### Background and Context

The Mental Health Foundation (2011) suggests that around 90% of people incarcerated in UK prisons are diagnosable with two or more mental health conditions - significantly higher than in the general population.

Singleton et al.’s (1998) widely-cited study into prison mental illness prevalence reveals particularly interesting trends with regard to Cluster B personality disorder, anxiety, and schizophrenia, and these trends appear to have translated into public opinions on the dangerousness of those with psychotic illnesses and diagnoses of personality disorder (The Information Centre, 2011).

### Key Issues

There is a huge over-representation of personality disorders among the UK prison population when comparing against prevalence estimates of the general non-incarcerated population. Perhaps the most marked of these over-representations is for the diagnosis of ‘anti-social personality disorder’ (see Figure 1).

The correlational relationship between prisons and mental health diagnoses has been confused by many members of both the academic and (especially) non-professional communities as a causal one (Fridell et al., 2008; Pappas, 2013). This is not the case, and instead it may be wise to adopt Anckarstätter et al.’s (2009) approach of considering mental illness as an INUS (risk) factor for offending, as opposed to a causal one. This concept should be better communicated by the media and policymakers, as doing so potentially eases the reintegration process of mentally ill offenders upon release from prison - facilitating mental health recovery and desistance from crime.

Upon analysis of the clinical criteria for diagnosing antisocial personality disorder (and its childhood equivalent, conduct disorder), it is not surprising that there is such an over-representation of the former in the prison environment. The diagnostic criteria simply read as a list of potential ways of coming into contact with the criminal justice system. Within the context of stubbornly high UK reoffending rates, it is logical to suggest that a “pervasive pattern...as indicated by three (or more) of the following…” is an easy threshold to meet as a prisoner, and makes diagnosis of antisocial personality disorder virtually unavoidable within a forensic setting.

### Conclusions

Psychiatric diagnosis among some of the most violent offenders within the prison population serves an important, if unfair, social and political function. By labelling these individuals as mentally ill, policy makers both relieve themselves of any blame for violent and repeated criminality, whilst simultaneously making it so they appear to be ‘doing something’ in response to public outcry at particularly heinous crimes (e.g., the 2001 introduction of specialist DSPD units in high-security hospitals with practically no scientific support).

At the same time, diagnosis reassures members of the ‘law-abiding majority’ that there are qualitative differences between them and ‘criminals’, creating the illusion that offenders can be classified into neat categories.

### References: