



The problem

There are more than 1.5 million people in prison in the WHO European Region and over 11 million globally.

They have rates of psychotic illnesses two to 16 times higher and major depression two to six times higher than in the general population (1,2). Women in prisons have twofold rates of common mental disorders compared to the general population (3–5). Suicide is the main cause of death in prison and suicide rates are three times higher in male and nine times higher in female prisoners, when compared to the general population (6).



The causes

People in prison are disproportionately affected by violence (7) and overcrowding fuels violence (8). Every second woman with mental health conditions has a history of sexual or physical abuse (9).



The prevalence of alcohol use disorders is considerably higher in the prison population than in the general population (10). Yet, treatment for drug or alcohol use disorders in prison is scarce (11,12).

Shortages of psychiatrists and psychologists often limit the capacity to provide professional support for people with mental health disorders (13).



The solutions and enabling factors

Shifting policies towards alternatives to incarceration, especially for people with drug use disorders (8) and for persons with other serious mental health conditions (14), is key for tackling poor mental health in prisons.



Surveillance and monitoring are key to develop evidence-based models of prevention, early detection, and treatment of mental health disorders in prisons, and to prevent suicides in prisons.

Fulfilling fundamental rights such as the rights to adequate personal space, to access to fresh air, adequate lighting, open air, and to physical exercise (14), impacts positively on mental health.



All newly arriving persons should be offered medical screening to identify mental health needs, substance use problems, and risks of self-harm and suicide, and appropriate treatment should be offered (14,15). If necessary, referral to specialized care should be organized (16).



In all prisons, there should be sufficient qualified personnel with expertise in psychology and psychiatry and acting in full clinical independence (14).



Continuity of treatment and care upon each transfer of persons between prisons or between prisons and the outside world should be organized and guaranteed (14,17,18).

Prevention of violence and other forms of abuse requires identifying groups who are at risk of being victimized, and creating a positive prison climate to encourage respect, humanity and fairness (15).

Suicide prevention requires guidelines on early identification, treatment and care of people with mental and substance use disorders, chronic pain and acute emotional distress, as well as training of prison staff in the assessment, identification and management of suicidal behavior (16).





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