

A Critical Review on Role of Prison Environment on Stress and Psychiatric Problems among Prisoners

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Abstract

There are several studies in the field of Stress management suggests that Stress is supposed to be very high among prison population. This is an attempt at reviewing the stress and the psychiatric problems associated with it in general, using Prison environment as the context of the paper. Aim: This paper tries to study the effects that prison environment has on its occupants, mainly focusing on inmates of the prison. Objective: To study various seminal literatures on Prison environment across the world and to find a common ground among them Design/Method/Approach: The paper is mainly theoretical in perspective using various literatures from prison environment as its context. Hence we have used literature survey method as our preferred research methodology. Results and Findings: From the reviews of diverse literature on the field of correctional facilities suggests that prison environment does plays a significant role in the development of stress and psychiatric problems among prison inmates. This is further discussed in the concluding part of this paper.

Keywords: Stress, Psychiatric problems, Prison environment, Prisoners, Mental Health

1. Introduction to Stress

According to experts in the field of Physico-Psychiatric Research "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." and "A state of complete physical, mental and social well-being, and not merely the absence of disease". *Mental health* is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. The human body responds to stressors in a very ambiguous way. Whether a person is going through a divorce or is late for an important meeting, the physiological response is the same. Whereas, psychosomatic part of the stress varies with the analysis of a situation that person is in as any stressor depends on personality perceptions. These kind of perceptual changes depend upon individual's experiences with his/her life. A human body's response to constant stress can be comprehensive; it indicates an exhibition of various forms of stress that can have different health consequences.

1.1 A glimpse at understanding psychiatric problems:

Anxiety or tension is our body's way of telling us that something is going wrong and we need to correct it. It is an absolutely essential signal, necessary for our survival and well being. If primitive humans did not have food, the anxious anticipation of hunger motivated them to find food. If a worker hasn't been productive yet today, the fear of criticism from a supervisor or co- worker helps him/her get busy. If I am driving a little too fast on a rainy night on tires with 70,000 miles on them, my concern about safety slows me down. These are valid reasons for feeling that action is needed to avoid

trouble. Isn't it wonderful that we have a built-in automatic warning system? Yes, except when the system goes awry. Sometimes the expectation of trouble or danger is wrong; we exaggerate the problems or become tense for no good reason. At other times, the warning is accurate but nothing can be done, and we fret needlessly about our inability to change the situation. Sometimes, we have this stress alarm going off, but we don't know what is wrong. In each of these cases, we are psychologically and bodily all tensed up to run or fight an enemy, but the real enemy (the creator of the scary situation) is us. Obviously, a major problem is telling the difference between realistic, helpful tensions, fears, or worries and unrealistic, unhealthy nervousness. This is because we all could start fretting about some possibly stressful event at almost any time. Risks are all around us.

1.2 *Stress Impact on human mental state:*

The complexity, confusion, and commonness of anxiety is reflected in the many words in the English language for anticipated troubles: tension, feeling on edge, up-tight, hassled, nervous, jittery, jumpy, wound up, scared, terrified, insecure, pressured, alarmed, anxious, worried, dreading what might happen, uncertain, vulnerable, apprehensive, edgy, troubled, and many more. Anxiety is one of the most common symptoms seen in a psychologist's or psychiatrist's office.

2. **An Overview of Indian Prison**

The word "Prison" is synonym of the word 'Jail' or 'Gaol' or 'Prison', has been defined as a place properly arranged and equipped for reception of persons who by legal process are committed to it for safe custody while awaiting trial or for punishment. During the period of the Sultanates ruling in Southern India, there were no regular Prisons. There were only old forts and castles which were used as prisons. At the time of rule of Emperor Akbar, there were two kinds of Prison's in use. They are, one which held criminals who had committed serious offence and other one which was focusing mainly on ordinary criminals. Important nobles and princes guilty of treason and rebellions were incarcerated in fortresses situated in different parts of the country. While the sons of soil did not maintain proper Prison buildings, the provision for proper Prison building in the whole of India is the legacy of British Government. According to Prison Statistics India, 2008 compiled by the National Crime Records Bureau, as on 31.12.2008, there were 3, 84,753 jail inmates lodged in 1,356 jails in India, out of which 2,57,928 (67%) were under trials. Of these under trials, 9,746 were in Tamil Nadu. 47.2% of these under trials in Tamil Nadu were in the age group 30-50 years.

2.1 *Stress and Psychiatric disorders in Prisons across the world*

Mental disorders are fast becoming the major public health problem even in third world countries. They are present in almost all cultures and societies. M a t h e t a l (2007) found out t h a t the prevalence of mental disorders in the Indian population is to be 8-12%. What's even more damning is that at any given point in time, a high proportion of those with mental health problems are incarcerated in the Prison (Moller L et al., 2007). Inmates have greater physical and mental health needs compared to the general population (Hammett et al., 2001). The prevalence of mental disorders in Prison's is high, but access to services to treat them is often very low (Fazel & Danesh, 2002; Steadman et al., 2009; Taylor, 2010). All these stats provide us a scarring bleak look at how mental health of inmates is being viewed at by the state and the people responsible for welfare of prisoners.

The National Commission on Correctional Health Care has found that on any given day, between 2% and 4% of inmates in state Prison's were estimated to have schizophrenia or a psychotic disorder, and between 2% and 4% were estimated to have a manic episode. Between 13% and 18% of Inmates were estimated to have experienced major depressive episode during their life time (Veysey BM. & Bichler-Robertson G, 2002). Similarly, Prison rates of mental illness were higher than the rates reported in a nationally representative population used in the National Co-morbidity Survey (Kessler et al., 1994). A systematic review by Fazel and Danesh of 62 studies from 12 countries, in 2002, included 22790 Inmates. The overall prevalence of psychiatric disorders in Prison populations was as follows: 3.7% of men had psychotic illnesses, 10% major depression, and 65% a personality disorder; 4.0% of women had psychotic illnesses, 12% major depression, and 42% a personality disorder (Fazel & Danesh, 2002). The rate of current serious mental illness for male inmates was 14% and for female inmates it was 31% (Steadman et al., 2009). In an Australian study, the 12-month prevalence of any psychiatric illness in the previous year was 80% in Inmates and 31% in the community. Substantially more psychiatric morbidity was detected among Inmates than in the community group after accounting for demographic differences, particularly, symptoms of psychosis, substance use disorders and personality disorders (Butler et al., 2006).

2.2 Unbearable factors affecting psychiatric health of prisoners:

Factors in prisons that may adversely affect mental health include overcrowding, dirty and depressing environments, poor food, inadequate health care, and physical or verbal aggression. Lack of purposeful activity, lack of privacy, lack of opportunities for quiet relaxation and reflection aggravate mental distress. The availability of illicit drugs can compound emotional and behavioral problems in prison. Reactions of guilt or shame, anxiety of being separated from family and friends and worries about the future also compound such mental distress. Timely identification, treatment and rehabilitation are almost non-existent in many Prisons, particularly in the developing countries.

In some countries, mentally ill people are inappropriately locked up in jails because of inadequate mental health services. In many others, people with substance abuse problems are often sent to prison rather than for treatment. In developed countries where institutional care for the mentally ill has declined and community care is not optimal, prisons have become custodians of persons with mental illness, which is also called as "transinstitutionalisation" (Priebe et al., 2005). In such countries, it is well known that persons with mental illness languish in Prisons for several years as they are unfit to stand trial. Prisons in the developing world, in addition to having many of the problems faced in Prisons of the developed countries, have special challenges. These include inadequate penal and judicial systems and Prison resources, with resultant delays in access to justice and speedy trial. Inadequate attention to the human rights of persons in Prison, including the right to decent living, clean and congenial existence, speedy trial, information and communication and right to health care, particularly psychiatric health care, further aggravates the situation.

Lori Kepford (1994), the current research indicates that the familial isolation of incarceration is harmful to the prisoner, his family, and ultimately to society. The offender is cut off from his family, friends and social interaction. The family is devastated because it loses emotional and financial support. Society suffers because the offender is often "resentful, frustrated and full of hostility" because family ties were severed. As stated previously, most of the studies of the familial effects of incarceration are a theoretical and/or do not examine the entire family of procreation. Most of the attempts (including the most recent attempts dating from 1988-1991) to reveal the difficulties encountered by the families of incarcerated men merely delineate their daily problems. The problems are documented and arranged in a hierarchical order, dependent on the most frequent complaint. This type of study is useful in that it provides a foundation on which to build a theoretically driven research project. John Stuart Batchelder, J. Marvin Pippert (2002), A study was survey and get the data were gathered from inmates at three mid- western prisons to discover factors associated with preferences between work and education programs. Areas of study concentrated on ranking the importance between type of job worked and amount of pay received and ranking the importance of working a prison job against attending post-high school education classes, as well as a number of other work and education related choices. The independent variables gender, race, age, and offense type revealed a number of significant differences regarding the choice of a particular activity. In addition, qualitative data from the administration revealed issues that highlight the need for further research in this area. Luke Birmingham (2003), studied on mental health problems are the most significant cause of morbidity in prisons. Over 90% of prisoners have a mental disorder. The prison environment and the rules and regimes governing daily life inside prison can be seriously detrimental to mental health. Prisoners have received very poor health care and, until recently, the National Health Service (NHS) had no obligations to service this group, which was the Home Office's responsibility. The NHS is expected to take responsibility eventually, following a new health partnership with the Prison Service. NHS psychiatrists will have to be much more active in the development and delivery of health care to prisoners who now have the right to equal health care. There are positive developments but concerted and determined action is required to bring prison health care up to acceptable standards. Elizabeth Duncombe, Dawna Komorosky, et.al. (2005), the study describes the quantitative results of a study conducted at Maui Community Correctional Center in Hawaii. The program, Free Inside, was evaluated to determine its effectiveness as a rehabilitative tool for inmates. Each of the participants engaged in twelve-week cycles of twice weekly, hour-long classes in yoga, meditation, and chi gung practice. The findings reveal an association between inmate participation and increased awareness, self-esteem, sense of hope, and compassion. The authors recommend that similar programming become a part of the inmate experience in an effort to help rehabilitate and better prepare inmates for re-entry. Mark D. Cunningham, Jon R. Sorensen, Thomas J. Reidy (2005), examined the risk among maximum security. An experimental scale for the assessment of prison violence risk among maximum security inmates was developed from a logistic regression analysis involving inmates serving parole-eligible terms of varying length (n = 1,503), life-without-parole inmates (n = 960), and death- sentenced inmates who were mainstreamed into the general prison population (n = 132). Records of institutional violent misconduct of these 2,595 inmates were retrospectively examined for an 11-year period (1991 to 2002). Predictors affecting the likelihood of such misconduct included age, type and length of sentence, education, prior prison terms, prior probated sentences, and years served. The scale was modestly successful, as demonstrated by an overall omnibus area under the curve of .719. Double

cross-validation demonstrated minimal shrinkage. The authors have termed this experimental scale the Risk Assessment Scale for Prison. Mandeep, Peter, George (2007), investigated the effects of time spent in prison and quality of life before prison on male, federally sentenced prisoners' adaptations to imprisonment, controlling for sentence length and prison security level. Data consisted of responses on a self-administered survey completed by 712 prisoners. Findings tended to support the independent effects of the indigenous (deprivation) and importation approaches rather than their interaction effects. Time spent in prison had a direct effect on prisoners' participation in programs, their thoughts of needing control over their lives, their feelings of hopelessness, and their disciplinary infractions in prison. Prisoners' quality of life before prison had a direct effect on their participation in programs, their feelings of happiness, and their prison infractions. Finally, time spent in prison and quality of life before prison interacted to affect prisoners' contact with their family and friends. Marlene Samuelson, James Carmody, et.al. (2007) examined the Mindfulness-based stress-reduction courses were offered in drug units in six Massachusetts Department of corrections prisons. A total of 1,350 inmates completed the 113 courses. Evaluation assessments were held before and after each course, and highly significant pre- to post-course improvements were found on widely accepted self-report measures of hostility, self-esteem, and mood disturbance. Improvements for women were greater than those for men, and improvements were also greater for men in a minimum-security, pre-release facility than for those in four medium-security facilities. The results encourage further study and wider use of mindfulness-based stress reduction in correctional facilities. Benjamin Steiner, John Wool dredge (2009), a Study of prison crowding effects on inmate misconduct have produced anomalous findings, perhaps because of the cross-study differences in research methods. Different methods are important for several goals of scientific inquiry, but there are advantages to adopting similar approaches when studying a policy-relevant question. Aaron Kupchik, R. Bradley Snyder (2009), In this study, the authors analyze data on juvenile correctional facilities from the Performance-based Standards for Youth Correction and Detention Facilities project to predict victimization and fear among individual juvenile inmates. The authors estimate multilevel models using both facility and individual level factors. Their results depart from prior research efforts, which have focused primarily on either an importation or a deprivation model for explaining facility misconduct. In contrast, the authors find evidence of a third model that merges individual- and facility-level variables to consider individual youth's perceptions of facility rules and practices. They find that the best predictors of victimization are youths' understanding of facility rules as well as their perceptions of school quality and staff helpfulness. Suresh Bada Math, Pratima Murthy, Rajani Parthasarthy, C Naveen Kumar, S Madhusudhan (2011), a collaborative study between NIMHANS and the National Commission for Women in 1998 examined mental morbidity among women in the Central Prison, Bangalore and found high levels of mental distress (unhappiness, worrying, thoughts of worthlessness, poor sleep and appetite). A report from Tihar Jail, Delhi, found that 8% of new entrants had drug abuse. Apart from a few such reports and anecdotal information, there has been no systematic study of mental disorders and substance use problems among prisoners in India. The knowledge of mental health and substance use problems in Indian prisons is even sparser. A retrospective review in 1996 of files of inpatients referred to the National Institute of Mental Health and Neurosciences (NIMHANS) from the Central Prison, Bangalore over 12 decades, suggested that a significant number were diagnosed as having a serious psychotic disorder, namely schizophrenia. Couch and Coles (2011) explored about psychosocial stress related to environmental pollution. They hypothesized that knowledge about stress should be used in conjunction with chemical risk assessment to inform environmental risk management decisions. Knowledge of psychosocial stress at contaminated sites began by exploring the relationships among social capital, collective efficacy, and contamination at the community level. Anna Shuttleworth (2004), focused on the case of east London and the city mental health trust and how it has used training to provide support for colleagues suffering from stress caused by bullying and harassment. Organizations have facing a key issue called stress. And it looks at how training can have a positive impact on tackling stress in the workplace and helping employees become more resilient towards stress and enabling them to tackle the root causes of stress related problems. Marc Lehmann (2012) summarizes basic data on German prison health care for mentally ill inmates. The legislation process and factors of influence are pointed out. It focuses on the actual legal situation including European standards of prison health care and prevention of torture, psychiatric care in German prisons themselves, self harm and addiction. Joseph D. Galanek (2013) identified that the large numbers of individuals in U.S. prisons meet DSM criteria for severe psychiatric disorder. These individuals also have co-occurring personality and substance abuse disorders, medical conditions, and histories of exposure to social pathologies. Based on nine months of ethnographic fieldwork in a U.S. prison, focusing on staff narratives, I utilize interpretivist and constructivist perspectives to analyze how mental health clinicians construct psychiatric disorder among inmates. Discrete categorization of disorders may be confounded by the clinical comorbidities of inmates and the prison context. Incarcerated individuals' responses to the institutional context substantially inform mental health staffs' illness construction and the prison itself is identified as an etiological agent for disordered behaviors. In addition, diagnostic processes are found to be indeterminate, contested, and shaped by interactions with

staff. Analysis of illness construction reveals that what is at stake for clinicians is not only provision of appropriate treatment, but also mandates for the safety and security of the institution. Enmeshed in these mandates, prison mental health becomes a particular local form of psychiatric knowledge. Marie L. Griffin John R. Hepburn (2013), examined the social order of a prison arises from the combined effects of the prison's institutional capacity for control and the effectiveness of prison management. Prior research suggests that the criminogenic characteristics of the inmate population, the security level of the prison, and the prison environment are three structural characteristics of prisons that define each prison's institutional capacity for control, as reflected in the aggregate-level measures of inmate misconduct, and prison environment is expected to moderate the effects of inmate population characteristics on inmate misconduct.

3. Discussion

From the reviewed literature in the field of stress and its associated psychiatric problems, it is clear that prison environment does play a major role in shaping up the psyche of prisoners. So far, it is said that Maximum security and super maximum security prisons are proven to be having high percentage of stress among its inmates. This is partially attributed the fact that the strictness in which these prisons are run, besides having some of the society's worst criminals it houses. India as a country does not have any Max or Super Max prison set up as of yet. But the crime rate and the number of criminals filling the prison has only increased in higher numbers as the year passes by. By the year 2020, India will be facing shortage of space when it comes prison set ups beside having to house criminally insane prisoners along with financial fraudsters.. This all suggests that there is a need for Maximum security and prison categorization among the states. This is where understanding the stress and psychiatric aspects of having such prison set up can be handy, which this paper tired to address.

4. Conclusion

There were few important aspects to how prison environment causes stress and psychiatric problem among its inmates. They are, type of sentence, length of sentence, crime committed, pre-prison work life balance of the prisoner, number of prison inmates who share in a single room. Much of the literature available in this field is based on experience from western countries. Hence we need Indian Prison environment being studied in detail for microscopic view by the concerned authorities.

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