Mental health in a sample of maximum security prisoners in Western Australia: Is DUMA a similar population?

Presentation by: Jenny Kessell
Overview

Background to HoPE

Relevance to DUMA

Mental health screens in HoPE

What we knew about mental health of prisoner populations

What we discovered in HoPE

Conclusions
Background to HoPE

• Health of Prisoner Evaluation\(^1\)

• WA pilot study in 2008 in two maximum security prisons

• Based on 2001/03 NSW Inmate Health Survey (Tony Butler)

• N=146  
  55 female (21 Indigenous, 34 non-Indigenous)  
  91 male (22 Indigenous, 69 non-Indigenous)
Background to HoPE

HoPE instrument examined

- Demographics
- Physical & mental health
- Sexual health, history & behaviours
- Health knowledge & attitudes
- Addictive behaviours
- Tattoos & body piercing (in & outside prison)
- Family contact
Background to HoPE

- 2006 AIHW report\(^2\) identified the need for the national monitoring of prisoner health

- Minimal publicly available data on prisoner health in WA

- Prisoner health impacts the wider community

- Untreated health issues (particularly substance abuse and mental health) can impact recidivism
Relevance to DUMA

• Drug use of DUMA population resembles imprisoned population more-so than general population

• Drug use and mental health tend to be co-morbid

• Mental health in DUMA cannot be measured in great detail because of time constraints

• HoPE project is intended to become a national project

• Findings from HoPE are therefore predicted to be relevant to the DUMA population
Mental Health in HoPE

• History of psychiatric illness/treatment
• Current psychiatric illness/treatment
• Suicide
• Self Harm
• Brief Jail Mental Health Screen (BJMHS)\(^3\)
• Kessler-10 (K-10)\(^4\)
What we knew about Mental Health

• Mental disorders in prison samples far exceed the occurrence in community samples\textsuperscript{5}

• 1 in 5 Australians aged 16–85 years had a mental disorder\textsuperscript{6}

• Almost 1 in 2 (or 7.3 million people) had experienced a mental disorder at some point in their lives\textsuperscript{6}

• Released prisoners are more than twice as likely to report experiencing mental illness in the preceding twelve months\textsuperscript{7}
  - Substance use (x5)
  - Affective disorder (x3)
  - Anxiety disorder (x2)
What we knew about Mental Health

• Rates of psychopathology are far greater among female prisoners than among males\textsuperscript{8}

• Females & males present with different mental health problems\textsuperscript{9}

• Individuals with a mental illness are at greater risk of other factors such as substance abuse and homelessness\textsuperscript{10}
What we knew about Mental Health

• Aboriginal offenders demonstrate higher rates of mental health problems and alcohol and drug dependency\(^{11}\)

• Mental illness in the Indigenous population is multidimensional\(^{12}\)

• Indigenous prisoners comprised 24% of the national prison population in 2008 (41.2% of WA prison population)\(^{13}\)
What we discovered in HoPE

Have you ever received treatment/assessment for an emotional or mental health problem?

- 62.3% (N=91) of prisoners answered yes
What we discovered in HoPE

- Significant association between Indigenous status and previous treatment ($p < .05$)

- Non-Indigenous people 3.38 times more likely to have received treatment/assessment

- Indigenous females 3.54 times more likely to have received treatment/assessment than Indigenous males
What we discovered in HoPE

Admission to a Mental Health Unit or Ward

36.3% (N=33) reported being admitted to a psychiatric ward or unit.
What we discovered in HoPE

Currently taking prescribed psychiatric medication

- Almost 1 in 4 participants reported currently taking prescribed psychiatric medication
What we discovered in HoPE

<table>
<thead>
<tr>
<th>Type of prescribed psychiatric medication currently taken</th>
<th>Indigenous</th>
<th>Non-Indigenous</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td></td>
<td>(n=5)</td>
<td>(n=0)</td>
<td>(n=14)</td>
</tr>
<tr>
<td>Antidepressants</td>
<td>5</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>Anti-psychotics</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Mood Stabilisers</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Minor</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Tranquilisers</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Psycho-Stimulants</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Totala</td>
<td>6</td>
<td>0</td>
<td>17</td>
</tr>
</tbody>
</table>

Some respondents were prescribed more than one type of psychiatric medication, meaning total numbers may exceed group sizes.
What we discovered in HoPE

Self Harm

- 24% of prisoners had self harmed before
What we discovered in HoPE

Amount of time since last self-harm attempt

Source: ECU HoPE Collection 2008 [computer file]
What we discovered in HoPE

Location of last self-harm

- In community
- Prison (this time)
- Prison (previous)

Source: ECU HoPE Collection 2008 [computer file]
What we discovered in HoPE

Suicide - thought/attemp/location

Source: ECU HoPE Collection 2008 [computer file]
What we discovered in HoPE

Thoughts about suicide since incarceration

Source: ECU HoPE Collection 2008 [computer file]
What we discovered in HoPE

Brief Jail Mental Health Screen

34% (n=50) of participants met the requirements of referral for further assessment

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>NI Fem (n=11)</td>
<td>22%</td>
</tr>
<tr>
<td>I Fem (n=12)</td>
<td>24%</td>
</tr>
<tr>
<td>NI Male (n=20)</td>
<td>40%</td>
</tr>
<tr>
<td>I Male (n=7)</td>
<td>14%</td>
</tr>
</tbody>
</table>
What we discovered in HoPE

Kessler-10

May not be experiencing significant feelings of distress

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>NI Fem (n=15)</td>
<td>44.1%</td>
</tr>
<tr>
<td>I Fem (n=8)</td>
<td>38.1%</td>
</tr>
<tr>
<td>NI Male (n=49)</td>
<td>71%</td>
</tr>
<tr>
<td>I Male (n=17)</td>
<td>77.3%</td>
</tr>
</tbody>
</table>
Kessler-10

May be experiencing **mild/moderate** levels of distress consistent with a diagnosis of mild/moderate depression and/or anxiety

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>NI Fem (n=11)</td>
<td>32.4%</td>
</tr>
<tr>
<td>I Fem (n=6)</td>
<td>28.6%</td>
</tr>
<tr>
<td>NI Male (n=13)</td>
<td>18.8%</td>
</tr>
<tr>
<td>I Male (n=2)</td>
<td>9.1%</td>
</tr>
</tbody>
</table>
Kessler-10

May be experiencing **severe** levels of distress consistent with a diagnosis of severe depression and/or anxiety.
Conclusions

• Almost two-thirds of prisoners had previously received treatment or assessment for mental health problems

• NI people over 3 times more likely to have previously received treatment for a mental health problem

• Ind Females were over 3.5 times more likely than Ind males to have received treatment for a mental health problem

• Females were 2.5 times more likely to be taking psychiatric medication

• Almost ¼ of all prisoners had engaged in self-harming behaviours

• Majority of last self-harm episodes occurred in previous 6-12 months
Conclusions

- Over 50% of prisoners had thought about committing suicide and 30% had attempted suicide.
- Overall, suicidal thoughts decreased in prison.
- 34% of prisoners met the criteria for needing referral for further mental health assessment.
- Over 1 in 5 prisoners met criteria for experiencing mild – moderate levels of distress.
- 17% of prisoners met criteria for experiencing severe distress.
Problems

- There is a limited capacity of community-based mental health services to address the needs of mentally ill offenders
- Provision of appropriate services & impact on recidivism\textsuperscript{14}
- Other implications…
References


References


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