment programs in correctional facilities identified what resources are needed. Correctional facilities who are charged with funding each treatment program may not understand what is needed within each modality. Future studies with inclusion criteria focusing on mental health professionals who are in prison management. The relationship between mental health professionals and prison management were not explored throughout this study. Future studies including this criterion may provide additional insight to what is needed within treatment programs. Study participants expressed lack of communication and relationship with prison management when providing treatment to inmates. Future research should build upon the findings of this study while examining the relationship between prison management and mental health professionals providing treatment.

Recommendations for practice are prison management and policy makers review materials provided for each treatment program. Mental health professionals require adequate and up-to-date materials for each inmate to be successful in treatment. Policy makers who are charged with ensuring funding for materials is adequate may face challenges when reviewing programs. Prison management and policy makers rely on mental health professionals to relay needs for treatment programs. Mental health professionals require proper funding for gaining access to enough material within their individual programs. Mental health professionals have handwritten material which is a result of minimal funding and resource availability. Mental health professionals identified if policy makers and prison management were more open to understanding the needs of treatment programs, inmates may have better opportunities for available resources.

### **Implications**

Mental health professional's perceptions of self-efficacy beliefs, burnout, and resource availability significantly contributed to the field of psychology. Mental health professional's self-efficacy beliefs and burnout symptoms were an important aspect by examining resource availability within the correctional facility. Mental health workers knowledge of what is needed for resources and prison managements willingness to provide materials may have increased need awareness. Mental health professionals who are working efficiently to provide proper treatment (Juwita et al., 2023) may experience burnout faster when presented with limited materials (Mivshek & Schriver, 2024). The negative association between empathy and burnout occurs in mental health treatment professionals (Mivshek & Schriver, 2024) which may lead to inmates' disengagement and diminished quality of care (Solbakken et al., 2024). Mental health professionals are charged with the care and providing of proper treatment to inmates. Positive social implications identified mental health professionals creating material for inmates.

Social implications of mental health professionals handwriting their own material for inmates indicates the need for materials. Mental health professionals take charge of their treatment programs by writing their own material when it is not available to them. Requesting materials is known to be a tedious process for mental health professionals as they require enough resources within their treatment programs. Positive social change for mental health professionals indicates more funding to provide treatment programs enough materials. Mental health professionals are the catalyst for positive social change within the correctional system. Correctional facilities who provide adequate and abundant

resources are assisting the change necessary for inmates to be successful. Abundant resources available to all mental health professionals can indicate a reduced recidivism rate for inmates who have been released back into society.

Mental health professionals are required to provide inmates adequate treatment as part of their release conditions. Social implications identify how inmates are being reintegrated into society. Treatment protocols implemented by mental health professionals (Solbakken et al., 2024) impact the quality of care toward reintegration into society (Vijayan & Bhuvaneshwari, 2025). Society has a role with how inmates are reintegrated. Positive social change indicates how mental health professionals may help individuals in society provide proper resources to inmates. Society is charged with ensuring individuals are successful. Positive social change provides the opportunity for those who are released to live a law-abiding life.

Rehabilitative prison management theory and self-efficacy theory provided the foundation for individuals to live their law-abiding lives. Positive social change has been identified with both theories as mental health professionals provide direct treatment to inmates. Mental health professionals are the catalyst for change when inmates continue to attend treatment programs. Inmates rely on the knowledge and instruction of mental health professionals when attending treatment either by court order or their own will. Positive social change has been an ongoing phenomenon as mental health professionals are charged with the care of inmates. Rehabilitative prison management theory and self-efficacy theory have started the drive to a positive change within the correctional setting.

Mental health professionals providing proper resources have been diligently working with their inmate populations to ensure enough materials are available.

### **Conclusion**

There are many benefits that can be drawn from this qualitative study.

Phenomenological information that has been gathered from mental health professionals is academically beneficial. Future researchers studying mental health professionals' self-efficacy beliefs would be beneficial. Research on mental health professionals' self-efficacy and burnout rates due to budget restrictions are underdeveloped. Lack of research has prevented participants from describing personal experiences with treatment programs in the past. The need for adequate funding and resource availability to provide inmates is of great importance with mental health professionals. Inability to conduct specific research on this topic has prevented the progression of this social phenomenon. Ethics and vulnerability with this population could have prevented topic advancement.

Data collection provided a unique learning experience. Participants were tasked with expressing their self-efficacy beliefs, burnout, funding for materials, and resource availability were contributing factors to the impact of budget restrictions. Mental health professionals experienced lack of responses which resulted in frustration. Participants experienced exhaustion, frustration, self-doubt, guilt, and helplessness resulting from funding restrictions. There are possibilities that additional information will be sought for examination by future researchers. Further examination may uncover new ways for funding to provide more materials to treatment programs within correctional facilities.

These programs within correctional facilities are used by professionals to provide inmates direct treatment care and promote mental health healing.

Mental health professional's perceptions of self-efficacy beliefs due to budget restrictions in correctional facilities is an underexplored phenomenon. Mental health professional's experiences and perceptions of self-efficacy when providing treatment to inmates was the focus. Eleven participants were selected based on inclusion criteria to obtain insights with their personal experiences. Semi-structured interviews were conducted to understand mental health professional's self-efficacy beliefs and experiences within correctional facilities. Interviews were recorded and transcribed to ensure accuracy of information. Participants were reminded data will be kept and stored for seven years after the study is completed while remaining in a confidential location. All interviews were compared to determine themes and conclusions.

Mental health professional's perspectives on self-efficacy beliefs due to budget restrictions are provided from this research. These findings conduce to the academic community and existing knowledge of researchers. The results may significantly impact treatment programs in correctional facilities and funding for each program. These impacts may provide additional training and education opportunities for all mental health professionals. Mental health workers and their relationship with prison management may identify a greater understanding of resource availability within treatment programs. The ability to address budget restrictions and the impact of each restriction may benefit positive social change. Mental health professionals sharing their experiences may help the understanding of the need for more materials and resources for treatment programs.

## References

- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84(2), 191–215. <https://doi.org/10.1037/0033-295X.84.2.191>
- Barber, J., & Resnick, S. G. (2023). Collect, Share, Act: A transtheoretical clinical model for doing measurement-based care in mental health treatment. *Psychological Services*, 20(Suppl 2), 150–157. <https://doi.org/10.1037/ser0000629>
- Bondoc, C., Aguilar, M., Aswad, Y., Lopez, N., Chung, P. J., Zima, B., Abrams, L. S., Bath, E., & Barnert, E. S. (2023). “It’s not ever going to work, so why would I even try?”: Black and Latino youths’ perspectives on behavioral health treatment engagement during reentry after incarceration. *Children & Youth Services Review*, 152, 1–10. <https://doi.org/10.1016/j.childyouth.2023.107066>
- Burgess-Proctor, A., Comartin, E. B., Hicks, M., Kubiak, S., & Del Pozo, B. (2025). An exploratory two-part study of behavioral health service needs of women in jails. *Psychological Services*, 22(1), 63–71. <https://doi.org/10.1037/ser0000879>
- Burgos-Jiménez, R. J., Moles-López, E., & Añaños, F. T. (2023). Reintegration factors in the treatment of drug dependency in women prisoners in Spain. *Revista Espanola de Investigacion Criminologica*, 21(1), 1–21. <https://doi.org/10.46381/reic.v21i1.834>
- Clercx, M., Peters-Scheffer, N., Keulen-de Vos, M., Schaftenaar, P., Dekkers, D., van Gerwen, N., Klerk, A. de, Strijbos, N., & Didden, R. (2023). Qualitative analysis of severe incidents in forensic psychiatric hospitals: Toward a model of forensic

vigilance. *International Journal of Offender Therapy & Comparative*

*Criminology*, 1. <https://doi.org/10.1177/03066624x231188238>

Crole-Rees, C., Tomlin, J., Kalebic, N., Argent, S., Berrington, C., Chaplin, E., Davies, J., Hoskins, M., James, L., Jarrett, M., John, O., Jones, L., Kothari, R., Kretzschmar, I., MacManus, D., Martin, M., McKinnon, I., O'Connor, G., Petrillo, M., ... Forrester, A. (2024). An optimal trauma-informed pathway for ptsd, complex ptsd and other mental health and psychosocial impacts of trauma in prisons: An expert consensus statement. *Psychology, Crime & Law*, 1–22.

<https://doi.org/10.1080/1068316X.2024.2394807>

Dodgson, J. E. (2023). Phenomenology: Researching the lived experience. *Journal of Human Lactation: Official Journal of International Lactation Consultant Association*, 39(3), 385–396. <https://doi.org/10.1177/08903344231176453>

Dublin, S., Abramovitz, R., Katz, L., & Layne, C. M. (2024). Training experienced mental health practitioners to deliver foundational trauma education: The core curriculum on childhood trauma. *Psychological Trauma: Theory, Research, Practice & Policy*, 16, S313–S316. <https://doi.org/10.1037/tra0001212>

Fisher, K., Veldman, V., Thompson, A. J., Bedard, L., & Belshaw, S. (2025). Examining the relationship between interpersonal racial discrimination and reentry optimism among an incarcerated sample. *American Journal of Criminal Justice*, N.PAG.

<https://doi.org/10.1007/s12103-025-09814-x>

González-Montalvo, M. del M., Dickson, P. F., Saber, L. B., Boehm, R. A., Phillips, V. L., Akiyama, M. J., & Spaulding, A. C. (2023). Opinions of former jail residents

about self-collection of SARS-CoV-2 specimens, paired with wastewater surveillance: A qualitative study rapidly examining acceptability of COVID-19 mitigation measures. *PLoS ONE*, 17(5), 1–11.

<https://doi.org/10.1371/journal.pone.0285364>

Gul, R. (2018). Our prisons punitive or rehabilitative? An analysis of theory and practice. *Policy Perspectives*, 15(3), 67–83.

<https://doi.org/10.13169/polipers.15.3.0067>

Heilbrun, K., Schwartz, J., Wiltsie, K., Lankford, C., Fishel, S., Swenson, A., & Charles, D. (2023). Interventions with individuals exonerated from criminal convictions: Toward development of evidence-based practices in a psychology training clinic. *Practice Innovations*, 8(3), 164–172. <https://doi.org/10.1037/pri0000175>

Hicks, B. L. Y., Holman, L. F., & Harrell, W. L. (2023). Characteristics of incarcerated women's participation in groups: Exploring the Programme for the International Assessment of Adult Competencies United States prison dataset. *Journal of Addictions & Offender Counseling*, 44(1), 52–68.

<https://doi.org/10.1002/jaoc.12117>

Jalain, C. I., Lucas, P. A., & Higgins, G. E. (2024). Assessing the effectiveness of mental health courts in reducing recidivism: A systematic review with meta-analysis. *Justice Evaluation Journal*, 7(2), 212–230.

<https://doi.org/10.1080/24751979.2024.2373245>

Johnson, J. E., Hailemariam, M., Zlotnick, C., Richie, F., & Wiltsey-Stirman, S. (2024). Analysis of implementation processes in a hybrid effectiveness-implementation

trial of interpersonal psychotherapy (IPT) for major depressive disorder in prisons: Training, supervision, and recommendations. *PLoS ONE*, *19*(5), 1–25.

<https://doi.org/10.1371/journal.pone.0288182>

Juwita, C. P., Damayanti, D. R., Besral, & Aras, D. (2023). Self-efficacy resources program for behavior changes: A systematic literature review. *Nursing Management*, *54*, 29–35. <https://doi.org/10.1097/nmg.0000000000000013>

Kakar, Zia Ul Haq, Rasheed, Rizwana, Rashid, Aamir, & Akhter, Salma. (2023). Criteria for assessing and ensuring the trustworthiness in qualitative research. *International Journal of Business Reflections*, *4*(2), 150–173.

<https://doi.org/10.56249/ijbr.03.01.44>

Kennedy, K., Sandy, L., & Martinovic, M. (2023). Reentry support in Victoria, Australia: Managing risk, or fostering agency? *Journal of Offender Rehabilitation*, *62*(1), 21–38. <https://doi.org/10.1080/10509674.2022.2158984>

Keyan, D., Dawson, K. S., & Bryant, R. A. (2023). Study protocol for a controlled trial of a resilience program on psychological distress in correctional officers in Australia. *BMC Psychiatry*, *23*(1), 1–5. <https://doi.org/10.1186/s12888-023-04592-4>

Kirschstein, M. A., Singh, J. P., Rossegger, A., Endrass, J., & Graf, M. (2023). International survey on the use of emerging technologies among forensic and correctional mental health professionals. *Criminal Justice and Behavior*, *50*(2), 175–196. <https://doi.org/10.1177/00938548211042057>

Laranjeira, C., Baccon, W., & Mendes, R. (2024). Mental health status and fear of

COVID-19 in young adult male inmates in Portugal. *European Psychiatry*, 67, S595. <https://doi.org/10.1192/j.eurpsy.2024.1238>

Leach, C. L., Brown, F., Pryor, L., Powell, M., & Harden, S. (2023). Eliciting an offence narrative: what types of questions do forensic mental health practitioners ask? *Psychiatry, Psychology & Law*, 30(4), 536–552.

<https://doi.org/10.1080/13218719.2022.2059029>

Lee, R., & Brown, C. (2023). The relations among career-related self-efficacy, perceived career barriers, and stigma consciousness in men with felony convictions. *Psychological Services*, 20(Suppl 2), 175–183.

<https://doi.org/10.1037/ser0000646>

Lim, W. M. (2025). What is qualitative research? An overview and guidelines. *Australasian Marketing Journal*, 33(2), 199–229.

<https://doi.org/10.1177/14413582241264619>

Malik, N., Facer-Irwin, E., Dickson, H., Bird, A., & MacManus, D. (2023). The effectiveness of trauma-focused interventions in prison settings: A systematic review and meta-analysis. *Trauma, Violence, & Abuse*, 24(2), 844–857.

<https://doi.org/10.1177/15248380211043890>

McLennan, S., Meyer, L., Wangmo, T., Gaab, J., Elger, B., & Seaward, H. (2025). Psychological stressors of imprisonment and coping of older incarcerated persons: a qualitative interview study. *BMC Public Health*, 25(1), 1–10.

<https://doi.org/10.1186/s12889-025-21452-w>

Mivshek, M. E., & Schriver, J. L. (2024). Burnout and empathy in mental health

professionals working in correctional settings, community settings, and with sex offenders. *Psychology, Crime & Law*, 30(1), 86–100.

<https://doi.org/10.1080/1068316X.2022.2063862>

- Nijdam-Jones, A., García-López, E., Merchan Rojas, L., Ruiz Guarneros, A., & Rosenfeld, B. (2023). Cross-cultural violence risk assessment: Adapting the HCR-20<sup>V3</sup> for incarcerated offenders in Mexico. *International Journal of Forensic Mental Health*, 22(1), 39–55. <https://doi.org/10.1080/14999013.2022.2053000>
- Rahimi, S., & Khatooni, M. (2024). Saturation in qualitative research: An evolutionary concept analysis. *International Journal of Nursing Studies Advances*, 6(100174-), 1-11. <https://doi.org/10.1016/j.ijnsa.2024.100174>
- Reef, J., Jeltes, M., Brink, Y., & Brand, E. (2023). Young offenders in forensic institutions in the Netherlands after committing serious crimes: Contribution of mandatory treatment and reduction of reincarceration. *Criminal Behaviour and Mental Health*, 33(1), 33–45. <https://doi.org/10.1002/cbm.2272>
- Rhodes, R., & Blanchard, O. (2025). Research and reasons: In defense of the Common Rule's Preclusionary Statement. *American Journal of Bioethics*, 25(2), 67–70. <https://doi.org/10.1080/15265161.2024.2441723>
- Rhodes Fortino, B., Carda-Auten, J., DiRosa, E. A., & Rosen, D. L. (2024). Provision of health care services related to substance use disorder in southern U.S. jails. *Journal of Substance Use & Addiction Treatment*, 158, N.PAG. <https://doi.org/10.1016/j.josat.2023.209234>
- Rivera-Kloepfel, B., & Mendenhall, T. (2023). Examining the relationship between self-

- care and compassion fatigue in mental health professionals: A critical review. *Traumatology*, 29(2), 163–173. <https://doi.org/10.1037/trm0000362>
- Sabnis, S. V., & Wolgemuth, J. R. (2023). Validity practices in qualitative research in school psychology. *School Psychology International*, 1, 1-28. <https://doi.org/10.1177/01430343231194731>
- Scanlon, F., & Morgan, R. D. (2025). Mental health services in jail: Identifying and quantifying barriers to implementation. *Psychological Services*, 1-13. <https://doi.org/10.1037/ser0000945>
- Sherman, G. L. (2025). Integrating phenomenology and critical realism in qualitative research in psychology. *Journal of Theoretical and Philosophical Psychology*, 280-295. <https://doi.org/10.1037/teo0000315>
- Solbakken, L. E., Bergvik, S., & Wynn, R. (2024). Breaking down barriers to mental healthcare access in prison: a qualitative interview study with incarcerated males in Norway. *BMC Psychiatry*, 24(1), 1–17. <https://doi.org/10.1186/s12888-024-05736-w>
- Solbakken, L., & Wynn, R. (2023). Barriers and facilitators to help-seeking for mental health problems in prison: A qualitative interview study with incarcerated males in Northern Norway. *European Psychiatry*, 66, S881–S882. <https://doi.org/10.1192/j.eurpsy.2023.1866>
- Subedi, M. (2023). Sampling and trustworthiness issues in qualitative research. *Dhaulagiri: Journal of Sociology & Anthropology*, 17(1), 61–64. <https://doi.org/10.3126/dsaj.v17i01.61146>

- Tadros, E., & Presley, S. (2024). "Made a world of a difference": Mental health services in incarcerated settings. *Journal of Offender Rehabilitation*, 63(3), 188–205.  
<https://doi.org/10.1080/10509674.2024.2320445>
- Testoni, I., Brondolo, E., Ronconi, L., Petrini, F., Navalesi, P., Antonellini, M., Biancalani, G., Crupi, R., & Capozza, D. (2023). Burnout following moral injury and dehumanization: A study of distress among Italian medical staff during the first COVID-19 pandemic period. *Psychological Trauma: Theory, Research, Practice, and Policy*, 15(Suppl 2), S357–S370.  
<https://doi.org/10.1037/tra0001346>
- Thompson, C. K. (2024). Perceived success of mental health court programs: Examinations of the perceptions of mental health court administrators as compared to drug court personnel. *Criminal Justice Review*, N.PAG.  
<https://doi.org/10.1177/07340168241280269>
- Timar, J., Buurman, E., Westen, K., & Delespaul, P. (2024). Different perspectives of prison guards and mental health workers in forensic care. *Frontiers in Psychology*, 1–9. <https://doi.org/10.3389/fpsyg.2024.1420565>
- Vijayan, K. K., & Bhuvanewari, V. (2025). From incarceration to reintegration: A qualitative analysis on inmate's trauma at Kannur central prison, India. *Journal of Human Behavior in the Social Environment*, 1-25.  
<https://doi.org/10.1080/10911359.2025.2481975>
- Welner, M., DeLisi, M., Knous-Westfall, H. M., Salsberg, D., & Janusewski, T. (2023). Forensic assessment of criminal maturity in juvenile homicide offenders in the

United States. *Forensic Science International: Mind and Law*, 4, 1-9.

<https://doi.org/10.1016/j.fsimpl.2022.100112>

Zielinski, M. J., Roberts, L. T., Han, X., & Martel, I. D. (2023). A longitudinal analysis of PTSD and other mental health symptoms among people sentenced to drug treatment court. *Psychological Trauma: Theory, Research, Practice, and Policy*, 15(6), 1022–1026. <https://doi.org/10.1037/tra0001125>

Appendix A: Social Media Flyer

**Study Looking at Mental Health Perceptions of Resource Availability After Budget  
Reductions in Prison**

Volunteer Mental Health Professionals Needed for Research

If you are currently a licensed provider for mental health treatment and work in a prison setting and have face challenges with providing enough resources due to budget restrictions, your experience is important.

Your participation is completely anonymous. For participating, a \$25 dollar gift card will be provided.

Participation QR Code:

Or go to:

<https://docs.google.com/forms/d/e/1FAIpQLSd0Xe5X3Y880ZZ-LWmKk7LtQ0tjHYIAFdmIVHHpqZWWWotc5Q/viewform?usp=header>

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## Appendix B: Interview Protocol

Thank you for agreeing to talk with me about the impact of budget restrictions on mental health practitioners in correctional settings. I would like to begin by asking a few questions about your professional experience.

How long have you been in this profession?

How long have you been working at this facility?

Tell me about your preparation for this job. What degrees do you have?

What treatment program are you currently in charge of facilitating (addiction, PTSD, art, ACT, DBT, CBT)?

Tell me about your opportunities for professional development. Do you feel adequately prepared to offer these services to your clients? If not, from what additional training would you benefit?

How many inmates are currently enrolled in your program?

Are all of your clients mandated participants in your program?

Let's focus specifically on how your budget impacts your work. Has your department experienced budget reductions over the past five years?

Tell me about any restrictions these reductions have placed on your program specifically.

How have you modified your programming in response to these restrictions?

How and in what ways have these budget restrictions impacted your ability to provide treatment to inmates within your group?

How would you describe the effect of these constraints on your professional self-confidence?

How have these changes impacted your belief in your ability to provide appropriate, high-quality services for your clients?

Mental health professionals often experience high levels of stress when working with mandated clients. Tell me how your stress levels changed after you implemented the revised programming.

Burnout may occur when chronic stress is not effectively managed. Some symptoms include feeling exhausted, overwhelmed, and unmotivated. Have you experienced any of these symptoms? How do you think they might be related to the changes in your practice due to the newly imposed financial restrictions?

Is there anything I have not asked that you think I should know about the impact of budget restrictions on mental health practitioners in correctional settings?