

## Prison Mental Health in Portugal: Letter to the Editor about the WHO Status Report on Prison Health

### Saúde Mental no Meio Prisional Português: Carta ao Editor acerca do Relatório sobre Saúde Prisional da OMS

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**Palavras-chave:** Direito à Saúde; Estabelecimentos Correccionais; Perturbação Mental; Política de Saúde; Portugal; Psiquiatria Forense

To the Editor,

Prison health has received significant attention following the launch of the World Health Organization's Status Report on Prison Health in the WHO European Region 2022 last February.<sup>1</sup> The Status Report (SR) recognizes several health issues in the prison systems across Europe, such as overcrowding, limited access to hepatitis C treatment, and poor continuity of care.<sup>1</sup> It identifies mental health disorders (MHD) as the primary cause of morbidity in European prisons, with an estimated prevalence rate of 32.8%, compared with 13.1% in the general community.<sup>1</sup> Additionally, the report classifies suicide as the leading cause of death within prisons.<sup>1</sup> After discussing general considerations, the SR examines the prison health care scenario in each country. The document coincides with several concerns being raised about the quality of health care in Portuguese prisons, specifically regarding mental health (MH).<sup>2</sup>

Several misconceptions may hinder the recruitment of psychiatrists to work in prisons. These include the beliefs that incarcerated patients are less deserving of mental health care, that prison psychiatry supports mass incarceration and that prison health care environment is more prone to safety risks to psychiatrists than other settings.<sup>3</sup> Despite these difficulties, Portuguese authorities reported 19 psychiatrists working in prisons at full-time equivalent (FTE) — a ratio of 1.7 psychiatrists for every 1000 incarcerated individuals, compared to 0.1 for the general population.<sup>1</sup> We should, nonetheless, express our reservations about the reported availability. Since one FTE corresponds to roughly 40 hours of weekly work and given that there are psychiatrists that operate as external providers, it seems

unlikely that all the 19 psychiatrists work on FTE. We believe a more accurate measurement of resource availability should be based on the number of actual work hours psychiatrists perform at each prison facility. Nonetheless, the favourable ratio of psychiatrists to inmates raises some perplexities when considering the SR findings. Specifically, the scarcity of data provided by the Portuguese prison system about MH appears to contradict the reported availability of psychiatric care. The SR section regarding Portugal does not include records on the number of individuals living in prison diagnosed with MHD. Similarly, there are no records of the number of people diagnosed with MHD that received or completed treatment. Without thorough data, the main contribution of the SR concerning Portugal is highlighting how much work needs to be done to improve the organization and effectiveness of prison MH interventions.

Portugal should prioritize prison MH policies for several reasons. First, there is a duty to provide equivalence of care to ensure that incarcerated individuals maintain other fundamental rights, such as the right to health. Second, incarcerated individuals with MHD are particularly vulnerable, with higher risk of suicide, violence, and victimisation.<sup>4</sup> Third, although prisons may be an unfortunate outcome for individuals with severe mental illness — often lacking insight into their illness — and who could not be reached by conventional community-based health care providers, they may also provide an opportunity to intervene effectively.<sup>5</sup> Consequentially, a well prepared prison health structure is fundamental. Finally, there is compelling evidence that MHD treatment can lead to decreased rates of repeat offending.<sup>5</sup> Therefore, addressing prison MH is both an individual and public health matter requiring urgent attention.

#### COMPETING INTERESTS

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