

ANXIETY AND DEPRESSION AMONG PRISON INMATES IN OSUN STATE**A Dissertation Submitted****By****OYEDEJI, AYOBAMI O.****CLP10/11/H/0980****TO****THE DEPARTMENT OF COMMUNITY HEALTH,****FACULTY OF CLINICAL SCIENCES,****OBAFEMI AWOLOWO UNIVERSITY, ILE-IFE****IN PARTIAL FUFILLMENT FOR THE AWARD OF DEGREE OF****MASTER OF PUBLIC HEALTH (MPH)****2014**

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CERTIFICATION

We hereby certify that this research was duly carried out and completed by Oyedeji, Ayobami O under my supervision in the Department of Community Health, College of Health Sciences, ObafemiAwolowo University, Ile-Ife, Osun State.

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DEDICATION

This research work is dedicated to God Almighty and to my family.

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ABSTRACT

This study examined anxiety and depression among prison inmates in Osun State, and its objectives is to determine factors that affect anxiety and depression with relationship to socio demographic variables among prison inmates in Osun-State.

A descriptive cross-sectional study was conducted among 250 prison inmates that were randomly selected from Ilesha and Ile-Ife prison in Osun –State. Interviewer administered questionnaire was used to collect information about anxiety and depression; Hospital Anxiety and Depression Scale was used to collect data on anxiety and depression among prison inmates. Data management and analysis were performed using the SPSS version 16. Univariate (Frequency), bivariate (Chi-square) and multi-variate (Regression) levels of analysis was carried out.

The prevalence of anxiety among 175(70%) that were severely anxious and the prevalence of depression among 183(73.2%). Bivariate analysis showed that religion was significantly associated with anxiety ($X^2=16.90, p= 0.000$) and depression ($X^2=11.310, p= 0.003$). Length of stay in the prison show ($X^2=13.858, p= 0.003$) on anxiety only, while imprisonment status shows ($X^2=11.60, p= 0.001$) on anxiety and depression ($X^2=6.663, p= 0.036$). Those awaiting trials had anxiety more than those that are sentenced already (*Odd Ratio=2.3, P=0.018, 95% CI=1.16-4.721*) and Depression among those who were awaiting trial is higher than those who are sentenced, those awaiting trials have the odd ratio of 1.979 and the significant level of 0.049 and the confidence interval of 1.002- 3.907 than those that are sentenced

The study revealed that prevalence of anxiety and depression is high among the inmates of Osun State prison, while duration of imprisonment is associated with anxiety only.

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CHAPTER ONE

INTRODUCTION

1.1 background to the study

Mental health problems have been observed to be higher among prison inmates compared with the general population (Fazel, 2002). Common mental health problems amongst prisoners include substance abuse, personality disorders and minor neurotic symptoms (Fatoye, 2006). However, psychotic disorders have also been observed to be common among inmates compared with the general population. (Brimingham, 2003) In addition, the incidence of psychosis tends to be higher during incarceration prison conditions and has been identified as a potential source of rapid deterioration in those with pre-existing psychosis and decompensation in vulnerable inmates (Mayer, 1995).

In many countries, prison establishments are struggling to provide mental health services to prisoners, only a few have psychiatrists (Gunn, 2000). Consequently, prisoners do not enjoy equal rights to quality services compared with community residents. In most countries, prison systems shoulder the burden of providing health care services - a responsibility, which they are ill-equipped to perform due to limited resources and the ever-increasing number of inmates (Fatoye, 2006). Depression and anxiety have been identified as major health problems among inmates within the prison system. Typically, loss of interest and enjoyment in everyday life, feelings of guilty and worthlessness are common problems among inmates due to the circumstances surrounding them in the prison. (Fatoye, 2006).

During the time of psychiatric illness, emotional problems are common among prison inmates, they also often experience bullying, inmate-to-inmate conflicts, disciplinary infractions or

adverse information. (Blaaw, 2001 and Way, 2005) Whatever individual stressors and vulnerabilities may be operating, a final common pathway, seems to be feelings of hopelessness, a narrowing of future prospects and a loss of options for coping.

The psychological impact of arrest and incarceration, symptoms of drug withdrawal, an expected long prison sentence may exceed the coping skills of the average prisoner, let alone the more vulnerable individuals (Way, 2005).

In some settings, there may be no formal policy and procedures to identify and manage inmates, even where screening for high-risk indicators are undertaken, there is often inadequate monitoring of prisoners' distress levels and hence there is little chance of detecting acute risk.

Inmates of prison institutions experience severe stressors in their physical and social environments that may be associated with increased mental distress. The stress encountered by persons confined in prison institutions is likely to increase the need for supportive social relationships. Unfortunately, confinement from main-stream society isolates inmates from social networks formed in the "outside world" and exposes them to new social networks inside of the institution. Inmates of prisons face an environment characterized by violence, overcrowding, and segregation by sex (Twaddle, 1976). In addition, they are forced to comply with the rigid authoritarian organization and highly ritualized schedule characteristic of total institutions (Twaddle, 1976). The mental health consequences of such stressors are reflected in the disproportionately elevated levels of depression, loneliness, nervousness, and anxiety found among inmates (Coisher et al, 1992; Fogel & Martin, 1992 Hurley & Dunne, 1991). Although much of the distress manifested by inmates may be attributed to prior vulnerability, correctional institutions clearly have the ability to promote mental distress (Gibbs, 1991).

1.2 Statement of problem

Depression and anxiety have been identified as mental health problem affecting different population subgroups worldwide. Though, almost no population is immune to these illnesses as depressive and anxiety symptoms have been reported in men (Coker et al,2002), women (Csoboth et al,2005; McGuigan & Middlemiss,2005), elderly people (Walter et al,2004), students (Penden et al, 2000) and young adults (Leher et al,2006). According to World Health Organization (WHO), depression and anxiety are the leading contributors to the global burden of disease as calculated by Disability Adjusted Life Years (DALYs) in 2000. Prisoners around the world are a marginalized and vulnerable population and are at risk of mental health disorder (depression and anxiety inclusive). Mental and substance abuse disorders are important causes of disease burden accounting for 8.8% and 16.6% of the total burden of disease in low-income and lower middle-income countries, respectively. Currently, unipolar depressive disorder is the third leading cause of disease burden accounting for 4.3% of the global burden of disease (WHO, 2002).

Reports from countries with different levels of incomes indicate that incarcerated individuals are much more likely to be suffering from mental illness and substance abuse than those outside of prisons and jails (Fazel et al ,2002). For example, in the Russian

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