

## **Abstract**

Although it is known that sentenced prisoners have a higher prevalence of psychiatric disorders than the normal population, we do not have adequate data to assess the psychiatric morbidity of the local prison population. Data currently available are mostly from western countries, and they may not be applicable to Sri Lanka. Sri Lanka does not have an organized forensic mental health service, and although death sentence has been existent it has not been implemented since 1977. Prisoners on capital punishment have to suffer in isolation, without knowing their plight due to the indecisiveness of the judicial authorities, which may have a significant psychological impact on them.

This descriptive study was done at Bogambara prison, Kandy to compare the psychiatric morbidity of the prisoners on capital punishment with that of the sentenced prisoners with lesser offences not amounting to murder. The entire population on capital punishment who consented for the study (72 in number) was the study group, and a similar number of inmates with a sentence less than 2 years were included in the control group.

Demographic details were collected from a questionnaire and 7 psychiatric rating scales were administered on all the 144 inmates. Individuals who scored significantly high scores were subjected to semi-structured clinical interviews based on the ICD-10 diagnostic criteria to confirm or exclude the particular diagnosis.

Nearly half of the overall sample has had separations in childhood from parents, and less than half of the study sample has been educated up to grade 10. Being married did not prove to be a protective factor against criminal offending, and previous convictions showed to be a risk factor for minor offending rather than for murder in this survey. Heroin dependence was also associated with minor offending rather than with criminal offending, and 1/3 of the prisoners on the death row had been dependent on cannabis prior to imprisonment. The striking and alarming findings of this study were that 79.2% of the prisoners on capital punishment were found to be having some kind of a psychiatric disorder, and 58.3% of the same population was depressed. 30.6% of the prisoners on the death row were found to be alcohol dependent prior to imprisonment and 25% were found to be having Dual Diagnoses.

A low prevalence of Anti social Personality Disorder; 11.1% and 9.7% respectively in the study and the control samples were found, which were comparatively low than the prevalence in prisons in western countries. There was a significant difference in the prevalence of Alcohol Dependence Syndrome prior to imprisonment between the two samples ( $p= 0.002$ ), as 30.6% of the prisoners on the death row had been alcohol dependent earlier.

Surprisingly no statistical significant association was found between Depression and the units of alcohol consumed per week, and also between Depression and Cannabis consumption. No particular age category was identified to have more depression significantly than other age groups and there was also no significant association

between history of Deliberate Self Harm and Depression. The control group revealed a significant association with Depression and separation in childhood from parents.

It is difficult to comment whether these prisoners in the study sample were depressed or had other psychiatric disorders prior to imprisonment, or whether they became unwell after imprisonment. There was no statistically significant association between Depression and duration already served in the prison and also with being condemned after rejection of the appeals. More extensive and prospective studies are recommended as screening for psychiatric disorders on admission to prison can then serve as a baseline for psychopathology.

An island-wide survey of prisons to detect the overall psychiatric prison morbidity could be an eye-opener to the judicial and health authorities of Sri Lanka, on the importance of an efficacious national forensic psychiatric service. In the absence of screening of criminal offenders prior to sentencing the mentally ill offenders will have to serve the same sentences along with the healthy individuals, without considering diminished responsibility due to psychiatric disorders. It is also recommended to study the psychological impact of the death sentence and the indecisiveness in its implementation on the mental state of the prisoners on the death row.