

Criminologist's study shows lack of mental health care for prisoners

February 23 2015, by Kim Horner

New research by a UT Dallas criminologist has found that a substantial number of prison inmates have not received treatment for mental health conditions.

Dr. Nadine M. Connell, assistant professor of criminology in the School of Economic, Political and Policy Sciences (EPPS), analyzed data from 18,185 [inmates](#) in state and federal correctional facilities for the study, published in the *American Journal of Public Health*. Connell worked with co-author Dr. Jennifer M. Reingle Gonzalez, an assistant professor at The University of Texas School of Public Health in Dallas.

Their findings include:

- 1 in 4 prisoners had been diagnosed with a [mental health](#) condition in their lifetime.
- Fewer than 1 in 5 of those inmates were taking medication for their conditions when they were admitted.
- Of those, fewer than half of the inmates who reported taking medication at intake were receiving medication for their conditions in prison.

The study recommends that prisons prioritize the use of validated screening procedures for mental health disorders plus treatment.

Although many correctional facilities screen inmates, the checks often focus on identifying behavior that could pose a risk to safety and

security rather than evaluating for a range of [mental health conditions](#), Connell said. For example, the study found that inmates with schizophrenia, which can lead to erratic behavior, were twice as likely to receive medication as inmates with depression.

The study does not fault [correctional facilities](#). Connell said that prisons face budget issues that make it a challenge to provide mental health screening and treatment.

"Many institutions are doing the best they can with the resources available to them," Connell said.

The study aims to show that providing [mental health treatment](#) has the potential to save costs in the long run by decreasing recidivism, she said. Diagnosing and treating mental [health conditions](#) also can help keep the community safer, she said.

Connell also said that the experience of going to prison can affect anyone's mental health, creating a need for treatment for inmates who may not have had a mental health condition at the time of admission.

"Someone who already has risk factors or a known [mental health disorder](#) is going to be much more likely to adapt poorly. And that could include self-harm, that could include violence and aggression against others, violence and aggression against staff or other inmates, and being unable to benefit from treatment or rehabilitation options that are available," she said.

The study highlights the value of interdisciplinary research that touches on a variety of fields, including mental health, criminology and public policy, said Dr. Denis Dean, dean of EPPS.

"Real-world issues don't usually fit into nice, neat discipline-specific

boxes. They can only be addressed by bringing together the skills of people from multiple areas," Dean said. "Dr. Connell and her co-author have done exactly that."

More information: "Mental Health of Prisoners: Identifying Barriers to Mental Health Treatment and Medication Continuity." *American Journal of Public Health*: December 2014, Vol. 104, No. 12, pp. 2328-2333. [DOI: 10.2105/AJPH.2014.302043](https://doi.org/10.2105/AJPH.2014.302043)

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