

# Psychiatric morbidity among prisoners:

## Summary report

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A survey carried out in 1997 by the Social Survey Division of ONS on behalf of the Department of Health

- A publication of the Government Statistical Service

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## Notes on tables and figures

1. The percentages may not add to 100 because of rounding.
2. The percentages shown in the tables and figures are those found among the respondents to the survey. However, where the bases (sample sizes) are quite small, the sampling error associated with these estimates will be quite large and could result in the appearance of differences between groups that are not present in the whole population. Sampling errors were calculated for all the data presented in the report and these were used to test apparent differences between groups for statistical significance. All differences mentioned in the text have been found to be statistically significant at the 95% confidence level.

# 1 Introduction

## Background

The ONS survey of psychiatric morbidity among prisoners in England and Wales was commissioned by the Department of Health in 1997 to provide up-to-date baseline information about the prevalence of psychiatric problems among male and female, remand and sentenced prisoners in order to inform policy decisions about services.

A series of surveys of psychiatric morbidity have been carried out by ONS (formerly OPCS) over the past five years which were commissioned by the Department of Health, Scottish Office and Welsh Office.<sup>1,2,3,4</sup> All these surveys covered adults aged 16-64 but were distinct in terms of the respondents' place of residence or particular psychiatric problems:

- adults living in private households
- residents of institutions specifically catering for people with mental health problems: hospitals, nursing homes, residential care homes, hostels, group homes and supported accommodation
- homeless adults living in hostels, nightshelters, private sector leased accommodation or roofless people using day centres
- adults known to have a psychotic disorder, living in the community.

Although prisoners represent a very small proportion of the total population, approximately 0.1%, they are likely to be extensive consumers of a wide range of services. Similar questionnaires were used for the prison population as for private households, mental institutions and homeless people to permit comparisons by place of residence.

## Aims of the survey

The main aim of the survey was to collect baseline data on the mental health of male and female, remand and sentenced prisoners in order to inform general policy decisions. More specifically, the survey aimed to estimate the prevalence of psychiatric morbidity according to diagnostic category among the prison population of England and Wales.

The second aim of the survey was to examine the varying use of services and the receipt of care in relation to mental disorders, and relate these to psychiatric symptoms and disorders.

The third main purpose of the survey was to establish key, current and lifetime factors which may be associated with mental disorders of prisoners, for example, abuse as a child, unemployment, truancy or being suspended/expelled from school, leaving school early with no qualifications and having significant literacy problems.

# 2

## Coverage of disorders and their measurement

Apart from the mental disorders covered in the private household and institution surveys - neurosis, psychosis, alcohol and drug dependence - the survey of prisoners also included assessments of personality disorder, deliberate self-harm, post-traumatic stress and intellectual functioning, and the comorbidity of these disorders. Organic, eating and sexual disorders were not covered, at least to an extent that would allow the presentation of reliable estimates of their prevalence.

The ICD-10 lists ten broad categories of diagnoses,<sup>5</sup> shown in Table 2.1. The disorders covered in this survey are those within the four broad categories of F20-29, F30-39, F40-48 and F60-69. Although neurotic disorders are included (F40-48), some stress-related and somatoform disorders - acute stress reaction, adjustment disorders, dissociative (conversion) disorders and somatoform disorders- are not specifically measured.

Different research strategies were used to obtain prevalence estimates of psychiatric morbidity depending on whether assessments were made by lay interviewers (neurotic disorders including depressive episodes) or by clinicians (schizophrenia and other non-organic functional psychoses and personality disorder). In the latter case, data from a randomly selected 1 in 5 sub-sample of prisoners who had both lay and clinical interviews were used to identify variables in the lay interview which were highly correlated with an assessment of psychotic disorder at clinical interview or, for personality disorder, to adjust the cut-off scores used in the SCID-II screening questionnaire. These were then used to identify respondents in the whole sample likely to have one of these disorders. The instruments used for assessing the prevalence of the main types of disorder covered in the survey are shown in Table 2.2.

**Table 2.1: ICD-10 categories of disorder and their coverage in the survey**

ICD-10 categories of disorder		Disorders covered in this survey	
F00 - F09	Organic mental disorders		
F10 - F19	Mental and behavioural disorders due to psychoactive substance use		
F20 - F29	Schizophrenia, schizotypal and delusional disorders	<b>F20- F29</b>	<b>Schizophrenia, schizotypal and delusional disorders</b>
		F20	Schizophrenia
		F21-29	Other non-organic functional psychoses
F30 - F39	Mood (affective) disorders	<b>F30-F39</b>	<b>Mood (affective) disorders</b>
		F30	Manic episode
		F31	Bipolar affective disorder
		F32-33	Depressive episodes and disorders (mild, moderate & severe)
F40 - F48	Neurotic, stress-related and somatoform disorders	<b>F40-F48</b>	<b>Neurotic, stress-related and somatoform disorders</b>
		F40	Phobias (agoraphobia, social phobia and specific isolated phobia)
		F41.0	Panic disorder
		F41.1	Generalised Anxiety Disorder
		F41.2	Mixed anxiety and depressive disorder
		F42	Obsessive Compulsive Disorder
		F43.1	Post Traumatic Stress Disorder
F50 - F59	Behavioural syndromes associated with physiological disturbances and physical factors		
F60 - F69	Disorders of adult personality and behaviour	<b>F60-69</b>	<b>Disorders of adult personality and behaviour</b>
		F60	Specific personality disorders
F70 - F79	Mental retardation		
F80 - F89	Disorders of psychological development		
F90 - F98	Behavioural and emotional disorders with onset usually occurring in childhood and adolescence		

**Table 2.2: Instruments used to assess mental disorder in the survey**

Topic	Lay/clinical interview	Assessment instrument
Personality disorder	Clinical interview	Structured Clinical Interview for DSM-IV (SCID-II) <sup>6</sup>
Psychotic disorder	Clinical interview	Schedules for Clinical Assessment in Neuropsychiatry (SCAN) (version 1.0) <sup>7</sup>
Neurotic disorder	Lay interview	Clinical Interview Schedule – Revised (CIS-R) <sup>8</sup>
Self-harm	Lay interview	Suicide attempts and ideation: 5 questions (based on work of Paykel et al) <sup>9</sup> Two questions about other self-harm in the current prison term
Post-traumatic stress	Lay interview	Questions based on the ICD-10 diagnostic criteria for research <sup>10</sup>
Alcohol misuse	Lay interview	Alcohol Use Disorders Identification Test (AUDIT) <sup>11</sup>
Drug dependence	Lay interview	Five questions taken from the Diagnostic Interview Schedule (DIS) <sup>12</sup> and used in other (OPCS) psychiatric morbidity surveys
Intellectual functioning	Lay interview	QUICK test <sup>13</sup>

## 3 Sample design

The latest statistics on the prison population which could be used in designing the sample for the survey were those for the end of July 1997, which showed an overall prison population of 61,944 in 131 penal establishments.<sup>14</sup> This was made up of:

46,872 male sentenced prisoners  
12,302 male remand prisoners (including civil prisoners)  
2,770 women prisoners.

Male sentenced prisoners made up 76% of the prison population while women constituted less than 5% of it. As a result of previous studies, it was expected that the prevalence rate for many mental disorders would show considerable variation between different types of prisoner – remand and sentenced, male and female.<sup>15,16,17</sup> Hence a requirement of the survey was to provide separate prevalence estimates for these groups. To achieve this and allow meaningful comparison between the groups, it was necessary to have a similar number

of interviews within each of the groups. Thus, our aim was to achieve interviews with:

- 1200 male sentenced prisoners
- 1200 male remand prisoners
- 800 women prisoners

To obtain the required number of interviews for each type of prisoner, different sampling fractions were required in each group:

- 1 in 34 male sentenced prisoners
- 1 in 8 male remand prisoners
- 1 in 3 women prisoners (whether remand or sentenced)

Because a larger number of male sentenced prisoners than expected was obtained at the prisons in the early part of the fieldwork, the sampling fraction for this group was changed to 1 in 50 for the last 4 weeks of the survey.

All the 131 prisons that were open at the start of the fieldwork period participated in the survey. A total of 3563 prisoners were selected to take part and 3142 (88%) were interviewed. A further 37 agreed to take part but were unable to complete the full interview. Only 198 prisoners (6%) refused an interview, 53 (1%) were unable to participate, mainly because of language difficulties, and the interviewers were unable to contact 118 prisoners (3%). The main reasons for non-contact were the release or transfer of prisoners before they could be interviewed or their attendance at court throughout the fieldwork period at that prison. Interviewers were also advised not to see 15 prisoners, either because they were too dangerous or were too disturbed at that time. (Table 3.1)

As some disorders required a clinical interview for their assessment, a sub-sample was selected for a

follow-up interview by a psychiatrist or psychologist. For this follow-up stage of the survey, details of every fifth person on the original sampling sheet were issued to clinicians for follow-up. The prisoners, to be approached by the psychiatrists, must have taken part in the initial interview and had agreed to being contacted about a follow-up interview.

505 (76%) of the 661 prisoners selected for follow-up were interviewed. Because of the inevitable time lag between lay and clinical interviews 105 people (16%) could not be contacted at the follow-up stage; in most cases they had left prison. A further 50 (8%) refused the follow-up interview. The main reason given for these refusals was a reluctance to take part in another long interview so soon after the first. (Table 3.2)

**Table 3.1: Response to the initial interview phase by type of prisoner**

	Male remand	Male sentenced	Female remand	Female sentenced	All
<b>TOTAL IN SAMPLE</b>	<b>1415</b>	<b>1254</b>	<b>218</b>	<b>676</b>	<b>3563</b>
Full interviews	1250 (88%)	1121 (89%)	187 (86%)	584 (86%)	3142 (88%)
Partial interviews	22 (2%)	4 (0%)	7 (3%)	4 (1%)	37 (1%)
Refusal	70 (5%)	72 (6%)	12 (6%)	44 (7%)	198 (6%)
Unable	36 (3%)	7 (1%)	3 (1%)	7 (1%)	53 (1%)
Non-contact	29 (2%)	47 (4%)	5 (2%)	37 (5%)	118 (3%)
Advised not to see	8 (1%)	3 (0%)	4 (2%)	-	15 (0%)

**Table 3.2: Response to the follow-up interview phase by type of prisoner**

	Male remand	Male sentenced	Female remand	Female sentenced	All
<b>TOTAL IN SAMPLE</b>	<b>248</b>	<b>258</b>	<b>33</b>	<b>122</b>	<b>661</b>
Interviewed	185 (75%)	211 (81%)	18 (55%)	91 (75%)	505 (76%)
Refusal/unable	18 (7%)	15 (6%)	4 (12%)	13 (11%)	50 (8%)
Non-contact	45 (18%)	32 (12%)	10 (30%)	18 (15%)	105 (16%)
Advised not to see	-	-	1 (3%)	-	1 (0%)

# 4

## Characteristics of the sample

### Male remand prisoners

A quarter of all the 1250 male remand prisoners were aged 16 to 20, i.e. young offenders, and two thirds were under 30 years of age. Overall, 80% described themselves as White and the majority of those in other ethnic groups (13% out of the remaining 20%) classed themselves as Black. Taking account of the age distribution of this male remand sample, it was not surprising to find that the largest proportions were either single (44%) or cohabiting (37%) before entering prison. Not unexpectedly, for remand prisoners, their distribution according to current marital status did not differ greatly from that at entry to prison. The proportions who still regarded themselves as cohabiting at interview fell to 30%, with a corresponding rise in those labelling themselves as single, to 50%.

Most male remand prisoners, 88%, had been in prison for less than 6 months; the majority, 66% overall, had been inmates for less than 3 months. The offences with which they were charged covered a wide spectrum: violent crimes (19%), burglary (19%), theft (14%) and drug offences (13%) being the most common. As remand prisoners they were mainly held in local prisons or Young Offender Institutions.

When asked specific questions about their mental health, 21% of male remand prisoners said they had received help or treatment before entering prison and 15% said they had received such help or treatment since coming to prison. Overall, 1 in 9 male remand prisoners reported that at one time they had been admitted to a mental hospital or ward but rarely had stayed more than six months. However, 5% of the sample group had been admitted to a locked ward or secure unit.

### Male sentenced prisoners

The age distribution of the 1121 male sentenced prisoners was not that different from their remand counterparts except in the proportions in the youngest age group: a sixth of the sentenced prisoners were aged 16-20 compared with a quarter of those on remand. The distribution by ethnicity was also very similar: 84% of male sentenced prisoners classed themselves as White and 10% as Black. Where sentenced prisoners were different from remand prisoners was in the change in marital status from the beginning of their prison term to the time of interview. Forty two per cent of male sentenced prisoners said they were cohabiting and 34% were single before coming to prison. However, 26% said they regarded their current status as cohabiting and 48% as single.

About 3 in 5 male sentenced prisoners had been inmates for less than 12 months, and 2 in 5 for a year or more. Overall, 1 in 5 had been in prison for two years or more. Fifteen percent of prisoners had been given a sentence of less than a year, 42% had sentences of 1-3 years, 30% had been sentenced for 4-9 years and remaining 10% had stretches of 10 years or more. Half of this last group were lifers. The offences for which they were convicted had a similar distribution to the offences with which remand prisoners were charged: violent crimes (22%), burglary (17%), drug offences (16%) being most common. However, robbery (14%) replaces theft as the next most frequently occurring offence. The largest proportion of male sentenced prisoners (35%) were in Closed Category C prisons; 30% of the sample were in local prisons and the other significant group of 14% were accommodated in Young Offender Institutions.



In response to the questions about their mental health, 18% said they had received help or treatment before entering prison and 16% said they had received such help or treatment since coming to prison. Overall, 1 in 12 male sentenced prisoners reported that at one time they had been admitted to a mental hospital, about a quarter of whom had stayed more than six months. However, 3% of this sample group had been admitted to a locked ward or secure unit.

### Female remand prisoners

Fourteen percent of the 187 female remand prisoners were aged 16 to 20, 34% were under 25 and 62% were under 30. Overall 77% described themselves as White and the majority of those in other ethnic groups (16% out of the remaining 23%) classed themselves as Black. They were similar to the male remand population in that the largest proportions were either cohabiting (45%) or single (33%) before entering prison. The proportions who still regarded themselves as cohabiting at interview fell to 32% with a corresponding rise, to 44%, in those labelling themselves as single.

Most female remand prisoners, 71%, had been in prison for less than 2 months and 90% for less than 6 months. The offences with which they were charged were different from male remand prisoners: drug offences (26%) and theft (24%) being the most common. Female remand prisoners were not held in any establishments that catered solely for Young Offenders. They were mainly held in local prisons (97%).

When asked about their mental health, 40% said they had received help or treatment before entering prison, double the proportion reported for their male counterparts, and 23% said they had received such help or treatment since coming to prison. Twenty two percent of female remand prisoners reported that at one time they had been admitted to a mental hospital (the highest proportion among the prison population), with 6% overall having a stay more than six months. Eleven percent of this sample group had been admitted to a locked ward or secure unit, by far the highest proportion among all prisoners.

### Female sentenced prisoners

The age distribution of the 584 female sentenced prisoners was different from the other three samples, with the largest proportion, 50%, in the 30+ age range. Nevertheless, the distribution by ethnicity was very similar to female remand prisoners: 75% classified themselves as White and 17% as Black. Remand and sentenced female prisoners were also similar in respect of the change in their marital status since entering prison. Of the female sentenced prisoners, 39% said they were cohabiting before entering prison, 32% that they were single and 13% divorced or separated. At the time of interview, 26% said they regarded themselves as cohabiting, 44% as single and 16% divorced or separated.

Two thirds of all female sentenced prisoners had been inmates for less than 12 months. Of the remaining third, half had been in prison from one up to two years and the others two years or more. Twenty one percent of prisoners had been given a sentence of less than a year, 44% had sentences of 1-3 years, 26% had been sentenced for 4-9 years and the remaining 9% for 10 years or more. This distribution is similar to that for male sentenced prisoners. A third of all female sentenced prisoners were in prison for drug offences. The other significant proportions were for violence (18%) and theft (17%). Half the female sentenced population were in closed prisons. The remaining half were equally distributed between local and open prisons.

In response to the questions about their mental health, 30% of sentenced women said they had received help or treatment since entering prison, the biggest proportion across all sample groups. Also 40% said they had received such help or treatment before they came to prison, the same proportion as in the female remand population. Overall, 15% of female sentenced prisoners reported that at one time they had been admitted to a mental hospital, including 3% who had a stay of more than six months. Six percent of female sentenced prisoners had been admitted to a locked ward or secure unit.

### Comparison of all four samples

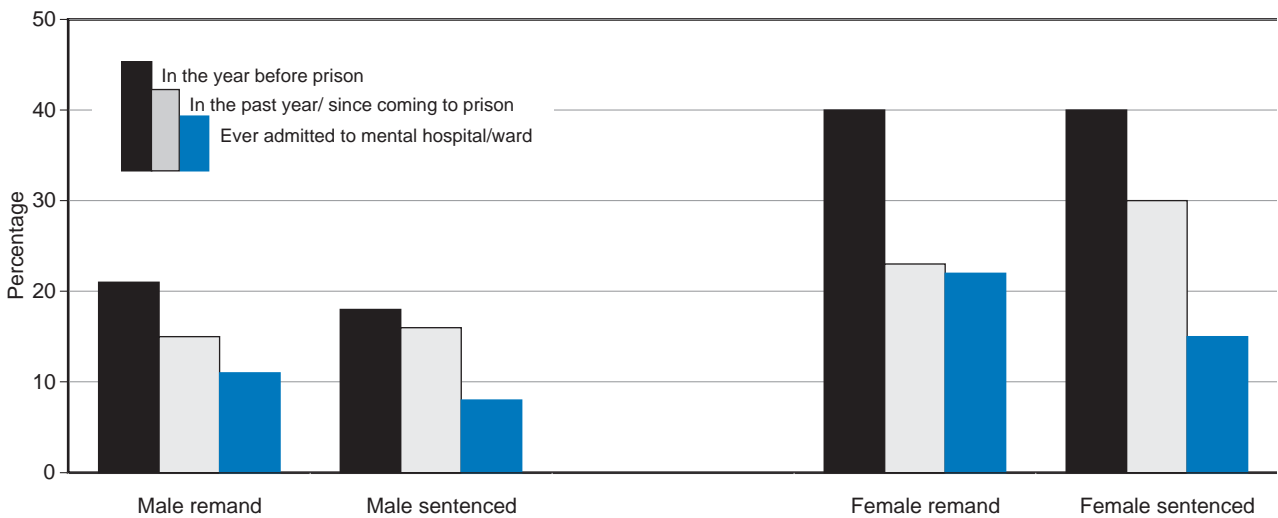
From the descriptions all four groups of prisoners: male remand, male sentenced, female remand and female sentenced, the most marked differences between them was in the receipt of mental health treatment.

In the 12 months before entering prison, about 20% of male prisoners, both remand and sentenced had received help or treatment for a mental or emotional problem. The proportions among female prisoners was double: 40%. Looking at the corresponding proportion of prisoners who had

received help in prison, they were about 15% for male remand and sentenced prisoners, 23% and 30% among female remand and sentenced prisoners respectively. (Figure 4.1)

Across all samples, female remand prisoners contained the highest proportion who reported ever having been admitted to a mental hospital, 22% including 6% who had a stay of six months or more and 11% who had been admitted to a locked ward. This is in stark contrast to male sentenced prisoners: 8% had ever been admitted to a mental hospital, 2% for six months or more and 3% had been admitted to a locked ward or secure unit.

**Figure 4.1: Receipt of help or treatment for mental or emotional problems by prisoner type and sex**



# 5 Personality disorder

Personality disorder, i.e. patterns of behaviour or experience resulting from a person's particular personality characteristics which differ from those expected by society and lead to distress or suffering to that person or to others, was assessed using the Structured Clinical Interview for DSM-IV (SCID-II) during the clinical interviews of the 1 in 5 sub-sample.<sup>18</sup> In addition, the self-completion SCID-II screening instrument which was completed by all prisoners during the lay interviews, was used to identify those with probable personality disorder in the sample as a whole.

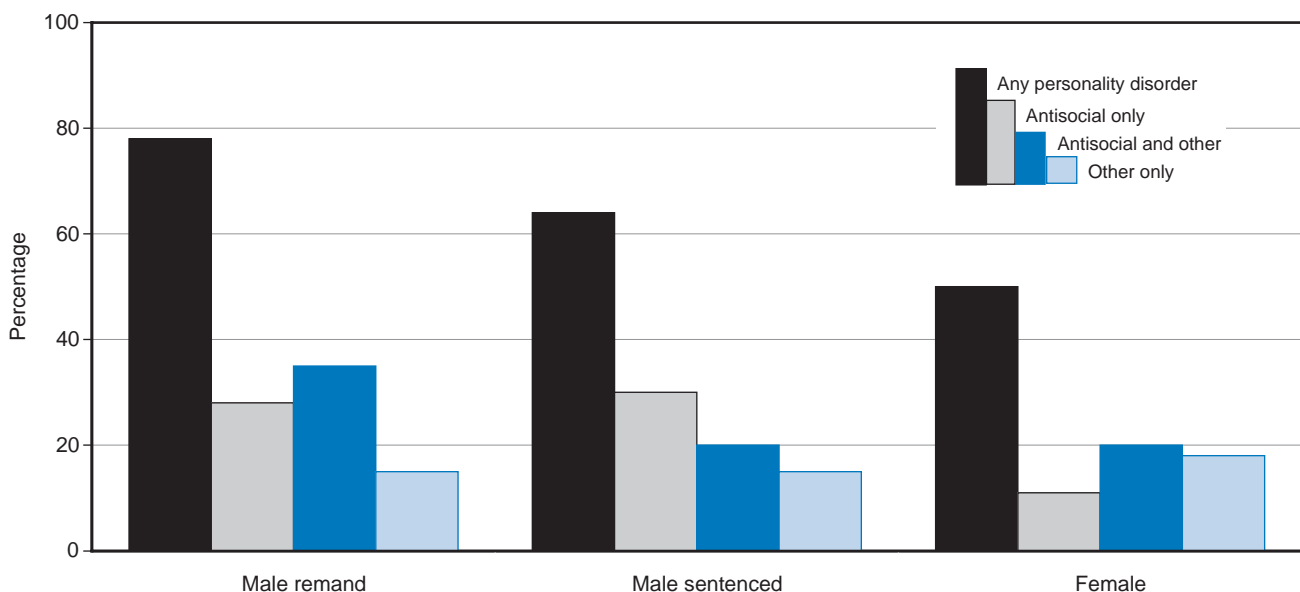
Among those who had a clinical interview, the prevalence of any personality disorder was 78% for male remand, 64% for male sentenced and 50% for female prisoners. (Figure 5.1)

Antisocial personality disorder had the highest prevalence of any category of personality disorder. This would be expected, since the category of antisocial personality disorder requires the presence of antisocial behaviour before the age of 15 years which persists into adulthood. Among the

sub-sample who had a clinical interview, 63% of male remand prisoners, 49% of male sentenced prisoners and 31% of female prisoners were assessed as having antisocial personality disorder. These prevalence rates for antisocial personality disorder are broadly in line with the results of studies carried out within the United States penal system.

Paranoid personality disorder was the second most prevalent personality disorder, being found in 29% of male remand prisoners, 20% of male sentenced, and 16% of female prisoners. Borderline personality disorder was more common than paranoid personality disorder in female prisoners (20%). Paranoid personality disorder is often found combined with antisocial personality disorder in criminal populations and is characterised by pervasive mistrust and suspiciousness. People with borderline personality disorder are highly impulsive, experience brief mood swings, have a poor sense of self-image and difficulty in sustaining close relationships and are the group most often seen by psychiatric services. (Table 5.2)

Figure 5.1: Prevalence of personality disorder by sample group (from clinical interviews)



**Table 5.2: Prevalence of personality disorder (from clinical interviews) by sample group**

Type of personality disorder	Male remand	Male sentenced	Female
	Percentage of the population with each type of disorder		
Avoidant	14	7	11
Dependent	4	1	5
Obsessive-Compulsive	7	10	10
Paranoid	29	20	16
Schizotypal	2	2	4
Schizoid	8	6	4
Histrionic	1	2	4
Narcissistic	8	7	6
Borderline	23	14	20
Antisocial	63	49	31
Antisocial only	28	30	11
Antisocial and other	35	20	20
Other only	15	15	18
<b>Any personality disorder</b>	<b>78</b>	<b>64</b>	<b>50</b>
Base	181	210	105

## 6 Psychosis

The prevalence of functional psychosis, such as schizophrenia and manic depression, was assessed by clinical interviews in the 1 in 5 sub-sample of respondents, using the Schedules for the Clinical Assessment of Neuropsychiatry (SCAN).<sup>19</sup> The data from this sub-sample was used to identify factors in the lay interviews which were predictive of the presence of a psychotic disorder. An algorithm based on these factors was applied to the total sample to permit detailed analysis of those with “probable psychosis”.

The prevalence rates for any functional psychosis in the past year based on the clinical interview data

were 7% for male sentenced, 10% for male remand and 14% for female prisoners. Schizophrenic or delusional disorders were more common than affective disorders. These rates are far higher than found in the earlier survey of the general household population in which a rate of 4 per thousand (0.4%) was found. (*Table 6.1, Figure 6.3*)

Using the data from the lay interviews, the proportion of the female remand sample identified as probably having a psychotic disorder was very high (21%) compared with 9% for male remand, 4% for male sentenced and 10% for female sentenced prisoners. (*Table 6.2*)

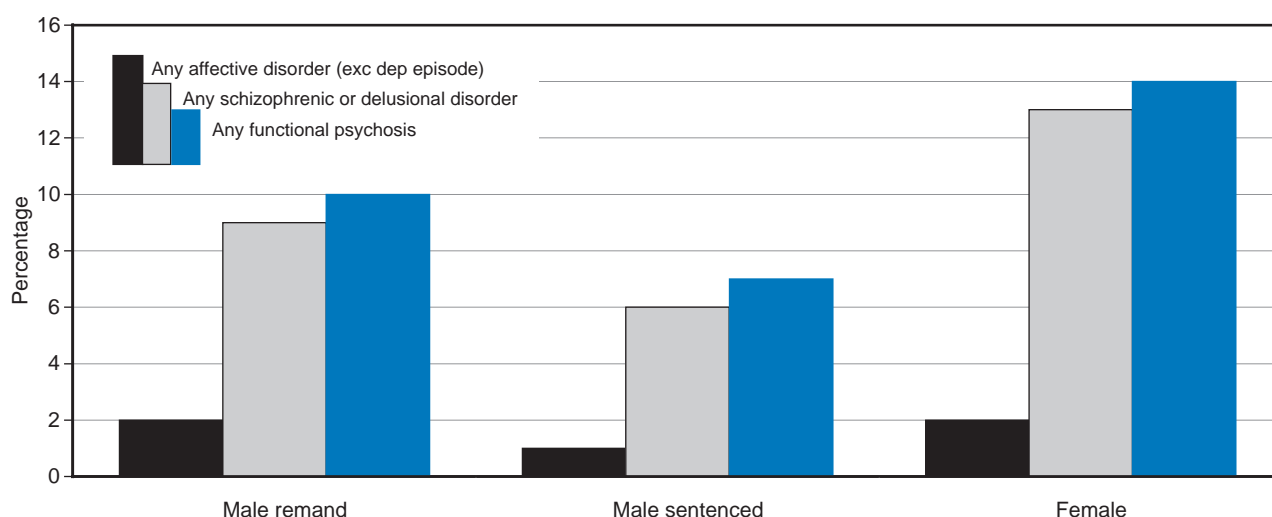
**Table 6.1: Prevalence of functional psychosis (from clinical interviews) by prisoner type and sex**

	Male remand	Male sentenced	Female
<i>Proportion of population (%) in past year</i>			
Schizophrenia	2	1	3
Other non-organic psychotic disorders	7	4	10
<b>Any schizophrenic or delusional disorder</b>	<b>9</b>	<b>6</b>	<b>13</b>
Manic episode	1	1	1
Bipolar affective disorder	-	-	-
Severe or recurrent depression + psychosis	1	-	1
<b>Any affective psychosis</b>	<b>2</b>	<b>1</b>	<b>2</b>
<b>Any functional psychosis</b>	<b>10</b>	<b>7</b>	<b>14</b>
<i>Base</i>	<i>184</i>	<i>210</i>	<i>109</i>

**Table 6.2: Proportion of repondents likely to have a psychotic disorder by type of assessment**

	Lay interviews	Clinical interviews
<i>Percentage with probable psychotic disorder</i>		
Male remand	9	10
Male sentenced	4	7
Female remand	21	14
Female sentenced	10	
<i>Bases</i>		
Male remand	1250	184
Male sentenced	1121	210
Female remand	187	109
Female sentenced	584	

**Figure 6.3: Prevalence of psychosis by sample group (from clinical interviews)**



# 7 Neurotic symptoms

Neurotic symptoms and disorders, such as anxiety and depression, in the week prior to interview were assessed by lay interviews using the revised version of the Clinical Interview Schedule (CIS-R).<sup>20</sup> Three measures of neurotic psychopathology were obtained: the prevalence of fourteen neurotic symptoms, the distribution of total CIS-R scores and the prevalence of six neurotic disorders. An additional series of questions covered post-traumatic stress.

## Prevalence of neurotic symptoms

The most common symptoms among all prisoners were sleep problems and worry (not including

worry about physical health), followed by fatigue, depression and irritability.

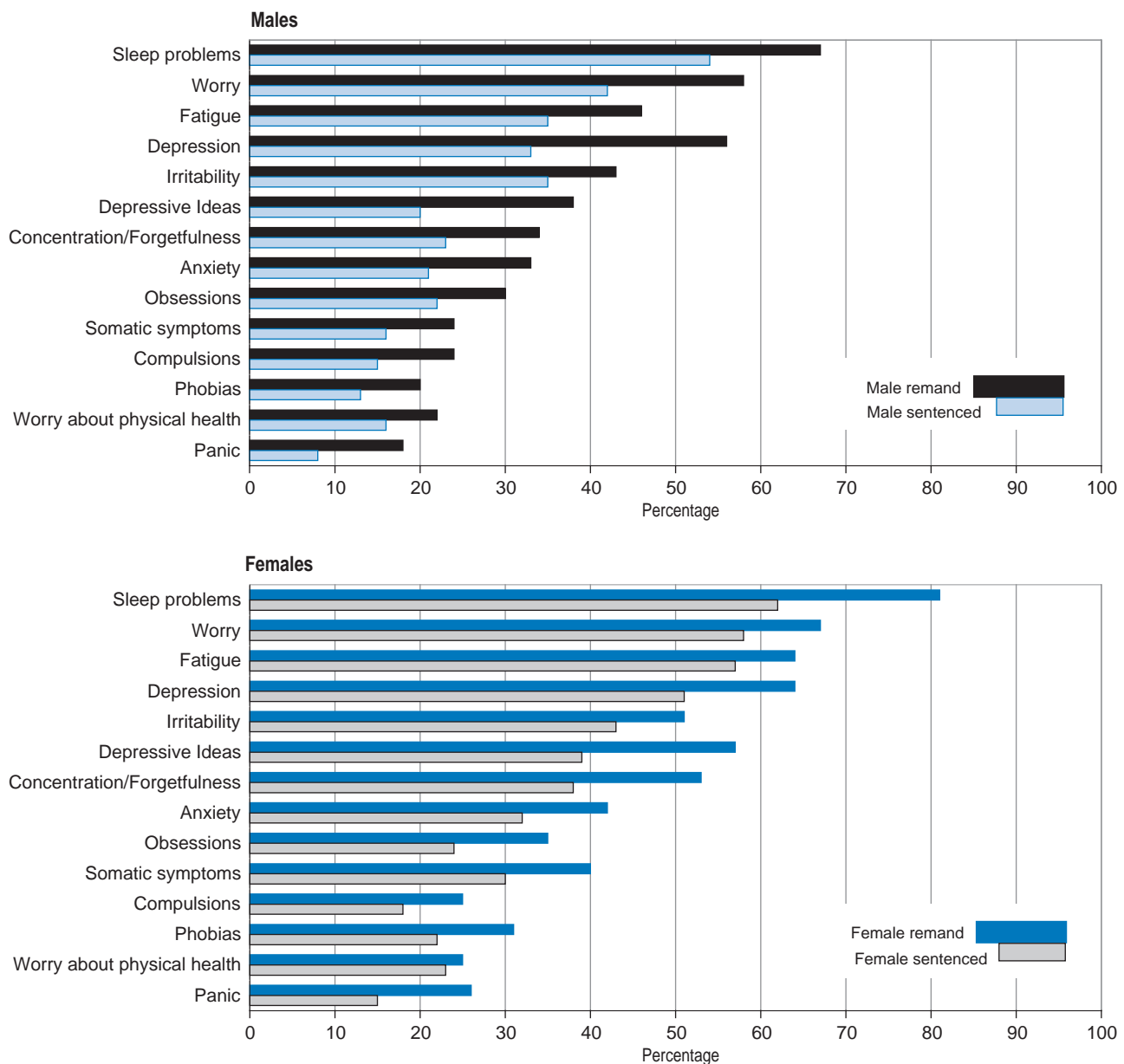
Remand prisoners, both men and women, were generally more likely to report each neurotic symptom than their sentenced counterparts. The differences were particularly marked for depression, depressive ideas and, among women, sleep problems.

Generally, women prisoners were more likely to report neurotic symptoms than men. This was particularly marked among sentenced prisoners with female prisoners showing a higher prevalence of all symptoms, except obsessions and compulsions, than their male counterparts. (*Table 7.1, Figure 7.2*)

**Table 7.1: Proportion of repondents with a score of two or more on each CIS-R symptom by prisoner type and sex**

	Male remand	Male sentenced	Female remand	Female sentenced
	<i>Percentage of population with a score of 2+ on each symptom</i>			
Sleep problems	67	54	81	62
Worry	58	42	67	58
Fatigue	46	35	64	57
Depression	56	33	64	51
Irritability	43	35	51	43
Depressive Ideas	38	20	57	39
Concentration/Forgetfulness	34	23	53	38
Anxiety	33	21	42	32
Obsessions	30	22	35	24
Somatic symptoms	24	16	40	30
Compulsions	24	15	25	18
Phobias	20	13	31	22
Worry about physical health	22	16	25	23
Panic	18	8	26	15
<i>Base</i>	1250	1121	187	584

**Figure 7.2: Proportion of prisoners with a score of 2 or more on each symptom by prisoner type and sex**



### Distribution of CIS-R scores

The proportion of prisoners in the different sample groups scoring at or above the threshold of 12 ranged from 39% to 75%. Remand prisoners had higher total CIS-R scores than their sentenced counterparts: 58% of the male and 75% of the female remand prisoners in the sample had scores on or above the threshold, compared

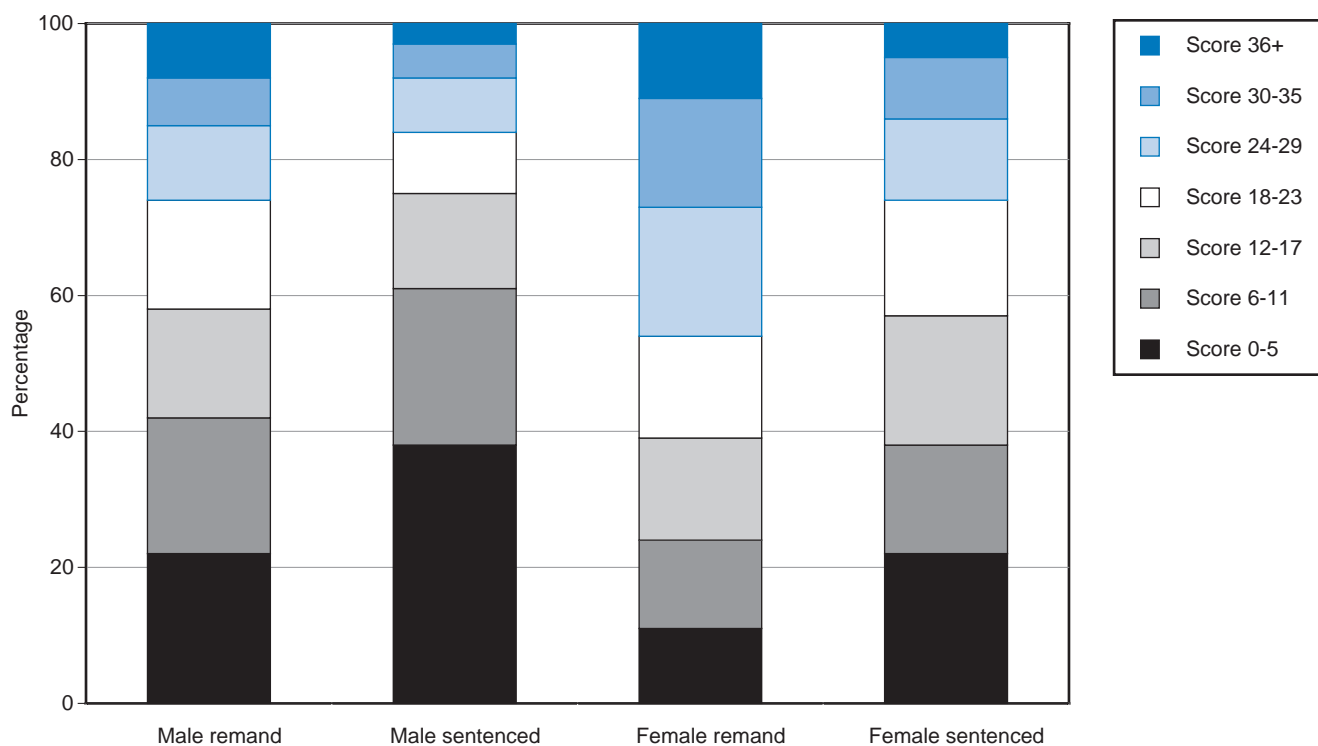
with 39% of the male and 62% of the female sentenced prisoners.

Women had generally higher CIS-R scores than men in both groups. However, rates for all groups were far higher than the 12% of men and 18% of women found to have CIS-R scores of 12 or above in the survey of adults living in private households. (Table 7.3, Figure 7.4)

**Table 7.3: CIS-R score (grouped) by prisoner type and sex**

	Male remand	Male sentenced	Female remand	Female sentenced	Household Survey Men	Household Survey Women
	%	%	%	%	%	%
Score 0-5	22	38	11	22	73	59
Score 6-11	20	23	13	16	16	23
Score 12-17	16	14	15	19	6	9
Score 18-23	16	9	15	17	6	9
Score 24-29	11	8	19	12		
Score 30-35	7	4	16	9		
Score 36+	9	3	11	6		
<b>Score 12 and above</b>	<b>58</b>	<b>39</b>	<b>75</b>	<b>62</b>	<b>12</b>	<b>18</b>
<i>Base</i>	<i>1250</i>	<i>1121</i>	<i>187</i>	<i>584</i>	<i>4859</i>	<i>4933</i>

**Figure 7.4: Distribution of CIS-R scores by prisoner type and sex**





## Prevalence of neurotic disorders

Women prisoners in this survey were significantly more likely than men to suffer from a neurotic disorder as is the case in the general household population. While 59% of remand and 40% of sentenced male prisoners in the sample had a neurotic disorder the corresponding figures for women were 76% and 63%. For both sexes, remand prisoners were significantly more likely to have a neurotic disorder than sentenced prisoners.

For all six neurotic disorders (depressive episode, Generalised Anxiety Disorder, mixed anxiety and depressive disorder, phobia, Obsessive-Compulsive Disorder and panic) the prevalence rates for male remand prisoners were higher than those for their sentenced counterparts, although the differences for Generalised Anxiety and Obsessive-Compulsive Disorder were not significant. Among the women in the sample the differences in prevalence rates for different disorders were less marked.

Phobias, depressive episode and, most markedly, mixed anxiety and depressive disorder were more common among women than among men in the corresponding group. (Table 7.5, Figure 7.6)

## Post-traumatic stress

The questions to estimate the prevalence of post-traumatic stress disorder were based on the ICD-10 diagnostic criteria for research and covered all criteria except the inability to recall important aspects of the event or increased psychological sensitivity or arousal arising after the event.

The proportions of each sample group who met all the criteria assessed were 5% of male remand, 3% of male sentenced, 9% of female remand and 5% of female sentenced prisoners.

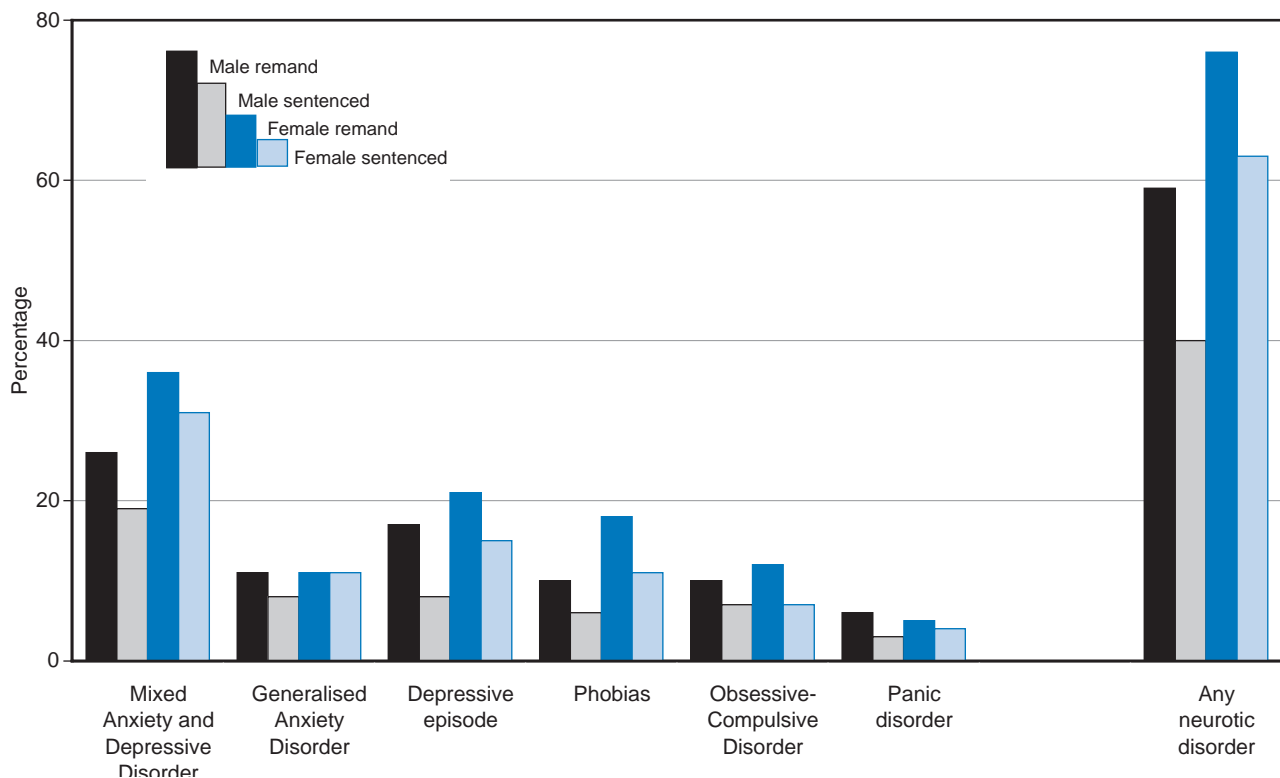
There was little difference between the remand and sentenced groups in the proportion reporting a traumatic experience. However, remand prisoners, both male and female, were significantly more likely to report recurrent symptoms indicative of post-traumatic stress following such an event than their sentenced counterparts.

The women in the sample were more likely to report having experienced a traumatic event and more likely to meet the criteria for post-traumatic stress than the men in the sample.

**Table 7.5: Prevalence of neurotic disorders by prisoner type and sex**

	Male remand	Male sentenced	Female remand	Female sentenced
	<i>Proportion of population (%) in past week</i>			
Mixed anxiety and depressive disorder	26	19	36	31
Generalised Anxiety Disorder	11	8	11	11
Depressive episode	17	8	21	15
Phobias	10	6	18	11
Obsessive-Compulsive Disorder	10	7	12	7
Panic Disorder	6	3	5	4
<b>Any neurotic disorder</b>	<b>59</b>	<b>40</b>	<b>76</b>	<b>63</b>
<i>Base</i>	<i>1250</i>	<i>1121</i>	<i>187</i>	<i>584</i>

**Figure 7.6: Prevalence of neurotic disorders by prisoner type and sex**



## 8 Self-harm

The proportion of respondents who had thought of committing suicide at some time was very high. For example, 46% of male remand prisoners had thought of suicide in their lifetime, 35% in the past year and 12% in the week prior to interview. The rates for female remand prisoners were even higher.

The rates of suicide attempts were also very high – 27% of male remand prisoners said they had attempted suicide at some time in their life, 15% in the year before interview and 2% in the previous week.

Women, both sentenced and remand, reported higher rates of suicidal thoughts and suicide

attempts than their male counterparts. For example, just over a quarter of the female remand respondents had tried to kill themselves in the year before interview, twice the proportion of male prisoners on remand.

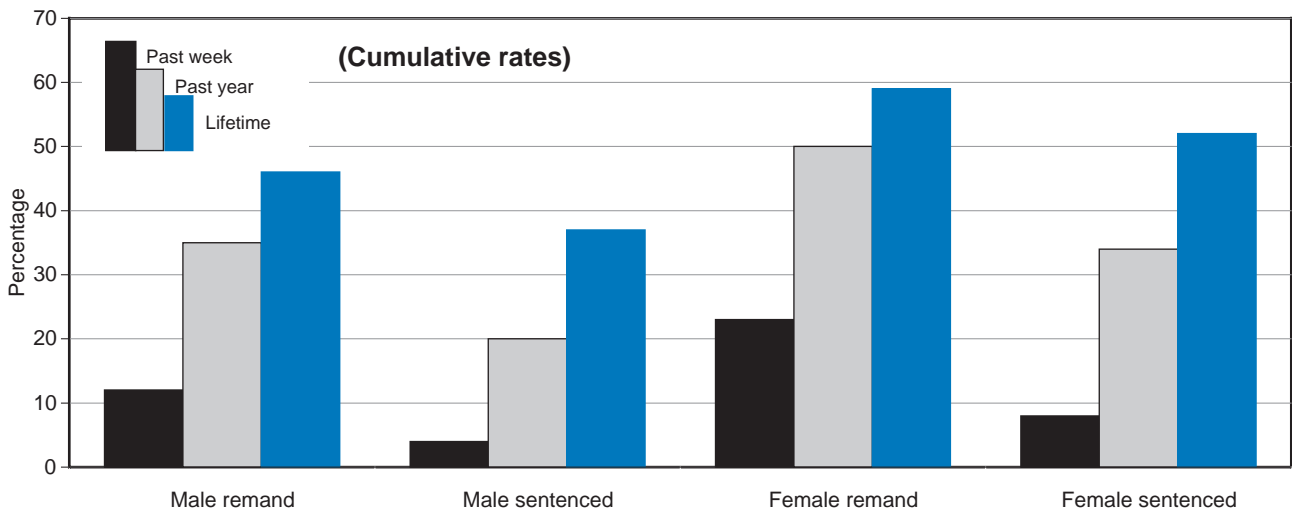
For all time periods, remand prisoners reported a slightly higher prevalence of both suicidal thoughts and suicide attempts than their sentenced counterparts, particularly in the week and the year before interview. (*Table 8.1, Figures 8.2 and 8.3*)

Rates for self-harm without the intention of suicide (parasuicide) ranged from 5% for male remand prisoners to 10% for female sentenced prisoners.

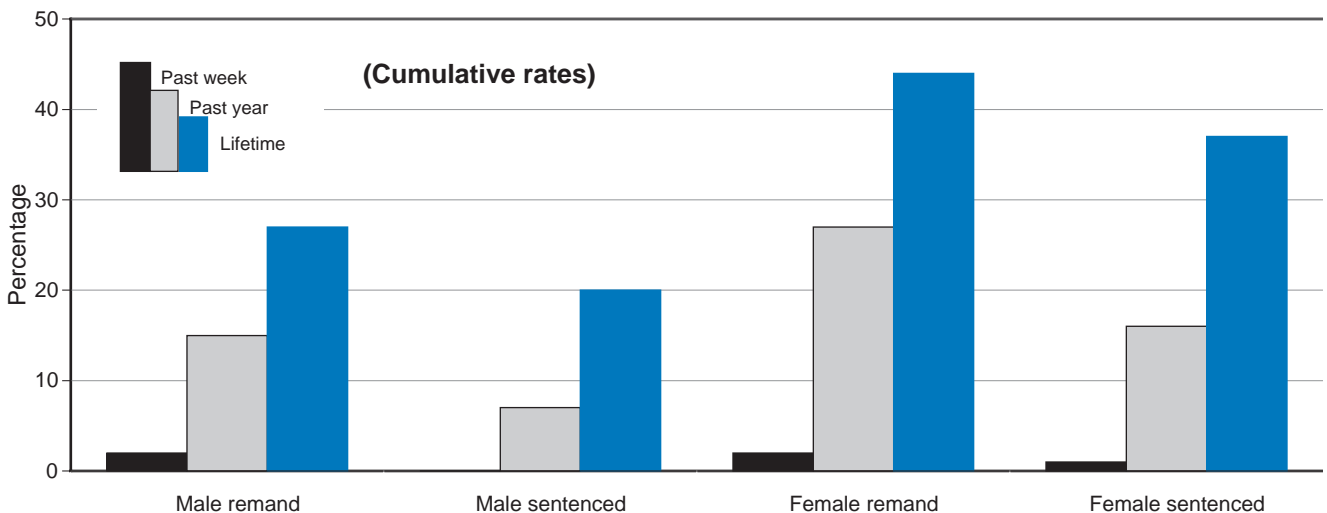
**Table 8.1: Prevalence of self-harm by prisoner type and sex**

	Male remand	Male sentenced	Female remand	Female sentenced
<i>Cumulative percentage of the population</i>				
<b>Had suicidal thoughts</b>				
Past week	12	4	23	8
Past year	35	20	50	34
Lifetime	46	37	59	52
<b>Suicide attempts</b>				
Past week	2	0	2	1
Past year	15	7	27	16
Lifetime	27	20	44	37
<b>Self harm (not suicide attempt) during current prison term</b>				
	5	7	9	10
<i>Base</i>	1248	1120	187	583

**Figure 8.2: Prevalence of suicidal thoughts by prisoner type and sex**



**Figure 8.3: Prevalence of suicide attempts by prisoner type and sex**



# 9 Alcohol misuse and drug dependence

## Alcohol misuse

The Alcohol Use Disorders Identification Test (AUDIT) was used to assess alcohol misuse (hazardous or harmful drinking) among prisoners in the year before coming to prison.<sup>21</sup> A score of 8 or above was regarded as indicative of hazardous drinking. Hazardous drinking is defined as an established pattern of alcohol consumption which confers a risk of physical and/or psychological harm.

The prevalence of hazardous drinking in the year before coming to prison was higher among men than women. Over half the men in the sample, 58% of male remand and 63% of male sentenced prisoners, had an AUDIT score of 8 or more compared with 36% of female remand prisoners and 39% of female sentenced prisoners. (Figure 9.1, Table 9.2)

Figure 9.1: Prevalence of hazardous drinking by prisoner type and sex

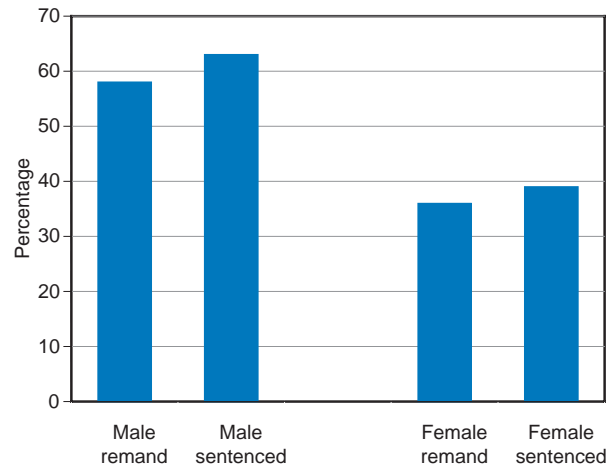


Table 9.2: Prevalence of harmful or hazardous drinking in the year prior to entering prison by prisoner type and sex

	Male remand	Male sentenced	Female remand	Female sentenced
<i>Proportion of population (%) in year prior to entering prison</i>				
<b>AUDIT score</b>				
Score: 0-7	42	37	64	61
Score: 8-15	27	33	16	20
Score: 16-23	13	16	6	8
Score: 24-31	10	10	6	7
Score: 32-40	7	4	8	4
<b>Hazardous drinking (Score 8+)</b>	<b>58</b>	<b>63</b>	<b>36</b>	<b>39</b>
<b>Mean Audit Score (SE)</b>	<b>12</b>	<b>12</b>	<b>9</b>	<b>9</b>
<i>Base</i>	1243	1120	187	581

**Table 9.3: Prevalence of drug use at any time by prisoner type and sex**

	Male remand	Male sentenced	Female remand	Female sentenced
<i>Proportion of population (%) reporting each type of behaviour</i>				
<i>Ever used...</i>				
cannabis	82	79	71	65
heroin	41	36	52	34
non-prescribed methadone	27	21	34	21
amphetamines	53	49	44	40
crack	37	28	44	30
cocaine (powder)	42	40	41	30
tranquillisers (illicit use)	31	28	34	26
solvents	32	26	27	18
other	44	35	28	26
No illicit drug use	15	19	23	31
<i>Base</i>	1248	1121	187	584

**Table 9.4: Prevalence of drug use in the year before prison by prisoner type and sex**

	Male remand	Male sentenced	Female remand	Female sentenced
<i>Proportion of population (%) reporting each type of behaviour</i>				
<i>In the year before coming to prison used...</i>				
cannabis	63	56	47	42
heroin	29	21	41	26
non-prescribed methadone	14	10	23	13
amphetamines	27	25	18	18
crack	24	18	32	20
cocaine (powder)	21	20	19	11
None of these drugs used	27	34	34	45
<i>Base</i>	1244	1121	186	583

**Table 9.5: Prevalence of drug use in prison this time by prisoner type and sex**

	Male remand	Male sentenced	Female remand	Female sentenced
<i>Proportion of population (%) reporting each type of behaviour</i>				
<i>In prison this time has used...</i>				
cannabis	36	46	19	31
heroin	12	19	17	20
non-prescribed methadone	1	2	2	3
amphetamines	2	4	-	3
crack	2	5	5	8
cocaine (powder)	1	4	1	2
None of these drugs used	62	52	75	66
<i>Base</i>	1241	1119	186	581

## Drug use and dependence

The use of six drugs – cannabis, heroin, non-prescribed methadone, amphetamine, crack and cocaine – was assessed for before coming to prison and during the current prison term. A series of five questions was also used to identify drug dependence in the year before coming to prison.

The majority of prisoners had used illicit drugs at some time in their lives. Less than a fifth of the men and a third of the women said they had never used drugs. More than half of the prisoners in all sample groups reported using at least one drug in the year before coming to prison. For example, 41% of remanded and 26% of sentenced women said they had used heroin in that year. (Tables 9.3 and 9.4)

A quarter of the female remand prisoners reported using drugs during their current prison term as did a third of female sentenced prisoners. Among the men interviewed, the rates were even higher: over a third of those on remand and nearly half the sentenced prisoners also reported using at least one of the surveyed drugs during the current prison term. (Table 9.5)

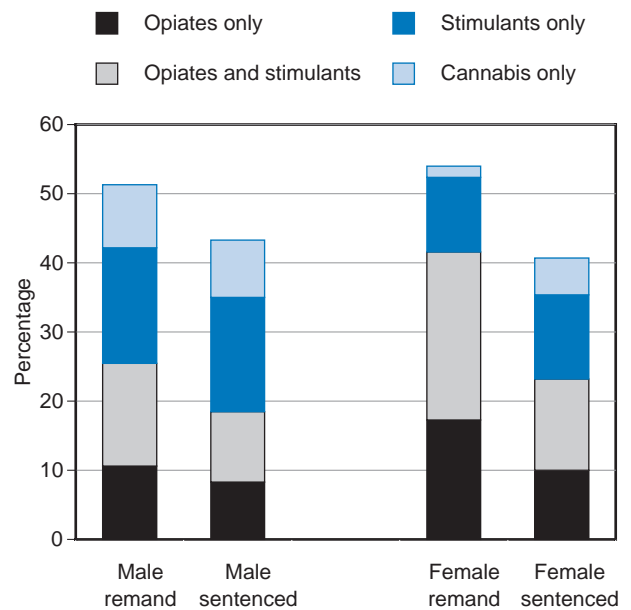
Female remand prisoners were the group most likely to report having ever injected drugs, 40% having done so at some time, while 34% said they had injected regularly. In addition, over a quarter (28%), said they had been injecting in the month before coming to prison.

A large proportion of prisoners in all sample groups reported a measure of dependence on drugs in the year before prison – ranging from 41% of female and 43% of male sentenced prisoners to 54% of female and 51% of male remand prisoners.

A larger proportion of women than men were dependent on opiates, i.e heroin and non-prescribed methadone. Opiate dependence in the year before coming to prison, either alone or together with dependence on stimulants, was reported by 41% of the women in the remand group and 23% of those in the sentenced group compared with 26% of the male remand and 18% of the male sentenced group. (Figure 9.6)

In general, both men and women held for burglary, robbery and theft had above average rates of drug dependence before coming to prison. The highest proportions reporting dependence were found among men held for burglary and women on remand for theft. Among these groups, over 70% reported some drug dependence and over 60% reported dependence on drugs other than cannabis.

**Figure 9.6: Prevalence of drug dependence in the year prior to prison entry by prisoner type and sex**



# 10 Intellectual functioning

Intellectual functioning was measured using the Quick Test.<sup>22</sup> The process of administration was modified slightly to allow computerised administration as part of the initial interview, which may have slightly reduced the scores obtained.

The median Quick Test scores obtained for prisoners (range 33 to 36) were lower than would be expected in the general population (score 42 is equivalent to an IQ of 100 which by definition is the average in the general population).

The proportion of sentenced prisoners, both male and female, who had Quick Test scores of 41 or

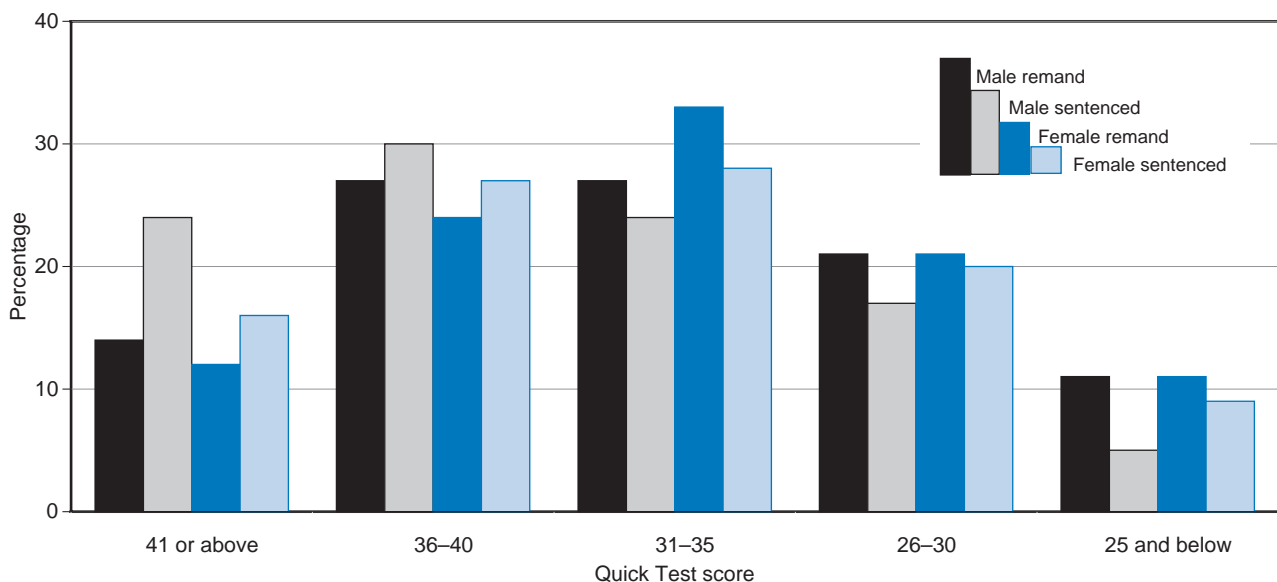
more was greater than that of their remand counterparts - 24% of male and 16% of female sentenced prisoners had a score of 41 or more compared with 14% of male and 12% of female remand prisoners. The sentenced groups also had correspondingly smaller proportions with Quick Test scores below 25.

Sentenced men in the survey tended to have higher scores on the Quick Test than did sentenced women. However, there were no significant differences in Quick Test Scores between men and women among remand prisoners. (Table 10.1, Figure 10.2)

**Table 10.1: Computerised Quick Test scores (grouped) by prisoner type and sex**

		Male remand	Male sentenced	Female remand	Female sentenced
		%	%	%	%
QT Score	41 or above	14	24	12	16
QT Score	36-40	27	30	24	27
QT Score	31-35	27	24	33	28
QT Score	26-30	21	17	21	20
QT Score	25 and below	11	5	11	9
<b>QT Score</b>	<b>Mean</b>	<b>34</b>	<b>36</b>	<b>33</b>	<b>34</b>
<b>QT Score</b>	<b>Median</b>	<b>34</b>	<b>36</b>	<b>33</b>	<b>35</b>
<i>Base</i>		1250	1120	187	584

**Figure 10.2: Grouped scores from the computerised Quick Test by prisoner type and sex**



## 11 Characteristics of prisoners with mental disorders

In general, prisoners with personality disorder were more likely than other prisoners to be young, unmarried, from a White ethnic group, and charged with acquisitive offences (burglary, robbery or theft) rather than drug offences and less likely to be held in an open prison.

A larger proportion of prisoners with probable psychosis classed themselves as White compared with the group with no evidence of psychosis. This is in contrast to the situation in the general household population.

There was no consistent pattern of variation found when those showing significant neurotic symptoms, i.e. having a CIS-R score of 12 or above,

were compared with those with lower CIS-R scores. Respondents, both male and female, who reported hazardous levels of drinking in the year before coming to prison were generally more likely than other prisoners to be young (aged 16 to 24), unmarried, class themselves as White and be held for violent offences.

In general, prisoners who reported being dependent on drugs in the year before entering prison were more likely than non-drug dependent prisoners to be aged under 30, White, unmarried and held for acquisitive offences. As with hazardous drinking, the characteristics of those with drug dependence are similar to those with personality disorder. This may reflect the high level of co-occurrence of these disorders.

## 12 Co-occurrence of mental disorders

A large proportion of all prisoners had several mental disorders. Only one in ten or fewer showed no evidence of any of the five disorders considered in the survey (personality disorder, psychosis, neurosis, alcohol misuse and drug dependence) and no more than two out of ten in any sample group had only one disorder. Rates for multiple disorders were higher among remand than sentenced prisoners. Those assessed as probably having functional psychoses were particularly likely to have three or four of the other disorders. (*Table 12.1*)

Those with personality disorder of types other than antisocial were more likely to show evidence of functional psychosis or to have significant neurotic symptoms than those with no personality disorder or antisocial personality disorder only. In contrast, those with antisocial personality disorder were

slightly more likely to report hazardous drinking in the year before coming to prison than others and were more than six times more likely to report drug dependence.

Evidence of functional psychosis more than doubled the odds of a person having personality disorder or significant neurotic symptoms and also slightly increased the odds of reporting alcohol misuse prior to coming to prison.

The likelihood of the co-occurrence of neurotic symptoms and personality disorder or psychoses increased markedly with increasing CIS-R scores. Respondents with high CIS-R scores were also more likely to report drug dependence in the year prior to coming to prison than those with low scores.



Extreme alcohol misuse as shown by an AUDIT score of 16 or more was associated with an increased likelihood of also having personality disorder, functional psychosis or significant neurotic symptoms. However, those with AUDIT scores of 8 or more were less likely to have been dependent on drugs before coming to prison than those with lower scores.

Those with drug dependence of all kinds were far more likely to be assessed as having personality disorder than those without dependence. The relationship was particularly strong for those dependent on stimulants or opiates.

**Table 12.1: Number of mental disorders by prisoner type and sex**

Number of disorders	Male remand	Male sentenced	Female remand	Female sentenced
None	5	8	4	10
1	14	20	13	19
2	28	28	22	28
3	32	30	34	24
4	19	12	21	15
5	3	2	6	3
<i>Base</i>	<i>1250</i>	<i>1121</i>	<i>187</i>	<i>584</i>

## 13 Mental disorders and physical complaints

Overall, about a third of male prisoners and two fifths of female prisoners reported a longstanding physical complaint. Among men, musculo-skeletal complaints were the most common followed by respiratory complaints whereas among women this order was reversed.

The only variables significantly associated with having a physical complaint were age, sex, the presence of significant neurotic symptoms or evidence of functional psychosis.

Women were more likely than men to report a physical complaint and the likelihood of having a physical complaint increased with age.

Respondents with significant neurotic symptoms were more likely than other prisoners to report a physical complaint. However, those with evidence of psychosis had lower odds of reporting physical health problems compared with prisoners without a psychotic disorder.

Drug dependence in the year before coming to prison, particularly dependence on opiates, was associated with increased odds of reporting an infectious disease compared with those who were not drug-dependent.

# 14 Use of medication and services

## Medication

About a fifth of the men and half the women interviewed were taking some form of medication which acts on the central nervous system (CNS). Women were much more likely to be taking medication acting on the CNS than men, particularly hypnotics and anxiolytics and anti-depressants.

Remand prisoners, both men and women, were about twice as likely to be taking hypnotics and anxiolytics and anti-psychotic medication compared with their sentenced counterparts.

In all sample groups, those with mental disorder were more likely to be taking medication which acts on the CNS than the small group without any disorder.

The mental disorders associated with taking any medication affecting the CNS were psychosis, neurosis and drug dependence.

Respondents with evidence of psychosis were three times as likely to be taking antidepressants as those without, while those with CIS-R scores of 18 or more were twice as likely to be taking them as those without significant neurotic symptoms. By far the most important factor associated with the use of medication for treating psychotic disorders was evidence of psychosis.

The factor most strongly associated with taking hypnotics and anxiolytics (sedatives and sleeping pills) was dependence on opiates or stimulants in the year before coming to prison. The presence of significant neurotic symptoms, psychotic disorder and hazardous drinking before coming to prison were also associated with the use of these medicines.

## Service use

Women were about twice as likely as men to report having received help for mental or emotional problems in the year before coming to prison: 40% of both remand and sentenced women reported having done so compared with 21% of male remand and 18% of male sentenced respondents.

Respondents assessed as having a mental disorder in the survey were far more likely to report receiving help for mental problems in the year before coming to prison than those with no disorder.

Receipt of any help for a mental or emotional problem in the year before prison was most strongly associated with evidence of psychosis and with the presence of significant neurotic symptoms. Evidence of psychosis was most strongly associated with help from psychiatric professionals whereas neurosis was more strongly associated with help from a GP.

As with help received before prison, those assessed as having mental disorder were more likely to report receiving help in prison for mental problems than those without. Evidence of psychosis and significant neurotic symptoms were both strongly associated with receipt of help for mental problems in prison.

Around one in ten respondents in all sample groups had been offered help which they had turned down in the year before coming to prison and a similar, but generally slightly higher proportion (between 7% and 14%) had turned down some form of help since coming to prison (or in the past year if they had been in prison for more than a year). In every sample group, the proportion who reported asking for help which was refused since coming to prison (or in the past year) was almost double that of those who had had requests refused before coming to prison.

# 15 Daily living and social functioning

## Daily living

Remand prisoners spent longer on average in their cells on the day before interview than sentenced prisoners and men spent longer in their cells than women: 63% of male and 37% of female remand prisoners reported spending 19 or more hours in their cells compared with 31% of male and 19% of female sentenced prisoners. More than a quarter of male remand prisoners said they had spent 23 or more hours in their cell on the day before interview. Such lengthy periods in the cell are more likely to occur where prisoners do not participate in work or educational activities. However, unless they were confined for disciplinary reasons, prisoners would not be required to spend this long in their cells.

Prisoners with significant neurotic symptoms, as measured by CIS-R scores of 12 or above, were more likely than those with CIS-R scores below 12 to report having spent 19 or more hours in their cells the day before. Evidence of psychosis and drug dependence before coming to prison were also associated with spending 19 or more hours in the cell.

## Disciplinary problems

Custodial and socio-demographic factors, particularly time in prison and age, were most strongly associated with evidence of disciplinary offences. However, prisoners with evidence of antisocial personality disorder were more likely than those without this disorder to have been given spells of cellular confinement in the segregation unit and to have been given 'added days' for disciplinary offences. In particular, prisoners with antisocial personality disorder had more than twice the odds of having been put on cellular confinement compared with those without personality disorder. Prisoners who were dependent

on drugs in the year before coming to prison were also more likely to have received punishment for disciplinary offences, in particular to have received 'added days'.

Once other factors had been taken into account, prisoners assessed as probably having a psychotic disorder were much more likely than those without psychosis to have been held in 'stripped' conditions, where they are confined temporarily in a protective or unfurnished room and have all items with which they might harm themselves removed (odds ratio 4.59). Evidence of personality disorder and having significant neurotic symptoms (as shown by a CIS-R score of 12 or more) were also associated with a greater chance of being held under these conditions.

## Social functioning

When sociodemographic and custodial factors are taken into account, having evidence of psychotic disorder, significant neurotic psychopathology or being assessed as likely to have types of personality disorder other than antisocial, were all independently associated with perceiving a severe lack of social support.

Close friends and relatives form an individual's 'primary support group'. Previous research has shown that people with a small primary support group (3 people or less) are at greatest risk of mental problems.<sup>23</sup> Prisoners with high CIS-R scores showing that they were suffering from high levels of neurotic symptoms had increased odds of having a small support group compared to those with scores below 12. Those having evidence of personality disorder other than antisocial personality disorder alone were also more likely to have a small support group than those without personality disorder.

# 16 Risk factors for mental disorders

The proportion of people in each sample group who had been taken into local authority care as a child ranged from a quarter of the female sentenced group to a third of the male remand group. Similar proportions had spent some time in an institution as a child. Two-fifths of the sample reported leaving school before their 16<sup>th</sup> birthday and almost 1 in 10 respondents had left school aged 13 or younger.

Compared with the general population, both the men and women in this survey were far less likely to be working before they came to prison: 36% of male remand, 44% of male sentenced, 26% of female remand and 34% of female sentenced prisoners.

About 8 out of 10 of the men in the sample, both remand and sentenced, said they had a previous conviction for a criminal offence. The proportion of women with a previous conviction was somewhat smaller, being slightly less than 7 out of 10 of the remand and 5 out of 10 of the sentenced group.

The vast majority, over 96% in all groups, had experienced at least one stressful life event and about a half had experienced five or more. The most commonly reported stressful events for all groups were: running away from home, serious money problems, separation or the breakdown of a steady relationship and the death of a close relative or friend. These were reported by between just under half of all sample groups. Women were far more likely than men to report having suffered as a result of violence at home and sexual abuse. About half the women and about a quarter of the men interviewed reported having suffered from violence at home while about 1 in 3 of the women reported having suffered sexual abuse compared with just under 1 in 10 of the men.

During their current prison term, 34% of male and 41% of female remand prisoners reported at least one type of victimisation compared with 46% of both male and female sentenced prisoners.

The two risk factors most strongly associated with personality disorder were economic activity status prior to coming to prison and the number of stressful life events respondents had experienced. Those living off crime were more likely to show evidence of personality disorder than those who were working (odds ratio 4.30). The likelihood of being assessed as having a personality disorder increased the more stressful life events had been experienced – the odds of having personality disorder rose to 9.50 for those who reported 11 or more events compared with those who had experienced none.

Being born in the UK was also significantly associated with having evidence of personality disorder. Once country of birth had been taken into account, people who classed themselves in the Black or 'other' ethnic groups were more likely to be assessed as having personality disorder than those in the White group.

The type of household respondents were living in, poor intellectual functioning and a history of sexual abuse or of bullying were the factors most strongly associated with evidence of psychotic disorder. Compared with couples with children, respondents who were living alone before coming to prison or in other types of household (mostly hostels or on the street) had increased odds of having a psychotic disorder (odds ratios 2.27 and 3.30, respectively). The odds of being assessed as likely to have a psychotic disorder increased as Quick Test scores declined.

The main factor associated with the presence of significant neurotic symptoms was the number of stressful life events respondents had experienced. The odds of having significant levels of neurotic symptoms increased with the number of stressful events until the odds for those who reported 11 or more such events were 18 times those for respondents who had not experienced any stressful events. Also, victimisation during the current prison term was associated with twice the odds of having significant neurotic symptoms compared with those who had not been victimised.

Hazardous drinking in the year before coming to prison was associated with the type of household

people were living in, their employment status, previous convictions and stressful events relating to these factors: homelessness, being sacked or made redundant, breakdown of marriage and running away from home.

The odds of being dependent on drugs in the year before coming to prison were six times greater for those who were living off crime than for those who were working before coming to prison. Other factors associated with drug dependence before prison were previous criminal convictions, having been expelled from school, having run away from school, homelessness and serious money problems.

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The full set of results from this survey is available in the main report entitled:

*Psychiatric morbidity among prisoners in England and Wales*

by Nicola Singleton, Howard Meltzer and Rebecca Gatward with Jeremy Coid and Derek Deasy, published by The Stationery Office (London 1998) at £45.00.

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# Psychiatric morbidity among prisoners:

## Summary report

This report presents the findings of a survey of psychiatric morbidity among prisoners aged 16-64 in England and Wales. The survey was carried out between September and December 1997. It was commissioned by the Department of Health.

The first part of the report focuses on the prevalence rates of mental disorders among male and female, remand and sentenced prisoners. The remainder shows the way in which prisoners with each of five mental disorders vary from those without that disorder on a range of factors including their background and personal characteristics, physical health, treatment and use of services, activities of daily living, stressful life events, and social functioning.

Further information about the survey can be obtained from:

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