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PSYCHOPATHOLOGICAL SYMPTOMS IN THE MENTAL HEALTH OF PRISONERS (AZERBAIJAN CASE)

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Abstract

The main object of this study is to assess the prevalence of mental illness (diagnosis) and symptoms of psychopathology, evaluate the correlation between variables. (Independent variables: age, imprisonment years, marital status. Dependent variables: psychopathological symptoms). The survey study was conducted among inmates at correctional facilities in Azerbaijan. Participants were conducted from January 2023-March 2023. A total of participants was 45 male prisoners. Prisoners reported lifetime or current diagnosis of depression, anxiety, guilt feelings, tension, mental retardation and other disorder, as well as current mental health symptoms. Brief Psychiatric Rating Scale-BPRS was used to measure the symptoms, and SPSS program for analyzing the statistics.

Of the 50 inmates invited to participate, 45 (90%) of them were consistent with research (mean [SD] age, 41,1 [5.3] years; 45 [100%] male; imprisonment years 9,51 [2.9]; 26 [57,8%] of them have previous imprisonment experience, 19 [42,2%] of them don't have any punishment before). A statistically significant positive correlation was examined between the increasing age factor of the prisoner and the symptoms of somatic anxiety, thought disorders, tension, mannerism and posturing, slowness of movements, disruption of social cooperation, unusual content of thoughts, blunting of affect (r= 0.633* *,*p<0.05, **p<0.01); a positive significance statistical correlation was examined between the increasing sentence duration and the mental health problems (r= 0.459**,*p<0.05, **p<0.01); Mental health problems of persons who had previous prison experience were higher than persons convicted for the first time, respectively: 31.7±10.1 and 28.53±9.4 (F=2.64; p=0.111; t=-1,08; df=43); Lack of family support was followed by negative consequences in their mental health. Thus, the total index of mental disorders in unmarried persons is 25.4±9.8; 27.06±6.4 in married people; 40±5.6 was obtained in divorced and isolated individuals. Moreover, educational factor of the prisoners shows its effect in maintaining their emotional stability and knowledge about mental health problems.

1. Introduction

The prison population has increased constantly in recent years, and the researchers investigated this problem from different point of view, as social, legal and psychological aspect. Fazel S, Seewald K., 2012, Walmsley R., 2016, Molina-Coloma V.,2018, and others analyzed prison population mental health problems, psychiatric symptoms, interpersonal relationship, behavior and drug addiction challenges, also effect of prison environmental factors to inmate's psychology.

The environment within a correctional facility can increase psychopathological issues and stress symtoms (Hassan L., 2011, Gonçalves L., 2016). The prison setting has own difficulties, because of it is a demanding the adaptations that new prisoners have to make, and adaptive failures are common, even amongst emotionally balanced people without any psychological problems (Molina-Coloma, V., 2021).

Darrick Jolliffe and Dr Zubaida Haque present their view about difficulties, and conditions of prison, have brought together the

conclusions about mental health issues of prisoners in the article "Have prisons become a dangerous place? Disproportionality, safety and mental health in British Prisons". Authors highlighted significant links between a correctional facility's population size, the presence of mental disorders, prisoners' distress, time in cell, lack of support of family, lack of staff relation and death factor from suicide. The authors' research suggests various of recommendations as a combination of cognitive behavior therapy and dialectical behavior therapy, also access to educational courses and jobs, special trainings for prison officers in mental health literacy and future outcomes of these programs how to prevent self-harm and suicide (Darrick Jolliffe and Dr Zubaida Haque, 2016).

These kinds of studies are important, because inmates with mental disorders suffer from a lot of problems that can impact their daily life, quality of life in correctional facilities. Such pathologies can also be barriers in process of social re-adaptation.

2. Literature Review

Being in prison can be serious reason of mental health problem. According to the American Psychological Association, 64% of incarcerated people in jail, 54% of incarcerated individuals in state prison, and 45% of incarcerated individuals in federal prison suffer various psychological symptoms (American Psychological Association, 2014).

Conforming to the American Psychological Association, between 10% and 25% of individuals in prisons have a mental illness problem, such as schizophrenia. Comparing with the general population, it's higher in prisons than general population (American Psychological Association, 2014).

Singleton states that 5.3% of the general population of England and Wales were mentioned as having a personalit disorder, 13.8% were noted as having previous depression symtoms or anxiety disorders and 0.5% experienced psychosis (Singleton et al. 2000). Further to this, an international meta-analytical review of mental illness in prisons, which consist of 62 surveys results and participated 23,000 prisoners, came to conclusion that the majority of inmates suffer from depression, psychosis, and antisocial personality disorders. Moreover, these figures were far more prevalent in the prison population compared to the US and UK general population (Fazel & Danesh 2002).

The international organizations as World Health Organization (WHO), International Red Cross Committee (ICRC), also different institutions, non-government organizations and civil societies research this problem. The World Health Organisation (WHO) reported that "...mental disorders may...develop during imprisonment itself as a consequence of prevailing conditions..." (WHO/ICRC 2005). The WHO improved several factors that have the potential to influence and can be reasons of the poor prisoner mental health. These factors included number of people in prisons, overcrowding, prison interpersonal relationship, violence, isolation from relatives and previous social contacts, insecurities surrounding conditions and opportunities on release from prison, poor health and mental health service in facilities, and other factors (WHO, 2005).

Reingle Gonzalez and colleagues highlighted that individuals in the facilities may experience depressive disorders, and anxiety disorders symptoms, and also PTSD (Reingle, 2014). In some cases, these issues may be related with pre-existing conditions. However, for others, the symptoms may have started in prison condition.

Different factors can be a trigger for mental health problem in correctional facilities. Lack of family support, interpersonal relationship problems, conflicts, loss of previous social role, work opportunities and other medical problems can affect inmates' psychological well-being negatively. They can also lose their target and purpose of life, when they're locked up. According to Armour Cherie, this situation- lack of purpose in life can be reason for future serious conflicts and various problem on anyone's psychological well-being (Armour, 2012).

Authors states that prisons have some problems related to technical and material issues, in this case inmates need to pay high fees for phone calls with families (Sawyer W., 2017). Of course, this kind of problems aren't observed in every facility, because of in some correctional facilities prisoners don't pay anything to use phone calls, or video calls with their relatives, and family members. Thus, it can be difficult for the inmates and their family members from financial and emotional aspects.

Some of the authors examine high levels of conflicts, and violence in prison, and state this factor as the reason of stress, and future PTSD. Breslau and others searched this problem, and have stated that assaultive violence is one of the leading traumatic experiences which precipitate PTSD (Breslau, Davis, Andreski, & Peterson 1991; Breslau et al. 1998), and they think that the level of traumatization in the facilities is one of the main reasons of prisoners' mental health issues.

The next problem in the prison environment is suicide that can be consequence of untreated depression, stress and other mental health problems. Researchers explained suicide as a result of various factors, and also related to deprivation in prisons (Armour, 2012).

APA highlighted overcrowded problem in prison settings, and reported that it can lead to worsened physical and mental health states, future interpersonal conflicts, and risk of suicide.

There are some risk factors for suicide in prison: having a recent history of severe addiction, interpersonal conflicts with other prisoners, previous psychiatric hospitalizations or suicide attempts, talking about death, imprisonment for a long sentence term, or having control problems, inability to adapt to the institutional environment, lack of family members' support and conflict with them may be higher risk factors for suicide.

Such situations and problems are still common in the correctional facilities in majority of countries. The international organizations, researchers and institutions examine these issues and try to solve with their recommendations.

3. Method

Study Design - BPRS and clinical assessment were used to accomplish the main aims of this study. This study was approved by the Gender and Applied Psychology Department at Baku State University in Baku, Azerbaijan. All participants provided written informed consent.

Study Population - 50 prisoners were asked to participate in the study, but 5 of them refused, and didn't want to take part. They explained that there isn't any benefit to their release.

Mental illness diagnosis - During the research, the following methods were implemented:

- Clinical conversation; collection of anamneses;
- Survey tool reflecting demographic data;
- Brief psychiatric rating scale (BPRS)

Among the demographic data, age of the convict, previous conviction, term of imprisonment, marital status, and education were mentioned as independent variables.

H0: There isn't any correlation between demographic items as an age, term of conviction period of inmates has, and their psychopathological symptoms.
H1: The increasing age and term of imprisonment correlate the higher level of inmates' mental health problems.

Brief psychiatric rating scale (BPRS) is valid, reliable and standard assessment tool for Azerbaijan population, too. It was translated into Azerbaijani language, and added to clinical protocols by the Center for Public Health Reforms.

The Brief Psychiatric Rating Scale (BPRS) was developed by John Overall and Donald Gorham in 1962 and later refined by adding two additional categories (Agitation and Disorientation), resulting in an 18-item scale that is widely used to assess treatment effectiveness. The BPRS is a rating scale that a clinician or researcher can use to measure psychiatric symptoms such as depression, anxiety, hallucinations, psychosis, and abnormal behavior. The scale is one of the oldest, most widely used scales for measuring psychotic symptoms. In order to measure the effectiveness of the treatment, it is recommended to carry out the methodology repeatedly, especially in patients with moderate and severe psychoses. The following problems are evaluated from 0 to 7 points.

1. Somatic concern;
2. Anxiety;
3. Emotional withdrawal;
4. Conceptual disorganization;
5. Feeling of guilt;
6. Tension;
7. Manners and posturing;
8. Grandiosity;
9. Depressive mood;
10. Hostility;
11. Suspiciousness;
12. Hallucinatory behaviors;
13. Motor retardation;
14. Uncooperativeness;
15. Unusual thought content;
16. Blunted affect;
17. Excitement;
18. Disorientation.

The scoring of the symptoms recorded in the prisoner was carried out in the following form: 0-1 symptoms not recorded, absent; 2-very mild; 3-mild; 4-moderately expressed; 5- moderately severe; 6- severely expressed; 7-extremely severely expressed.

The total points are added up and explained as follows:

- 0-18 signs no violation was recorded, absent;
- 19-36 very mildly expressed symptoms are recorded;
- 37-54 mildly expressed symptoms are recorded;
- 55-72 moderately symptoms are recorded;
- 73-90 moderately severe symptoms are recorded;
- 91-108 severely expressed symptoms are recorded;
- 109-126 symptoms are recorded in the most severely expressed degree.

4. Limited Aspects of the Study

- The study was conducted only with male prisoners in the penal institutions of Azerbaijan;
- Psychopathization of the prisoner's personality was measured by the demographic questionnaire and the Brief Psychiatric Assessment Table;
- Age, length of sentence, marital status and educational factor were distinguished as independent variables.

Considering the above limited aspects, other test patterns and independent variables can be analyzed in a more comprehensive way in future studies.

5. Results

The data was analyzed with the Statistical Package for Social Science (SPSS) software, version 21.0. The interpretation of the research results began with the description of the demographic data of the participants. The results are reflected in the table below:

Table 1. Demographic information of study participants

	N (perc. %)	Min.	Mak.	Mean	SD
Male **Total:**	45 (100%) 45 (100%)				
Marital Status **-Single** **-Married** **-Divorced**	45 (100%) 15 (33.3%) 17 (37.8%) 13 (28.9%)				
Education **-Primary** **-Secondary** **-High**	45 (100%) 25 (55.6%) 18 (40%) 2 (4.4%)				
Imprisonment **-Previous Conviction** **-First Conviction**	 26 (57.8%) 19 (42.2%)				
Age	45 (100%)	29	53	41.1	5.3
Term Of Conviction	45 (100%)	5	15	9.51	2.9

When analyzing the results of the Brief Psychiatric Rating Scale, a descriptive analysis was first performed. The distribution of responses for each item and the overall result is shown in the following table.

Table 2. Brief Psychiatric Rating Scale results

	Symptoms	Min.	Max.	Mean	SD
1	**Somatic concern**	0	5	2,64	1,246
2	**Anxiety**	0	4	2,13	1,502
3	**Emotional withdrawal**	0	5	2,29	1,342
4	**Conceptual disorganization**	0	3	1,33	0,953
5	**Feeling of guilt**	0	5	2,51	1,792
6	**Tension**	0	4	1,56	1,119
7	**Manners and posturing**	0	2	0,40	0,809
8	**Grandiosity**	0	5	3,36	1,654
9	**Depressive mood**	0	4	1,58	1,177
10	**Hostility**	0	4	2,42	0,988
11	**Suspiciousness**	0	3	1,69	1,221
12	**Hallucinatory behaviors**	0	1	0,07	0,252
13	**Motor retardation**	0	3	1,58	1,196
14	**Uncooperativeness**	0	4	2,13	1,290
15	**Unusual thought content**	0	3	0,51	0,869

16	Blunted affect	0	4	1,20	0,991
17	Excitement	0	4	1,98	1,323
18	Disorientation	0	3	0,49	,661
	Total score	16	47	30,40	9,898

According to the table, it is clear that the symptoms were manifested in the convicts in a slight, light, moderately expressed and strongly noticeable degree (between 0-5 points). The overall final indicator is 30.4±9.8; minimum 16, maximum 47 points - slightly expressed symptoms varied. 3 people (6.7%) scored 0-18 points, 26 (57.8%) scored 19-36 points, and 16 (35.6%) scored 37-54 points.

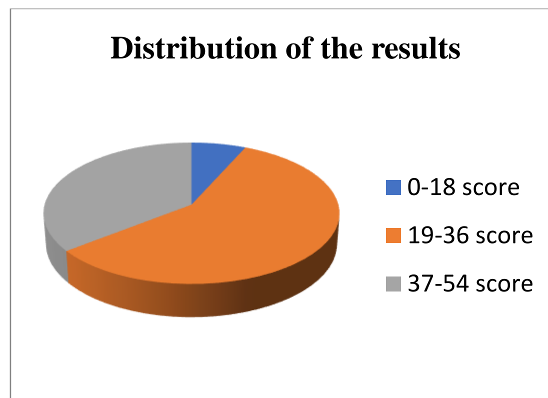

Figure 1. Distribution of the results

Explanatory analyses between dependent and independent variables

Among the independent variables, the age factor of the convict was distinguished firstly. The manifestation of symptoms registered in the sphere of mental health according to the increasing age of prisoners is reflected in the following graph.

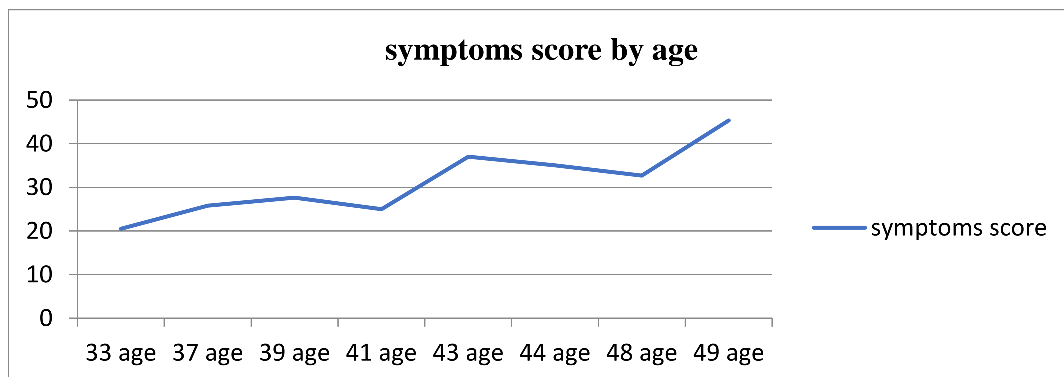

Figure 2. Distribution of the symptom score by age factor

Correlation factor was analyzed to check the statistical relationship between the symptoms indicated in the Brief Psychiatric Rating Scale and the age factor.

Table 3. Correlation between age and psychiatric scale

Symptoms	Age	Symptoms	Age
Somatic concern	0.688**	**Hostility**	0.137
Anxiety	0.571**	**Suspiciousness**	0.072
Emotional withdrawal	0.183	**Hallucinatory behaviors**	0.092
Conceptual disorganization	0.664**	**Motor retardation**	0.422**
Feeling of guilt	-0.224	**Uncooperativeness**	0.334*
Tension	0.563**	**Unusual thought content**	0.608**
Manners and posturing	0.595**	**Blunted affect**	0.553**
Grandiosity	0.049	**Excitement**	0.004
Depressive mood	0.599	**Disorientation**	-0.128
Total score	**0.633****	****p<0,05, ***p<0,01***	

According to the table, there is a statistically significant positive correlation between the increasing age factor of the convict and the symptoms of somatic anxiety, thought disorders, tension, mannerism and posturing, slowness of actions, disruption of social cooperation, unusual content of thoughts, blunting of affect. Thus, as the age of the convict increases, these indicators of the psychiatric symptoms also increase *(*p<0.05, **p<0.01)*.

Although guilt and disorientation symptoms were negatively correlated with the age factor, this did not meet the condition of statistical significance. A positive correlation was determined with emotional withdrawal, ideas of grandiosity, depressive mood, hostility, suspiciousness, hallucinations, and symptoms of wakefulness, but the results did not meet the condition of statistical significance, so they were justified only in the participants of this study.

The next independent variable was term of conviction. Moreover, the distribution of the BPRS score by the imprisonment period was shown the following graph.

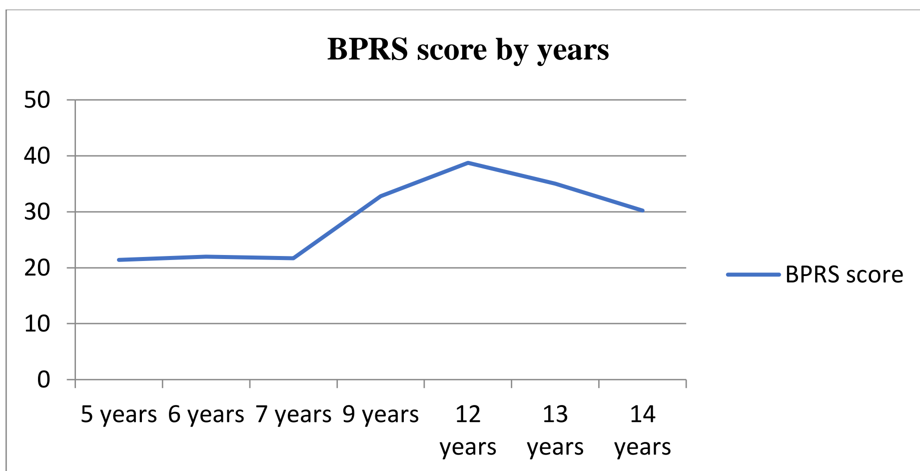

Figure 3. Distribution of the symptom score by term of conviction factor

The term of conviction of the inmates varied from 5 to 15 years, taking 9 years as the average number and dividing the participants into 2 groups - the period is up to 9 years, and more than 9 years, the comparative analysis of the results of both groups is shown below.

Table 4. Term of conviction and distribution of the symptom score

Term of conviction	Mean ±SD	Min.	Max.	Median
<9 years	21,6 ±3,7	16	25	28
>9 years	31,7 ±10,1	17	47	35
F=2,64; p=0,000; t=4,18; df=43 *r=0,45; r^2=0,211;*				

According to the table, the indicators of convicts with a sentence of more than 9 years are higher than those with a sentence of less than 9 years. Further, the correlation between the term of conviction and the recorded symptoms was measured and the results are presented in the table.

Table 5. Correlation between term of conviction and BPRS scores

Symptoms	Term of conviction	Symptoms	Term of conviction
Somatic concern	0.222	Hostility	0.366**
Anxiety	0.168	Suspiciousness	0.092
Emotional withdrawal	0.532**	Hallucinatory behaviors	-0.046
Conceptual disorganization	0.411**	Motor retardation	0.273
Feeling of guilt	0.138	Uncooperativeness	0.165
Tension	0.329**	Unusual thought content	0.125
Manners and posturing	-0.011	Blunted affect	0.605**
Grandiosity	-0.144	Excitement	0.049
Depressive mood	0.407**	Disorientation	0.251
Total score	**0.459****	*p<0,05, **p<0,01	

It is clear from the table that there is a correlation with positive statistical significance between the increasing sentence years of the convict and the symptoms recorded in the sphere of mental health. That is, when the penalty period increases, the mental problems become more apparent.

In order to determine whether there is any relationship between the fact that a person has a previous conviction and the fact of having a first conviction, they were conditionally divided into two groups and the results were compared.

Table 6. Distribution of mental disorders scores by conviction factor

	Mean±SD	Min.	Max.	Median
First conviction	28,53±9,4	16	47	28
Repeat conviction	31,7±10,1	17	45	30,5
F=2,64; p=0,111; t=-1,08; df=43 r=0,164; r^2=0,027;				

According to the results, it is clear that the indicators of mental disorder of people who have been convicted again are higher than the total score of people who have been convicted for the first time *(r=0,164; r^2=0,027)*.

Another independent variable was family factor. Participants were divided into 3 conditional groups: single, married and divorced, and the results were compared.

The total index of mental disorders in unmarried participants is 25.4±9.8; 27.06±6.4 in married people; 40±5.6 was obtained in divorced individuals. The description of those results is given in the diagram below.

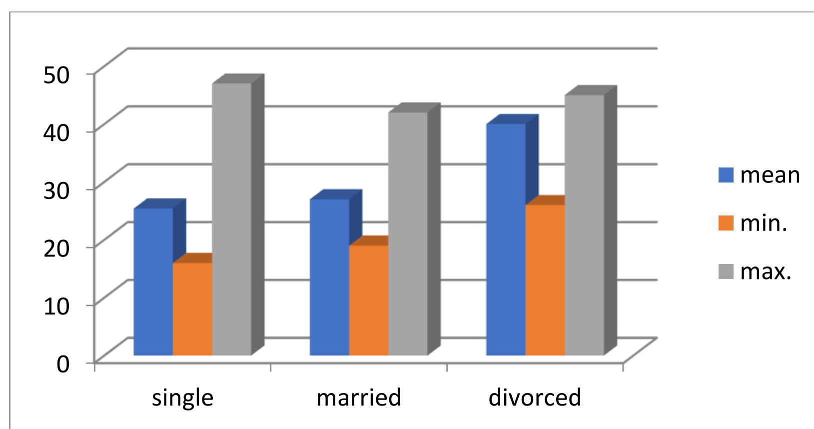

Figure 3. Distribution of BPRS scores by family factor

Based on the statistical results, it can be highlighted that the indicators of single people were relatively low compared to married and divorced people, but the results of divorced people were higher than other groups. This can be explained by the negative impact of the disruption of family relationships on mental health.

When looking at the distribution of mental health problems of prisoners by education factor, 31.9±10 in persons with incomplete secondary education; 28.5±10.1 in persons with secondary education; it was 28 points in persons with higher education. The lower scores of individuals with secondary and high education can be explained by their higher mental health literacy and higher emotional stability compared to those with incomplete secondary education.

6. Conclusions

social cooperation, unusual content of thoughts, blunting of affect (r= 0.633**, *p<0.05, **p<0.01); there is a correlation with positive statistical significance between the increasing term of the conviction and the symptoms recorded in the sphere of mental health (r= 0.459**, *p<0.05, **p<0.01).

Mental health problems of persons convicted of repeated crimes were higher than persons convicted for the first time, respectively: 31.7±10.1 and 28.53±9.4 (F=2.64; p=0.111; t=-1,08; df=43); Lack of family support was followed by negative consequences in their mental health. Thus, the total index of mental disorders in unmarried persons is 25.4±9.8; 27.06±6.4 in married people; 40±5.6 was obtained in isolated individuals;

The educational factor of the prisoners shows its effect in maintaining their emotional stability and literacy them about mental health. In the results, this was followed by higher indicators of mental disorder among persons with incomplete secondary education. Accordingly, in persons with secondary education, 31.9±10; 28.5±10.1 in persons with secondary education; it was 28 points in persons with higher education.

Recommendations: according to literature material this kind of problems can be reduced by accepting new thinking patterns, testing new prison-based program. These programs help inmates to learn, and avoid behaviors that may be reasons of future detention after they are released. It can be helpful for government to solve recidivism problem, too.

Another hand, special treatment and mental health care program are offered to cope with mental illness, and adopt practical life skills.

Influencing correctional policies, and their participation in the special training and seminars can be supporting for the inmates, too. Because of positive prison culture affect to inmates' mental health and psychological well-being. If the officers are educated about the mental health problems, and have high emotional intelligence level, they can understand the inmates' feeling easily, and prevent future issues.

The next recommendation is identifying suicide patterns. The researchers suggest early diagnosis, screening and testing prisoners to find out people who are in the risk group, and help them. To sum up the recommendation, it can be highlighted that the government, civil society and families need to work together, and in this case this problem can be prevented and reduced gradually.

Ethics

The research was submitted to the Research Ethics Committee of the Baku State University, Faculty of Social Science and Psychology, Department of Gender and applied psychology, and approved under certificate number 07-2018/04/25.

Informed Consent

Informed consent was obtained from the participants.

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References

1. American Psychological Association. (2014). "Incarceration nation. Monitor on Psychology". 45(9), 56.
2. Armour, C. (2012). "Mental health in prison: A trauma perspective on importation and deprivation". International Journal of Criminology and Sociological Theory, Vol. 5, No.2, August 2012, 886-894
3. Breslau, N., Davis, GC., Andreski, P., & Peterson, E. (1991) 'Traumatic events and PTSD in an urban population of young adults' Archives of General Psychiatry, 48, 216-222.
4. Breslau, N., Kessler, RC., Chilcoat, HC., Schultz, LR., Davis, GC., & Andreski, P (1998) 'Trauma and Posttraumatic Stress Disorder in the Community: The 1996 Detroit Area Survey of Trauma' Archives of General Psychiatry, 55, 626-632
5. Collier, L. (2014, October 1). "Incarceration nation". Monitor on Psychology, 45(9). https://www.apa.org/monitor/2014/10/incarceration
6. Cobo, J. M. A. (2006). "Los problemas de salud mental en las prisiones, vistos desde la atención primaria". Norte de Salud mental, 6(25), 35-43.
7. Coloma, V. M., Pérez, J. I., & Salaberría, K. (2018). "Diferencias generales y entre sexos en salud mental: Un estudio comparativo entre población penitenciaria y población general". Revista Mexicana de Psicología, 35(2), 117-130.
8. Fazel, S., & Danesh, J. (2002). "Serious mental disorder in 23 000 prisoners: a systematic review of 62 surveys". The lancet, 359(9306), 545-550.
9. Fazel, S., & Seewald, K. (2012). "Severe mental illness in 33 588 prisoners worldwide: systematic review and meta-regression analysis". The British journal of psychiatry, 200(5), 364-373.
10. Fraser, A., Gatherer, A., & Hayton, P. (2009). "Mental health in prisons: great difficulties but are there opportunities?". Public health, 123(6), 410-414.
11. Jolliffe, D., & Haque, Z. (2017). "Have prisons become a dangerous place?" Disproportionality, safety and mental health in British Prisons. https://gala.gre.ac.uk/id/eprint/20107/
12. Hassan, L., Birmingham, L., Harty, M. A., Jarrett, M., Jones, P., King, C., ... & Shaw, J. (2011). "Prospective cohort study of mental health during imprisonment". The British Journal of Psychiatry, 198(1), 37-42.
13. Gibbs, J. J. (1987). "Symptoms of psychopathology among jail prisoners: The effects of exposure to the jail environment". Criminal Justice and Behavior, 14(3), 288-310.
14. Gonçalves, L. C., Endrass, J., Rossegger, A., & Dirkzwager, A. J. (2016). "A longitudinal study of mental health symptoms in young prisoners: exploring the influence of personal factors and the correctional climate". BMC psychiatry, 16, 1-11.
15. López Miguel, M. J., & Núñez Gaitán, M. D. C. (2009). "Psicopatía versus trastorno antisocial de la personalidad". Revista Española de Investigación Criminológica (REIC), 7, Artículo 1, 1-17.
16. Nurse, J., Woodcock, P., & Ormsby, J. (2003). "Influence of environmental factors on mental health within prisons: focus group study". Bmj, 327(7413), 480.
17. Reingle Gonzalez, J. M., & Connell, N. M. (2014). "Mental health of prisoners: Identifying barriers to

mental health treatment and medication continuity". American journal of public health, 104(12), pp.2328-2333. https://doi.org/10.2105/AJPH.2014.302043

18. Salize, H. J., Dreßing, H., & Kief, C. (2007). "Mentally disordered persons in European prison systems-needs, programmes and outcome (EUPRIS)". Mannheim: Central Institute of Mental Health, 18.
19. Sawyer, W. (2017). "How much do incarcerated people earn in each state". Prison Policy Initiative, 10.
20. Walmsley, R. (2003). "World prison population list" London: Home Office. 1-6.
21. Walmsley R. (2016), "World Prison Population List. 11ª ed. Londres: Institute for Criminal Policy Research"
22. WHO/ICRC". (2005) Information sheet on prisons and mental health. Geneva: WHO. Available at http://www.euro.who.int/__data/assets/pdf_file/0007/98989/WHO_ICRC_InfoSht_MNH_Prisons.pdf
23. Zabala-Baños, M. C., Segura, A., Maestre-Miquel, C., Martínez-Lorca, M., Rodríguez-Martín, B., Romero, D., & Rodríguez, M. (2016). "Prevalencia de trastorno mental y factores de riesgo asociados en tres prisiones de España". Revista española de sanidad penitenciaria, 18(1), 13-23. https://scielo.isciii.es/pdf/sanipe/v18n1/03_original.pdf