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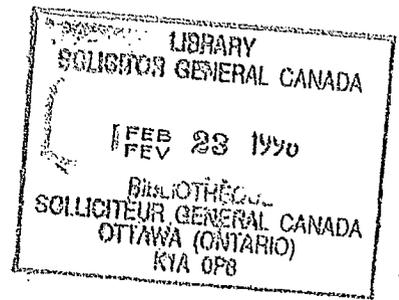
THE PREVALENCE, NATURE AND SEVERITY OF MENTAL  
HEALTH PROBLEMS AMONG FEDERAL MALE INMATES IN  
CANADIAN PENITENTIARIES

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**THE PREVALENCE, NATURE AND SEVERITY OF  
MENTAL HEALTH PROBLEMS AMONG FEDERAL MALE INMATES  
IN CANADIAN PENITENTIARIES**

by



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**(EXTRACTS PRESENTED TO DUTCH OFFICIALS, SEPTEMBER 23, 1991)**

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DSM-III DIAGNOSES COVERED BY THE DIS

\*recency available

ORGANIC BRAIN SYNDROME

SCHIZOPHRENIC DISORDER\*

SCHIZOPHRENIFORM\*

MANIC EPISODE \*

MAJOR DEPRESSIVE EPISODE\*

DYSTHYMIC DISORDER

BIPOLAR DISORDER\*

MAJOR DEPRESSION (SINGLE EPISODE)\*

MAJOR DEPRESSION (RECURRENT)\*

ATYPICAL BIPOLAR DISORDER (BIPOLAR II)\*

GENERALIZED ANXIETY\*

OBSESSIVE COMPULSIVE DISORDER\*

PHOBIC DISORDERS

PHOBIC DISORDERS (SUMMARY)\*

AGORAPHOBIA

SIMPLE PHOBIA

SOCIAL PHOBIA

SOMATIZATION DISORDER\*

PANIC DISORDER\*

AGORAPHOBIA WITH AND WITHOUT PANIC ATTACKS

POST-TRAUMATIC STRESS BY EVENT TYPE\*

POST-TRAUMATIC STRESS SUMMARY\*

ANOREXIA NERVOSA

BULIMIA\*

PATHOLOGICAL GAMBLING\*

PSYCHOSEXUAL DISORDERS

PSYCHOSEXUAL DYSFUNCTIONS

TRANSSEXUALISM\*

EGO-DYSTONIC HOMOSEXUALITY\*

ANTISOCIAL PERSONALITY DISORDER\*

ALCOHOL ABUSE AND DEPENDENCE\*

DRUG ABUSE AND DEPENDENCE

BARBITURATE ABUSE AND DEPENDENCE

OPIOID ABUSE AND DEPENDENCE

COCAINE ABUSE

AMPHETAMINE ABUSE AND DEPENDENCE

HALLUCINOGEN ABUSE

CANNABIS ABUSE AND DEPENDENCE

SUBSTANCE ABUSE DISORDERS\*

TOBACCO DEPENDENCE\*

### III. DESCRIPTION OF MENTAL HEALTH SURVEY

#### B. SAMPLE SIZE DETERMINATION

sample sizes were calculated to achieve prevalence estimates for regional "population bases" that would be correct within a 5% margin of error with 99% confidence (i.e., the likelihood that a given prevalence estimate is an accurate indicator of the true prevalence in the population).

TABLE 1. Sample Size Estimation

Regional Stratum	Population Base	Sample Size
Atlantic	845	438
Quebec	2,910	636
Ontario	2,772	630
Prairies	1,865	576
Pacific	1,409	532

### C. SAMPLING PROCEDURE

. Systematic selection, a modification of simple random sampling, was used as the method to select cases from regional listings.

. the appropriate sampling intervals were calculated by dividing the regional "population base" by the required sample size.

TABLE 2. Selection Intervals

Regional Stratum	Selection Interval
Atlantic	1.929
Quebec	4.575
Ontario	4.400
Prairies	3.237
Pacific	2.653

. Systematic random samples were selected from the regional listings as follows: individuals were first sorted by institution and, within each institution, by ascending order of age.

. This procedure was followed to ensure that there would be proportional representation by institution, and by age within institutions.

#### D. FIELD WORK

. In order to ensure the quality of the data being gathered in the 'Mental Health Survey', the organization and administration of field work included:

##### NATIONAL ( excepting Quebec )

- . careful recruitment and selection of interviewers  
39 recruited; 6 failed training; 2 let go during survey
- . DIS Training Workshops ( East and West )  
with assistance of CSC field staff trained at DIS Training Centre, Washington State University
- . Monitoring of first week of interviews and "hot-line" for remainder ; random review of interview protocols
- . Interview editing and several subsequent rounds of data "cleaning"
- . CSC Regional and Institutional field coordinators;
- . Sample Selection by Research Branch
- . Sample selected as of August 31, 1988
- . Interviews completed by December 1, 1988

##### Quebec

- . Quebec portion of survey conducted separately by  
Research Section; Institut Philippe Pinel de Montreal
- . Enhanced field coordination and monitoring; 76 % response rate

E. SAMPLE SIZE AND RESPONSE RATES

. In total, 2,812 (87.2%) offenders were available for the general population sampling in the five separate CSC regions surveyed in the study. In addition, as part of a "census" of specialized facilities ( i.e., treatment centers and high security units ), 412 offenders were available.

. the obtained national response rate (i.e., excluding refusal, no show or not availables) was:

68.5 % for the general population sample

63.1 % for specialized facilities

. there was variation in response rate across institutions ... from a low of 30 % to a high of 89 % ; 19 out of 39 institutions above 70 % response rate.

TABLE 3. Response Rate by Region

Region	Population	Sample	Non-response		Response	
	N	n	n	%	n	%
ATLANTIC	845	438	105	(24.0)	333	(76.0)
QUEBEC	2,910	637	153	(24.0)	484	(76.0)
ONTARIO	2,772	629	201	(32.0)	428	(68.0)
PRAIRIES	1,865	576	190	(33.0)	386	(67.0)
PACIFIC	1,409	532	238	(44.7)	294	(55.3)
NATIONAL	9,801	2,812	887	(31.5)	1,925	(68.5)

TABLE 9. Response Rates for Specialized Institutions

Special Centre	Sample	Non-response		Response	
	n	n	%	n	%
Quebec H.M.S.U.	62	22	(35.5)	40	(64.5)
Quebec L.T.S.U.	36	11	(30.6)	25	(69.4)
Ontario R.T.C.	48	14	(29.2)	34	(70.8)
Prairies R.P.C.	87	18	(20.7)	69	(79.3)
Prairies H.M.S.U.	54	37	(68.5)	17	(31.5)
Pacific R.P.C.	125	50	(40.0)	75	(60.0)
Total	412	152	(36.9)	260	(63.1)

Note: H.M.S.U. = High Maximum Security Unit  
L.T.S.U. = Long Term Segregation Unit  
R.T.C. = Regional Treatment Centre  
R.P.C. = Regional Psychiatric Centre

Table 10. RESPONSE RATES FOR DIFFERENT SECURITY LEVELS\*

Security Level	Sample	Non-response		Response	
	n	n	%	n	%
Minimum	322	88	(27.3)	234	(72.7)
Medium	1,676	519	(31.0)	1,157	(69.0)
Maximum	814	280	(34.4)	534	(65.6)
Total	2,812	887	(31.5)	1,925	(68.5)

\* special centres are excluded.

#### IV. PRELIMINARY FINDINGS

##### ANALYSES

. First, we will provide wide lifetime prevalence rates of mental disorder using the widest possible criteria for meeting a DSM-III diagnosis.

. Second, we will focus on recency estimates (i.e., within the last year and within the last two weeks) using wide criteria for meeting a DSM-III diagnosis.

. Third, we will look at stringent lifetime prevalence estimates taking into account severity and exclusion criteria.

. Finally, we will give the most stringent estimates of mental health problems by reporting recency estimates.

. The findings are presented in the form of prevalence rates, calculated as the number diagnosed with a particular disorder per 10,045 inmates.

TABLE 11. Distribution of Case Characteristics in the Survey

VARIABLE	RESPONDERS	NON-RESPONDERS	SAMPLE	POPULATION
<b>AGE:</b>				
<19	1.8	0.4	1.5	1.3
20-24	22.6	17.4	20.9	20.2
25-29	26.7	24.2	25.9	25.8
30-39	31.4	33.5	32.1	32.7
40-49	12.7	16.6	14.0	13.6
50+	5.0	7.2	5.7	5.9
<b>RACE:</b>				
Caucasian	85.0	81.3	83.8	83.8
Native	9.8	14.4	11.3	10.4
Black	2.6	1.9	2.4	2.6
Asiatic	0.6	0.4	0.5	0.6
<b>MARITAL STATUS:</b>				
Single	62.2	65.4	63.3	61.0
Married	37.8	34.6	36.7	39.0
<b>MAJOR OFFENCE:</b>				
Homicide	15.4	14.3	15.1	12.9
Manslaughter	4.5	5.3	4.8	5.2
Robbery	22.8	24.3	23.3	23.5
Sexual	12.8	10.3	12.0	11.4
Drug	4.8	5.2	4.9	6.4
Other	39.7	40.6	40.0	40.6
<b>SENTENCE LENGTH:</b>				
<2 yrs.	6.9	8.3	7.4	4.6
2-4	37.9	40.3	38.7	44.3
5-9	23.2	21.5	22.6	23.7
10+	13.6	11.9	13.0	12.6
Life	18.5	17.9	18.3	14.3
<b>TIME SERVED:</b>				
<6 mos.	22.9	18.6	21.5	19.1
6-11	15.6	17.1	16.1	18.8
12-23	20.7	24.5	21.9	21.2
24-35	10.5	11.4	10.8	11.4
36-47	6.4	4.4	5.7	6.2
48-59	4.9	4.6	4.8	4.3
60+	15.9	19.4	17.0	16.1

A series of tables summarizing most the findings follows and are organized around the following eight groups of diagnoses:

- . **Organic Brain Syndrome**
- . **Psychotic** (including Schizophrenia, Schizophreniform, Manic Episodes)
- . **Depressive** (including Major Depressive Episodes, Dysthymic Disorders, and Bipolar Disorder)
- . **Anxiety** (including Panic Disorder, Generalized Anxiety, Agoraphobia; Phobia, Somatization)
- . **Psychosexual** (Psychosexual Dysfunction, Transsexualism, Ego-dystonic Homosexuality)
- . **Antisocial Personality**
- . **Substance Abuse/dependence** (including abuse of Barbiturates, Opioids, Cocaine, Amphetamines, Hallucinogens, and Cannabis)
- . **Alcohol Abuse/dependence**

A. WIDE DIAGNOSTIC CRITERIA, DIS LIFETIME PREVALENCE AND RECENCY

. In order to maximize the estimates of mental health problems in the Federal inmate population we chose to, first, employ the widest criteria possible used for meeting a particular DSM-III diagnosis and then, examine both lifetime prevalence and recency. That is, we essentially ignored whether or not severity and exclusion criteria were met and report a positive diagnosis if it had occurred at any time in the inmate's life.

. With respect to recency estimates, we examined whether or not there was an occurrence of a diagnosis within the last year as well as within the last two weeks.

B. STRINGENT DIAGNOSTIC CRITERIA, DIS LIFETIME PREVALENCE AND REGENCY

. In order to provide lower bound estimates of mental health problems in the Federal inmate population, we next employed the most stringent criteria possible for meeting a particular DSM-III diagnosis and then, examined both lifetime prevalence and recency. Stringent diagnostic criteria essentially reflects whether or not the full criteria were met for a particular diagnosis and takes into account severity and exclusion criteria. We report a positive diagnosis for each category of mental disorder if it occurred at any time in the inmate's life, within the last year, and within the last two weeks.

\*\*\*\*\* (WIDE CRITERIA) \*\*\*\*\*

**TABLE 12. National Prevalence Rates According to the DIS Using Wide Criteria (Weighted)**

DISORDER	LIFETIME	WITHIN ONE YEAR	WITHIN TWO WEEKS
ORGANIC	4.3	n/a	n/a
PSYCHOTIC	10.4	6.8	4.6
DEPRESSIVE	29.8	15.6	9.1
ANXIETY	55.6	34.8	15.4
PSYCHOSEXUAL	24.5	n/a	n/a
ANTISOCIAL	74.9	n/a	n/a
SUBSTANCE	52.9	16.8	4.2
ALCOHOL	69.8	13.1	0.6

Note: n/a = not available

\*\*\*\*\* STRINGENT CRITERIA \*\*\*\*\*

**TABLE 15. National Prevalence rates According to the DIS Using Stringent Criteria (Weighted)**

DISORDER	LIFETIME	WITHIN ONE YEAR	WITHIN TWO WEEKS
ORGANIC	0.1	n/a	n/a
PSYCHOTIC	7.7	5.0	3.6
DEPRESSIVE	21.5	9.9	5.4
ANXIETY	44.1	27.0	11.8
PSYCHOSEXUAL	21.1	n/a	n/a
ANTISOCIAL	56.9	n/a	n/a
SUBSTANCE	40.9	13.1	3.0
ALCOHOL	47.2	9.8	0.5

Note: n/a = not available

\*\*\*\*\* (WIDE CRITERIA) \*\*\*\*\*

TABLE 13. Regional Prevalence Rates According to the DIS Using Wide Criteria (Weighted)

DISORDER	ATLANTIC	QUEBEC	ONTARIO	PRAIRIES	PACIFIC
ORGANIC	6.9	4.3	2.3	4.6	6.2
PSYCHOTIC	10.8	11.3	11.8	9.6	6.5
DEPRESSIVE	28.2	34.3	26.9	28.5	29.4
ANXIETY	50.6	70.4	51.0	47.0	48.9
PSYCHOSEXUAL	28.8	19.0	23.9	30.2	26.9
ANTISOCIAL	79.3	74.9	72.7	77.7	73.3
SUBSTANCE	52.5	57.6	48.4	53.7	50.9
ALCOHOL	76.0	66.6	69.3	75.8	65.8

\*\*\*\*\* STRINGENT CRITERIA \*\*\*\*\*

TABLE 16. Regional Prevalence Rates According to the DIS Using Stringent Criteria (Weighted)

DISORDER	ATLANTIC	QUEBEC	ONTARIO	PRAIRIES	PACIFIC
ORGANIC	0.3	0.2	0.0	0.0	0.3
PSYCHOTIC	6.9	8.6	9.3	7.2	4.1
DEPRESSIVE	20.4	23.3	17.7	22.4	24.2
ANXIETY	41.7	57.5	39.5	34.6	40.1
PSYCHOSEXUAL	24.0	16.0	20.9	25.7	24.0
ANTISOCIAL	61.9	56.7	52.1	61.1	58.1
SUBSTANCE	40.5	48.6	36.2	39.3	36.8
ALCOHOL	51.4	45.8	46.0	51.6	43.8

\*\*\*\*\* (WIDE CRITERIA) \*\*\*\*\*

TABLE 14. Prevalence Rates According to the DIS for General Population, Treatment Centres and Security Units Using Wide Criteria (Weighted)

DISORDER	GENERAL POPULATION	TREATMENT CENTRES	SECURITY UNITS
ORGANIC	4.3	2.3	8.5
PSYCHOTIC	9.9	25.3	29.3
DEPRESSIVE	29.3	51.1	47.6
ANXIETY	55.3	64.6	73.2
PSYCHOSEXUAL	24.3	37.6	23.2
ANTISOCIAL	74.8	78.7	86.6
SUBSTANCE	52.7	56.7	72.0
ALCOHOL	69.6	72.5	81.7

\*\*\*\*\* STRINGENT CRITERIA \*\*\*\*\*

TABLE 17. Prevalence Rates According to the DIS for General Population, Treatment Centres and Security Units Using Stringent Criteria (Weighted)

DISORDER	GENERAL POPULATION	TREATMENT CENTRES	SECURITY UNITS
ORGANIC	0.1	0.0	0.0
PSYCHOTIC	7.4	22.5	19.5
DEPRESSIVE	21.2	38.2	22.0
ANXIETY	44.1	41.6	61.0
PSYCHOSEXUAL	20.9	29.8	19.5
ANTISOCIAL	57.1	49.4	51.2
SUBSTANCE	40.8	41.6	59.8
ALCOHOL	47.0	49.4	64.6

\*\*\*\*\* (WIDE CRITERIA) \*\*\*\*\*  
**TABLE 18. Lifetime Prevalence Rates According to the DIS Using Wide Diagnostic Criteria for Mental Disorders by Age**

DISORDER	AGE (n)					
	< 19 (37)	20-24 (437)	25-29 (566)	30-39 (664)	40-49 (268)	50+ (105)
ORGANIC	2.7	5.4	3.0	3.6	6.3	10.5
PSYCHOTIC	10.8	11.3	12.7	11.6	12.7	8.6
DEPRESSIVE	46.0	26.3	30.0	34.2	37.7	31.4
ANXIETY	59.5	55.3	56.7	56.5	59.3	45.7
PSYCHOSEXUAL	29.7	26.3	23.0	28.8	27.6	18.1
ANTISOCIAL	81.1	87.5	82.9	74.1	61.9	40.0
SUBSTANCE	56.8	62.0	75.4	55.6	36.9	11.4
ALCOHOL	67.6	73.9	61.1	70.0	66.8	58.1

\*\*\*\*\* STRINGENT CRITERIA \*\*\*\*\*  
**TABLE 24. Lifetime Prevalence Rates According to the DIS Using Stringent Diagnostic Criteria for Mental Disorders by Age**

DISORDER	AGE (n)					
	< 19 (37)	20-24 (437)	25-29 (566)	30-39 (664)	40-49 (268)	50+ (105)
ORGANIC	0.0	0.2	0.0	0.2	0.0	1.0
PSYCHOTIC	8.1	7.3	9.0	9.0	10.5	8.6
DEPRESSIVE	37.8	17.8	20.5	25.9	28.0	22.9
ANXIETY	43.2	46.1	44.9	41.3	48.1	36.2
PSYCHOSEXUAL	18.9	23.6	20.1	24.0	21.6	15.2
ANTISOCIAL	56.8	68.7	64.3	55.0	40.3	21.0
SUBSTANCE	46.0	47.4	47.4	44.7	24.6	10.5
ALCOHOL	37.8	46.1	50.0	49.7	48.5	41.0

\*\*\*\*\* (WIDE CRITERIA) \*\*\*\*\*  
**TABLE 20. Lifetime Prevalence Rates According to the DIS Using Wide Diagnostic Criteria for Mental Disorders by Marital Status**

DISORDER	MARITAL STATUS (n)	
	SINGLE (1,313)	MARRIED (797)
ORGANIC	4.3	4.8
PSYCHOTIC	13.2	9.4
DEPRESSIVE	30.9	33.3
ANXIETY	54.8	58.1
PSYCHOSEXUAL	29.1	20.8
ANTISOCIAL	76.5	76.2
SUBSTANCE	54.6	53.0
ALCOHOL	71.1	70.9

\*\*\*\*\* STRINGENT CRITERIA \*\*\*\*\*  
**TABLE 26. Lifetime Prevalence Rates According to the DIS Using Stringent Diagnostic Criteria for Mental Disorders by Marital Status**

DISORDER	MARITAL STATUS (n)	
	SINGLE (1,313)	MARRIED (797)
ORGANIC	0.2	0.0
PSYCHOTIC	10.1	6.5
DEPRESSIVE	22.5	23.6
ANXIETY	46.7	42.3
PSYCHOSEXUAL	25.2	16.8
ANTISOCIAL	55.6	59.4
SUBSTANCE	41.6	42.0
ALCOHOL	48.7	47.3

\*\*\*\*\* (WIDE CRITERIA) \*\*\*\*\*  
**TABLE 21. Lifetime Prevalence Rates According to the DIS Using Wide Diagnostic Criteria for Mental Disorders by Type of Offence**

DISORDER	OFFENCE TYPE (n)					
	HOMICIDE (337)	MANSL. (98)	ROBBERY (498)	SEX (103)	DRUGS (105)	OTHER (1,044)
ORGANIC	3.0	9.2	2.4	7.8	3.8	5.6
PSYCHOTIC	13.1	13.3	11.0	9.7	3.8	12.6
DEPRESSIVE	40.4	41.8	26.5	43.7	16.2	30.7
ANXIETY	59.9	59.2	56.0	62.1	38.1	55.4
PSYCHOSEXUAL	29.1	36.7	22.1	37.9	16.2	25.7
ANTISOCIAL	68.6	73.5	88.0	58.3	57.1	76.6
SUBSTANCE	43.6	48.0	67.7	30.1	43.8	54.2
ALCOHOL	68.8	78.6	74.5	58.3	51.4	72.5

\*\*\*\*\* STRINGENT CRITERIA \*\*\*\*\*  
**TABLE 27. Lifetime Prevalence Rates According to the DIS Using Stringent Diagnostic Criteria for Mental Disorders by Type of Offence**

DISORDER	OFFENCE TYPE (n)					
	HOMICIDE (337)	MANSL. (98)	ROBBERY (498)	SEX (103)	DRUGS (105)	OTHER (1,044)
ORGANIC	0.3	0.0	0.0	0.0	0.0	0.2
PSYCHOTIC	10.7	11.2	8.0	5.8	3.8	9.2
DEPRESSIVE	29.1	30.6	19.3	36.9	12.4	21.1
ANXIETY	41.3	46.9	44.6	47.6	29.5	45.2
PSYCHOSEXUAL	23.7	26.5	18.5	31.1	15.2	22.7
ANTISOCIAL	45.4	44.9	71.5	42.7	36.2	58.3
SUBSTANCE	30.0	36.7	54.6	22.3	36.2	41.7
ALCOHOL	48.1	46.9	51.0	36.9	29.5	50.3

\*\*\*\*\* (WIDE CRITERIA) \*\*\*\*\*  
**TABLE 22: Lifetime Prevalence Rates According to the DIS Using Wide Diagnostic Criteria for Mental Disorders by Sentence Length**

DISORDER	SENTENCE LENGTH (n)				
	< 2 (151)	2 - 4 (829)	5 - 9 (506)	10 - 29 (296)	LIFE (403)
ORGANIC	7.3	4.7	3.2	7.4	3.2
PSYCHOTIC	12.6	10.0	12.7	11.5	14.4
DEPRESSIVE	25.2	26.5	34.2	31.8	41.2
ANXIETY	53.0	54.3	54.4	57.8	60.8
PSYCHOSEXUAL	20.5	25.5	24.3	26.4	31.0
ANTISOCIAL	78.8	78.9	77.7	73.3	70.0
SUBSTANCE	54.3	57.2	55.7	55.7	42.4
ALCOHOL	77.5	74.7	71.7	61.5	67.3

\*\*\*\*\* STRINGENT CRITERIA \*\*\*\*\*  
**TABLE 28. Lifetime Prevalence Rates According to the DIS Using Stringent Diagnostic Criteria for Mental Disorders by Sentence Length**

DISORDER	SENTENCE LENGTH (n)				
	< 2 (151)	2 - 4 (829)	5 - 9 (506)	10 - 29 (296)	LIFE (403)
ORGANIC	0.0	0.2	0.0	0.0	0.3
PSYCHOTIC	9.3	7.4	8.9	9.1	11.4
DEPRESSIVE	15.9	19.3	24.7	22.3	29.8
ANXIETY	44.4	45.6	41.5	44.6	42.7
PSYCHOSEXUAL	17.9	22.6	20.4	22.3	24.8
ANTISOCIAL	63.6	60.4	58.5	56.1	45.9
SUBSTANCE	38.4	45.1	42.9	47.3	28.8
ALCOHOL	55.6	51.2	48.2	39.5	46.4

\*\*\*\*\* (WIDE CRITERIA) \*\*\*\*\*

TABLE 23. Lifetime Prevalence Rates According to the DIS Using Wide Diagnostic Criteria for Mental disorders by Time Served (Months)

DISORDER	TIME SERVED (n)						
	< 6 (401)	6-11 (382)	12-23 (485)	24-35 (241)	36-47 (150)	48-59 (102)	60+ (357)
ORGANIC	4.5	4.7	4.7	2.9	3.3	6.9	5.0
PSYCHOTIC	10.7	10.7	10.5	12.9	16.0	13.7	12.9
DEPRESSIVE	25.9	33.0	29.5	32.8	35.3	38.2	36.4
ANXIETY	50.9	57.1	57.7	55.6	60.7	61.8	55.7
PSYCHOSEXUAL	24.9	20.7	27.8	25.3	28.0	26.5	30.0
ANTISOCIAL	76.3	73.0	77.5	78.4	80.7	78.4	74.5
SUBSTANCE	50.9	56.5	57.7	53.5	64.7	48.0	47.1
ALCOHOL	72.1	71.7	72.0	71.0	80.0	70.6	63.9

\*\*\*\*\* STRINGENT CRITERIA \*\*\*\*\*

TABLE 29. Lifetime Prevalence Rates According to the DIS Using Stringent Diagnostic Criteria for Mental disorders by Time Served (Months)

DISORDER	TIME SERVED (n)						
	< 6 (401)	6-11 (382)	12-23 (485)	24-35 (241)	36-47 (150)	48-59 (102)	60+ (357)
ORGANIC	0.0	0.0	0.4	0.0	0.0	0.0	0.3
PSYCHOTIC	8.0	7.6	7.6	9.5	11.3	12.8	9.8
DEPRESSIVE	19.0	24.1	21.2	21.6	26.7	32.4	25.2
ANXIETY	39.9	44.2	49.1	41.1	47.3	45.1	41.5
PSYCHOSEXUAL	21.7	17.8	24.3	21.6	19.3	19.6	26.1
ANTISOCIAL	58.1	55.0	60.6	58.9	56.7	56.9	52.1
SUBSTANCE	39.7	45.0	45.4	39.4	51.3	36.3	35.0
ALCOHOL	45.1	47.6	51.3	52.3	49.3	48.0	44.8

TABLE 30. Lifetime Incidence of Comorbidity  
in the Federal Inmate Population

Type(s) of Disorder(s)	%
psychotic	0.2
psychotic + depressive	0.7
psychotic + anxiety	1.0
psychotic + psychosexual	0.4
psychotic + depressive + anxiety	4.0
psychotic + depressive + psychosexual	0.2
psychotic + anxiety + psychosexual	0.7
psychotic + depressive + anxiety + psychosexual	3.1
overall psychotic	10.4
depressive	3.7
depressive + anxiety	12.9
depressive + psychosexual	0.6
depressive + psychotic	0.7
depressive + anxiety + psychosexual	4.7
depressive + anxiety + psychotic	4.0
depressive + psychosexual + psychotic	0.2
depressive + anxiety + psychosexual + psychotic	3.1
overall depressive	29.8
anxiety	22.3
anxiety + psychosexual	6.4
anxiety + psychotic	1.0
anxiety + depressive	12.9
anxiety + psychosexual + psychotic	0.7
anxiety + psychosexual + depressive	4.7
anxiety + psychotic + depressive	4.0
anxiety + psychosexual + psychotic + depressive	3.1
overall anxiety	55.0
psychosexual	8.5
psychosexual + psychotic	0.4
psychosexual + depressive	0.6
psychosexual + anxiety	6.4
psychosexual + psychotic + depressive	0.2
psychosexual + psychotic + anxiety	0.7
psychosexual + depressive + anxiety	4.7
psychosexual + psychotic + depressive + anxiety	3.1
overall psychosexual	24.5

## APPENDIX A. Descriptions of Mental Disorders

### ORGANIC DISORDERS:

Organic Brain Syndrome: The DIS permits screening for the presence of organic brain syndrome, but does not allow diagnosis of an 'organic mental disorder', for which the cause of the syndrome must be known or presumed. Within the organic syndromes, the DIS focuses on the assessment of dementia - a severe loss of intellectual ability. However, a person with delirium or intoxication could also be found positive because the clouded consciousness associated with these states would similarly inhibit correct responses to the questions used to test memory and other intellectual abilities.

The essential features of dementia are: disorientation in time and place; impairment of memory, as shown by inability to recall recently learned material; deterioration of other intellectual functions, such as ability to do arithmetic, spelling, ability to follow instructions, copy drawings, and name common objects.

### PSYCHOTIC DISORDERS:

Schizophrenia: The diagnosis of Schizophrenia essentially requires the presence of psychotic symptoms such as delusions or hallucinations, deterioration from a previous level of functioning, onset before age 45, and a duration of at least six months.

Schizophreniform: The criteria for the diagnosis of Schizophreniform disorder are the same as for Schizophrenia except that the minimum duration is only two weeks.

Manic Episode: The essential feature of a Manic Episode is a distinct period when the predominant mood of the individual is either happy, elevated, expansive, or irritable, and when there are associated symptoms of heightened activity, spending sprees, increased interest in sex, rapid and extensive speech, moving so rapidly from one idea to another when speaking that it is hard for a listener to see the connections, inflated self-esteem, decreased need for sleep, and distractibility. Between Manic Episodes, people may be completely normal or may have periods of depression. It is also possible to have depressed mood off and on during a manic episode.

#### DEPRESSIVE DISORDERS:

Major Depressive Episode: Individuals experiencing a Major Depressive Episode have felt low and depressed for two weeks or more and at the same time have had other symptoms such as a poor appetite, difficulty sleeping, feelings of worthlessness or guilt, decreased energy, and thoughts of death. Between these episodes, they may feel entirely normal.

Dysthymic Disorder: A diagnosis of Dysthymia requires at least two years of feeling depressed most days and some additional symptoms, but fewer than a major depressive episode.

Bipolar disorders: A DSM-III diagnosis of Bipolar disorder requires having a manic episode. While the elevated mood may be described as euphoric, unusually good, cheerful, or high, it is recognized as excessive and inappropriate by those who know the individual well. Although an elevated mood is considered prototypical, the predominant mood disturbance may also be irritability.

#### **ANXIETY DISORDERS:**

Panic Disorder: Essential features of Panic disorder are recurrent panic (anxiety) attacks that occur at times unpredictably, though certain situations, such as driving a car, may become associated with a panic attack. The same clinical picture occurring during marked physical exertion or in a life threatening situation is not termed a panic attack.

A panic attack is manifested by a sudden onset of intense apprehension, fear, or terror, often associated with feelings of impending doom. The most common symptoms experienced during an attack are: breathing difficulty; heart pounding; chest pain or discomfort; choking or smothering sensations; dizziness; feelings of unreality; tingling in the hands or feet; hot and cold flashes; sweating; faintness; trembling or shaking; and fear of dying, going crazy, or doing something uncontrollable during the attack. Attacks usually last minutes, and more rarely, hours.

Generalized Anxiety: The diagnosis of Generalized Anxiety requires suffering from an anxious mood for at least one month, as indicated by the presence of 3 or 4 groups of symptoms: motor tension; automatic hyperactivity (sweating, heart pounding); apprehensive expectation; and vigilance and scanning. In the survey, Generalized Anxiety is quite prevalent.

Agoraphobia: The essential feature of Agoraphobia is a marked fear of being alone or being in a public place where escape might be difficult.

Phobia: The essential feature of a Phobic Disorder is persistent and irrational fear of a specific object, activity, or situation that results in a compelling desire to avoid the dreaded object, activity, or situation. The fear is recognized by the individual as excessive or unreasonable in proportion to the actual dangerousness of the object, activity, or situation.

Irrational avoidance of objects, activities, or situations that has an insignificant effect on life adjustment is commonplace. For example, many individuals experience some irrational fear when unable to avoid contact with harmless insects or spiders, but this has no major effect on their lives. However, when the avoidance behaviour or fear is a significant source of distress to the individual or interferes with social or role functioning, a diagnosis of Phobic Disorder is warranted.

Somatization: The essential features of Somatization Disorder are recurrent and multiple physical symptoms occurring over a period of several years which are apparently not due to physical disorder. Somatization disorder begins before the age of 30. Complaints are often presented in a dramatic, vague, or exaggerated way or as part of a complicated medical history in which many physical diagnoses have been considered. Medical care has often been given by many physicians, sometimes concurrently. Often there is a history of multiple surgical operations. Complaints typically involve the following organ symptoms or types of symptoms:

- Conservation or pseudoneurological (e.g. paralysis, blindness);
- Gastrointestinal (e.g. abdominal pain);
- Female reproductive (e.g. painful menstruation);
- Psychosexual (e.g. sexual indifference);
- Pain (e.g. back pain); and
- Cardiopulmonary (e.g. dizziness).

#### **PSYCHOSEXUAL DISORDERS:**

Psychosexual Dysfunction: Psychosexual dysfunction is characterized by inhibition in sexual desire or function, which is not attributable entirely to any physical disorder or to the use of medication or other substances. There is either persistent and pervasive inhibition of sexual desire, inhibited sexual excitement (frigidity or impotence), inhibited orgasm, premature ejaculation, or persistent pain on intercourse.

Transsexualism: The essential features of Transsexualism are a conviction that one's anatomic sex is in error, a wish to live as a member of the opposite sex, and if the desire has been continuous for two years in persons who are not schizophrenic.

Ego-dystonic Homosexuality: Ego-dystonic homosexuality is a sustained pattern of overt homosexual arousal that is unwanted and a persistent source of distress.

**ANTISOCIAL DISORDER:**

Antisocial Personality: The essential features of Antisocial Personality disorder are a history of continuous and chronic antisocial behaviour in which the rights of others are violated, persistence into adult life of a pattern of antisocial behaviour that began before the age of 15, and failure to sustain good job performance over a period of several years.

Lying, stealing, fighting, truancy, and resisting authority are typical early childhood signs. In adolescence, unusually early or aggressive sexual behaviour, excessive drinking, and use of illicit drugs are frequent. In adulthood, these kinds of behaviour continue, with the addition of inability to sustain consistent work performance or to function as a responsible parent, and failure to accept social norms with respect to lawful behaviour. After age 30 the more flagrant aspects may diminish, particularly sexual promiscuity, fighting, criminality, and vagrancy.

## SUBSTANCE DISORDER:

Substance Abuse/dependence: The Drug section of the DIS asks about problems associated with the use of a variety of drugs. The following substances are covered:

- Cannabis (marijuana and hashish);
- Amphetamines or similarly acting stimulants;
- Barbiturates and similarly acting sedatives or hypnotics, including minor tranquilizers;
- Cocaine;
- Opioids, including heroin; and
- Phencyclidine (PCP) and other hallucinogens.

A DSM-III diagnosis of abuse requires both a pattern of pathological use and impairment in social or occupational functioning. A diagnosis of dependence requires either tolerance or withdrawal. For cannabis dependence, it also requires either social or occupational impairment or a pattern of pathological use.

## ALCOHOL DISORDER:

Alcohol Abuse/dependence: The essential feature of alcohol abuse is a pattern of pathological use of alcohol for at least a month that causes impairment in social or occupational functioning.

The essential features of alcohol dependence are either tolerance or a withdrawal syndrome plus either a pattern of pathological alcohol use or impairment in social or occupational functioning due to alcohol.

**APPENDIX B. National Prevalence Rates According to the DIS  
(Weighted)**

Disorder	Widest Criteria			Stringent Criteria		
	Life time	Within Year	Within 2 Wks	Life time	Within Year	Within 2 Wks
<b>ORGANIC:</b>						
Organic Brain Syndrome	4.3	n/a	n/a	0.1	n/a	n/a
<b>PSYCHOTIC:</b>						
Schizophrenia	4.9	3.7	2.8	4.4	3.4	2.6
Schizophreniform	0.8	0.6	0.4	0.5	0.4	0.4
Manic Episode	5.7	3.2	1.8	2.8	1.2	0.6
<b>DEPRESSIVE:</b>						
Major Depressive Episode	21.4	15.7	9.2	13.6	9.8	5.4
Dysthymic Disorder	14.3	n/a	n/a	7.9	n/a	n/a
Bipolar Disorder	3.6	n/a	n/a	1.6	n/a	n/a
<b>ANXIETY:</b>						
Panic Disorder	3.7	2.5	1.0	0.8	0.6	0.3
Generalized Anxiety	46.7	26.5	7.6	31.9	17.9	4.9
Agoraphobia	13.8	n/a	n/a	6.7	n/a	n/a
Phobia	28.3	16.7	9.8	22.9	13.4	7.7
Somatization	0.6	0.6	0.5	0.6	0.6	0.5
<b>PSYCHOSEXUAL:</b>						
Psychosexual Dysfunction	23.1	n/a	n/a	19.6	n/a	n/a
Transsexualism	1.0	1.0	0.5	0.8	0.5	0.4
Ego-dystonic Homosexuality	2.1	1.0	0.5	2.1	1.0	0.5
<b>ANTISOCIAL:</b>						
Antisocial Personality	75.4	-	-	57.2	-	-
<b>SUBSTANCE:</b>						
Substance Use Disorder	53.7	17.2	4.3	41.6	13.3	3.0
Barbiturate	20.8	-	-	8.7	-	-
Opioid	19.2	-	-	11.2	-	-
Cocaine	20.8	-	-	20.8	-	-
Amphetamine	19.5	-	-	10.1	-	-
Hallucinogen	10.0	-	-	10.0	-	-
Cannabis	30.8	-	-	10.4	-	-
<b>ALCOHOL:</b>						
Alcohol Use Disorder	70.1	13.5	0.6	47.4	-	-

Note: Percentages based on a total sample size (weighted) of 10,045  
n/a = not available



