

Supplementary Submission to the Senate Select Committee on Mental Health

From

Professor Gavin Andrews, UNSW at St Vincent's Hospital, Sydney. 11<sup>th</sup> August 2005.

Dear Ms Paxman,

I would be obliged if you draw some additional information to the attention of the Select Committee. It concerns the problem of how best to help people who are detained in jail and who report symptoms consistent with a mental disorder likely to have been present at the time that they committed the crime for which they were sentenced.

There is a paper of ours (Butler, Andrews et al) that has been submitted to a journal that reports a survey of people being admitted to NSW prisons. We were able to compare the rates of mental disorder in that group with the rates in an age, sex and educational status matched sample from the community.

The rates of symptoms consistent with a mental disorder in the previous twelve months in prisoners were high, 80% in the jail sample versus 30% in the community sample: 38% met criteria for an anxiety disorder, 23% for a mood disorder, 66% for a substance use disorder, 43% for a personality disorder and 7% reported psychotic-like experiences. Many reported symptoms consistent with more than one type of disorder. There were other data in the survey to make it likely that the prisoners were being truthful.

Drug dependence was 100 times higher than in the community, but that is to be expected, for many are in jail because of the consequences of their opioid and stimulant use. Personality disorders were 9 times higher and again this excess is to be expected for some personality disorders are directly related to criminality. There were two surprises; the rates of Post Traumatic Stress Disorder were 10 times higher and rates for psychotic like experiences were 11 times higher than in the general population. The high rates of PTSD mean that people going to jail are not just aggressors, they are victims too, presumably because they live in a dangerous world. The high rates of psychotic experiences reported by people in jail are consistent with the work of Mojtabai (in press) in the US. He surveyed 38,000 adults in the community and found a strong association (a five fold increase) between self reported psychotic experience (hearing voices, seeing visions and paranoid experiences) and four categories of assault; self reported *arrests* for aggravated and other assaults, and with attacking someone with the intent to hurt and with intimate partner violence that did not lead to an arrest.

Some people believe that people who meet criteria for a mental disorder should be in hospital rather than in jail. If we did this we would have to accommodate a substantial proportion of the present jail population in secure mental health units in the community – essentially in mini-jails. As there is no test for a mental disorder and the diagnosis is based on symptoms, presumably most prisoners once they recovered would continue to complain of symptoms until their jail sentence had expired, for to do otherwise would not be in their best interests and would result in being returned to jail. NSW Health is providing psychiatric care in prisons, albeit not sufficiently, but almost certainly more than was available to prisoners before they came to jail. I think we should encourage the provision of mental health services to people in jail.