

Research Article

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Pattern of Psychiatric Morbidity and Substance Abuse among Iraqi Prisoners

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Abstract

Objective: Mental disorders and substance abuse are one of the most frequent disorders in the world. Mental health of prisoner's is a major issue of public health.

Methods: This is a cross-sectional study carried at 3 prisons in Baghdad. All prisoners, both awaiting trial and sentenced prisoners, both gender were included, using stratified random sampling technique. Basic sociodemographic variables were collected using aninformation list filled during 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 (SCID) by consultant psychiatrist.

Results: A total of 1447 prisoners were approached; 70% responded; Mean age 33.9±7.17 years. About 50% of prisoners stay in prison between 5-10 years. The prevalence of psychiatric morbidity (positive SRQ-20 responses) was 749 (73.9%). 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%, posttraumatic stress disorder 1.6%, and personality disorder 10.5%.

Conclusion: this study shows high psychiatric morbidity and substance abuse among Iraqi prisoners that require furtherattention to enhance mental health and concentrated on the role of mental health workers for early detection and proper treatment of psychiatric disorders in prison.

Keywords: Prisoner, Psychiatric Morbidity, Substance Abuse, Iraq

Introduction

Mental disorders are one of the most frequent disorders in the world. Mental health of prisoner's is a major issue of public health [1]. Studies show that mental illnesses are high prevalence among the prisoners than the general population [2]. Although little is known about mental health disorders of prisoners, but it differ widely from general population [3]. There are a number of important factors which could be help to explain the high rates of mental illnesses among prisoners [4]. These factors could include deinstitutionalization of mentally ill people, increase drugs and alcohol use by people with mental disorders and none effective function of mental health services to cover the needs of mental illness of prisoners [5]. The environment of prison and rulesregulate daily life inside prison can affect the prisoner's mental health [6]. Imprisonment, like other forms of incarceration, is a significant stressful event in an individual's life [2]. Imprisonment being a form punishment produces significant changes in one's physical, psychological, and social functioning. Despite our ability to cope and adapt as humans, traumatic events may change a person's biopsychosocial status to such an extent that the memory of certain negative events affects the

coping ability with reality [7]. In the prison, however, basic human values are distorted, contributing to temporary or even irreversible psychological sequelae. These complications vary from mood disorders such as depression, substance related disorders, personality disorders, and psychotic disorders [8, 9]. In order to survive in the prison, the inmates have to undergo extremely harsh policies and rough conditions of imprisonment. They have to adapt to these frustrations and depravations of life. This prolonged adaption leads to a lot of psychological changes [10]. Prisoners have to reside for years in prison and sometimes for lifelong. It is a big issue facing the mental health workers why mental illness of prisoners deteriorated after imprisonment and they develop psychiatric disorders [11]. Prison is not a pleasant place to live because it estranged prisoners away from their families, home, friends, and outer world. Alienation of prisoners from their families and society is the most obvious cause to destroy the prisoners' well-being, which lead to stress and other mental health problems [12, 13]. Furthermore; unhygienic environment, overcrowding, delay legal process (under trial cases), physical and psychological suffering by prison officials and group clashes and conflict among prisoners group also disturb mental health of prisoners [14]. Offender stigma leaves most damaging effect on prisoners [15]. offender who cope with the environment able to



adjust in prison but those who unable to adjust with circumstances of the prison develop feel of guilty, aggression, suicidal ideation and depression, anxiety and other psychological symptoms[16]. Psychiatric disorders include substance misuse; personality disorder, psychoses depression, and anxiety were common among prisoners [17-19]. Mental disorders prevalence was 5-10 times higher than the general population. European prisons show 5% psychotic disorders, 25% anxiety and depression and 40% substance abuse [20]. A review of literature in 24 countries showedprevalence of depression 10% in male and 14% in female prisoners, and about 4% of psychotic illness in both genders [21]. 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 56%, federal prisoners45%, and 64% in local jails [22]. According to WHO, health in prison project, done in clearly indicated that something must be done to improve healthcare in prison [23]. The current study was carried out to find the prevalence of psychiatric morbidity and substance abuse among prisoners in Iraqi.

Methods and Patients Setting and Design

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

Sampling and Study Population: All prisoners, both awaiting trial and sentenced prisoners, both gender were included, using stratified random sampling technique.

Inclusion criteria

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

Exclusion criteria

Acute medical illness, refused consent, mental retardation, language barriers, different nationality, age >18 years prisoners were excluded.

Data collection tools

Socio-demographic variables were collected using aninformation list filled during interview. Prisoners' Mental status was checkedby self-reporting questionnaires (SRQ-20) that was carried by the WHO and used in different countries. The cut-off point of SRQ-20 used by previous studies carried out in Iraq was seven [24]. Prisoners showed scores above cut off point of SRQ-20, were selected for administration of the DSM-IV Structured Interview (SCID) which done by consultant psychiatrist. Information regarding substance abuse was collected through the same interview [25].

Definition of variables

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

Statistical analysis

Analysis and processing of data was conducted byversion 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. $P \le 0.05$ was taken as statistically significant.

Ethical issues

Study was carried out under the agreement of the Iraqi correctional directorate and cooperation with the prisons' health centers. Full description of the aims and type of the study was done. Oral and written consent were taken from the prisoners. Confidentiality was assured to each prisoner and was informed that the data collected will be used only for study purposes; Information and data entered into the computer system were secured with code numbers, only the researcher has access to information in database.

Results

Present study assessed the psychiatric morbidity in Iraqi prisoners. The total number of investigated prisoners was 1447. Those agreed to participate in this study 1013. 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, self-employed free work 50%., majority were lived with their families 96.2%. About 50% of prisoners stay in prison between 5-10 years (Table 1).



Table 1: Sociodemographic characteristics of the prisoners participate in this study and the correlation with the duration of imprisonment

Sociodemographic					otal	P				
characteristics prisoners part	of Iraqi icipate in the	Below 5 yrs		5 yrs -	· 10 yrs	More than 10 yrs		(1013)		
study		No.	%	No.	%	No.	%	No.	%	•
	25 yrs - 29 yrs	123	34.5	163	45.7	70	19.6	356	35.1	
	30 yrs - 34 yrs	22	8.3	132	49.8	111	41.8	265	26.2	
	35 yrs - 39 yrs	9	5.7	88	55.7	61	38.6	158	15.6	
Age Groups	40 yrs - 44 yrs	34	32.9	65	61.9	6	5.7	105	10.4	0.000
	45 yrs - 49 yrs	3	2.9	57	54.8	44	42.3	104	10.2	
	50 yrs - 54 yrs	2	8	1	4	22	88	25	2.5	
Gender	Male	182	18.6	489	50.2	303	31.1	974	96.2	0.331
	Female	11	28.2	17	43.5	11	28.2	39	3.8	
	Single	47	30.7	56	36.6	50	32.6	153	15.1	0.000
Marital Status	Married	127	16.8	386	51.3	239	31.7	752	74.2	
	Divorced	19	17.6	64	59.2	25	23.1	108	10.7	
Occupation	Employed	30	14.0	104	48.6	80	37.3	214	21.2	0.001
Occupation	Unemployed	50	17.4	167	58.4	69	24.1	286	28.2	
	Free Work	113	22.0	235	45.8	165	32.1	513	50.6	
	Illiterate	51	32.9	59	38.06	45	29.0	155	15.3	
	Primary	84	32.4	120	46.33	55	21.2	259	25.6	
Education	Intermediate	34	9.42	206	57.06	121	33.5	361	35.6	0.000
	Secondary	14	7.9	108	61.01	55	31.0	177	17.5	
	University	10	16.4	13	21.3	38	62.2	61	6.0	
Living Circumstances	Live with family	187	18.7	498	50	312	31.2	997	98.5	0.095
Circuinstances	Live Alone	6	37.5	8	50	2	12.5	16	1.5	
Total		193	19%	506	50%	314	31%	1013	100%	

The prevalence of psychiatric morbidity (positive SRQ-20 responses) 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 (Table 2).

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Table 2: SRQ-20 respondents in relation to some sociodemographic variables

			SRQ re	sponses		Total	(1013)	P value	
		Negati	ve(264)	Positiv	ve(749)	No.	%		
		No.	%	No.	%	-			
	25 yrs - 29 yrs	75	28.4	281	37.5	356	35.1		
	30 yrs - 34 yrs	51	19.3	214	28.6	265	26.2		
	35 yrs - 39 yrs	53	20.1	105	14	158	15.6		
Age Group	40 yrs - 44 yrs	39	14.8	66	8.8	105	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	255	96.6	719	96	974	96.2	0.665	
Gender	Female	9	3.4	30	4	39	3.8	0.003	
	Single	36	13.6	117	15.6	153	15.1		
Marital Status	Married	205	77.7	547	73.0	752	74.2	0.310	
	Divorced	23	8.7	85	11.4	108	10.7		
Occupation	Employed	67	25.4	147	19.6	214	21.1		
	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		
	Primary School	81	30.7	178	23.7	259	25.6		
Education	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.		
	Below 5 yrs	35	13.3	158	21.1	193	19		
Duration of Prison	5 yrs - 10 yrs	137	51.9	369	49.3	506	50	0.016	
	More than 10 yrs	92	34.8	222	29.6	314	31		
Living	Live with family	259	98.1	738	98.5	997	98.4	0.408	
Living	Live Alone	5	1.9	11	1.5	16	1.6	0.400	
Smoking In Prison	Non Smoker	46	17.4	147	19.6	193	19	0.433	
Smoking In Prison	Smoker	218	82.6	602	80.4	820	81	0.755	
Substance Abuse	Non abusers	264	100	374	49.9	638	63	0.000	
Substance House	Abusers	0	0	375	50.1	375	37	0.000	
Total		264	100%	749	100%	1013	100%		

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%, posttraumatic stress disorder 1.6%, and personality disorder 10.5% of the psychiatric morbidity among Iraqi prisoners (Table 3).

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Table 3: Frequency and percentages of psychiatric morbidity among Iraqi prisoners with SRQ-20 positive responses, after clinical interview based on DSM-IV check list

Davahiatuia mauhiditu	Total (749)					
Psychiatric morbidity	No.	%				
GAD	54	7.2 %				
PANIC	36	4.8%				
PTSD	12	1.6%				
OCD	11	1.5%				
SUBSTANCE ABUSE	375	50.1%				
DEPRESSION	89	11.9%				
PSYCHOSIS	69	9.2%				
SCHIZOPHRENIA	24	3.2%				

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%.

Table 4: Show the frequency and percentages of psychiatric morbidity among the total sample with statistical relation with duration of imprisonment

	ercentages of psychiatric	D	ourations of Priso	n	Total	P		
morbidity among the total sample with statistical relation with duration of imprisonment		<5 yrs	5-10yrs	>10 yrs	No.	%	Value	
SRQ - 20	Negative	35	137	92	264	26.1%	0.016	
Responses	Positive	158	369	222	749	73.9%		
	No mental illness	35	137	92	264	26.1%		
	GAD	13	22	19	54	5.3%	0.000	
	PANIC	7	18	11	36	3.6%		
	PTSD	0	12	0	12	1.2%		
Clinical	OCD	2	9	0	11	1.1%		
Diagnosis	SUBSTANCE ABUSE	87	184	104	375	37%		
	DEPRESSION	29	35	25	89	8.7%		
	PSYCHOSIS	9	25	35	69	6.8%		
	SCHIZOPHRENIA	9	14	1	24	2.4%		
	PERSONALITY DISORDER	2	50	27	79	7.8%		
Total		193 (19%)	506 (50%)	314 (31%)	1013	100%		

Table 5 shows the statistical significances of each clinical diagnosis, resulted from the DSM-IV Structured Interview for (SCID), with the sociodemographic characteristics of the Iraqi prisoners included in this study.

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Table 5: Statistical correlation (P value) of the clinical diagnoses with sociodemographic characteristics of the participants of this study; P<0.05 considered for significance

	Substance Abuse	GAD	PANIC	PTSD	OCD	Depression	Psychosis	Schizophrenia	Personality Disorder
Age Group	0.000	0.000	0.022	0.000	0.001	0.000	0.000	0.000	0.000
Gender	0.022	0.000	0.222	0.486	0.505	0.048	0.085	0.321	0.064
Marital Status	0.000	0.017	0.161	0.340	0.145	0.000	0.042	0.014	0.000
Occupation	0.000	0.887	0.021	0.036	0.225	0.761	0.000	0.102	0.048
Education	0.000	0.009	0.024	0.079	0.122	0.006	0.000	0.235	0.000
Prison Duration	0.023	0.359	0.997	0.002	0.057	0.003	0.001	0.005	0.000
Living Circumstances	0.278	0.198	0.557	0.659	0.673	0.211	0.276	0.530	0.241

The study found substance abuse was the most frequent among Iraqi prisoners during the time of the study, 37% out of the total sample, and about 50% of the psychiatric morbidity. Polypharmacy abuser was 27.6% of total sample, double drugs was 8.3%, and single drug abuser was 1.1%. Drugs most frequent were; Carbamazepine (Tegretol) 71.1%, Procyclidine (Kemadrin) 51.5%, Tramadol (Tramal) 47.5%, Carisoprodol (Somadril) 42.4%, Diazepam (Valium) 30.1%, Alprazolam (Zolam) 28.3%, Clonazepam (Revotril) 19.7%, Orphenadrine (Norgesic) 17.3%, and Codeine(cough syrups) 15.3% (Table 6). The statistical relations of drugs with the sociodemographic characteristics were assessed at P<0.05 for significance (Table 7).

Table 6: Frequency and percentages of the abused drugs among Iraqi prisoners

Drugs Abused	No.	Substance abusers(375)	Total sample(1013)
Carbamazepine (Tegretol)	267	71.2%	26.4%
Procyclidine (Kemadrin)	193	51.5%	19.1%
Tramadol (Tramal)	178	47.5%	17.6%
Carisoprodol (Somadril)	159	42.4%	15.7%
Diazepam (Diazepam)	113	30.1%	11.2%
Alprazolam (Zolam)	106	28.3%	10.5%
Clonazepam (Revotril)	74	19.7%	7.3%
Orphenadrine (Norgesic)	65	17.3%	6.4%
Codeine (Cough syrups)	57	15.2%	5.6%

Table 7: Shows the statistical significant correlation of each abused drug with the sociodemographic characteristics considering P<0.05 for significant relation

vivo for significant returns									
Correlation of abused drugs with the sociodemographic characteristics of the participants	Carbamazepine	Procyclidine	Tramadol	Carisoprodol	Diazepam	Alprazolam	Clonazepam	Orphenadrine	Codeine
Age Group	0.000	0.000	0.000	0.000	0.000	0.000	0.065	0.000	0.001
Gender	0.789	0.000	0.000	0.000	0.024	0.306	0.074	0.095	0.120
Marital Status	0.007	0.001	0.000	0.000	0.001	0.370	0.357	0.000	0.004
Occupation	0.000	0.061	0.028	0.000	0.000	0.008	0.288	0.100	0.026
Education	0.003	0.000	0.000	0.000	0.000	0.170	0.054	0.267	0.060
Prison Duration	0.002	0.070	0.018	0.023	0.219	0.604	0.114	0.489	0.328
Living Circumstances	0.308	0.058	0.147	0.085	0.331	0.168	0.870	0.317	0.022

Discussions

The psychiatric disorders prevalenceamong Iraqi prisonerswithin 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 that of James and Glaze who estimated that the prevalence rate of mental illness to be in the range of 45%-64% in the United States. Furthermore current study prevalence is higher than many studies carried out across many countries and cultures like; Weenie MT (2016) in Zambia (29.8%), Maruf (2015) in Bangladesh (57.2%), Ibrahim (2015) in Ghana (50%), Sepehrmanesh

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Z (2014) in Iran (43.4%), Armiya'u (2013) in Nigeria (57%), Mundt AP (2013) in Chile (26.6%), Kumar V (2013) in India (33%), Naidoo (2012) in South Africa (55.4%), Nseluke (2011) in Zambia (63.1%), Steadman (2009) USA (31%), and Brooke (1996) in England (63%) [1, 4, 26-34].

Current study prevalence of mental disorder is less than many studies; Ibrahim EM (2014)Egypt(92.9%), Saha SK (2014)West Bengal (84%), Chan LG(2013) Singapore (88.3%), Goyal SK (2011)India(80.2%), Vicence (2011)Spain (84.4%), Dudeck (2009) Germany(83%), Bolton(2009)The Nederland(57%), Butler(2006) Australia(80%), Von Schonfeld(2006)Germany (83.5%), Langveld (2001)Norway(80%), Wallace(1998)Australia(92.9%), Tihonen and Hakula (1994)Finland (85%) [23,35-45].

The prevalence of the current study is nearly synonymous to these studies; Ayirolimeethal (2014) India (68.6%), Andreoli SB (2014) Brazil (68.9%), and Linda and Teplin (1997) America (75 %) [1,46,47].

Differences in prevalence rates could partly be explained by differences in sampled populations, socio cultural differences, methodological issues and differing 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.

Clinical diagnosis of depression among the Iraqi prisoners was 8.7% of the total sample, which is represent 11.9% of the psychiatric morbidity. Depression is much lower than findings of many studies; Ibrahim EM (2014) in Egypt (82.5%), Sepehrmanesh Z (2014) in Iran (27.6%), Mundt AP (2013) in Chile (15%), Armiya'u (2013) in Nigeria (30.8%), Kumar V (2013) in India (16.1%), Chan LG (2013) in Singapore (21.6%), Goyal SK (2011) in India (21%), Agbahowe et al. (1998) Nigeria reported 23% depression of the prisoners [1,23,28-30,36,37,48]. Singh and Verma (1976) found depressive illness(16%), Wallace et al 1998 in Australia (1.6%), Anxiety disorders were 11.2% of the total sample which is 15.1% of the psychiatric morbidity [44, 49]. Anxiety disorders were less than; Ibrahim EM (2014) in Egypt (51.2%), Sepehrmanesh Z (2014) in Iran (40.6%), and Armiya'u (2013) in Nigeria (20.1%) [1,23,28]. Anxiety disorders were higher than; Mundt AP (2013) in Chile (8.3%), and Goyal SK (2011) in India (1.2%), and nearly synonymous with Kumar V (2013) in India (10.2%), Psychosis and schizophrenia were 9.2% of the total sample which is 12.4% of the estimated psychiatric morbidity of this study [29,30,37]. Our findings were less than; Lawal (2014) in Nigeria (41.2%), Chan LG (2013) in Singapore (21.6%), and Naidoo (2012) in South Africa (42%) [31,36,50]. Psychosis and schizophrenia of this study were higher than; Sepehrmanesh Z (2014) in Iran (4.3%), Andreoli SB (2014) in Brazil (5.5%), Armiya'u (2013) in Nigeria (1.8%), Kumar V (2013) in India (4.2%), Goyal SK (2011) in India (0.4%), Wallace et al 1998 in Australia (3.1%) [1,28,30,37,47,]. Agbahowe et al.(1998) in Nigeria reported schizophrenia in 2% of prisoners[48]. Our finding was synonymous with Ayirolimeethal (2014) in India (9.8%) [46]. This variation is due to different study design.

Personality disorders were 7.8% of the total sample which is 10.5% of the estimated psychiatric morbidity. This was less than; Sepehrmanesh Z (2014) in Iran (28.3%), Ayirolimeethal (2014) in India (19.2%), and Naidoo (2012) in South Africa (46.1%) [1,31,46].

Personality disorders were higher than Wallace et al 1998 in Australia (1.7%) [44].

The commonest psychiatric diagnosis was substance abuse disorder occurring in 37% of the total prisoners' sample which is about 50% of the total psychiatric morbidity in this study. Prescription drugs were more frequent among Iraqi prisoners like; Carbamazepine (Tegretol) 71.1%, Procyclidine (Kemadrin) 51.5%, Tramadol (Tramal) 47.5%, Carisoprodol (Somadril) 42.4%, Diazepam (Valium) 30.1%, Alprazolam (Zolam) 28.3%, Clonazepam (Revotril) 19.7%, Orphenadrine (Norgesic) 17.3%, and Codeine (cough syrups) 15.3%. Substance use disorder was synonymous with Maruf (2015) in Bangladesh (38.4%) [26]. It is higher than these studies; Sepehrmanesh Z (2014) in Iran (17.4%), Andreoli SB (2014) in Brazil (26.5%), Mundt AP (2013) in Chile (12.2%), Chan LG (2013) in Singapore (27.9%), Naidoo (2012) in South Africa (23.3%), and Wallace et al 1998 in Australia (6.4%) [1,29,31,36,44,47]. Substance use disorder of this study was less than these studies; Lawal (2014) in Nigeria (58.8%), Ayirolimeethal (2014) in India (59.3%), Armiya'u (2013) in Nigeria (48.7%), Kumar V (2013) in India (58.8%), and Goyal SK (2011) in India (56.4%) [28,30,37,46,50].

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.

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