Psychiatric Morbidity Among Prisoners

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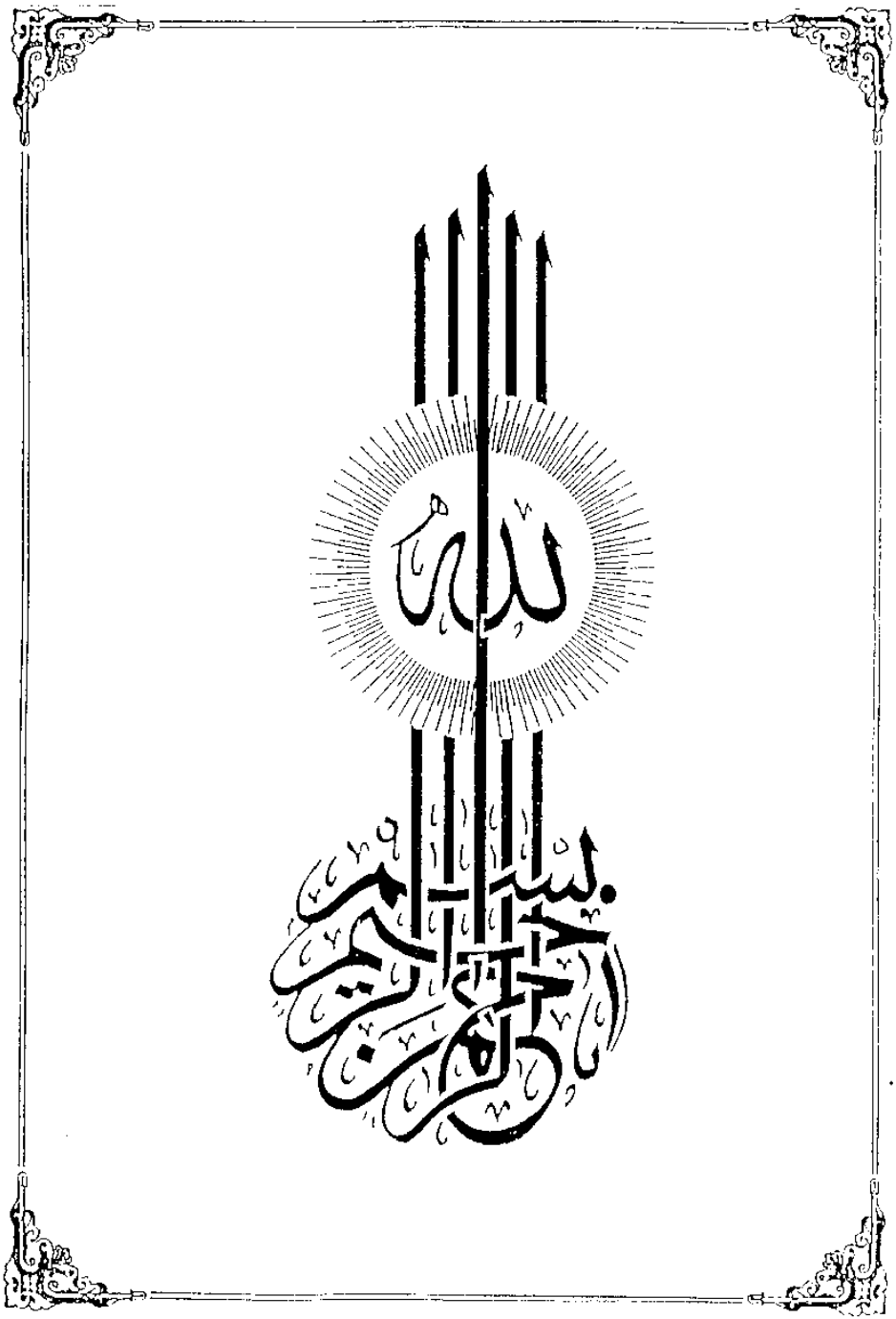

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INTRODUCTION

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One of the challenges of crime is that any attempt at it's understanding demands knowledge across a wide range of disciplines.

Researchers from anthropology, economicss, medicine, philosophy, psychology, and sociology have all contributed to the study of crime *(Clive - Holline 1989).*

Few would expect the level of mental health among members of the correctional population to exceed that among members of the general population, others may think that the rates of mental illness found in epidemiological studies of the general population are univocally applicable to members of the correctional population as well. *(Halleck Seymour, 1987).* (There is simply no valid way either to confirm or disconfirm any proposition except by the presence of comprehensive data taken from an epidemiologic study done in the prison itself).

Many Psychiatrists attempted studying crime and also imprisonment. In one study in England in 1984 long term

imprisonment was not a precipitant of severe psychiatric morbidity or inellectual deterioration, and prisoners adopt elaborate coping mechanisms which may themselves be protective.

In another study done in Australia in1991 on 189 sentenced prisoners, mood disorders were very high followed by psychotic disorders and then substance use disorders. *(Helen Herrman et al 1991).*

In contrast to the incidence of mental disorders among the general population sponsored by the national institute of mental health, (on the basis of discerning studies), it was found to be over 19%, and that the incidence of psychometrically inventoried mental disorder among offender populations were approximately 74%. Thus it may be the case that the overall prevalence of mental disorder is nearly four times greater among imprisoned offenders than in the general population. *(Nathaniel J. Pallone 1991).*

This study is an attempt to detect the prevalence of psychiatric disorders in prisons. One of the main prospectives is eliciting which are the commonest psychiatric disorders

and what is the role of imprisonment in precipitating them knowing this information will enable early detection and management of inmates with psychiatric morbidity and thus decreasing the possibility of further crime on discharge.

AIM OF WORK

1- To estimate the prevalence of psychiatric disorders o sentenced prisoners.

2- To explore psychodemographic data which may contribute to the development of psychiatric morbidity in prisoners

3- To plan a strategy for early detection of cases with psychiatric morbidity and early management and rehabiltiation of psychiatric cases.

amphetamine (9%) and cocaine (5%), including 1% "crack" users. Pre-arrest injecting was reported by 11% of inmates including 68% of all opiate users and 57% of amphetamine users. Drug dependence was reported by 11% including 7% dependent on opiates 2% on amphetamines and 1% on cocaine. Relative to other drugs. The figure for cocaine is higher than is suggested by a previous clinic survey. Pre-arrest cannabis use was reported by 54% of black prisoners and 34% of white. White prisoners are more likely to report use of hard drugs, and injection but this masks a higher rate of cocaine use by black prisoners opiate use varied between health regions from 3% of prisoners in the west Midlands to 25% of those from the Mersex region. These findings have influences on illicit drug use.

Mental deficiency

The mentally retarded individuals represents an on going set of legal problems throughout his life. First, there is the problem of a label how is it applied and what are the criteria for its application? Secondly, there is the problem of protection of the labeled individual and deciding if and when he should be institutionalized. Thirdly, there is the protection of his rights while he is institutionalized. Fourthly, for the institutionalized mentally retarded there is the need to protect and supervise the excercise of their constitutional rights and to ensure that they are not exploited and are provided a decent standard of living (Stone, 1976).

REVIEW OF LITERATURE

Relation of Mental Disorder to Crime

Schizophrenia and Paranoid Disorders

In 1940, William's, published a paper on *"Murder in the prodromic phase of schizophrenia"*. He described the case of a 21 years old student who had killed several members of his family in what he himself called " *an over wheeling impulse to escape from inner turbulences"*. He was diagnosed as a schizophrenic and was sent to mental hospital.

Ducan, (1958) studied 870 schizophrenic male patients in a hospital in Illinois. He found that (4%) had committed murder and that (24%) had records of other crimes, several other studies had shown that schizophrenic were not commonly known to be criminals. Another report on a study in California prison showed that out of the (21,000) offenders who were examined 500 - 600 were diagnosed as schizophrenia (Mccord and Mccord, 1959).

A report from West Germany concluded that "crimes of violence committed by the mentally ill are quantitatively proportional to the number of crimes of violence committed by the total population. By "mentally ill" the authors were referring specifically to schizophrenia and affective disorder (Hafner and Baker, 1973).

While Philips et al, (1988), in a study of 2735 previously hospitalized schizophrenics in Alaska, over a 4 years period, found that only 0.2% to 2% were arrested each year for violent crimes.

Guze et al.,(1976). denied that average schizophrenics are violent while Simopoulos,(1978) stated that schizophrenic was the leading diagnosis in 77% of the different types of offense entailing violence.

The schizophrenics commit crimes for a variety of reasons a hallucinatory voice may repeat a command to kill until it is finally obeyed. The paranoid schizophrenic may believe that a gang is plotting to kill him and can commit a crime as a reaction to defend himself. In simple schizophrenia, patient becomes apathetic with lack of emotion, indifference, callousness, and this can be the cause some times of bizarre, senseless murder without any apparent motive. Finally in the catatonic form of schizophrenia, attacks of extreme excitement and violent assaultive behavior may precede or follow a calm stuporous state.(Herjanic, and Meyer, 1976). Morbid jealousy leading to delusional insanity can lead the patient to beat or torture his wife in order to make her confess and not uncommonly, murder is attempted or committed (Black et al.,1975).

Bipolar affective disorder

The fundamental affect, in certain forms of mania, is excessive anger, and even the excessive joy of such patients can easily turn into aggressive acts if the free out flow of emotional experience of omnipotence is blocked.

A manic patient usually exhausts his affective potential in threats and acts which, while they may occasionally injure, do not end with destruction of life. And most psychiatrist agree that manic patients do not murder (Guze et al., 1967).

In one study carried out by Salem (1982) only 7.4% of criminals diagnosed as psychiatrically ill were diagnosed as bipolar disorder. Severe depression may lead to murder or suicide. The patient feels and believes that his life is without sense and filled with ever lasting suffering. A husband, who is so depressed, sees no hope in future and may take his life in order to avoid further misery and may take his wife's and children's lives shortly before ending his own, saving them from facing such a hopeless future (Marjanic and Meyer, 1967).