

Psychiatric symptoms and histories among people detained in police cells

James Ogloff · Lisa Warren · Christine Tye ·
Foti Blaher · Stuart Thomas

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Abstract

Objectives This study examined the psychiatric symptoms, mental health histories and psychiatric medication use in a sample of people detained in police cells. Offences that led to the detention episode were compared between those with and without psychiatric symptoms.

Method Detainees were interviewed by nurses who completed a clinical interview and the Brief Psychiatric Rating Scale. Full histories of contact data for participants were then drawn from the public mental health services database and the police database, and from their general practitioners.

Results One-third of the 614 detainees exhibited psychiatric symptoms in police custody; and 42% received medical treatment after arrest. Over half (55%) of the detainees had previous contact with the public mental health system. Having a history of contact with mental health services was found to contribute significantly to psychiatric symptoms in police cells. Offences committed by detainees did not differ between those presenting with and without psychiatric symptoms.

Conclusions Many detainees in police cells experience psychiatric symptoms. This creates a significant clinical need necessitating timely access to health care and a continuity of care with health service providers beyond the

initial police cell contact. Such a service model will require the development of functional interagency partnerships between the police and health services.

Keywords Psychiatric symptoms · Custodial care · Mental disorders · Police detention

Introduction

Across the world millions of people are in police custody at any moment in time. While in police cells those requiring health care, including mental health care, are dependent on the police providing them access to health care clinicians. The health needs of this population are not well understood, as traditionally researchers have focused on those offenders who are transferred from police cells into the criminal justice system as remanded or sentenced prisoners. Prison-based research has revealed that the need for mental health care is pervasive, with rates of all major mental disorders consistently found to be far higher than rates among the general population [1–4]. Indeed a recent systematic review found that about one in seven prisoners in Western countries had psychotic illnesses or severe depression, rates several times higher than those in the community, while rates of antisocial personality disorder were around ten times higher [5].

It might be expected, therefore, that rates of mental disorders may be even higher if one studied the population of detainees brought into police cells because a significant proportion of people arrested and detained in police cells would not be remanded to prison but instead bailed to appear in court at a later date. Therefore, mental health morbidity in this population would not be included in the aforementioned prison-based prevalence estimates. The

J. Ogloff · L. Warren · C. Tye · F. Blaher · S. Thomas (✉)
Monash University, Melbourne, Australia
e-mail: stuart.thomas@monash.edu

J. Ogloff · C. Tye · S. Thomas
Victorian Institute of Forensic Mental Health,
Melbourne, Australia

F. Blaher
St Vincent's Correctional Health, Melbourne, Australia