

Care for prisoners will improve public health

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In a comprehensive global survey, researchers in Texas and England have concluded that improving the mental and physical health of inmates will improve public health.

In their article, "The <u>health</u> of prisoners," Seena Fazel of the University of Oxford and Jacques Baillargeon of the University of Texas Medical Branch at Galveston, write that caring for the mental and physical health of prisoners has a direct and important impact on <u>public health</u> that should be recognized. Their findings, to be published Online First in the <u>British medical journal</u> *The Lancet* on Nov. 19, are based on a survey of available literature on prisoner health across the world (with most data from high-income countries).

"Prisoners act as reservoirs of infection and chronic disease, increasing the public health burden of poor communities," they write. "Most prisoners return to their communities with their physical and psychiatric morbidity occasionally untreated and sometimes worsened."

More than 10 million people are incarcerated worldwide, a number that has increased by about a million during the last decade. The United States has the highest number of prisoners per population, with 756 per 100,000 compared to a mean of 145 per 100,000 worldwide. The authors note that "prisoners bear a substantial burden of physical and psychiatric disorders relative to the general population." This health disparity has been attributed to various behavioral and socioeconomic conditions.



"For these individuals, prison provides an opportunity for diagnosis, disease management education, counseling and treatment they would not receive in the general community," they write.

Baillargeon, an associate professor and epidemiologist in the department of <u>preventive medicine</u> and community health at UTMB, has substantial experience in prisoner research.

"Scientists around the world have consistently observed a disproportionate burden of chronic and infectious disease among prisoners," said Baillargeon. "In many cases, incarceration presents a rare opportunity to receive disease screening and preventive health care, treatment and education.

He noted that many prisoners with serious mental illness such as schizophrenia and other psychotic disorders cycle in and out of the prison system. For these individuals, linkage to appropriate community-based psychiatric care is critical if we are to remove them from this cycle of recurrent imprisonment..

While there may some resistance to spending money on prisoner care, Baillargeon said "the vast majority of offenders are incarcerated for a relatively short period of time and will be in the community eventually." And while most people understand the public health importance of treating infectious diseases, he added that "for most US inmates, who are without private health insurance upon release from prison, treatment of chronic conditions, such as diabetes, asthma, and congestive heart failure will ultimately require substantial use of public resources."

The authors recommend that health-care resources be targeted at prisons since they provide an opportunity for screening, prevention, and early intervention. Failure to prevent disease, reduce transmission, or treat conditions at an early stage may result in inefficient use of scarce public



resources for health care. Statistics on prisoner health should be publicly available and national, prison-specific policies and guidelines should be developed. There should be a discharge program for released prisoners that links them to community health programs to ensure effective treatment.

They write that prisons should become more research-friendly environments. Protecting <u>prisoners</u> from coercive and abusive research is important. However, it is also important to ensure that inmates are not systematically excluded from important clinical studies. Understanding how to identify, prevent and treat disease in inmate populations holds public health relevance that extends far beyond prison walls.

Provided by University of Texas Medical Branch at Galveston

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