



Prevalence of psychosis in long term sentenced prisoners

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Abstract:

Background: Prisoners have a constitutional right to adequate health care, including mental health treatment. The situation is particularly challenging in the case of inmates with serious mental illnesses, who require specialized treatment and services. There has been consistent evidence that persons with mental illnesses are overrepresented in jails, and determining the extent of these higher rates is a first step to improved jail management and the development of alternatives to incarceration. Prison populations are growing rapidly in India. Various reports have indicated an increasing numbers of prisoners over the past decade. Despite this, little is known about mental health status of Indian prisoners. Although rates of serious mental illnesses are reliably known in Western countries, it remains uncertain whether these findings are applicable to other countries. **Method:** Present study was conducted in Central Jail, Raipur, Chhattisgarh. Medical records of all long term sentenced prisoners were reviewed. Subjects with history of Psychiatric evaluation were identified and were assessed individually with MINI & SCID to confirm the diagnosis. **Result:** Prevalence of psychosis was found to be 2.2%. **Discussion:** Implications of this study with regard to mental health care for prisoners are discussed.

Key words:

Introduction:

Prisoners have a constitutional right to adequate health care, including mental health treatment. The situation is particularly challenging in the case of inmates with serious mental illnesses, who require specialized treatment and services [1]. There has been consistent evidence that persons with mental illnesses are overrepresented in jails [2,3], and determining the extent of these higher rates is a first step to improved jail management and the development of alternatives to incarceration. Prison populations are growing rapidly in India. Various reports have indicated an increasing numbers of prisoners over the past decade [4]. Despite this, little is known about mental health status of Indian prisoners. Although rates of serious mental illnesses are reliably known in Western countries, it remains uncertain whether these findings are applicable to other countries.

Materials and Methods:

The study was conducted in Central Jail Raipur, Chhattisgarh during the period January 2014

to March 2014 which is the largest prison in Chhattisgarh having more than 9000 inmates. From the total inmates, long term sentenced prisoners were selected. For the present study, long term was defined as 10 years or more. A total of 1104 inmates (N=1104, Males- 1062, Females-42) fulfilled this criteria. Medical records of these prisoners were reviewed. Out of 1104 subjects 37 had a history of psychiatric treatment. These subjects were administered the study instruments.

Instruments

(i) MINI

The Mini International Neuro-psychiatric Interview (MINI) was used as the instrument to screen prisoners for the presence or absence of Psychosis. The MINI was designed as a brief structured interview for the major Axis 1 psychiatric disorders for DSM IV and ICD 10. Validity and reliability studies done show that the MINI has acceptably high validation and reliability scores and in addition it can be administered in a relatively short period of time [5].

(ii) SCID

The Structured Clinical Interview for DSM (SCID) was used to confirm the diagnosis. The SCID is a semi structured clinical interview designed to assess the presence of selected *DSM-IV* axis I diagnoses [6]. The instrument is administered by a trained clinical interviewer or mental health professional (Author MS is a certified SCID rater) and uses a modular format with skip patterns within diagnostic sections. When criteria for a given diagnosis are met, the diagnosis is scored in terms of its life time prevalence and its presence in the past month. For the present this study, a subset of modules were administered. Psychosis was defined as the presence of one or more of the following diagnoses in the past month: schizophrenia spectrum disorder; schizoaffective disorder; schizophreniform disorder; brief psychotic disorder; delusional disorder; and psychotic disorder not otherwise specified. There were no measures of functional impairment.

Design

This was a cross-sectional point prevalence study carried out at Central Jail, Raipur, Chhattisgarh, India during the period January to June 2014. The sample size was 1104 prisoners. (Male 1062, Female-42)

Result:

Of the 1104 inmates in the study cohort, the vast majority were male (96.2%, n=1062), were under 50 years old (91.4%, n=1009), were currently incarcerated for a most violent offense i.e. homicide Section 302 of IPC (78.2% n=861), and had a current prison sentence of 20 years (78.2% n=861). 37 subjects were having an Axis-I disorder (33.5/1000).

Prevalence of Psychosis- The current and one month prevalence of psychosis was 2.2%, (n=24). Other psychiatric diagnoses were Mood disorder in 1.09% (n=12) and seizure disorder in one subject.

Discussion:

Our results suggest that rate of psychosis in prisoners are much higher than in the general population. A Meta analysis of Indian studies found the prevalence of psychosis among general population from 2.2-3.3/1000 [7] which implies that the rate of psychosis is around ten times higher in prisoners. This finding is consistent with the results of recent reviews that the prevalence of psychosis in prisoners is higher than in the general population [2,3]. Previous non-Western studies [8,9] reported varying rates of psychosis, ranging from 0% to 5% The review by Fazel & Danesh found an overall prevalence of 3.7%

for psychotic illnesses among male prisoners in Western countries[2].

The present study provide evidence for what is already known to be true: the magnitude of serious mental illnesses is substantial in prison population. One of the possible explanations of such a high prevalence of Psychosis in our study could be the fact that prisoners with serious mental illnesses from the whole state are shifted to Raipur for better mental health services. This put additional burden on both jail staff and mental health professionals. Our study also showed that prisoners with psychosis are more likely to be incarcerated for homicide (Section 302 of IPC). This finding needs further exploration.

There are several limitation to our study. We studied only the Raipur Central Jail and the findings cannot be generalized. Second, we studied only inmates who had a past record of psychiatric evaluation. In a country like ours where record keeping is very poor, it is quite possible that prevalence could have been higher if all long term sentenced inmates were individually assessed.

Conclusion:

There is a general agreement that prisons are not the ideal setting to provide treatment for Psychosis. Prison inmates are a vulnerable group and require more care than the general population. Specialized mental health care centre having multidisciplinary treatment facility should be created for acute treatment whereas community based treatment should be encouraged for long term treatment.

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