

THE INTERSECTION BETWEEN INCARCERATION AND MENTAL DISORDERS: A DESCRIPTIVE ANALYSIS

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RESUMO

Summary

Background/Introduction: The incarcerated population is a group that is physically isolated from the society and that lives under very precarious conditions. The way they are treated doesn't fully insure their human rights and it directly affects their mental health. Given the high number of people that make up this group and their marginalization, it is necessary to better understand the social determinants that act on them and what has been done to improve their mental health.

Objectives: Analyze the mental health situation of incarcerated people in general and how this issue has been addressed among government entities in practice in order to improve the well-being of these individuals.

Methodology: Research in the Pubmed scientific database guided by the subject, with the application of the descriptors "mental disorders" and "incarceration".

Results: It was observed that there is a great predominance of certain mental disorders among the incarcerated population. However, even with some government measures, health care still needs to be improved and individualized.

Discussion: Many studies related to the incarcerated population focus on specific diseases and drug use, reinforcing, sometimes, the stigmas that this group already has. The literature has shown that they need more attention, humanized treatments, security of rights and the government protection over any kind of discrimination.

Background/Introduction

Sectors of the population in mental suffering or incarcerated are marginalized worldwide, both physically and socially, which implicates in a disproportionately high rate of diseases, ill-health and disabilities [1]. In the United States, the prison population exceeds 2 million people, while 1 in 5 residents presents different types and stages of mental illness, according to The National Institute of Mental Health [2]. In Brazil, owner of the second biggest prison population [Figure 01], it is not different to an estimate of 811 707 people deprived of liberty, in an open or closed regime, in 2021 [3], associated with the overcrowding of 54.9% of this system. The intense prison flow, the increase in penalties for minor crimes, the defunding of mental health institutions, the lack of resources to receive this population in jails [2] and the inhuman regime there established reinforces many social stigmas. As an example, it can be seen that, in a large number of studies, this population is closely related to drug use, alcohol abuse, psychopathologies in general and childhood traumas [4], the spread of the HIV virus [5], that would justify, in some way, the criminal life. But the sparse data and studies available on your biopsychosocial well-being, including taking care of your mental health unveils the lack of interest and discussion about the suffering of these individuals, which opposes the demands for greater visibility of this growing population everywhere. Therefore, this study aims to better understand the general state of mental health of prisoners, the social determinants to which they are exposed and the governmental measures applied in this area to safeguard their right to health.

Methods

The studies were the result of research made in the Pubmed scientific database guided by the subject, with the application of the descriptors "mental disorders" and "incarceration". The total of articles found, from 2016 to 2021, was 1153. Followed by an exclusion process from a qualitative analysis of the title, abstract and keywords, with the elimination of those who disrespected the proposed theme or published before 2020. Thus, 327 studies were used in this work.

Discussion and Results

From the 327 articles selected, a second exclusion process was applied based on the language of writing and respect for the defined scope, from which 01 (in French) and 246 works, respectively, were eliminated [Figure 02]. A quick analysis allowed us to observe that the greatest focus among them was the use of substances and factors associated with it, accounting for 78 articles. Furthermore, only one of them considered the Brazilian prison scenario, in a comparative structure with the Australian structure. Based on studies of the literature found and selected, it is possible to have a generalized notion of how it is and how the world has been dealing with the mental health care of incarcerated people despite the difference in prison systems. In the prison environment, individuals are exposed to several factors such as solitude, isolation and fear, which would trigger physiological stress, responsible for a greater risk of inflammation and depression (89). Nevertheless, other mental disorders such as ADHD, suicidal ideas, bipolarity, psychopathy and psychopathologies are also present in a greater proportion in prisons compared to the community in general [4]. In parallel to this, there are several government proposals to take care of these individuals. It is possible to mention therapies, group interventions, work with educators, treatment of drug abuse, as well as training for cognitive, social and vocational skills [6].

Conclusion

The relationship between mental health and incarceration is still little discussed and faces many obstacles, including the stigma that surrounds it and prison structures worldwide. Currently, the world is faced with many citizens with mental disorders incarcerated, who need more individualized care. Especially because, even though the precarious treatment is intrinsic to the constitution of a standard and inhuman profile of the institutions, social determinants, such as gender or race, impact differently [7]. Concomitantly, it is added to the punitiveness that reigns in our society, which reinforces the belief that a prisoner is destitute of its human rights, as it is simply a consequence of its free will [8]. The application of theories and guidelines formulated to perfect care is also delayed due to governance issues at different levels, such as constraints on resources, resistance to innovation and authoritarianism [1]. Meaning that theory still remains an utopic plan when concerning healthcare to this vulnerable population.

Figure 01

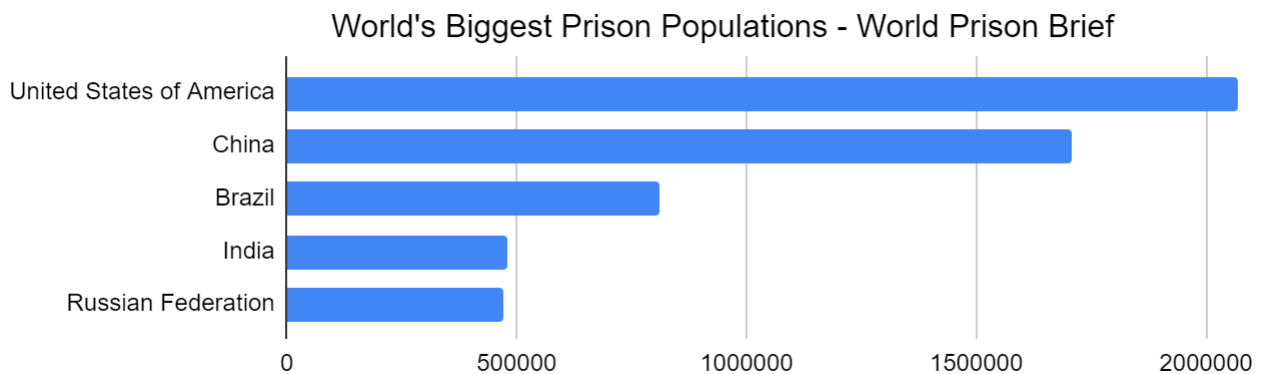


Figure 02

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Drug use (opoids, alcohol, tobacco and other substances)	31.19%
Non-incarcerated population (veterans, gamers, ex-con, jailers, prisoners' children, general population)	10.40%
HIV (tratamento, relation with other diseases)	4.28%
Hepatitis (B, C)	3.97%
Adverse childhood experiences (ACE)	3.36%
Access to health care services and/or hospitalization	2.45%
Other (exclusive focus on mental disorders, COVID-19, remand prisoner, deficits in hearing, racism, gang, yoga)	12.23%

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PALAVRAS-CHAVE: Vulnerable populations, Mental health, Mental disorders, Social stigmas, Incarceration, Human rights

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