

# Challenges in delivering mental health services to HIV detainees in custodial settings Dr. Muhammad Muhsin Ahmad Zahari Department of Psychological Medicine Faculty of Medicine, University of Malaya

# Introduction

- Higher rate of psychiatric illness and HIV in the prison than in the general population
- HIV infection has been a risk factor for psychiatric illness
- HIV spreading to the brain can also affect central nervous system
- Also via psychosocial adversity
- Pharmacologically, anti-retroviral side effects can also present as psychiatric illness
- However, the accessibility to healthcare service is very limited
- HIV infected prisoners were less likely to be incarcerated for violent offenses
- Stayed longer in the prison
- Also more likely to have substance use disorders including polysubstance users
- In developing countries, more likely to be IVDU

# **Bivariate and Adjusted Logistic Regression Results for Psychiatric illnesses Stratified by HIV Status**

- Any non-substance-Induced psychiatric disorder (139)

HIV+(200) = 73 (36.5)

HIV-(200) = 66 (33.0)

Odds Ratio (95% CI) = 1.17 (0.77-1.76)

Adjusted Odds Ratio (95%CI)

- It is important to address mental illness in the prison
- Otherwise, it will lead to social and public health problems for the future
- Ideally, it should be a clear policy to divert the most mentally ill away from prisons
- Health services in the prison need to be enhanced from screening, diagnosis and optimal treatment particularly for mental illness including addiction and also, infectious diseases such as HIV, Hep C

# What are public health issues in relation to drug use

- Drug dependence-implementation of opioid substitution therapy (Through reducing HIV risk behaviors) in community settings independently reduces morbidity and mortality.
- Methadone maintenance treatment (MMT) is effective for both relapse prevention and facilitating access to and retention in care in community settings.

# What are public health issues in relation to drug abuse

- HIV infection treatment for HIV (though reductions in HIV-1 RNA levels)
- Hepatitis C- in prison 20 times higher than in than in the community
- This is closely related to IVDU



- IDU-IVDU inmates are 8 times more likely to get HCV in prison
- IDU inmates are 24 times more likely to have HCV than non-IVDU inmates
- TB
- Recidivism also high among drug-related offences
- Opportunities for prison to provide intervention program for those who have high risk behavior

# **Structural barriers**

- IDU registries, with names of those seeking treatment given to police
- Police harassment of patients and providers
- Provider harassment

Arrests and fear chill (Ukraine), pain prescription (all countries), and open discussion (Russia)

- Incarceration and tx interruptions

No OST (or ARY) in pre-trial detention

No OST and little ARV in prison

Ukraine: 1 in 10 HIV+ prisoners treated Malaysia: 1 in 15 HIV+ prisoners treated

Russia: food shortages, medication shortages unsanitary conditions

- Drug detention in name of treatment

No medical evaluation

No right of appeal

Forced labor

No treatment

No effectiveness

### **Challenges**

- Perception of the place as detention centers
- Assumption of the people with low "moral" weakness has lesser "humane value" Patients vs prisoners
- Perception "Punishment not only in term of restriction of individual freedom and physical suffering but also should be deprived from comprehensive healthcare service"
- Knowledge on medical related issues e.g. addition mental health, epilepsy, infectious diseases
- Assumption prisoners just made up reason/ behaviour to escape from serving punishment
- Lack of source of funding-lower financial allocation
- Lack of trained medical personnel
- Now moving towards rehabilitation where elements of healthcare will facilitate any forms of rehabilitation
- Some of them does not have home to stay
- Family rejection upon release
- Police custody-not informing us so subject left untreated

# Conclusion

- Good prison health is important for the public health in the community



- Closer collaboration with or incorporation into the key healthcare provider in improve the quality of health provided to prisoners
- Social support networks, in addition to comprehensive healthcare service are important in maintaining ex-prisoners in the community
- Prison staff need to be made aware of the importance of health issues among prisoners