PRISON PSYCHIATRY

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Persons are sent to prison for committing crimes which are pubishable by imprisonment. The three main purposes of imprisonment are:

1. as a punishment for the crime committed,
2. as a means to protect society,
3. as a means or rehabilitation

Perfectly healthy persons may commit crimes that are punishable by imprisonment. However some people are people prone than others to commit these crimes. Certain psychiatric problems, including the psychoses, personality disorders and substance abuse are in fact known to be criminogenic, that is they make the person involved more susceptible to criminal behaviour.

Studies involving European prisons indicate that mental illness and substance abuse are two of the three main problems in correctional settings. The other being communicable diseases[1]. Persons with mental health problems are routinely reported to constitute a significant proportion of prison population in most countries. For example, a health survey of the Finnish prisoners carried out in 1985, detected psychiatric disorders in 55.5% of the male inmates and in 69.7% of the female inmates[2]. In another study among male prisoners in Quebec (Canada), 95.3% were found to be suffering from some kind of psychiatric disorder[3].

In England, drug dependence is the commonest psychiatric problem in sentenced prisoners,[4] whilst in Scotland it has been estimated that 61% of prisoners were suffering from substance abuse problems[5]. The figure is even higher in Canada where a study finalised in 1991 revealed that 70% of inmated suffer from substance abuse problems[6].

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1. TOMASEVSKI, K. "Prison Health - International standards and national practices in Europe". Helsinki Institute for crime prevention and control. 1992. p61.

2. JOUKAMA, M. "The Health Survey of Finnish Prisoners". Paper presented at the European Seminar on Prison Health, Tampere 1991.

3. HODGINS, S. and COTE, G. "Prevalence of mental health disorders among penitentiary inmates in Quebec", in: Health and Welfare Canada - Canada's Mental Health, Ottawa, 1990, pp 1-4.

4. GUNN; j. et al. "Mentally disordered prisoners" - A report commissioned and published by the Home Office, London, 1991, pp 87-91.

5. Scottish Prison Service. "Prisoners in Scotland". Report for 1989-1990. Edinburgh 1991.

The Corradino Corrective Facility

There are currently 208 inmates at this prison, 197 males and 11 females. Of these, 150 (139 males and 11 females) are Maltese and 58 foreigners. 67 persons are in prison for crimes directly related to drugs (possession or trafficing). At present there is 1 person, male, who is under 18 years. Although statistical information is lacking, it is known that several others, whose crimes include thefts, aggracated thefts, assaults/violent crimes and prostitution also have alcohol or drug problems.

Psychiatric Services

Every new inmate is screened by the prison medical officer for psychiatric and physical problems. Those with definite or suspected psychiatric or substance abuse problem are referred to the prison psychiatrist who examines the inmate, makes a psychiatric and personality assessment and draws up a management plan. Treatment modalities include pharmacotherapy and individual or group psychotherapy.

Psychiatric Diagnoses

The fact that several psychiatric disorders play a role in the aetiology of criminal behaviour, explains why these disorders are much more prevalent in prisons than in the general population. In fact one comes across a vast range of mental problems, including psychoses, neuroses, and personality disorders. The psychoses usually of the paranoid type, account for a small percentage of the diagnoses made, but they are usually related to the more violent crimes.
Neuroses are much commoner and many give a history of anxio-depressive states dating back to their adolescent years. In most cases, the patient admits that tranquillisers or other psychoactive substances were taken at an early age as a means of coping with these unpleasant affective states.

As in other countries most inmates suffer from personality problems[7]. In these traits of immaturity, impulsivety and frustration intolerance are most common. Many fulfil the DSM-3R criteria for antisocial personality disorder. Inmates with this disorder are the most difficult to work with, as they never admit their faulta, defects or failures, and hence cannot see any scope in rehabilitation. In a way they have failed to integrate in their personality the rules and norms of the society they are living in. Besides the fact that they have no guilt feelings for the srongs they did, they have no respect for authority, laws or regulations, and are very manipulative. They like to give the impression that they are the victims, and firmly believe that others are at fault.

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6. Correctional Services of Canada - Task force Report on the Reduction of Substance Abuse - Ottawa, 1991.

7. Mental Health for Canadians: Striking a Balance, Health and Welfare, Canada, Ottawa, 1988.

They are very manipulative and if they do not obtain what they want when they want it, they become angry and often terminate the psychotherapeutic relationship. It is often said in psychiatric textbooks that persons with antisocial personality disorders do not experience anxiety. This may be true when these persons are **in the wild**. However when in a restricted environment such as prison, they suffer from great anxiety. This together with their low frustration tolerance explains their incessant demands for tranquillisers.

As mentioned earlier, a significant percentage of the inmates are imprisoned for drug-related crimes. With the exception of a handful of pure drug traffickers, most of these have a substance abuse/dependance problem. It is a policy of the Prison Psychiatric Department not to consider the drug problem as a homogeneous category but rather as a final common pathway for different psychiatric and personality problems, especially where mature coping strategies are deficient. These underlying problems are taken into consideration when a therapeutic plan is set up.

Therapeutic modalities

Pharmacotherapy is certainly important and in most cases represents the inmates' conception of psychiatric treatment. The prefered drugs by inmates are the benzodiazepine anxiolytics and hypnotics, although these are used sparingly for a limited period. Antidepressants and neuroleptics are used when indicated, but neurotic patients or those with antisocial and borderline personality disorders tolerate the antimuscarinic and neurological side effects very badly. A perpetual problem with medication in pill or tablet form, is that they are hoarded and used as currency. To remedy for this, an effort is made to prescribed medicines in solution form where possible. This would also help reduce overdose risk from hoarded medicine.

Psychotherapy is more time-consuming and can be offered to a small number of inmates at any one time. An effective approach is Cognitive-Behavioural Therapy in individual or group sessions. Another approach used is an informal group session held once a week, where each participant is invited to discuss a particular problem which is of great importance to him. The group is then encouraged to find as many possible solutions as they can think of. This is called a brain storming exercise. Following this the group discusses the options and chooses the one which appears to be the most mature and socially acceptable. The rationale behind this is that inmates have to be prepared to eventually function as effective members of society.

After-Care

Experience shows us that psychotherapeutic work carried out whilst in the Correctional Facility soon loses its effect when an inmate serves his sentence and is discharged into the free world. One might argue that any change in values, attitudes and behaviour have to be practiced repeatedly if they are not to remain volatile; and a prison setting would not be an ideal one in this respect. Furthermore, as an inmate steps outside prison, he finds himself in a strange and threathening world, and feelings of derealisation and extreme loneliness are common. Many would be yearning to be spoken to and accepted by others. They often percieve other people's indifference towards them as a reluctance by society to allow them to reintegrate within it. These thoughts and the accompanying uncomfortable emotional states are usually the driving forces which push the person involved to his old haunts and life-styles.

It is hoped that with the reforms which are under way in our correctional system together with a further development of the psychiatric services, more offenders would be rehabilitated to become real members of society.