

SOME COMMENTS ON DIAGNOSIS OF PRISONERS WITH MENTAL HEALTH PROBLEMS

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In our seminars we never discussed the concept of “mental health”. This concept consists of many dimensions, mental illness/ disease and personality disturbances but also, as James pointed out, reactions of distress, crises and other more or less normal and natural reactions on events of life that we all are “victims” to. Also, mental health problems of new kinds emerge all the time: chronic fatigue disease, gambling dependency, computer dependency

There should be great difference in treatment approach between disease and distress, between psychiatric illness and lack of well-being resulting from crisis, existential problems or too heavy burdens of life. For that reason it is important to know what you are dealing with, and in the case of disease this knowledge is formulated as a diagnosis. (Without a diagnosis it is also impossible to make statements on how great proportions of the population in different cultures that are, for instance, suffering from schizophrenia). Successful treatment is strongly promoted if you also have an idea of the cause of a problem – however complex and “multi-factorial”.

In prisons mental disease are rare, but mental problems common. In health care the concept of diagnose is important – in criminal care observed behaviour is more important. But even if diagnosis are not so useful in prison health care, you must have the ability to discriminate between those prisoners who are affected by mental disease from those who are personality disturbed, going through crisis or from a variety of possible reasons act out in a way that is difficult to handle.

Psychiatrically ill persons are – if adequately treated – not more dangerous than others, nb if they don't drink alcohol or use drugs. Some personality disorders on the other hand are much more likely to act aggressive.