ORIGINAL ARTICLE

Diagnostic categories of patients admitted into the prison ward of Institute of Mental Health, Hyderabad during the period 2009-2010

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ABSTRACT

Background Criminal behavior is said to have an association with some psychiatric illnesses, esp. Schizophrenia. There is a modest significant relationship between schizophrenia and violence & crime which persists even after controlling demographic and socio-economic variables.

Aims To find out what diagnostic categories of psychiatric illnesses are prevalent in the patients admitted to prison ward of Institute of Mental Health, Hyderabad.

Methods Retrospective analysis of records of prison ward patients was done.

Results One in five of the patients admitted to prison ward had Schizophrenia mostly of paranoid type. Majority of patients were readmissions, because of poor compliance.

Conclusions There is a dire need to strengthen prison mental health services.

Key words: psychiatric illness; prisoners; crime

INTRODUCTION:

A criminal offender (accused or convicted) may have mental health treatment needs. The U.S. Supreme Court held in Estelle v. Gamble, 429 U.S. 97 (1976), that the state must provide medical services to prisoners that are necessary to avoid "deliberate indifference" to prisoners' serious needs. Data from the 1990s indicate that about 50 percent of prisoners identified as mentally ill have taken a prescribed medication and about 60 percent have received some form of mental health service. (1)

LITERATURE REVIEW

Psychiatric illnesses have been implicated to be associated with increased rates of violent behavior, & mental health services have a responsibility to reduce such violence for the sake of their patients as well as the wider community. There is also a reported correlation between having schizophrenia and increased rates of antisocial behavior in general and violence in particular. Some reports suggest that these associations are not just statistically but also clinically and socially significant. (2) Later research has shown that the association between offending behavior and Schizophrenia & Affective illness is modest and may often be mediated by coexisting substance misuse. The risk of a serious crime being committed by someone with a major psychiatric illness is small and does not justify subjecting them, as a group, to either increased institutional containment or greater coercion. (3) Most of the violence among those with schizophrenia is perpetrated by members of relatively small subgroups, who probably constitute no more than 10-15% of the patient population.

Aims To find out what diagnostic categories of psychiatric disorders are prevalent in the patients admitted to prison ward of Institute of Mental Health, Hyderabad.

MATERIALS & METHODS

Operational procedure Retrospective analysis of data gathered from inpatient medical records of all the criminal ward patients of Institute of Mental Health (IMH), Hyderabad treated from June 1st 2009 to May 31st 2010 was done. Demographic factors like age, sex, etc were noted. ICD-10 (WHO 1992) criteria were used by the treating psychiatrist for diagnosing psychiatric illness, & the same was documented in case records. Wherever diagnostic label was not clearly mentioned, details inside the case sheet were studied and appropriate diagnosis was arrived at. Also, number of times subjects were admitted in IMH was noted.

RESULTS

Table. Diagnosis-wise distribution of study sample

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paranoid Schizophrenia</td>
<td>49</td>
<td>39.51</td>
</tr>
<tr>
<td>Psychosis Unspecified</td>
<td>18</td>
<td>14.51</td>
</tr>
<tr>
<td>Depression</td>
<td>18</td>
<td>14.51</td>
</tr>
<tr>
<td>Bipolar Affective Disorder-last episode Mania</td>
<td>10</td>
<td>8.06</td>
</tr>
<tr>
<td>Others (Dissocial Personality Disorder), etc</td>
<td>29</td>
<td>23.38</td>
</tr>
</tbody>
</table>

Fig. Diagnosis-wise distribution of study sample

The total study sample was 124. The mean age of subjects at the time of admission into IMH was 30 yrs with S.D of 8.32.

The Mean duration of in-patient stay was 95 days with S.D of 93.46.

One out of five subjects had a diagnosis of Schizophrenia mostly of paranoid type. Second most common diagnosis was personality disorder.

More than 50% of the subjects were repeat admissions and most of them were diagnosed as Psychosis-unspecified initially, and nearly half were re-diagnosed as Paranoid Schizophrenia later. Subjects with Depression were more likely to get re-admitted than that with Psychosis Unspecified. The gap between first admission and repeat admission was 65 days (mean with S.D of 24.32).

This is very important in understanding the need to diagnose and treat appropriately in order to relieve the patient’s illness and reduce burden on the hospital and conserve the resources for emergency work up.

DISCUSSION

Our results show that most of the patients coming from prisons have either major psychiatric disorders or personality disorders. Medical officers in jails should be trained to identify the psychiatric symptoms early & manage appropriately. Poor drug compliance leads to multiple admissions & the illness becomes more resistant to treatment. More frequent the relapse of illness, worse is the prognosis. This also helps us understand what type of psychotropics need to be stocked in prisons and what type of mental health services are needed to keep them mentally healthy. The duration of inpatient stay & also repeated admissions are not only burdensome to patients in respect to illness but also for the health services because of the costs & manpower involved. Hospital bed maintenance is more costly compared to prison accommodation. According to patients, prisons provide more space, good food and better social interactions; therefore they feel more comfortable in prisons. This suggests the need for providing mental health services in prisons.

CONCLUSIONS

Limitations

i) No personal interviews of the subjects could be conducted and we had to depend on the hospital records. (Berksonian bias) ii) Lack of proper past and family history of conduct disorder which is the basis for most of the criminal acts.

Implications

There is a dire need to strengthen prison mental health services. (4) This would help in early identification of psychiatric illness, monitoring of treatment compliance & also would avoid relapses, thus avoiding unnecessary readmissions.

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REFERENCES


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