

Prisoners and risk of injury after release



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An increasingly disproportionate number of people with mental illness and substance abuse disorder contribute to the US prison population,¹ and the same is true of prison populations in many high-income countries. Both types of disorder are linked to increased rates of injuries.² Substantial evidence exists of high suicide risk during incarceration and increased risk of overdose deaths immediately after leaving prison,^{3,4} but less research has been done on serious injury and deaths from injuries among prisoners after their release.

In *The Lancet Public Health*, Jesse Young and colleagues⁵ document the high prevalence of mental health and substance use problems among prisoners in Australia and the high rates of injury experienced by prisoners with these disorders after their release from prison. Their study of injuries requiring medical attention after prison release was done in 1307 adult prisoners in Australia followed over a median of 495 days (IQR 163–958). Their results not only confirm the high prevalence of mental illness and substance use disorder among prisoners⁶—just more than half (53%) of the 1307 participants had a mental illness, substance use disorder, or both⁵—but they also highlight the urgent need to develop effective interventions to treat mental health and substance use problems among prisoners.

Young and colleagues classified their sample into those with no mental disorders (47%); those with mental illness only (8%), those with substance use disorders only (24%), and those with both disorders—ie, dual diagnosis (21%). They then linked health data collected during imprisonment with data on medical care received after release from prison. These data included self-reported health and personal history while the participants were in prison; information from prison health services records on mental health and substance use; and health records on emergency department attendances and hospitalisation related to injury after prison release.

A principal diagnosis of injury accounted for a third of ex-prisoners' emergency department attendances (680 [31%] of 2173 presentations) and a quarter of hospitalisations (199 [24%] of 819 admissions) after their release. People recently released from prison had a crude incidence rate of 436 injuries (95% CI 408–466) per 1000 person-years resulting in hospital contact, but the crude injury rate (per 1000 person-years) was higher in

the dual diagnosis group (996 [95% CI 893–1112]) than in prisoners who had a mental illness only (538 [441–657]), a substance use disorder only (413 [354–482]), and those who had no history of either disorder (275 [247–307]). Compared with participants with no mental disorder, all other participants had elevated risk of injury, which persisted after adjustment for participants' prison history and demographic variables in those with mental illness only (adjusted hazard ratio 1.85, 95% CI 1.15–2.97) or dual diagnosis (3.31, 2.32–4.72). Injury rates were most elevated in the dual diagnosis group in the first 30 days after release from prison, in part because of a higher rate of drug-related injuries.

The dual diagnosis group accounted for disproportionate numbers of emergency department attendances and hospitalisations for injury. Their injuries more often involved multiple body regions, system-wide injuries, or head injuries, and they required longer periods of medical care in emergency departments and hospitals. Especially striking were the number of injuries involving motor vehicle accidents, which carry with them the risk of injuring others, and those in which the ex-prisoners from all groups were victims of violent assault. Data were not collected on health-care costs, but it is very likely that treatment of injuries among ex-prisoners with dual diagnoses generated substantial costs to the health-care system.

The study has important implications for prison health policy. Australian prison systems have manifestly failed to diagnose and treat mental health and substance use disorders that are very common among prisoners. This is not intended as a criticism of those providing services in underfunded and poorly resourced prison health services; under these limitations, they can provide only rudimentary assessment and treatment of mental and substance use disorders.

The system has also failed to ensure continuity of care by arranging for prisoners to receive treatment of disorders identified during imprisonment after their release. There is a large churn of people with mental health and drug and alcohol problems between the health-care and criminal justice systems, neither of which has the capacity to ensure continuity of care. These cases present a serious challenge and represent a major burden on both systems. They represent a societal

failure to address the needs of the individuals, families, and the broader community while substantial amounts of scarce economic resources have been spent housing the increased number of offenders sent to prison.¹

In self-interested times of austerity, appeals to improve health services for the good of prisoners will fall on deaf ears. We need to show that improved treatment of mental and substance use disorders in prison and after release will benefit the community by reducing the costs of medical care and the egregiously high rates of reincarceration. This study provides a compelling case for both claims. Given the scarce resources available, prison health services should focus on identifying and treating prisoners with dual diagnoses while they are in prison. They should also ensure that these prisoners are linked to specialist health services on release into the community. These measures will have to suffice until more enlightened social policies recognise the imperative to substantially reduce the size of our prison populations.

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We declare no competing interests.

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