

## PSYCHIATRIC PROFILE OF THE PRISONERS REFERRED FOR PSYCHIATRIC ASSESSMENT

M.S.I. Mullick<sup>1</sup>, Masuda Khanam<sup>2</sup>, Jhunu Shamsun Nahar<sup>1</sup>

### Summary :

A consecutive series of 67 male prisoners referred for psychiatric assessment over a twelve month period in the calendar year of 1996 was examined to delineate the pattern of psychiatric disorder in relation to the nature of offence and to compare the allied variables between convicted and under trial prisoners. In total 91% had psychiatric disorder according to ICD-10 criteria. Of these 71.65% and 19.4% had a major and minor disorder respectively. Among them 83.58% and 16.42% charged with major and minor offences respectively. More serious crimes were committed by patients who had major psychiatric disorders. Schizophrenic patients (44.78%) committed major offences which indicates an association between violent offence & schizophrenia. Mean age of the convicted prisoners were significantly higher than that of under trial prisoners which was 35.98 ( $\pm 4.94$ ) years and 26.94 ( $\pm 8.90$ ) years respectively. The findings point to the treatment need of prisoners with psychiatric disorders.

### Introduction :

It is well established that people with psychiatric problems are over-represented in prison populations. The prevalence of psychiatric disorder in prison population ranged from 37% to 70% found in empirical studies<sup>1-6</sup>. Gunn et al reported 37% point prevalence of psychiatric disorder among male sentenced prisoners in England and Wales<sup>1</sup>. Jaukamma et al studied on 1099 Finish prisoners and showed that 56% of inmates were suffering from psychiatric disorder<sup>3</sup>. Among 750 randomly selected under trial prisoners by using ICD-10 criteria, Brooke et al found 63% prevalence<sup>5</sup>. In a recent study, 60% point prevalence was found in Durham by using both ICD-10 and DSM IV criteria<sup>6</sup>. The difference in

prevalence rates is due to characteristics of target samples, the sampling methods, type of informants and assessment procedure particularly, the diagnostic criteria used in different studies.

Psychiatric profile of the prisoners referred for psychiatric assessment is very much indicative of association of the crime and psychiatric disorder. Murray et al reported 56% point prevalence among 50 psychiatric referrals from prison<sup>7</sup>. Hafner and Borer<sup>8</sup> postulated that offenses without a motive were unusual among mentally abnormal offenders<sup>8</sup>. In a study, Taylor found that 82% of the offences committed by 121 psychotics could be attributed to the illness<sup>9</sup>. Fide et al<sup>10</sup> analyzed a consecutive series of 69 prisoners referred for assessment<sup>10</sup>. Of

1. Assistant Professor, Department of Psychiatry, Bangabandhu Sheikh Mujib Medical University, Dhaka

2. Associate Professor, Department of Psychiatry, Bangabandhu Sheikh Mujib Medical University, Dhaka

these, 36.2% had a major psychiatric disorder and a further 53.1% had a minor psychiatric disorder.

In Bangladesh, any prisoner exhibiting abnormal behavioural pattern, reported his mates or prison staff is produced before prison medical officer and if requires he refers the case for psychiatric assessment. Usually patients with gross behavioural abnormalities are referred. Majority of these prisoners referred to the psychiatrists exhibits major psychiatric disorders. This study was designed to examine the pattern of psychiatric disorders among the prisoners referred for psychiatric assessment in relation to the nature of offences and to compare allied variables between convicted and under trial prisoners.

#### **Materials and Methods :**

A consecutive series of 67 male prisoners who were referred from the Dhaka Central Jail to the psychiatry department of Institute of Postgraduate Medicine and Research, Dhaka for psychiatric assessment were studied during the period from January to December 1996. All referrals were examined by one of the authors. with respect to their psychiatric history, mental state, criminal records and current offences. Available information were obtained from prison files, prison medical officers, prison staffs and prisoners mates. The offences were divided with major and minor categories. Major offences are the carrying prison sentences of more than 3 years. Minor offences have prison sentence of less than 3 years. Prisoners' psychiatric conditions were grouped as major and minor psychiatric disorders. Major disorders consisted of psychoses and minor disorders included personality disorders, substance abuse, anxiety disorders. Some prisoners had more than one offence recorded and more than one psychiatric diagnosis. Only

one offence of most serious nature and a primary psychiatric diagnosis of each case were considered for analyses. The diagnosis were made using ICD-1011. The data were processed and comparison was made between convicted and under trial group. Statistical analyses were done where appropriate.

#### **Results :**

A total of 67 prisoners referred for the psychiatric assessment during the study period. Of them, 27(40.30%) were convicted and 40 (59.70%) were under trial prisoners. All the cases were male. The other socio-demographic characteristics of subjects examined are shown in Table-I. Their age ranged between 22 to 55 years with a mean of 34.21 (SD = 6.46%) years. Mean age of convicted prisoners were 35.98 (SD = 4.94) years and that of under trial prisoners were 26.94 (SD = 8.90) years which was statistically significant ( $t = 36.41$ ,  $P < 0.001$ ). Largest number of subjects (67.16%) were in the age group of 30-39 years. Sixty three subjects (94%) were Muslims. Urban rural distribution of the subjects were 67.16% and 33.84 respectively. These parameters were not found to have significant differences between convicted and under trial prisoners group. Most of the prisoners were from lower economic group. (88.60%), either illiterate (44.78%) or primarily educated (28.36%), employed (74.63%) and married (61.19%). The overrepresentation of middle economic group, higher postprimary education, more employment and single marital status were found more among under trial prisoners than convicted prisoners but statistical tests of significance were not applied due to small size of sample for these groups of parameters.

Table-II shows that 83.58 were changed with major offences and 16.42% with minor

offences. For the convicted prisoners, the major and minor offence were 96.30% and 3.70% respectively. That for under trial prisoners were 75% and 25%. Table-III revealed that 71.65% had major psychiatric disorder, 19.40% had minor psychiatric disorder and 8.95% had no psychiatric disorder. Schizophrenia was the largest chunk of the major disorders which was higher among convicted prisoners group (59.26%) than that of under trial prisoners group (35%). Minor disorders were much

higher among under trial prisoners than that of convicted prisoners which were 27.50% and 7.41% respectively. Of the minor disorders, substance use disorder was the largest among under trial prisoners as a primary diagnosis but the number was too small (7 cases in total) for analysis and interpretation for significance Table-IV shows that overall, most serious crimes were committed by patients who had major psychiatric disorders which were statistically significant at higher level ( $P < 0.001$ ).

**Table-I**  
Socio-demographic characteristics

Characteristics	Convicted prisoners		Under trial prisoners		Total	
	N = 27	%	N = 40	%	N = 67	%
<b>Age Group</b>						
20-29	2	7.41	11	27.50	13	19.40
30-39	20	74.07	25	62.50	45	67.16
40-49	4	14.81	3	7.50	7	10.44
50-59	1	3.70	1	2.50	2	2.98
Mean age	35.98 ( $\pm 4.94$ ) yrs		26.94 ( $\pm 8.90$ ) yrs		34.21 ( $\pm 6.46$ ) yrs	
<b>Religion</b>						
Islam	26	96.30	37	92.50	63	94.03
Hinduism	1	3.70	2	5.00	3	4.48
Christianity	0	0.00	1	2.50	1	1.49
<b>Social Background</b>						
Rural	19	70.37	26	65.00	45	67.16
Urban	8	29.63	14	35.00	22	32.84
<b>Economic Background</b>						
Higher	0	0.00	2	5.00	2	2.98
Middle	5	18.52	14	35.00	19	28.36
Lower	22	81.48	24	60.00	46	68.66
<b>Education</b>						
Illiterate	15	55.55	15	37.50	30	44.78
Primary	7	25.93	12	30.00	19	28.36
Post primary	5	18.52	13	32.50	18	26.86
<b>Occupation</b>						
Employed	18	66.67	32	80.00	50	74.63
Unemployed	9	33.33	8	20.00	17	25.37
<b>Marital status</b>						
Single	7	25.93	16	40.00	23	34.33
Married	19	70.37	22	55.00	41	61.19
Separated	1	3.70	1	2.50	2	2.98
Divorced	0	0.00	1	2.25	1	1.49

**Table-II**  
Type of main charges

Charge	Convicted Prisoners		Undertrial Prisoners		Total	
	N = 27	%	n = 40	%	N = 67	%
Major Offence	(26)	(96.30)	(30)	(75.00)	(56)	(83.58)
Murder/Attempted murder	16	59.26	14	35.00	30	44.78
Rubbery	8	29.63	11	27.50	19	28.36
Rape	1	3.70	3	7.50	4	5.97
Smuggling	1	3.70	2	5.00	3	4.48
Minor Offence	(1)	(3.70)	(10)	(25.00)	(11)	(16.42)
Theft	0	0.00	3	7.50	3	4.48
Mugging	1	3.70	3	7.50	4	5.97
Drug related offences	0	0.00	2	5.00	2	2.98
Suspicious Movement	0	0.00	2	5.00	2	2.98

**Table-III**  
Primary diagnostic categories

Characteristics	Convicted Prisoners		Under trial Prisoners		Total	
	N = 27	%	n = 40	%	N = 67	%
Major Disorder	(23)	(85.19)	(25)	(62.50)	(48)	(71.65)
Schizophrenia	16	59.26	14	35.00	30	44.78
Bipolar Affective Disorder	6	22.22	6	15.00	12	17.91
Recurrent Depressive Disorder /Depressive Episode	1	3.70	5	12.50	6	8.96
Minor Disorder	(2)	(7.41)	(11)	(27.50)	(13)	(19.40)
Substance Use Disorder	1	3.70	6	15.00	7	10.45
Anxiety disorders	0	0.00	3	7.50	3	4.48
Adjustment disorder	1	3.70	2	5.00	3	4.48
No psychiatric disorder	(2)	(7.40)	(4)	(10.00)	(6)	(8.95)

**Table-IV**  
*Association between criminal charges and psychiatric diagnosis*

Characteristics	Major offence		Minor Offence		Total	
	N = 56	%	n = 11	%	N = 67	%
Major disorder	44	78.57	4	36.36	48	71.64
Minor Disorder	8	25.00	5	45.45	13	19.40
No psychiatric disorder	4	7.14	2	18.18	6	8.96

$X^2 = 26.85$ ,  $df = 2$ .  $P < 0.001$

### Discussion :

Most of the referred prisoners for psychiatric assessment in our study had psychiatric disorder (91.04%). Similar report of 89.8% psychiatric disorders among the referred prisoners were found in a study of Fido et al<sup>10</sup>. The findings is very indicative of the competency of prison medical officer to identify psychiatric disorder for referral. The high prevalence of psychotic disorders (71.04%) among the violent offenders in our study is consistent with findings of other studies. In a recent study on psychiatric disorder in prisoners referred for assessment in Kuwait, major offences were committed by patients with major psychiatric disorder (53.33%)<sup>10</sup>. Earlier studies by Taylor and Gunn<sup>12</sup> of serious offenders of England and Wales have shown that approximately one third had a psychiatric illness.

In our study, schizophrenic patients (44.78%) committed major offences. Fideo et al<sup>10</sup> found that more than one -half of the homicides reported in Kuwait were committed by schizophrenic prisoners referred for assessment. Taylor and Gunn<sup>12</sup> showed that 9% of all reception prisoners at Brixton prison were considered to have psychiatric disorder, most often schizophrenia. Schizophrenic patients are

known to be more likely to commit a serious violent crime than general population<sup>13,14</sup>. Our finding may point to an association between violent offenses and schizophrenia. however, minor offenses in the present study was associated with 45.45% of minor disorder of which majority were of under trial prisoners with substance use disorder. Similar nature of distribution was reported by Broke et al<sup>5</sup>.

Psychiatric morbidity among referred convicted prisoners and under trial prisoners were 92.60% and 90% respectively. The difference failed to reach any statistical significance which might be due to selection biasness of the sample referred for psychiatric assessment (mostly patients with gross mental and behavioral abnormalities were referred) and the small sample size. Otherwise, reverse is true which was found in studies on prison population that there is a trend of higher prevalence among under trial prisoners<sup>5,6</sup>.

Regarding socio-demographic characteristics, the mean age of the referred prisoners was 34.21 years which is consistent with the finding of other studies<sup>6,10,15</sup>. However, mean age of convicted prisoners was found significantly higher (35.98% years) than that of under

trial prisoners (26.94 years). This might be due to relatively longer stay of the convicted group in the prison. In the present study, most of the prisoners (67.16%) were from rural background with lower economic group (88.66%). These reflect the socio-economic status of the prisoners and also that of general population of Bangladesh. About 25.37% of the referred prisoners were unemployed. Conversely, of the 74.63% employed, most of them were either cultivators, low paid service holders, self-employed or day labour with unstable income and related with poorly income group. Unemployment and low socio-economic conditions are important factors for criminality and psychiatric morbidity which have been reflected in this study. However, to draw any conclusion it needs further study.

### Conclusion :

Psychiatric morbidity among the prisoners are very common. This study reflects some important aspects of psychiatric disorders and crime in a selective small sample. Naturally, it indicates the extend of treatment need of prisoners with psychiatric disorder. Epidemiological survey on this field in Bangladesh is a primary need to find out the prevalence of psychiatric disorder among prison population and the relationship among psychiatric disorder, crime and prison. These type of studies will help to develop need based prison psychiatry in Bangladesh.

### References :

1. Gunn J, Maden A, Swinton M. Treatment needs of prisoners with psychiatric disorder. *BMJ* 1991; 303 : 338-341.
2. Maden T, Swinton M, Gunn J. Psychiatric disorder in women serving a prison sentence *Br J Psychiatry* 1994; 164 : 44-51.
3. Jaukamma M. Psychiatric morbidity among the Finish prisoners with special reference to socio-demographic factors : Results of the health survey of finish prisoners. *Forensic Sci Int* 1995; 73 : 85-91.
4. Teplin L, Abram K, Maclelland G. Prevalence of psychiatric disorders among incarcerated women. Pretrial jail detainees. *Arch Gen Psychiatry* 1996; 53 : 505-512.
5. Brooke D, Taylor C, Gunn J, Maden A. Point prevalence of mental disorder in unconvicted male prisoners in England and Wales. *BMJ* 1996; 313 : 1524-1527.
6. Birmingham L, Mason D, Gurbin D. Prevalence of mental disorder in remanded prisoners. Consecutive case study. *BMJ* 1996; 313 : 1521-1524.
7. Murray K, Akinkunmi A, Lock M, Brown R. the Bentham unit. A pilot remanded and assessment for male mentally disordered remand prisoners : Clinical activity in the first year and related ethical, practical and funding issues, *Br. J Psychiatry* 1997; 170 : 456-461.
8. Hafner H, Borer W. Crimes of violence by mentally abnormal offenders. Cambridge. Cambridge University Press, 1973.
9. Taylor P. Motives for offending among violent and psychiatric men. *Br. J Psychiatry* 1985; 147 : 491-498.

10. Fido AA, Razik MA, Mizra I, El-Islam MF. Psychiatric disorders in prisoners referred for assessment : A preliminary study. *Can J Psychiatry*, 37 : 100-103.
11. World Health Organization. The ICD-10 classification of Mental and Behavioural Disorders. Clinical descriptions and diagnostic guidelines. WHO, Geneva 1992.
12. Taylor PU, Gunn J. Violence and psychosis -1. Risk of violence among psychiatric men *MBJ* 1984; 288 : 1945-1949.
13. Chiswick D. Matricide. *BMJ* 1981; 285 : 1279-1284.
14. Wilcox DE. The relationship of mental illness to homicide. *Am J Forensic Psychiatry* 1985; 6 : 3-15.
15. Mitchison S, Rix KBJ, Renvoize EB, Schiveiger M. Recoded psychiatric morbidity in a large prison for male remanded and sentenced prisoners. *Med Sci Law* 1994; 34 : 324-330.