The Prevalence of Mental Health Problems in the Prison Setting

SUMMARY

In 1997, the Department of Health commissioned the Office for National Statistics (ONS, formerly OPCS) to carry out a large scale survey of psychiatric morbidity in the prison setting. This report, published in 1998, continues the series of reports by the ONS looking at psychiatric morbidity in England and Wales. Previous reports have looked at adults living in the community, people living in institutions and residential care, and people who are homeless.

This paper summarises the main findings arising from the ONS survey on prison mental health and outlines some of the possible implications.

BACKGROUND

There is considerable research to suggest that the prison population are at greater risk of developing mental health problems compared with people of a similar age and gender in the community. Furthermore, prisoners are less likely to have their mental health needs recognised, are less likely to receive psychiatric help or treatment, and are at an increased risk of suicide.

Previous research has tended to focus on the remand population (approximately 20% of the prison population), who are thought to be at particular risk, compared with both the sentenced population and the population generally. Remand can be a particularly stressful experience due to the level of uncertainty, the proximity of the offence, the experience of the prison environment which is often characterised by overcrowding, staff shortages, changes in the prison population, and also the stress of being away from family and friends.

Research has shown that:

- From a prison population of approximately 65,000 (in England and Wales), an estimated 66% of the remand population are thought to have some form of mental health problem compared with 39% of the sentenced population.

- A study found that within the remand population of England and Wales, 18% had refused treatment, 55% were viewed as being in need of treatment, and a total of 680 prisoners required transfer to hospital for psychiatric treatment; this included 380 people with serious mental illness.

- It has been estimated that a prisoner is up to 7 times more likely to kill themselves compared with someone living in the community. In 1997, there were 70 suicides (67 men and 3 women) in prisons in England and Wales. This is a 40% increase since 1990 and a 159% increase since 1983. Again, there is a
strong association with the remand period. For example, in 1997, 39% of prison suicides were people on remand.11

THE RESEARCH

The ONS survey looked at both the remand and sentenced population, between the ages of 16 and 64, in England and Wales. The survey had several aims:

- To collect information on the mental health status of the prison population in order to look at any differences between the remand and sentenced population, as well as drawing comparisons with previous ONS surveys.
- To investigate the use of services and ‘receipt of care’ in relation to mental health needs, including the use of medication.

The survey was designed in the following way:

- A sample was drawn from 61,944 prisoners in 131 penal institutions.
- Interviews were carried out with 1,200 male sentenced prisoners, 1,200 male remand prisoners and 800 women prisoners. This data was supplemented by information from prison records with the consent of the individual.

THE FINDINGS

Prevalence of mental health problems

- A high proportion of both remand and sentenced prisoners were found to have two or more types of ‘mental disorder’.
- Sleep problems, general worry (excluding concerns about physical health), fatigue and depression were prevalent amongst all prisoners, especially those on remand.
- 55% of prisoners had some form of ‘neurotic disorder’. Neurotic disorder was found in 59% of men on remand and 40% of sentenced men compared with 76% of women on remand and 63% of sentenced women.
- 10% of prisoners displayed symptoms of functional psychosis (the figure for the general population is 0.4%). This constituted 7% of male sentenced, 10% of male remand, and 14% of female prisoners. Schizophrenia or delusional problems were the most prevalent.
- 65% had some form of ‘personality disorder’: 78% of male remand, 64% of male sentenced, and 50% of female prisoners (remand and sentenced). The most common form was antisocial personality disorder.
- Reported suicidal thoughts were very high: 46% of male remand prisoners had thought about suicide in their lifetime, 35% in the last year and 12% in the week prior to interview. The rate for females on remand was even higher.
- 27% of male remand prisoners had attempted suicide at some point in their life: 15% in the last year, and 2% in the week before the interview. The high level of past suicide attempts suggests that suicide is not necessarily a result of the prison situation alone.
More than half of male prisoners (58% of male remand and 63% of male sentenced) had misused alcohol to a significant extent, compared with 36% of female remand prisoners and 39% of female sentenced prisoners.

There was little difference in drug dependence between men and women, although women were more likely than men to be dependent on heroin and non-prescribed methadone.

Treatment and care

A relatively small number of prisoners reported receiving help for their mental health problems in prison, prisoners with a psychotic diagnosis or more severe form of neurosis were more likely to have received help.

A significant number of prisoners reported being refused help for their mental health problems whilst in prison; this included medication, counselling and an appointment with a psychiatrist. Interestingly, nearly 10% of prisoners said that they had refused offers of help.

Prisoners were more likely to receive help if they were in prison for longer.

THE IMPLICATIONS

This survey clearly demonstrates that a large proportion of the prison population are experiencing significant mental health problems. This highlights the need for the Prison Service to further consider ways of addressing the mental health needs of prisoners, and to review provision around mental health needs within the prison setting. This may involve extending the role of professionals such as psychologists, psychiatrists, and social workers, as well as that of prison officers who engage with prisoners on an everyday basis.

Further work should address the impact of the prison environment upon a person’s mental health, for example, overcrowding, time spent on remand, access to therapeutic or educational programmes and the number of hours spent in a cell.

The prevalence rates show clear differences between the remand and sentenced population, and in some instances, between male and female prisoners, which should inform further developments in prison healthcare. The findings highlight the need for a quicker judicial process to limit the time people spend on remand.

Further research may be needed to identify why some prisoners refuse help, and likewise why some prisoners’ requests for help are not met.

The high prevalence of severe mental health problems poses the wider question as to whether it is appropriate for people experiencing this level of mental distress to be in the prison setting at all, particularly as they are less likely than someone outside the prison setting, to receive help. This has implications for the development of alternative provision, and should inform current reviews of the Special Hospitals and secure settings.

Future policy may also need to take a longer term view, with consideration of reoffending and the importance of adequate aftercare provision.
REFERENCES


2 Please contact the Office for National Statistics for further details of the first eight reports of Psychiatric Morbidity published in 1995.


9 Estimate used by the Howard League for Penal Reform, 1995.


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