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Pattern of Psychiatric Morbidity and Substance Abuse among Iraqi Prisoners

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Received: 13 December 2018 Accepted: 1 January 2019 Published: 15 January 2019

5 Abstract

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⁷ Objective: Mental disorders are one of the most frequent disor¬ders in the world. The mental

health of prisoners is a major issue of public health. Methods: A cross-sectional study carried

at three prisons in Baghdad. All prisoners, both gender were included, using stratified random

sampling technique. Socio-demographic variables were collected using an information list filled

during the interview. Prisoners' mental state was checked by self-reporting questionnaires

scale (SRQ-20). Positive SRQ-20 test prisoners were selected for administration of the

DSM-IV Structured Interview by a consultant psychiatrist. Results: Participation rate was 70

Index terms— iraq; prisoner; psychiatric morbidity; SRQ-20.

16 1 Introduction

ental health of prisoners is a major issue of public health 1. Studies show that mental illnesses are high prevalence 17 18 among the prisoners than the general population 2. There are a number of important factors which could be help to explain the high rates of mental illnesses among prisoners 3. The environment of prison and rules regulate daily life inside prison can affect the prisoners mental health 4 . Imprisonment is a significant stressful event in 20 an individual's life 2. Imprisonment being a form punishment produces significant changes in one's physical, 21 psychological, and social functioning 5. In the prison, however, basic human values are distorted, contributing 22 to temporary or even irreversible psychological sequelae 6. In order to survive in the prison, the inmates have to 23 undergo extremely harsh policies and rough conditions of imprisonment. They have to adapt to these frustrations 24 and depravations of life 7. Prisoners have to reside for years in prison and sometimes for lifelong. It is a big 25 issue facing the mental health workers why mental illness of prisoners deteriorated after imprisonment and they 26 develop psychiatric disorders 8. Mental disorders prevalence was 5-10 times higher than the general population. A review of literature in 24 countries showed prevalence of depression 10% in male and 14% in female prisoners, and about 4% of psychotic illness in both genders 9. Severe mental illness prevalence 10-15%, while 2% among general population. Over 50% of prisoners in the United States with mental health problems: state prisoners 31 56%, federal prisoners 45%, and 64% in local jails 10. According to WHO, health in prison project, done in clearly indicated that something must be done to improve healthcare in prison 11. The current study was carried 32 out to find the prevalence of psychiatric morbidity and substance abuse among prisoners in Iraqi.

2 II.

35 Methods and Patients a) Setting and Design

The current study is a cross-sectional study including analytic component. It was carried out in 3 prisons in Baghdad. The data was collected during the period from December, 1 st , 2011 to December, 1 st , 2013.

38 4 b) Sampling and Study Population

39 All prisoners, both awaiting trial and sentenced prisoners, both gender were included, using stratified random 40 sampling technique.

₄₁ 5 c) Inclusion criteria

42 All the prisoners who entered jail during period of study, aged ? 18 years, of both gender, gave informed written 43 consent and accepted to have the interview and participate in this study were included

44 6 d) Exclusion criteria

Acute medical illness, refused consent, mental retardation, language barriers, different nationality, age >18
46 years prisoners were excluded e) Data collection tools Socio-demographic variables were collected using an
47 information list filled during interview. Prisoners' Mental status was checked by self-reporting questionnaires
48 (SRQ-20) that was carried by the WHO and used in different countries. The cut-off point of SRQ-20 used by
49 previous studies carried out in Iraq was seven 12. Prisoners showed scores above cut off point of SRQ-20, were
50 selected for administration of the DSM-IV Structured Interview (SCID) 13 which done by consultant psychiatrist.
51 Information regarding substance abuse was collected through the same interview.

7 f) Definition of variables

Psychiatric morbidity explained by many independent variables. Independent variables were socio-demographic characteristics including; gender, age, marital status, occupation, level of education, smoking habits and duration in prisons.

₅₆ 8 g) Statistical analysis

Analysis and processing of data was conducted by version 19a statistical package for social sciences (SPSS-19).

Results are represented by percentages for qualitative variables. Chi-square was used to find the relation between two qualitative variables. P values were calculated to determine associations between sociodemographic factors and mental illness. P ?0.05 was taken as statistically significant.

₆₁ 9 h) Ethical issues

62 Study was carried out under the agreement of the Iraqi correctional directorate and cooperation with the prisons' 63 health centers. Oral and written consent were taken from the prisoners. Confidentiality was assured to each 64 prisoner.

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11 Results

Present study assessed the psychiatric morbidity in Iraqi prisoners. The total number of investigated prisoners was 1447. Participation rate 70%. The age range 25-54 years. Mean age 33.9±7.17 years. About 60% of prisoners were below 35 years age, predominantly male 96.2%, married 74.2%, about 75% low education, selfemployed free work 50%, majority were lived with their families 96.2%. About 50% of prisoners stay in prison between 5-10 years (Table 1) The prevalence of psychiatric morbidity was high among Iraqi prisoners with nearly three forth of the participants 749 (73.9%). Table 2 shows factors associated with mental illness. The affected participants with psychiatric morbidity were younger age groups (below 35 years) 495 (66.1%), male gender 96%, married 73%, free work occupation 52.5%, low education 77.4%, about half of them was stay in prisons 5-10 years (49.3%), was live within their families (98.5%), smokers (80.4%), substance abusers (50.1%). The age, education, duration of prison, and substance abuse were significantly associated with psychiatric morbidity. Clinical interview by consultant psychiatrist for those with positive SRQ-20 responses (749) (73.9%) of the participants, based on DSM-IV check list was done. Interview showed that; generalized anxiety disorder was 7.2% of psychiatric morbidity, obsessive compulsive disorder 1.5%, panic disorder 4.8%, substance abuse 50.1%, depression 11.9%, psychosis 9.2%, schizophrenia 3.2%, post traumatic stress disorder 1.6%, and personality disorder 10.5% of the psychiatric morbidity among Iraqi prisoners (Table ??). Table 4 show the frequency and percentages of psychiatric morbidity from the total size of the sample, and correlation with the duration of prison. No mental illness 26.1%. Psychiatric morbidity was 73.9% of the total sample including; generalized anxiety disorder 5.3%, panic disorder 3.6%, posttraumatic stress disorder 1.2%, obsessive compulsive disorder 1.1%, substance abuse 37%, depression 8.7%, psychosis 6.8%, schizophrenia 2.4%, and personality disorder 7.8%.

12 Discussions

The psychiatric disorders prevalence among Iraqi prisoners within the current study was 73.9%. Significant statistical correlation of psychiatric disorders was found with; age (P<0.001), education (P=0.004), duration of imprisonment (P=0.016), and substance abuse (P<0.001). The prison is a correctional institute in which prisoners have restricted liberty, autonomy, and communication with family and friends. This can be devastating to some prisoners leading to disturbance in their physical, psychological and social status. current study prevalence is higher than many studies carried out across manycountries and cultures like; Mweene MT (2016) in Zambia (29.8%) ??, Maruf (2015) in Bangladesh (57.2%) 14, Ibrahim (2015) in Ghana (50%) 15, Sepehrmanesh Z

(2014)in Iran(43.4%)1 , Armiya'u (2013)in Nigeria (57%)16 , Mundt A P (2013)in Chile (26.6%)17 , Kumar V (2013)in India (33%)18 .

Current study prevalence of mental disorder is less than many studies; Ibrahim E M (2014) Egypt (92.9%) 11 , Saha S K (2014) West Bengal (84%) 19 , Chan L G (2013) Singapore (88.3%) 20 , Goyal S K (2011) India (80.2%) 21 .

The prevalence of the current study is nearly synonymous to these studies; Ayirolimeethal (2014) India (68.6%) 22 , Andreoli S B (2014) Brazil (68.9%) 23 , and Linda and Teplin (1997) America (75 %) 1 .

Differences in prevalence rates could partly be explained by differences in sampled populations, methodological issues and classification systems. High prevalence could be due to prison circumstances and long period of isolation, and mental health requirements were recognized less by mental health workers.

This study conclude that mental health services of prisoners required more attention to enhance the level of mental health of prisoners and staff of prison, and concentrated on the role of workers in mental health including specialist psychiatrists, clinical psychologist, mental health nurses and social counselors for early detection and proper management of psychiatric illness among prisoners.

Sociodemographic characteristics of Iraqi prisoners participate in the study		Below 5 yrs		Duration of Pi	
		No.	%	No.	%
	25 yrs -29 yrs	123	34.5	163	45.7
	30 yrs -34 yrs	22	8.3	132	49.8
Age	35 yrs -39 yrs 40	9 34	5.7	$88\ 65$	55.7
Groups	yrs -44 yrs		32.9		61.9
	45 yrs -49 yrs	3	2.9	57	54.8
	50 yrs -54 yrs	2	8	1	4
Gender	Male Female	182	18.6	$489\ 17$	50.2
		11	28.2		43.5
	Single	47	30.7	56	36.6
Marital	Married	127	16.8	386	51.3
Status					
	Divorced	19	17.6	64	59.2
	Employed	30	14.0	104	48.6
Occupation	Unemployed	50	17.4	167	58.4
	Free Work	113	22.0	235	45.8
	Illiterate	51	32.9	59	38.06
	Primary	84	32.4	120	46.33
Education	Intermediate	34	9.42	206	57.06
	Secondary	14	7.9	108	61.01
	University	10	16.4	13	21.3
Living	Live with family	187	18.7	$498 \ 8$	50 50
Circum-	Live Alone	6	37.5		
stances					
	Total	193	19%	506	50%

Figure 1: Table 1:

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			SRQ responses			Total (1013)		
		Negativ	ve (264) No. %		(749) No. %	No.	%	P
	25 yrs -29 yrs	75	28.4	281	37.5	356	35.1	value
Age	30 yrs -34 yrs	51	19.3	214	28.6	265	26.2	
Group	30 yrs -34 yrs	91	19.0	214	20.0	200	20.2	
Group	35 yrs -39 yrs 40 yrs	53 39	20.1 14.8	105 66	14 8.8	158 105	15.6	0.000
	-44 yrs	00 05	20.1 14.0	100 00	14 0.0	100 100	10.4	0.000
	45 yrs -49 yrs	33	12.5	71	9.5	104	10.2	
	50 yrs -54 yrs	13	4.9	12	1.6	25	2.5	
Gender	Male Female	255 9	96.6 3.4	719 30	96 4	974 39	96.2 3.8	0.665
Marital	Single	36	13.6	117	15.6	153	15.1	0.000
Status	5610	30	10.0		10.0	100	1011	
	Married	205	77.7	547	73.0	752	74.2	0.310
	Divorced	23	8.7	85	11.4	108	10.7	
Occupation	n Employed	67	25.4	147	19.6	214	21.1	
1	Unemployed	77	29.2	209	27.9	286	28.2	0.079
	Free Work	120	45.4	393	52.5	513	50.7	
	Illiterate	25	9.5	130	17.4	155	15.3	
Education	Primary School	81	30.7	178	23.7	259	25.6	
	Intermediate	89	33.7	272	36.3	361	35.6	0.004
	Secondary	47	17.8	130	17.4	177	17.5	
	University	22	8.3	39	5.2	61	6.	
Duration of Prison	Below 5 yrs	35	13.3	158	21.1	193	19	
	5 yrs -10 yrs	137	51.9	369	49.3	506	50	0.016
More than	e e	92	34.8	222	29.6	314	31	
Living	Live with family Live	$259\ 5$	98.1 1.9	738 11	98.5 1.5	997 16	98.4 1.6	0.408
O	Alone							
	Non Smoker	46	17.4	147	19.6	193	19	
Smoking	Smoker	218	82.6	602	80.4	820	81	0.433
In Prison								
Substance	Non abusers Abusers	$264 \ 0$	100 0	374 375	49.9	$638\ 375$	$63\ 37$	0.000
Abuse					50.1			
Total		264	100%	749	100%	1013	100%	

Figure 2: Table 2 :

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Frequency and percentages of psychiatric morbidity among the total sample with statistical relation with du

SRQ -20 Responses Negative Positive

No mental illness

GAD PANIC PTSD OCD

Clinical Diagnosis SUBSTANCE

ABUSE

DEPRESSION
PSYCHOSIS
SCHIZOPHRENIA
PERSONALITY
DISORDER
Total

Figure 3: Table 4:

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included in this study. © 2019 Global Journals 1

	Psychiatr	ic Morbidity	('
	-		N
	GAD		54
	PANIC		36
	PTSD		12
	OCD		11
	SUBSTA	NCE ABUSE	37
Year 2019	DEPRES	SION PSYCHOSIS SCHIZOPHRENIA	89
			24
16	PERSON	ALITY DISORDER	79
Volume XIX Issue I Version I			
$\mathrm{D}\;\mathrm{D}\;\mathrm{D}\;\mathrm{D}$) A			
Medical Research			
Global Journal of	shows the statistica	l significances of	
each clinical diagnosis, resulted from the			
Structured	Interview for	(SCWith	$_{ m the}$
sociodemographic characteristics of the I	fraqi prisoners	, , , , , , , , , , , , , , , , , , , ,	

Figure 4: Table 5

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Figure 5: Table 5:

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