



The association between imported factors and prisoners' mental health: Implications for adaptation and intervention



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ABSTRACT

In the United Kingdom (UK) the prison population has increased by around one third since the turn of the millennium amid growing concern over the correctional mission of prisons, the number of prisoners exhibiting mental health difficulties and high levels of recidivism. This study aims to explore the relationship between 'imported' (pre-prison) factors and prisoner mental health status.

Prisoners (N = 756) from two UK prisons completed an established measure of mental health (General Health Questionnaire: GHQ-12) and a bespoke survey on pre-prison characteristics and experiences (for example, dispositions, childhood abuse, substance misuse, learning difficulties and employment).

Prevalence of mental health difficulties was high, with 40.3% reaching the 'caseness' threshold. Binary logistic regression and odds ratio analyses were used to explore the ability of imported factors to predict mental health 'caseness' and the direction of influence. Collectively, the imported factors correctly predicted the caseness category of 76.5% of participants ($p < .001$). Pre-prison dispositions proved to be strong predictors of caseness as did childhood sexual abuse and learning difficulties at school. We found the direction of influence of three imported factors differed from all others: unemployment, prior experience of prison and a history of substance misuse. These three factors are associated with a lower rate of mental health caseness. It is of concern that, on release, these same factors are likely to militate against re-integration into society.

Imported factors can serve as powerful predictors of 'within-prison' mental health status, but practitioners need to be cognisant of the relative importance and direction of influence of factors, as evidenced by these findings.

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1. Introduction

The use of prison is increasing in many countries. Since the turn of the new millennium the world's prison population has risen by 19.8% to over 10.35 million (Walmsley, 2015). In the United Kingdom (UK) the rate of increase during this same period has been even higher (33%) and prison population is at a record high (Allen & Dempsey, 2016). It is a matter of debate as to why the prison population has been rising so rapidly. It could be, for example, the consequence of increasingly punitive political rhetoric, harsher sentencing, seismic changes in societal norms or changes in the remit and, therefore, intake of prisons (Garside, 2003; MOJ, 2016). Meanwhile, fundamental concerns over the ability of prisons to discharge their correctional and rehabilitative mission has become a high profile issue in the media, at a time when prisons are experiencing severe operational challenges (BBC, 2017).

International concern over the mental health of prisoners has also been rising (Bradley, 2009; Walmsley, 2015). Mental health problems within the prison population are of particular concern for many reasons, but especially as they are considered to be a significant cause of morbidity in prisons (Birmingham, 2003). Systematic reviews of studies from around the world have repeatedly confirmed that many prisoners experience poor mental health (Fazel & Danesh, 2002; Fazel, Hayes, Bartellas, Clerici, & Trestman, 2016). Prevalence rates vary depending on sampling design as well as diagnostic criteria and assessment technique, but the general picture is bleak. In the UK, for example, a large scale interview based survey recorded mental disorder in over 90% of the 3142 prisoners assessed (Singleton, Meltzer, Gatward, Coid, & Deasy, 1998) whereas Shaw et al. (2010) found 47% of a sample of 84 male prisoners who had spent approximately two months in prison met the general population clinical threshold for 'caseness' on the General Health Questionnaire (GHQ). There is also evident concern worldwide that the prevalence rate is not only high, but rising (Adams & Ferrandino, 2008; Bradley, 2009; Edgar & Rickford, 2009; Fazel et al., 2016). In keeping with these statistics, trends and concerns the United Nations (UN) has substantially revised Standard Minimum Rules for the treatment of

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prisoners (UN, 2016) and Rule 25 now places an obligation on all signatories to evaluate, promote, protect and improve the mental health of prisoners.

Understanding the process by which prisoners adapt to prison life, seminally defined by Clemmer (1940) as prisonization, has long been viewed as a necessary shift towards prisoner conformity and a prerequisite for maintaining ordered prisons and reducing recidivism. Conversely the institutionalising effect of prison is recognised as an impediment to social reintegration post-prison. Adaptation has, traditionally, been assumed to be a unitary concept measured by the extent to which a prisoner conforms and engages with the culture, routines and activities of prison life. However, the exact mechanisms of adaptation appear complex and potentially enlightening prison-research methods are difficult to design.

For the purpose of theorising and empirical investigation, researchers have tended to group factors that may influence adaptation into three broad categories: imported, indigenous (or deprivational) and situational (see Dâmboeanu & Nieuwebeerta, 2016; Dhami, Ayton, & Loewenstein, 2007; Jiang & Fisher-Giorlando, 2002; Steinke, 1991). 'Imported' factors include a multitude of characteristics and experiences that a prisoner carries with them into the prison setting. These may include a previous prison sentence, childhood abuse, educational attainment, employment history and use of illegal substances. 'Indigenous' factors reflect the 'within-prison' experience of deprivation and loss, described by some as the 'pains of prison' (Medlicott, 1999). These factors typically include 'type of confinement' and 'length of time spent in prison' as measures that capture to some degree the loss of, for example, autonomy, relationships, familial contact and employment. 'Situational' factors reflect aspects of the immediate prison environment, which are thought to have the potential to influence adaptation event(s) and pay, therefore, greater attention to the immediate context of a prisoner's adaption or behaviour at a specific point in time (see for example Flanagan, 1983; Jiang & Fisher-Giorlando, 2002). Situational factors may include the weather, location, other people and the nature of interaction with those present at the time of a given event or behaviour.

Summarising the findings of studies that have looked for relationships between factors from each of these categories and adaptation is a difficult task as there is considerable inconsistency in the methods that researchers have used. Citing a wide range of literature Dhami et al. (2007) suggest that 'imported' factors have been shown to be better predictors of mal-adaption than indigenous factors, but they note that some 'imported' factors appear to have no predictive power. Similarly, Dâmboeanu and Nieuwebeerta (2016) found a strong relationship between a range of importation and indigenous factors and types of prison misconduct, but also reported differential impact. The testing of situational factors is less commonly reported in the literature, but Jiang and Fisher-Giorlando (2002) found situational factors to be the most powerful predictor of violent incidents although the relative power differs depending on the nature of the infraction. They concluded that all three types of factors help to explain violent behaviour in prison. While there is evidence of the independent effects of imported and indigenous factors, an interpretation of the interaction between both is necessary in order for a better understanding (Dhami et al., 2007).

The relationship between within-prison adaptation and mental wellbeing is likely to be strong, and research on this interface appears to confirm this. Stoliker (2016) has found, for example, a correlation between self-reported mental health status and a commonly used indicator of mal-adaptation, physical assault, by inmates on others. Many of the findings of prisonization research are likely, therefore, to be relevant and illuminative in respect of the mental wellbeing of prisoners. The terms are not synonymous, however, and a consideration of both prisoner mental-health and adaptation may enable a richer 'stereoscopic-view' of both constructs. There is far more research on factors that impact prisoners' adaptation than those that influence their mental health. As Dhami et al. (2007) note the emphasis of research has only recently begun to attend more carefully to influences on prisoners' psychological

and emotional reaction to imprisonment. Much can be learned from the methodological approach used to explore adaptation. The categorical devices of 'importation', 'indigenous' and 'situational' provide a helpful framework for the exploration of factors that influence the mental health of prisoners.

In respect of the impact on mental health, it is the influence of the impact of the prison environment (indigenous and situational factors) that has received the most attention to date. Nurse, Woodcock and Ormsby (2003) identified a number of possible indigenous determinants including isolation, lack of family contact and substance misuse. Yang, Kadouri, Révah-Lévy, Mulvey, and Falissard (2009) also examined the impact of long-term-incarceration on mental illness and observed differences in the outlook of prisoners with mental-illness and those without. In a larger scale study (N = 87) Dettbarn (2012) explored the impact of length of prison term on mental health and concluded that a damaging effect of long-term imprisonment could not be proven. Liem and Kunst (2013) have also shown that incarceration has a unique effect on mental health and argued that former prisoners can present a discrete sub-type of post-traumatic stress disorder. Similar themes recently emerged from a meta-synthesis of five studies by Terry, Praetorius, and Nordberg (2016) which also identified what would appear to be a situational factor as a potential determinant: anti-therapeutic attitudes of staff. In contrast to the growing body of literature on within-prison factors and the mental health of prisoners, there is a paucity of research on imported factors. The few studies that do exist suggest that knowledge of the experiences of prisoners prior to incarceration may be of help in the prediction of within and post prison mental health. In a rare study of female prisoners (N = 125) Tripodi and Pettus-Davis (2013) found a strong the relationship between sexual abuse in childhood and severe mental illness in adulthood, although the focus appeared to be on mental ill-health in adulthood rather than 'within-prison' *per se*. In contrast to the growing number of studies that have examined indigenous and/or situational factors and mental health, the ability of prior experience and characteristics to predict 'within-prison' mental health status is largely untested. Such research may enable prison staff to anticipate and possibly prevent the occurrence of mental health problems within the prison population.

1.1. The present study

In this study we test, collectively and individually, the power of a number of imported factors to predict the 'within-prison' mental health status of male prisoners. It is acknowledged that many other imported, indigenous and situational factors may influence the mental health of prisoners, but in an attempt to take some initial steps it was considered appropriate to focus on a manageable selection of factors. Imported factors selected for inclusion in this study were drawn from literature ranging across mental health, social-exclusion and prison adaptation.

1.2. Study aims

The aim of this study was, therefore, to explore the relationship between mental health in prison and imported characteristics; and to provide some insight into the relative predictive power of these factors.

2. Methodology

2.1. Ethical approval

Ethical approval for this study was obtained from the Local Health Board and the College of Human and Health Sciences, Swansea University, Wales, UK.

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