



# Indonesian Community Empowerment Journal

Journal Homepage: <https://icejournal.com/index.php/icejournal>

## Early Detection of Depression in Inmates of Institutions Penitentiary Kerobokan, Bali

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### ARTICLE INFO

#### Keywords:

Anxiety  
Depression  
Institution penitentiary  
Screening for mental disorders  
Stress

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All authors have reviewed and approved the final version of the manuscript.

<https://doi.org/10.37275/icejournal.v3i1.45>

### ABSTRACT

Depression is one of the most common health problems among inmates at institutions penitentiary (prison) which can be caused by various factors. This depression screening activity aims to detect mental disorders in inmates at the Kerobokan prison so that they can receive treatment immediately before moving on to a more severe phase. The measurement tool used for early detection of depression is the depression anxiety and stress scale (DASS), which has been measured for its validation and reliability. The DASS questionnaire measures the respondent's history of disorders related to depression, anxiety, and stress in the past week. The number of inmates who came to fill out the questionnaire was 96 people. Most are aged 18-40 years, come from outside Bali, have high school-college education, are single, have convict status, do not see their families regularly, and have been in prison for less than 12 months. Most of the inmates are not in a state of depression, anxiety, or stress. In conclusion, mental health screening activities for inmates of the institution penitentiary should be routinely done to prevent more severe mental disorders.

### 1. Introduction

The incidence of depression is a significant public health problem, and its incidence often resembles an iceberg, where many cases are not diagnosed early, so that the diagnosis is delayed.<sup>1,2</sup> Depression is one of the most common health problems among inmates at institutions penitentiary (prison) which can be caused by various factors.<sup>2-5</sup> It is known that the incidence of depression in prisoners in prison is higher than the incidence of depression in the general population. One study showed that the prevalence of severe mental disorders, including depression, in prisons is 5 to 10 times higher than in the general population.<sup>1</sup> Other research shows that the prevalence of depression among inmates in prison is 85%, of which 30% of

inmates suffer from mild depression, 20% suffer from moderate depression, and 35% suffer from severe depression.<sup>5</sup> Inmates with a history of substance abuse, childhood sexual abuse, and chronic illness are known to have significantly higher Beck Depression Inventory (BDI) scores.<sup>6,7</sup>

Until 2011, it was known that there were 10.1 million prisoners worldwide, most of whom were in the United States, Russia, and China, with the highest number of prisoners in the United States.<sup>7</sup> In Bali itself, there is a prison for adults in Kerobokan, Denpasar, and a prison for children in Karangasem Regency. Based on data for 2017, Kerobokan prison is inhabited by 1206 inmates consisting of 132 women and 1074 men. The inmates consist of 704 convicts

and 442 detainees. Most of the cases detained at Kerobokan prison are drug cases, namely 458 inmates. In addition, it was noted that of the total assisted citizens, 59 people were foreign citizens. The total number of inmates in the Kerobokan prison far exceeds the ideal number that should be because the prison's capacity is only 323 people. This has the potential to cause conflict, pressure, and mental health problems for the inmates at Kerobokan Prison, especially the male inmates, whose number is far greater than the female inmates.

Based on the results of interviews with doctors on duty at the Kerobokan prison clinic, it is known that there have been many cases of suicide among inmates at the prison. Although not recorded with certainty, this shows the possibility that there are many cases of depression that may occur in inmates at Kerobokan Prison who are not detected and are already in a severe phase. So far, the Kerobokan prison is working with Sanglah General Hospital to provide a psychiatrist to carry out examinations at the clinic every Friday every week. The inmates who undergo mental health examinations at the clinic are those who are suspected of having depression or other mental disorders by the clinic doctor. So they have shown symptoms of a mental disorder that are known by other inmates or correctional officers. Until now, screening or early detection efforts for depression have never been carried out on inmates at the Kerobokan Prison. This depression screening activity aims to detect mental disorders in inmates at the Kerobokan prison so that they can receive treatment immediately before moving on to a more severe phase.

## **2. Methods**

The implementation of the activity begins with the preparation stage. The program preparation stage includes developing service proposals and establishing communication with the Kerobokan prison and mental health specialists on duty at the prison clinic in an effort to coordinate referrals. The measurement tool used for early detection of depression is the depression anxiety and stress scale (DASS), which has been

measured for its validation and reliability. The DASS questionnaire measures the respondent's history of disorders related to depression, anxiety, and stress in the past week.<sup>8-10</sup> In addition to the standard questions in the DASS questionnaire, several question items were added regarding age, region of origin, education, employment prior to detention, marital status, and length of time in prison. Filling in the questionnaire was carried out at the clinic alternately for each session of 10-15 people. The number of inmates who came to fill out the questionnaire was 96 people. Before filling out the questionnaire, the inmates were given an explanation of how to fill it out. Completed questionnaires were collected again for analysis. Prisoners who are detected experiencing depression, anxiety, and stress during screening are then referred to mental health specialists who work at the prison clinic every week to undergo a further diagnosis and treatment process.

## **3. Results and Discussion**

Table 1 describes the characteristics of the inmates of the institution penitentiary Kerobokan participating in depression screening activities. Most are aged 18-40 years, come from outside Bali, have high school-college education, are single, have convict status, do not see their families regularly, and have been in prison for less than 12 months.

In Table 2 below, it can be seen that some of the data is missing, so the total data is less than 96 people. This is caused by not answering one or more questions in each aspect of mental health that is measured (aspects of depression, anxiety, and stress), so the total mental health status score cannot be calculated. Based on the results of the analysis above, then all inmates who are detected experiencing depression, anxiety, and stress on a mild, moderate, severe, and very severe scale are referred to the psychiatrist on duty at the Kerobokan prison. They are then evaluated further, given counseling and treatment if needed, and monitored to see improvements in their mental health condition.

Table 1. Characteristics of Kerobokan prison inmates.

<b>Variable</b>	<b>Frequency (%)</b>
Age	
18-40 years	76 (79.2)
41-65 years	20 (20.8)
Origin	
Bali	30 (31.3)
Outside Bali	66 (68.7)
Level of education	
Primary-junior high school	27 (28.1)
High school-college	69 (71.9)
Marital status	
Married	42 (43.8)
Single	46 (47.9)
Widower (divorced/dead)	8 (8.3)
Detainee status	
Inmate	76 (79.2)
Prisoner	20 (20.8)
Visited regularly or not	
Routine	30 (31.3)
Not a routine	66 (68.7)
Long detention	
Less than 12 months	69 (71.9)
More than 12 months	27 (28.1)

Table 2. The results of the DASS measurement at Kerobokan prison inmates.

<b>Variables</b>	<b>Frequency (%)</b>
Depressed status (n=83)	
Not depressed	64 (77.1)
Mild depression	10 (12)
Moderate depression	6 (7.2)
Severe depression	3 (3.6)
Degree of anxiety (n=87)	
No anxiety	62(71.3)
Mild anxiety	7 (8)
Moderate anxiety	13 (14.9)
Severe anxiety	3 (3.4)
Very severe anxiety	2 (2.3)
Degree of stress (n=86)	
No stress	73 (84.9)
Mild stress	8 (9.3)
Moderate stress	2 (2.3)
Severe stress	3 (3.5)



Figure 1. Photo of the activity of completing the DASS questionnaire by inmates of the Kerobokan prison.

#### 4. Conclusion

Mental health screening activities for inmates of the institution penitentiary should be routinely done to prevent more severe mental disorders.

#### 5. References

1. Butler T, Andrews G, Allnutt S, Sakashita C, Smith NE, Basson J. Mental disorders in Australian prisoners: A comparison with a community sample. *Aust N Z J Psychiatry*. 2006; 40(3): 272–6.
2. Bedaso A, Ayalew M, Mekonnen N, Duko B. Global estimates of the prevalence of depression among prisoners: a systematic review and meta-analysis. *Depress Res Treat*. 2020: 369520.
3. Altintas M, Bilici M. Evaluation of childhood trauma with respect to criminal behavior, dissociative experiences, adverse family experiences and psychiatric backgrounds among prison inmates. *Compr Psychiatry*. 2018; 82: 100–7.
4. Silva GPD, Morais SCR, Frazão CMFQ, Lopes CT, Manguiera SO, Linhares FMP. Cardiovascular risk factors in people deprived of their liberty: an integrative review. *Rev Gaucha Enferm*. 2020; 41: 20190357.
5. Wolff N, Shi J. Childhood and adult experiences of incarcerated persons and their relationship to adult behavioral health problems and treatment. *Int J Environment Res Public Health*. 2012; 9(5): 1908–26.
6. Armstrong ER, Winters DE, Jagers JW. 2018 mental health in prison populations: policy, practice and challenges. In: Church WT II, Springer DW, editors. *Serving the stigmatized: working within the incarcerated environment*. Oxford University Press: New York; 2018; 1–16.
7. Faze S, Hayes A, Bartellas K, Clerici M, Trestman R. Mental health of prisoners: prevalence, adverse outcomes and interventions. *Lancet Psychiatry*. 2016; 3(9): 871–81.
8. Martin MS, Potter BK, Crocker AG, Wells GA, Colman I. Yield and efficiency of mental health screening: a comparison of screening protocols at intake to prison. *PLoS One*. 2016; 11(5): e0154106.
9. Williams M, Thomson L, Butcher E, Morriss R, Khunti K, Packham C. NHS health check programme: A qualitative study of the prison experience. *J Public Health*. 2020: fdad189.
10. Marijanovic I, Kraljevic M, Buhovac T, Ceric T, Abazovic AM, Alidzanovic J, et al. Use of depression anxiety and stress scale to assess levels of depression, anxiety and stress in healthcare and administrative staff in 5 oncology institutions in Bosnia and Herzegovina during the 2020 COVID-19 pandemic. *Med Sci Monit*. 2021; 27: e930812.