

## Mental Health and Psychiatric Morbidity in Prisoners:

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**Abstract:** Prisoners are extremely vulnerable to develop mental disorders and psychiatric morbidity. It has been seen that prisoners have elevated rates of psychiatric disorders as compared to the general population. Psychosis, personality disorders, depression and substance use are some of the common problems plaguing the inmates. Some of them tend to show suicidal tendencies. This paper aims at looking at certain factors which contribute to their mental disorders. It also seeks to analyze certain case studies in order to show how these factors lead to a deterioration in the mental health of the prisoners. Lastly it suggests certain reforms in order to ensure timely identification of the disorder, immediate treatment and rehabilitation.

**Keywords:** Mental disorders, prisoners, psychiatric morbidity, rehabilitation, treatment

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### I. Introduction

Prisoners spend their life behind bars. This keeps them away from their marriages, families, friends, jobs, communities and religion for several years. In order to survive in the prison, the inmates have to undergo extremely harsh policies and rough conditions of imprisonment. They have to adapt to these frustrations and deprivations of life. This prolonged adaptation leads to a lot of psychological changes. Psychological disorders such as post-traumatic stress disorder and other forms of disability in the form of decreased sense of self confidence and personal value is very common among prisoners suffering acute pangs of confinement. [1].

Recent studies show that the rate of mental illness in inmates is three times higher than in general population. Even though there have been several decades of prison reforms in India, a lot is left to be done in order to bring about a substantial improvement in the conditions, particularly health conditions of the prisoners. World Health Organization (WHO) defines health as, “a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity.” [2]. There is a continuous deterioration in the physical and mental health of the inmates. One aggravates the other. There is a complete absence of social well-being. Thus the need of the hour is to undertake a complete relook at the delivery of healthcare in prisons in general and mental health in particular so that not only is there an “absence of disease or infirmity” but also a material sense of well-being. [1].

This paper will first look at factors which lead to the development of mental disorder and psychiatric morbidity in prisoners. It will then look at four case studies: “Mental Health and Substance Use Problems in Prisons” conducted by National Institute of Mental Health and Neuro Sciences, Bangalore in Bangalore Central Jail, “Adjustment and Mental Health Problem in Prisoners” conducted in a district jail of Dhanbad, “Psychiatric Morbidity in Prisoners” conducted in Central Jail of Kota and “A Study on Mental Health Morbidities with Socio-Demographic Correlates If Any, Among the Inmates at Bankura Prisons, West Bengal”.

The aim of these case studies is to find out the current prevalence of substance use, psychiatric disorders and morbidity in prisoners. This paper will analyze these case studies to show how the above mentioned factors lead to a decline in the mental health of the prisoners. The analysis will be supported by statistical findings of these case studies. Lastly the paper will suggest a few reforms to ensure that every prisoner has access to basic mental health treatment. These reforms will be directed at prompt identification of mental disorder, immediate treatment and rehabilitation.

### II. Factors Leading To The Development Of Mental Disorders And Psychiatric Morbidity In Prisoners

Firstly custody itself leads to severe mental stress. In addition to that the fact that the inmates are away from their homes, families, friends and jobs puts them in an extremely negative environment. Social organizations in prisons mainly revolve around vicious prison gangs, as a result of which there are no good role models to be followed in prisons. Many of them are beaten, raped and intimidated by their fellow inmates. Inadequate penal and justice systems lead to delays in access to justice. As a result they languish in jails for years. Overcrowding and denial of basic human rights further contribute to their stress. They have limited access to fresh air and sunlight. Bad odour, bland and unappealing food, clothing and extremely confined shelter makes life even more miserable for the prisoners. Long periods of isolation coupled with low mental stimulation and lack of privacy and meaningful activity contribute to poor mental health. Insecurity about future prospects with respect to work and relationships further aggravates the situation. [3].

In confinement, the prisoners do not get the attention and the treatment that they require. Mental health care even in the most rudimentary form is absent in most of the prisons in our country. Timely identification, treatment and rehabilitation are absent in most of the correctional homes. Prisons are often used as dumping grounds for people suffering from severe mental disorders. Due to the lack of mental health services, these people are inappropriately locked up in prisons. People with substance abuse problems (alcohol, nicotine and drugs) are sent to prison instead of being treated for their disorders. More often than not, such people commit petty offences. They are locked up in jail instead of being sent to rehabilitation centers. Therefore these disorders go unobserved and undiagnosed. Moreover they are subjected to marginalization, discrimination and stigma in social, economic and health sectors due to the misconceptions that people have with respect to mental disorders. This stigma and marginalization is further accentuated in prisons leading to a deterioration in their mental health. [4].

### **III. Case Studies**

The paper will now analyze four case studies to show how the above mentioned factors lead to mental disorder and psychiatric morbidity in prisoners.

#### **3.1. Mental Health and Substance Use Problems in Prisons**

This study was conducted by the National Institute of Mental Health and Neuro Sciences (NIMHANS) in collaboration with the Government of Karnataka and the Karnataka State Legal Services Authority. The aim of the study was to find out the prevalence of major and minor psychiatric morbidity and substance use in Central Prison, Bangalore and to assess the mental health needs of the prisoners. The study was carried out in three phases. First phase involved the assessment of the prisoners on a structured instrument for mental health morbidity after obtaining their informed consent. In the second phase they developed a brief screening tool to assess the mental illness in the prisoners. Third phase included developing guidelines for assessing and managing mental health and substance use problems in prisons. [4].

There were 5200 prisoners when the study was conducted as against an approved capacity of 2100 indicating 248% occupancy rate. 79.6% of the prisoners could be diagnosed as suffering from either substance use or from mental illness. 67.3% of the prison population admitted using tobacco in some form in their lives. 60.2% reported smoking tobacco and 14% admitted chewing tobacco. 97% of the people who admitted to either smoking or chewing tobacco had been using tobacco in the year prior to prison entry. It was also found that the under trials had increased their smoking from an average of 9.2 sticks per day to 34.3 sticks. Convicted prisoners had increased their smoking from an average of 11.4 sticks to 44.9 sticks per day. Those who chewed tobacco increased their consumption from 8.3 sachets to 20.9 sachets. Thus, level of smoking increased about four times and chewing tobacco increased about two and a half times after being imprisoned. [4].

Around 51.5% of the prisoners admitted consuming alcohol in their lives. 86% of these prisoners had an Alcohol Use Disorder Identification Test (AUDIT) score above 8 indicating harmful drinking patterns. 43.5% of the prisoners showed tendencies of lifetime alcohol dependence. 3.7% prisoners reported using alcohol in the last week. A drug screening was carried out on 721 prisoners. Out of these 442 (61.3%) were tested positive. 43% were tested positive for benzodiazepines. 31% for cannabis, 15% for cocaine, 9% for barbiturates, 6% for amphetamines and 3% for opioids. Nearly one third of the prisoners were tested positive for two or more drugs. On comparing the positive drug tests between the resident prisoners and new entrants, it was seen that the use of drugs had increased by nearly 2.5% after entry into correctional homes. Moreover, among substance users, 99% of the alcoholics, 85% of the smokers, 73% of the tobacco chewers and 71% of the drug users expressed their inability to give up these substances without help. [1].

Study with respect to psychiatric illness revealed that 12.7% of the resident prisoners had a lifetime of history of depressive episodes and 9.1% of the residents had a current depressive episode. 2 out of every 100 prisoners had tried committing suicide. 2 to 3 out of every 100 under trial prisoners were seen to be at a risk of causing deliberate self-harm. 2.2% of the prisoners showed tendencies of schizophrenia. 15-18 out of 100 prisoners had received a diagnosis for anti-personality disorders. Around 16.9% of the psychotic disorders were found to be substance related. [4].

#### **3.2. Adjustment and Mental Health Problems in Prisoners**

The aim of this study was to examine the adjustment and mental health problems in the prisoners of district jail of Dhanbad, Jharkhand. Three tests were used to conduct the present study: a designed proforma to collect socio-demographic variables and a bell adjustment inventory to measure adjustments in the areas of home, health, social and emotions and a general health questionnaire for easy identification of psychiatric disorders in the target population. [5].

Scores obtained on the Bell Adjustment Inventory<sup>1</sup> for different areas of adjustment revealed poor adjustments in social and emotional areas. The scores obtained on the General Health Questionnaire<sup>2</sup> revealed their depressive feelings, distress, unhappiness, anxiety and inability to enjoy life and to face the challenges of life. Feelings of worthlessness and lost confidence were found to be correlated to the difficulties of social and emotional adjustments. It was also found that as the problems in adjustment increased, mental health problems such as distress, unhappiness and anxiety also increased. Poor social and emotional adjustments had an adverse effect on their mental health. [5].

### **3.3. Psychiatric Morbidity in Prisoners**

This study was conducted in Central Jail of Kota, Rajasthan. An interview including details of socio-demographic data, family history of crimes, previous imprisonment, drug dependence and psychiatric disorders was conducted. It was revealed that the current prevalence of psychiatric disorders in prisoners was 33%. 6.7% of the prisoners suffered from psychotic disorders. 3.4% of the prisoners showed traits of schizophrenia, while 2.5% of the prisoners suffered from bipolar affective disorders. 26.3% of the prisoners showed signs of neurotic disorders. Depressive disorders were seen in 16.1% of the inmates. 8.5% prisoners suffered from anxiety disorder. History of drug abuse was seen in 58.8% of the prisoners. 1.7% of the prisoners showed signs of somatoform disorder. [6].

### **3.4. A Study on Mental Health Morbidities with Socio-Demographic Correlates If Any, Among the Inmates at Bankura Prisons, West Bengal**

A cross-sectional descriptive study was conducted among 119 inmates using stratified random sampling technique. They used the Self-Reported Questionnaire developed by WHO to assess the prevalence of psychiatric morbidity in developing countries. Socio-demographic information i.e. information with respect to age, sex, educational qualifications, marital status and socio-economic status was also collected. Chi-square tests and bivariate logistics regressions were used to assess the correlation between psychiatric morbidity and socio-demographic variables. [3].

It was found that 84% of the prisoners were suffering from mental illness. Majority of this population belonged to the age group of 20-29 years followed by 30-39 years. 87% of the males were found to be suffering from mental disorder as compared to 68% in females, establishing an association between sex and mental morbidity. Among the inmates who were illiterate, psychiatric morbidity was seen in 88.5% of the people as compared to 79.3% among the literates. Hence, level of education was not found to have much of an impact on the mental health of the prisoners. A strong association was seen between socio-economic status and psychiatric morbidity. Mental disorders were found in 66.7% of the upper middle class population as compared to 93.5% among the people belonging to the lower middle class. [3].

### **3.5. Analysis and Implications of the Case Studies**

These studies show that a person may have developed mental illness prior to being imprisoned. The illness may have got aggravated upon imprisonment due to isolation and lack of social support. Factors like socio-economic status, sex and age contribute significantly to the mental health of the inmates. [3]. The prisoners are prone to develop several disorders during crisis points while in prison. Depression was found to be very common among prisoners. People suffering from depression were not only in a depressed mood but had also lost interest in life's activities and showed great difficulties in making simple decisions. They were also suffering from feelings of worthlessness and helplessness. Some of these prisoners had also tried attempting suicide. Other factors provoking suicidal behavior can be classified under external and internal stressors. Imprisonment itself was seen to be an internal stressor leading to severe behavioral consequences in the affected individual. Long period of isolation coupled with marginalization was seen to further aggravate suicidal behavior. The study revealed that the rate of suicide was much higher in prisons as compared to the national average (1.19% as compared to 0.18%). [6].

Neurotic disorders were also found to be prevalent among prisoners. These disorders were found to be triggered by increased emotional responses to life activities due to a decrease in the ability to cope with changes in life. It was seen that the prisoners were unable to deal with their tensions and worries resulting in interference

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<sup>1</sup> It is a widely used adjustment inventory and it was developed by H. M. Bell in the year 1934 and its Hindi adaptation was done by Mohsin-Shamshad in 1968. The inventory measures adjustment in four different areas - home, health, social, and emotional - separately and also yields a composite score for overall adjustment. Its reliability ranges from 0.70 to 0.92 and validity is also very high.

<sup>2</sup> The General Health Questionnaire is a self-administered screening test designed for quick and easy identification of possible psychiatric cases in the target population. It was developed by Goldberg in 1972. It has 12 items. It has been validated in India in Hindi by Gautam in 1987. Its reliability ranges from 0.88 to 0.91.

with their sense of well-being. The stress could either be due to family quarrels or occupational difficulty. The level of confinement along with the long stay of the prisoners was found to have a detrimental effect on their mental health causing the neurotic disorders to get aggravated. Moreover, miscommunication between the court, prisons and the hospital systems was seen to hinder the identification, assessment and treatment of the disorder. [5].

The studies also revealed the near absence of psychotic disorders amongst prisoners. The findings suggest a weak relationship between crime and psychotic disorders because psychotic patients live with their families and not on the roads, as a result of which they are not pushed into crimes. Only 2.2% of the prisoners were diagnosed with psychotic illnesses particularly schizophrenia. Factors such as family relationships, stress, and socio-cultural issues were seen to contribute to schizophrenia. [1].

Personality disorders were also found to be prevalent among prisoners. Personality disorders represent inflexible responses to a wide range of social and personal situations. They represent a change in which an average individual thinks, feels, perceives and relates to others. Personality disorders in prisoners were found to be a result of varying degrees of subjective stress associated with confinement. They were found to be suffering from anti-social personality disorders and bipolar affective episodes. [1].

These studies also brought to light the high levels of tobacco, alcohol and drug use in prisons. Tobacco consumption in prison (67.3%) was found to be much higher as compared to the general population (29.6%). Their AUDIT scores were indicative of harmful drinking patterns. Around 13% of the prisoners self-reported using drugs other than tobacco and alcohol. Most of these prisoners tested positive for more than one drug. A comparison between the resident prisoners and new entrants revealed the striking increase in the tobacco, alcohol and drug consumption after entry into prison. The increase can be attributed to inadequate stress relieving mechanisms and lack of counselling and rehabilitation centers. Moreover, these prisoners were not even assessed at the time entry for substance use and its related problems. [5].

The findings of these studies throw light on the conditions of mental health in prisons and the need for mental health care. The prison hospital was found to have had only one psychiatrist, three doctors (a dermatologist, a physician and an ophthalmologist), one nurse, two pharmacists, one x-ray technician and one lab technician. Thus, the ratio of doctors to patients was 1: 1300. The health service center had only hundred beds. The scarcity of the health resources makes it impossible to identify and treat mental disorders and morbidity. Hence, there is a need for a proper health care system to be in place. Moreover, the needs of the prisoners, including frequent contact with family and friends, general upkeep of the prisons, decent quality and adequate quantity of food, greater avenues for entertainment and exercise as well as access to legal aid have to be met in order to bring about a substantial impact on their mental health. There is a need to provide sensitization and training to the staff to manage the prisoners efficiently as well as to ensure prompt identification and treatment of the disorders. Prisons can play a corrective as well as a rehabilitative role only if these needs are looked into. [5].

#### **IV. Reforms To Ensure Identification Of Mental Disorder, Immediate Treatment And Rehabilitation**

“The degree of civilization in a society can be judged by entering its prisons”-Fyodor Dostoevsky

There is a need to rehabilitate these prisoners so that they are deterred from committing wrong again. Their crimes can be linked to their circumstances and their psychiatric defects. Their wrongful acts are products of their psychological and socio-economic forces over which they have no control. Their acts can be seen as “sickness” which needs to be corrected. If given the right treatment and support, they can definitely change for the better. Proper identification and treatment of mental illness and improvement in the physical and the mental well-being of the prisoners are essential for the process of rehabilitation as well as for the maintenance of an environment which will ensure a corrective experience. For this an effective assessment of the ground realities is an absolute necessity. The suggestions for reforms that are listed below indicate what needs to be done at policy as well as programmatic level to ensure an improvement in the mental health of the prisoners.

##### **4.1. Proper Evaluation of Prisoners upon Entry into Prisons**

All prisoners should be systematically evaluated at the time of entry into prisons. The evaluation should include mental state history as well as substance use history. If it is found that a particular prisoner is suffering from a substance use problem, he should be examined for intoxication, withdrawal and for any serious physical or psychiatric complications. The result of the examination should be referred to the medical officer of the prison. A breath alcohol and tobacco examination as well as urine screening for any other drug use will help in a more detailed and systematic examination of the prisoners. Prisoners having a history of mental illness should be further evaluated so as to get the details of their case history. Treatment should be meted out accordingly.

#### **4.2. General Upkeep of the Prisons:**

A clean environment, proper toilet facilities and basic sanitation facilities should be provided. Basic needs of the prisoners such as adequate food, clean drinking water, access to fresh air and sunlight, exercise and entertainment should be met. This will go a long way in bringing about an improvement in the mental conditions of the prisoners.

#### **4.3. Provision of Basic Mental Health Care in Prisons**

Prison-staff need to be sensitized and trained so that they are able to detect and identify the mental disorder immediately. Prisoners with serious mental illness should be taken for counselling. Psychiatric medication such as antidepressant medicine, antipsychotic medication, anti convulsant medication and mood stabilizers need to be made available. Prisoners with suicidal tendencies should be given special attention and regular counselling. Rehabilitation facilities need to be provided to such prisoners. Special attention has to be paid to the aftercare needs of the prisoners suffering from mental disorders after they have been released. This includes educating the family members so that the treatment can be continued and medication can be provided.

#### **4.4. Methods of Dealing with Psychological Stress**

Adequate counselling for stress needs to be provided to prisoners so as to enable them to deal with their emotional and psychological problems. Prisoners should be encouraged to take help for any psychological, physical or substance use problems. One to one counselling should be provided during crisis points or on request. A few sensitive and motivated prisoners should be encouraged and empowered to act as counsellors for their peers. Common issues leading to emotional and psychological stress should be addressed.

#### **4.5. Need for Addressing Substance Use Problems**

Detailed questionnaires should be framed to ascertain substance use problems. Substance use problems should be identified through behavioral observation. Detoxification services and pharmacotherapy should be made available. Long term medication should be provided to dependent users. Motivational and relapse prevention counselling should be made available. Steps should be taken to cease alcohol, tobacco and other forms of drugs. Nicotine replacement therapy and opioid substitute therapy should be made available. Entertainment services should be provided to relieve stress so that the prisoners do not have to resort to substance use for escaping reality.

#### **4.6. Improvement in the Mental Health Resources**

Adequate funding and resources need to be diverted to prison health programmes. Prison authorities should have a greater say in the allocation of budget to prison health care. Either they should be made in charge of the funding or they should be given the autonomy to form partnerships with governmental or non-governmental organizations or with private institutions to fund such programmes. Human resources need to be enhanced. There needs to be at least one doctor for every two hundred patients. Every prison should have a psychiatrist, a dermatologist, a surgeon and a gynecologist. There needs to be at least three counsellors and two nurses for every 200 patients. Counsellors with a recognized degree in either social counselling or legal counselling or medical counselling with a few years of experience should be hired. Bedding facilities should be improved. 15 beds should be provided for every 200 prisoners. Each State should have a specialized forensic psychiatric facility with links to the local psychiatric hospital. This facility should rehabilitation and de-addiction services as well. The current health system in prisons is looked into by the Health Department. A separate department should be created in each state to look into prison health care. This will lead to the development adequate and better quality of mental health services.

#### **4.7. Provision of Training and Sensitization to the Staff**

The prison staff should be made aware of mental illness so that they can identify the illness and refer it to the medical officer. They should be provided basic training in counselling so that they can act as local in-house counsellors. They need to be provided with better working conditions and a higher remuneration so that they have enough incentive to carry out their duties effectively. Staff teamwork and interdepartmental cooperation need to be ensured for an effective discharge of their duties and functions.

#### **4.8. Creating Awareness among the Prisoners and their Families**

All prisoners need to be educated about basic physical and mental ailments. They need to be made aware of anxiety, depression and stress related symptoms. Health related awareness programmes should be conducted in prisons. National health programmes should be implemented. The prison authorities should tie up with local schools, colleges and NGOs to provide basic mental health related information and counselling to the prisoners. Family members should be sensitized and educated so that the treatment can continue post release.

#### **4.9. Legislative and Legal Reforms**

Legislature needs to provide alternatives to imprisonment in case of petty offences. Supervision and support, warnings, community service work, meditation and treatment order are some of the alternatives which can be looked into. Judicial intervention through non-custodial sentencing is required. Judiciary should ensure speedy trial. Free legal aid needs to be provided to people suffering from mental disorder. Judges, lawyers and police should be provided training in mental health issues particularly from the rights point of view.

#### **V. Conclusion**

In conclusion, it can be said that mental health is very important for an overall sense of well-being. Mental illness and psychiatric morbidity arising due to substance use or inability to adjust socially and emotionally to the environment of the prison undermines the self-confidence of the prisoners. These issues play a major role in prisons where the focus is on providing a corrective experience and rehabilitation so that they can be mainstreamed into normal life once they are out of prison. Corrective experience cannot be provided without an improvement in the mental health conditions and rehabilitation facilities. Providing a protective environment which lays emphasis on mental health will go a long way in benefitting the prisoners. [1].

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