



## Mental health services in Nigerian prisons: Lessons from a four-year review and the literature



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### ABSTRACT

Forensic and correctional mental health services may constitute an important “safety net” for the mentally ill and can ensure a degree of public protection. The increasing prison populations and shift towards humane care of the mentally ill that encompasses promotion of human rights, community re-integration, utilitarian safety and operation of internationally comparable mental health legislations underscore the need to appraise correctional psychiatry services, especially in resource-restricted settings. We present findings from a review of the literature and from mental health services provided to 179 inmates in two Nigerian urban prisons. The mental health services spanned four years and allowed a focus on important issues deserving urgent attention. The mean age of participants was 33.10 years ( $SD = 9.91$ ) and majority (86.6%) were males. The common clinical diagnoses among participants were schizophrenia (49.3%) and mood disorders (29.6%), while approximately half (46.5%) used psychoactive substances. About one-fifth was evaluated as having high risk for violence-dangerousness based solely on clinical evaluation. The majority (88.4%) presented with a first episode of mental illness, and 14% had a prior correctional history. Gender, marital status and hallucinatory experiences were associated with a high risk of dangerousness ( $p < 0.05$ ), while gender, use of psychoactive substances, previous history of mental disorders and depot medication indexed participants more likely to have a previous forensic history ( $p < 0.05$ ). Considering the current findings, we advocate for inclusion of validated tools in risk assessments, multipronged intervention strategy to address the unmet needs of prisoners and improved attention to forensic and correctional mental health in relevant policy-law, service-planning, research and training.

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### 1. Introduction

Forensic and correctional mental health services are important components of public mental health system designed to manage the mentally disordered offenders, investigate the complex relationships between mental disorders and criminal behavior, support the criminal justice system and related agencies (including police, courts and prisons), while caring for patients and protecting the public (Arboleda-Flórez, 2006; Westbrook, 2011). These services can indicate the state of mental health practice and its interface with the law in a particular jurisdiction (Velinov & Marinov, 2006). This mental health-legal interface is unique to psychiatry, for unlike other fields of medicine, psychiatric practice is governed by special laws- ‘mental health laws’, while on the other

hand the judicial system depends on psychiatric evaluation in adjudicating legal matters involving insanity (Westbrook, 2011). The interdependence of psychiatry and the law, though complex, does suggest the veracity of forensic psychiatry as a scope for public mental health, public protection and the judicial disposition of legal-medical cases.

Forensic psychiatry has benefited from key developments including the improved understanding of the relationship between mental illness and criminality; the evolution of legal tests to define legal insanity; the new modalities for psychiatric treatment providing alternatives to custodial care; and the changes in public attitudes and perceptions of mental illness (Arboleda-Flórez, 2006). While forensic psychiatry has grown into a recognized discipline with a robust background of scientific enquiry globally, there are differences in the extent forensic mental health services have developed across jurisdictions (Bourget & Chaimowitz, 2010; Velinov & Marinov, 2006). The differences in judicial practice, health resources and the range of available mental health services are part of the reasons for the disparity (WHO, 2011). In general, developing countries are thought to lag in the capability to render forensic

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psychiatric services according to global best practices (Adjorlolo, Chan, & Mensah, 2016; WHO, 2011).

This paper appraised correctional mental health services in Nigeria as an example of a developing country and consists of two parts. The first part reviewed the literature on selected themes in forensic-correctional psychiatry; and secondly, we reported primary data on mental health services rendered in Nigerian prisons. The themes in the literature review (included trend in world prison population, epidemiology of psychiatric morbidities in prison population, mental health legislations, and risk assessments) were focused to set out a comparative overview and provide broad background to the data presented in the second part.

### 1.1. Trend in world prison population

The world prison population is estimated to be over 11 million and increased as much as 10% over the last decade. Compared to low-income countries, the developed countries account for higher prison-population rates, lower occupancy-capacity ratio and lesser number of pre-trial detainees (Alen, 2015; UN, 2015; Walmsley, 2016). Although wide national-continental variation exists in world prison population, it is more marked in developing countries due to poor data and a lack of transparency (Walmsley, 2016). As per current estimates, the United States with >2.2 million (666 per 100,000 national population) prison inmates accounts for the largest prison population worldwide, while Sao Marino with only two prison inmates had the least prison population globally. The prison populations in Africa ranged from South Africa with the highest prison population of 161,984 (291 per 100,000 national population) to Comoros with the least total prison population of 149 (19 per 100,000 national population). Overall, Seychelles with a prison population of 735 and a national population of 92,000 (799 per 100,000 national population) accounted for the largest global prison-population rate, while Nigerian's prison population is 56,620 corresponding to 36 per 100,000 national population (Walmsley, 2014, 2016; UN, 2015).

### 1.2. Epidemiology of mental disorders among prisoners

The current indices on mental health of prisoners suggest the critical need for an appraisal of correctional psychiatry services to allow re-invention and better representation in public mental health services. For instance, the burden of mental illnesses among prisoners is high, largely unmet in comparison to the general population and portends grave risk if unattended (Agbahowe, Ohaeri, Ogunlesi, & Osahon, 1998; Bebbington, Jakobowitz, McKenzie, Killaspy, Iveson, 2017; Binswanger, Krueger, & Steiner, 2009; Fazel, Hayes, Bartellas, Clerici, & Trestman, 2016). Closely linked is that incarceration and particularly the prison "milieu" is a common breeding ground for psychosocial stressors that may precipitate or perpetuate emotional disorders (Anderson et al., 2000; Coid, 1984). In addition to over-crowding and poor infrastructure, occurrences of violence, crime, gangsterism, isolation, bullying, lack of privacy and absence of meaningful activity are rife among prison populations and are attributed with significant risk for a wide range of mental health morbidities that may include fatal outcome (Harris, Happell, & Manias, 2015; Sarkin, 2009). Estimates on the prevalence of psychiatric morbidities among prisoners are relatively few in developing countries but do tend to be high. For example, Nigeria with 63,142 prisoners (35:100,000/prisoners-national population) and ranked twenty-sixth in the world, had as many as 60% of prisoners reported to have psychiatric disorders in earlier works, compared to 12.0% in the general population (Agbahowe et al., 1998; Armiya'u & Adole, 2015; Baillargeon et al., 2009; Fazel, Cartwright, Norman-Nott, & Hawton, 2008; Gureje et al., 2008; Walmsley, 2016).

### 1.3. Mental health legislations and forensic-correctional services

Forensic and correctional psychiatric services are challenging in many countries due to lack of dedicated mental health legislations, poor judicial practice and limited resources. For instance, only 59% of

people worldwide live in a country where there is dedicated mental health legislation (WHO, 2011); and more so in several developing countries with antiquated or total lack of mental health laws (Nigerian's version-Lunacy Act was last revised in 1958). While mental health laws in African countries like Ghana and South Africa (Adjorlolo, 2016; Singh, 2008) are consistent with those in western countries, up to 64% of African countries still lacked mental health legislations or need revised legislations to accommodate the rights of people with mental disability (MHaPP, 2010). Promulgation of mental laws that encompass global best practices in all jurisdictions cannot be overemphasized given a shift towards the "neo-paradigm" of promoting humane procedural standards in involuntary admission, of integrated institution-to-community care and of human rights of the mentally ill including those within forensic-correctional services (Bartlett, Jenkins, & Kiima, 2011; Cilliers & Smit, 2007; Singh, 2008).

Even with sound mental health legislations in place, correctional psychiatric practice in most developing nations and to a lesser degree in certain advanced nations still faces several pervasive challenges. These include social rejection of convicts, poor transparency, human rights violations, overcrowding, limited rehabilitation infrastructure, poor prisoner-staff ratio, "over-use" of incarceration with the attendant "dumping syndrome", and slow adjudicating procedures for the mentally ill within criminal justice system among others (Alen, 2015; Sarkin, 2009; WHO, 2011; WHO, 2014). Concerning resources, forensic expertise as well as the ratio of beds in dedicated forensic units (put at 0.08 per 100,000 population in a report from Nigeria) are also grossly inadequate (Shekhar & Gureje, 2006; WHO, 2011). Proportionally, lower income countries spend a smaller percentage of their health budget on mental health. The median percentage of health expenditures dedicated to mental health is 0.5% in low income countries and 5.1% in high income countries, with graduated values in lower- and upper-middle income countries (WHO, 2011). The intertwined nature of the above challenges often daunts best practices in correctional psychiatry. Such system-level challenges include lack of expertise, absence of mental health legislation, poor health resources, lack of research data, fragmented health services, attitude of professional to mentally ill offenders and socio-cultural factors (Adebayo et al., 2016; Adjorlolo, Abdul-Nasiru, Chan, & Bambi, 2016; Ogunnubi et al., 2014; Olagunju et al., 2015; Olagunju, Ogundipe, Erinfolami, Akinbode, & Adegemi, 2013).

### 1.4. Risk assessment and management in forensic services

In addition to severe psychiatric disorders, high levels of mental health phenomena including homicide, suicide and risk for violence have been documented among prison inmates. For instance, previous studies indicate that suicide was ten times higher in prison population relative to general population (Durcan & Zwemstra, 2014; Fazel et al., 2008; Lize et al., 2015). This has often warranted the integration of risk assessment, reduction and management in routine mental health evaluation and discharge planning as measures to obviate violence, dangerousness, and re-offending (Glancy & Chaimowitz, 2005; Large & Nielssen, 2017). Risk management is important because public protection from violent incidents related to mental disorders is viewed as an integral role of mental health services, and cardinal to forensic psychiatry. While on the other hand, forensic psychiatry also has professional duty and ethical responsibility to care as well as protect the mentally-ill from stigmatization, social exclusion, undue harassment and criminalization from the public (Ogloff, 2003; Verdun-Jones, 2000).

As a mental health theme, risk assessment is core to psycholegal decision processes within and outside the correctional psychiatry space. For example, in civil law issues, risk assessments can be conducted to determine involuntary commitment of the mentally ill or those with intellectual disability, to prevent spread of infectious diseases, and in cases of child protection cases among others. On the other hand, risk assessments in relation to criminal law may range from preparation of risk

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