

Anxiety and depression in Peruvian prisons

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To the editor,

This letter sets out to raise awareness about mental health problems in Peruvian prisons. There are more than 10 million persons in prison worldwide, with more than 30 million persons passing through prison systems each year. There is a high prevalence of psychiatric disorders amongst inmates, and in some countries there are more people with mental diseases in prison than in psychiatric hospitals¹. We estimate that almost 500,000 inmates have a previously diagnosed mental health condition which includes undiagnosed mental health problems (such as hallucinations). This suggests that the number of inmates with a psychiatric illness may be even higher than the one shown in some studies². Prisoners often experience psychological distress, amongst other mental problems, for which interventions to tackle them are currently lacking³. Despite the high levels of need, such disorders are not correctly diagnosed and are incorrectly or poorly treated¹.

The data used was taken from the First National Prison Census (*Primer Censo Nacional de Penitenciarias*) 2016 and other publications prepared by the Peruvian National Institute of Statistics and Information Technology (Instituto Nacional de Estadística e Informática (INEI)) and National Prisons Institute (Instituto Nacional Penitenciario (INPE)), which took information from the entire population of the 66 prisons in Peru⁴. The data shows that 9.6% of the prison population suffers from depression, that is, 7,321 inmates, followed by 6,581 inmates who present anxiety (8.7%). Only these two pathologies were included in the mental health section and this may be related to 2,741 inmates who have some form of permanent disability in relating to others due to their thinking, feelings, emotions or behaviour. 77.4% of inmates who presented anxiety and 70.8% with depression were not diagnosed by a health profes-

sional. 1,141 (53.3%) currently receive medical treatment for depression, and 778 (52.2%) for anxiety. 1,000 inmates do not receive treatment for depression, and 711 receive no treatment for anxiety. The main reasons for this lack of treatment are: no money, the centre or clinic takes a long time to attend patients, not severe or unnecessary, there is no medication⁴.

A study by Hernández-Vásquez and Rojas-Roque⁵, which used the database of the First National Prison Census 2016, found the following: depression and anxiety presented a prevalence of 9.6 and 8.6%, and were more common amongst women than men; data on co/multi-morbidities showed 0.5% with depression, anxiety and drug abuse. The diseases that presented the highest percentages of diagnosis prior to entry into the prison system with the lowest percentage of diagnosis were: anxiety (10.3%), depression (12.6%) and drug abuse (17.7%)⁵, which is associated with problems². Women presented higher percentages of diagnosis of diseases. The diseases with least access to medical treatment were: anxiety (11.7%), drug abuse (11.8%) and depression (15.4%). In general terms, women had more access to treatment for diseases when compared to men⁵. The most frequently declared diseases were: depression and anxiety, which indicates high levels of mental illness⁵. The high prevalence of mental health problems in the prison population is also mentioned in other studies⁶. The load that such diseases represent and low access levels to medical treatment may lead to recidivism⁷.

Mental illness amongst prison inmates is an important issue, since a high percentage of inmates suffer from different mental pathologies that might affect their reintegration and the likelihood of recidivism. These problems may be further exacerbated in prisons. The shortage of professionals in Peruvian prisons makes treatment more difficult, as does the status of prisoners in terms of access to the health-

care system. Proposals should be made to improve the prison health system, and priority should be given to treating these pathologies so as to help inmates to reintegrate into society.

Sources of financing: self-financed.

Conflicts of interest: no conflict of interest has been declared.

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