

International Journal of Medical Science and Clinical Inventions

Volume 1 issue 7 2014 page no. 352-356 ISSN: 2348-991X

Available Online At: <http://valleyinternational.net/index.php/our-jou/ijmsci>

Psychiatric Morbidity in Prisoners

Dr. Nagaraj Mruthyunjaya¹ Dr. Maheshwarappa Anupama² Dr. Kori Gangadhar³

¹Assistant Professor, M.B.B.S., M.D.

Dept of Psychiatry, Basaveswara Medical College, Chitradurga- 577002, Karnataka.

E mail; dr.mruthyunjay@gmail.com

²Associate Professor, M.D., DPM. Dept of Psychiatry, JJM Medical College,

Davanagere- 577004

E mail; anupamapeace2004@gmail.com

³District Psychiatrist C.G. Hospital Davanagere- 577004

Address for correspondence

Dr. Mruthyunjaya N,

Dept of Psychiatry, Basaveswara Medical College, Chitradurga- 577002, Karnataka.

E mail; dr.mruthyunjay@gmail.com

Abstract:

The World Health Organization in 2008 noted that of the nine million prisoners world-wide, at least one million suffer from a significant mental disorder. Health problems in Indian prisons have not been systematically studied, so a study of hundred and fifteen under trials was done. We found that two third of the under trials had mood disorder and another two third had comorbid substance use disorder.

Key words: prison, morbidity, psychiatric disorders.

Introduction:

The prevalence of mental health problems in prisoners is three to five times more common than

in the general population. ⁽¹⁾ The World Health Organization in 2008 noted that of the nine million prisoners world-wide, at least one million

suffer from a significant mental disorder and even more suffer from common mental disorders such as depression and anxiety. Mental disorders and substance use (tobacco, alcohol and other drugs) may either be present prior to prison entry or get exacerbated in prison. ⁽³⁾ But treatment facilities are often inadequate. ⁽²⁾ Health problems in Indian prisons have not been systematically studied. ⁽¹⁾ Information available in Indian context is very less, so this study was conducted.

Body text:

Aims & Objectives

To assess the prevalence of psychiatric illnesses in prisoners

Methodology

The study was done in Davanagere district Sub jail where all the prisoners are under-trials. A psychiatrist visits the prison once in three months and screens for psychiatric morbidity. Follow up and emergency services are done on SOS basis. Hundred and fifteen under-trials of the prison were assessed by a team of four trained psychiatrists on a single day. After eliciting their socio demographic data, perception of crime and perception of general condition in the prison, psychiatric morbidity was assessed using MINI Screen scale.

Result and discussion:

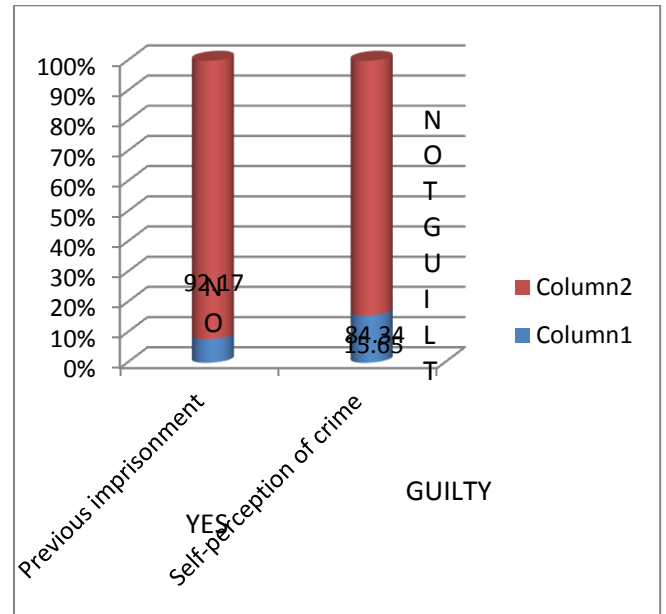
Majority of the prisoners belonged to Hindu religion and were from rural background. About

three fourths were educated and two thirds were married. Farmers constituted one third of the sample (Table 1).

TABLE 1: Socio demographic variables

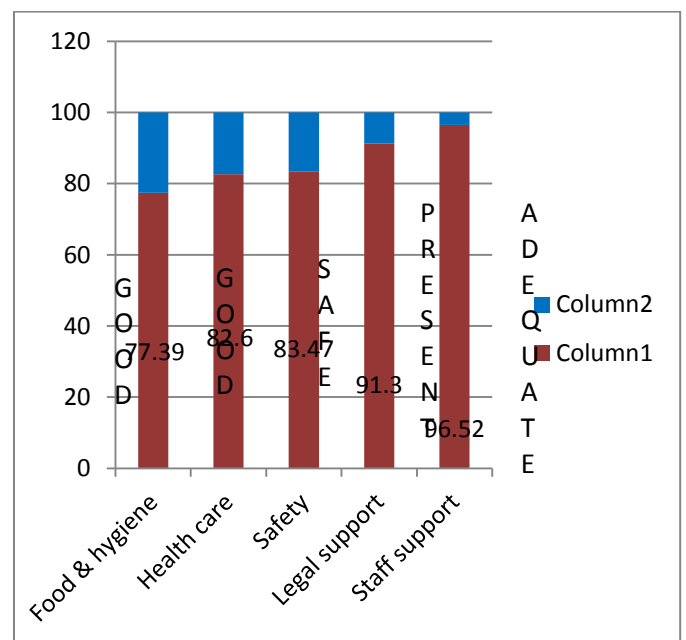
| VARIABLES | | TOTAL(n=115) | PERCENTAGES (n=115) |
|-----------------|----------------|-----------------|---------------------|
| Age | | 30.63 ±10.09 | - |
| Education | Uneducated | 39 | 33.91 |
| | Upto SSLC | 58 | 50.43 |
| | More than SSLC | 18 | 15.65 |
| Place of living | Urban | 35 | 30.43 |
| | Rural | 80 | 69.56 |
| Marital Status | Married | 76 | 66.08 |
| | Unmarried | 39 | 33.91 |
| Occupation | Farmer | 36 | 31.30 |
| | Laborer | 27 | 23.47 |
| | Private | 49 | 42.60 |
| | Govt job | 1 | 0.869 |
| | None | 2 | 1.73 |

| | | | |
|----------------------------|-----------------|----|-------|
| | | | |
| Income | 1,000-10,000 | 28 | 24.34 |
| | 11,000-50,000 | 82 | 71.30 |
| | 51,000-1,00,000 | 2 | 1.73 |
| | >1,00,000 | 3 | 2.60 |
| Religion | Hindu | 96 | 83.47 |
| | Muslim | 19 | 16.52 |
| Duration of stay in prison | <6months | 72 | 62.6 |
| | >6months | 43 | 37.39 |



Food & hygiene was perceived as good by 77.39%. 82.6% perceived good access to health care. 83.47% felt safe in the prison, 91.3% perceived adequate legal support, and 96.52% perceived adequate support from the staff (shown in figure 2)

FIGURE 2;

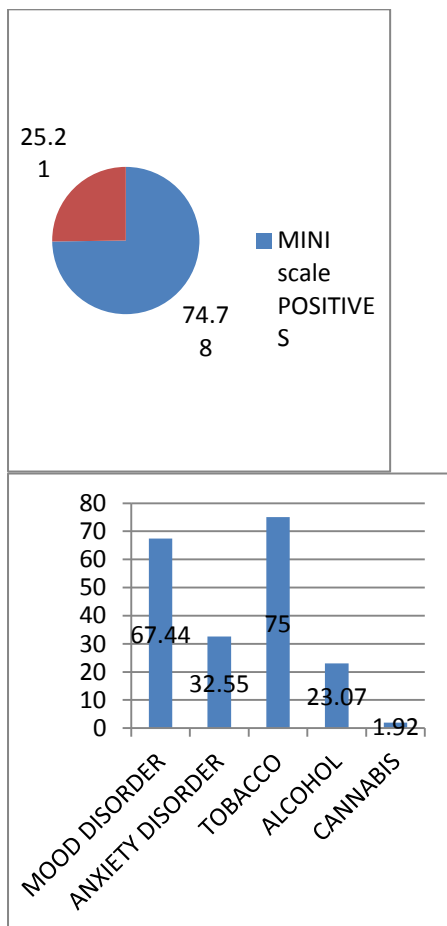


Previous imprisonment was present in 8%. 15.65% perceived themselves as guilty and 84.34% perceived themselves as not guilty (as shown in figure1).

FIGURE 1;

Out of 115 prisoners 74.78% (N=86) had psychiatric morbidity on MINI screen, and out of them 67.44% had mood disorders, 32.55% had anxiety disorders, and 60.46% were substance abusers. Tobacco users were 75%, alcohol abusers were 23.07% and 1.92% had cannabis use disorder (as shown in figure 3).

FIGURE 3



Relationship between perception of crime and psychiatric morbidity, perception of crime and education, time spent in jail and psychiatric morbidity were studied. Where in relationship between perception of crime and education

appeared to be significant ($p=0.048$). Majority of the educated prisoners perceived themselves to be innocent whereas uneducated prisoners perceived themselves to be guilty.

Discussion

World over, it has been established that prisons have a high prevalence of mental health

and substance use problems. ⁽¹⁾ Crime has been the first indication of mental abnormality in some mental diseases, but to say that every crime is committed as a result of mental disease is absurd. A person can commit crime due to psychiatric disorders like schizophrenia, delusional disorder, personality disorders like anti social personality disorder, and conduct disorder. ⁽⁴⁾

Psychopathology can be present in a person before imprisonment or after imprisonment. Psychopathology may begin once entering the jail due to imprisonment itself, stigma to self and the family, perception of guilt and being jailed, or due to certain reasons inherent to the jail conditions like decreased safety, decreased legal and staff support, decrease in the family contact, loneliness.

In our study most of the prisoners perceived themselves to be not guilty, and staff and legal support was perceived as adequate in most of the prisoners, but still majority of them had psychiatric morbidity. This is likely to be due to factors other than those present in the prison.

Similar studies in the past, have found 70% of the subjects had evidence of psychiatric illness. The

most common diagnosis was anxiety neurosis in 8% and depressive reaction in 16% cases. Psychopathic personality disorder was found in 16% cases, schizophrenia in 4%, sexual deviation in 4%, alcohol addiction in 12% and opium dependence in 10%.⁽⁵⁾

Mohan and Dhar⁽⁶⁾ assessed 120 undertrials and found 9% to have any psychiatric disorder. Twenty eight percent suffered from schizophrenic psychosis, 13% from MDP, 14% from anxiety state and depression, 9% from malingering and 7% from seizure disorder. Pre-existing psychiatric illness before committing major crime was detected in 35% of under-trials.

Majority of the educated prisoners perceived themselves to be innocent whereas uneducated prisoners perceived themselves to be guilty, which is difficult to explain and needs further research.

Conclusion:

Prison is the place meant for correction and rehabilitation. The people in the prison are people of our own society, who need to be mainstreamed once out of the jail. As the psychiatric morbidity including substance abuse is high among prisoners before and after imprisonment psychiatric care is of the highest need among the prisons.

REFERENCE

1. Suresh Bada Math, Pratima Murthy, RajaniParthasarathy, C Naveen Kumar, S.Madhusudhan. Mental Health and Substance Use Problems in Prisons.A executive summary.
2. R.K.Chadda&Amarjeet. Clinical profile of patients attending a prison psychiatric clinic.Indian J Psychiatry. 1998; 40 (3):260-265.
3. Sandeep Kumar Goyal, Paramjit Singh, Parshotam D. Gargi, Samta Goyal1, Aseem Garg.Psychiatric morbidity in the prisoners.Indian Journal of Psychiatry.53(3); Jul-Sep 2011.
4. Dr.J.C. Marfatia. Scope of prison psychiatry in India.Indian Journal of Psychiatry. April 1960; VOL II: NO II.
5. Singh G, Verma HC. Murder in Punjab: A psychosocial study. Indian J Psychiatry 1976; 18: 243-51.
6. Mohan C, Dhar V. Study of psychiatric status of Central Jail under trials at psychiatric hospitals, Government Medical College, Jammu. Indian J Psychiatry 2001;43 (Supplement):59.