

Original Research

Psychosocial Problems on Defendants in Detention Center



Aisyah Dzil Kamalah^{1*}, Eka Budiarto¹

¹Universitas Muhammadiyah Pekajangan Pekalongan, Pekalongan, Indonesia

Article Info	Abstract
<p>Article history: Received: 20 June 2022 Accepted: 21 July 2022</p>	<p><i>Introduction:</i> Psychosocial problems can trouble anyone. Defendants living at a detention center have high risk of experiencing psychosocial problems due to restrictions on social relations with people outside. The purpose of this study was to determine the psychosocial problems experienced by defendants in Pekalongan Detention Center.</p> <p><i>Methods:</i> This research was a descriptive with cross sectional study approach. The population in this study were all inmates in the detention center with a sample of 99 inmates, chosen by using a simple random sampling technique. The inclusion criteria in this study were inmates who lived in the Pekalongan Detention Center, aged older than 18 years, and were not physically sick when the study was conducted. This research was conducted at the Pekalongan Detention Center from August to September 2021. The instrument used in this study was the Self Reporting Questionnaire (SRQ).</p> <p><i>Results:</i> The results showed that 76 people (76.77%) faced psychosocial problems. Meanwhile, 23 people (23.23%) did not have any psychosocial problem or were in a psychosocially healthy condition. Psychosocial problems experienced by the respondents were feeling unhappy, feeling worried, having headaches, having difficulties in making decisions, and feeling tired all the time.</p> <p><i>Conclusion:</i> Most of the defendants in Pekalongan Detention Center had psychosocial problems.</p>
<p>Keywords: defendant, detention, psychosocial problems</p>	

*Corresponding Author:

e-mail: aisyah.kamalah@gmail.com



This work is licensed under a Creative Commons Attribution 4.0 International License.

INTRODUCTION

Psychosocial problems can happen to everyone, including inmates who are currently undergoing detention in detention centers (Rutan). Rutan is a place for people who are in the judicial process or have not yet given any permanent legal force [1]. Uncertainty in the judicial process makes inmates experience psychosocial problems such as anxiety. In addition, psychosocial problems in inmates may arise due to their unmet basic needs [2]. The inmates who live in a detention center are restricted to meet other people and to carry out their activities like when they live in a community. Mental health problems are more common in people living in detention than in people living in the community. However, people in detention are more difficult to get treatment for mental problems than those in the community [3].

The causes of the occurrence of psychosocial or mental health problems that occur in inmates are optimism, self-adjustment, length of detention, and social environmental factors [4]. The optimism factor is a predisposing factor that a person has. Inmates who have good optimism will always think positively, view problems as positive things, and surrender to the provisions of the Almighty. Environmental factors can be seen in the inmates who usually lived with their families but during detention they have to live in an unfamiliar detention environment. The next factor is the adjustment of an inmate who tries to control himself because he feels under pressured and frustrated from the environment he lives and the social environment in detention, namely

family, friends, and prison officers that greatly affects the perceived psychosocial problems. The length of detention can make the inmates feel stressed because of their isolated personal life or the pressures in their new environment. In addition, they are required to make adjustments to live in that isolated place [4].

Research in Italy shows that mental disorders occur in 58.7% of inmates when compared to only 8.7% of ordinary citizens. The problem experienced by inmates is anxiety due to stress due to undergoing detention [5]. Psychosocial problems that cannot be overcome by prisoners can lead to suicidal ideation, hopelessness, and depression [6, 7]. A study conducted in Greece on male prisoners who tried to harm themselves showed that mental disorders were diagnosed in 63 prisoners (78.7%). The main diagnoses were: anxiety disorder, 30 (37.5%); major depression, 22 (27.5%); antisocial personality disorder, 30 (37.5%); alcohol dependence, 21 (26.3%) and opiate dependence 22 (27.5%) and schizophrenia or bipolar disorder 9 (11.2%) [8]. Other psychosocial problems that prisoners feel during their detention are nervousness, hopelessness, restlessness, and feeling worthless [9]. Based on these problems, researchers are interested in conducting research on the description of psychosocial problems in inmates at the Class 2A of Pekalongan Detention Center.

METHODS

This research was a descriptive with cross sectional study approach. The population in

this study were all inmates in the detention center with a sample of 99 inmates, chosen by using a simple random sampling technique. The inclusion criteria in this study were inmates who lived in the Pekalongan Detention Center, aged older than 18 years, and were not physically sick when the study was conducted. This research was conducted at the Pekalongan Detention Center from August to September 2021. The instrument used in this study was the Self Reporting Questionnaire (SRQ). The questionnaire being used was SRQ 20. There were 20 questions with a score of 1 if the symptoms appeared and 0 if the symptoms did not appear. The total score of 0-6 indicated a normal value, meanwhile 7-20 indicated psychosocial problems suffered by the respondents [10, 11]. These SRQ results can be grouped into 4 categories, namely depression/anxiety, somatic, decreased energy, and depressive thoughts [6].

Researchers have obtained research permits from the National and Political Unity Agency (*Kesbangpol*) of Pekalongan City, the Regional Research and Development Planning Agency (*Bappeda*) of Pekalongan City, and the Head of the Central Java Regional Office of the Correctional Division of the Ministry of Law and Human Rights of the Republic of Indonesia.

RESULTS

The study was conducted on 99 inmates. The average age of the respondents was 34 years old. They had graduated from University (10.1%), Senior High School (19.2%), Junior High School (30.3%), and Elementary School (38.4%), while 2% of them had not attended school. Talking about the experience of being fostered in a detention center, 40 people (40.4%) said that it was the first time they had been trained in a detention center, and 59 people (59.6%) said that they had been trained in a detention center before.

Based on the gathered data, most of the respondents 76 respondents (76.77%) experienced psychosocial problems. It shows on Table 1. Description of psychosocial problems in Class 2A of Pekalongan Detention Center.

The Result shows that prevalence of Common mental disorder in 4 categories. In the most symptom in Depressive / Anxious Category is feeling unhappy 75 respondent (75,8%). the most Somatic symptom Categories is have a sleep problems 54 respondents (54,5%), the most reduced energy symptom is Feeling Tired all The time 62 Respondents (62,6%). Meanwhile, most Depressive Thought Symptom is feeling unable to function properly 39 respondent (39,4). The other symptom shown on Table 2.

Table 1

Description of the Psychosocial Problems in Class 2A of Pekalongan Detention Center

Psychosocial Problems	Frequency (n)	Percentage (%)
Psychosocially healthy condition	23	23,23
Having Psychosocial Problems	76	76.77
Total	99	100

Table 2

Prevalence of common mental disorder symptoms in SRQ

Scale / Categories	Frequency (n)	Percentage (%)
Depressive/Anxious		
Feeling nervous, tense or worried	50	50.5
Easily getting afraid	19	19.2
Feeling unhappy	75	75.8
Crying more often than usual	16	16.2
Somatic Symptoms		
Having headaches more often	40	40.4
Having sleep problems	54	54.5
Having stomachaches	20	20.2
Having poor digestion	16	16.2
Having poor appetite	35	35.4
Shaking hands	10	10.1
Reduced Energy		
Being easily fatigued	60	60.6
Having difficulty to make decisions	42	42.4
Having difficulty to enjoy daily activities	42	42.4
Neglecting daily tasks	38	38.4
Feeling tired all the time	62	62.6
Having difficulty to think clearly	45	45.5
Depressive Thought		
Feeling unable to function properly	39	39.4
Losing interest in things	35	35.4
Suicidal ideation	2	2

DISCUSSION

The results showed that 76 respondents (76.77%) suffered psychosocial problems while the rest (23.23%) did not face any of those problems. Psychosocial problems felt by defendants occur as a result of not living with family, feeling guilty and not accepting the situations. This study was in line with a research conducted by Nseluke & Siziya (2011) showing that 130 inmates (63.5%) in

Lusaka Central Prison experienced problems in their mental health [12]. 64% inmates in local jail have mental health / psychosocial problem, federal prison 45% and state prison 56% [13] This result related to the marital status of the detainees. Those who were married and had families had less burden because their families always supported them. The results of this present study were similar to inmates at the Mukobeko Maximum-Security Prison, although its

results showed that there were fewer inmates suffering psychosocial problems than those who were healthy. Mweene & Siziya (2016) conducted an examination of mental health problems in inmates at the Mukobeko Maximum Security Prison in Zambia. The results of his research showed that out of 394 inmates, only 115 people (29.2%) experienced problems in their mental health [14].

The signs and symptoms gathered by SRQ 20 could be divided into 4 categories namely depression/anxiety, somatic, decreased energy, and depressive thoughts [6]. Signs of depression/anxiety symptoms consisted of easily feeling afraid, feeling unhappy, and crying more often than usual. While the signs of somatic symptoms consisted of frequent headaches, having poor sleep, having stomachaches, suffering digestive problems, losing appetite, and having shaking hands. Decreased energy could be seen from easily getting tired, feeling difficult in making decisions, feeling difficult in enjoying daily activities, feeling miserable every day, feeling tired all day, and having difficulty in thinking clearly. While depressive thoughts could be seen from not being able to function properly, losing interest in something, having suicidal ideation, and feeling useless.

The analysis of the SRQ of depression/anxiety resulted to 19 respondents (19.2%) felt afraid, 75 respondents (75.8%) felt unhappy, and 50 people (50.5%) felt anxious, tense, anxious and worried, and 16 people (16.2%) said they cry often. The results of this study were in line with a research conducted by Carmo in Brazil.

75% of his respondents felt afraid, 52.2% felt unhappy, 55.3% said they were anxious, tense and worried, and 25.4% of them cried more often than usual [6]. Depression/anxiety is a mental health problem. Anxiety is a psychosocial problem that is often found in society. This problem must be overcome so that it does not interfere the life of inmates in detention.

The analysis of the SRQ of somatic problems showed that 40.4% of the respondents had headaches, 54.4% complained about not sleeping well, 16.2% had digestive problems, 20.2% had stomachaches, 35.4% complained about loss of appetite, and 10.1% said their hands were shaking. Somatic signs and symptoms are problems that are felt by the body as a result of experiencing and overthinking about certain problems. Somatic problems found by the previous study were 49.4% people felt frequent headaches, 41.7% complained of not sleeping well, 31.3% experienced digestive problems, 23.0% had stomachaches, 34.7% complained about loss of appetite, and 24.4% had hand tremors [6]. The detailed reduced energy identified in this study consisted of 28.3% people felt fatigued easily, 42.4% said they found it difficult to make decisions, 42.4% said they found it difficult to enjoy their activities, 62.6% said they were tired all the time, while 45.5% respondents complained about difficulties to think clearly. 92% inmates with serious mental illness have criminal thinking [15].

Depressive thoughts felt by the respondents consisted of feeling unable to function properly (felt by 39.4% of the respondents), loss of interest (35.4%), and

thought of ending their lives (2%). The occurrence of decreasing energy and the presence of depressive thoughts in inmates may result to psychosocial problems that need proper handling. The results of this study were in line with the results of research conducted by Doris (2016) which showed sleep problems (both insomnia and hypersomnia), constant anger, major depression, and attempted suicide in 13% of federal prisoners, 6% of state prisoners and 13% of local prisoners in the United States [13]. inmates are at a higher risk of depression than people who are not detained [16].

Symptoms of psychosocial problems felt by defendants occur due to several stressors, such as a new environment and the absence of the closest people (family) who can support the inmates to solve problems. To deal with stressors, inmates need to be facilitated to get adaptive coping [17]. So, there is a need to establish a policy related to family visiting hours or adequate communication facilities provided by the detention center in order to increase the defendants' sense of security and comfort in communicating with their families. In addition, there is a need for counseling services from professionals related to psychosocial problems experienced by defendants. Further research needs to be done regarding nursing interventions that can reduce psychosocial problems in defendants.

CONCLUSION

This study concludes that most of the respondents experienced psychosocial problems, such as fear, feeling unhappy, feeling anxious, tension, and worry.

Therefore, there is a need for counselors, especially those related to psychosocial/mental health problems for inmates living in detention centers.

ACKNOWLEDGMENTS

The researcher would like to thank Universitas Muhammadiyah Pekajangan Pekalongan for providing beneficial support for this research.

REFERENCES

- [1] H. Munawaroh and A. Rachmad, "Aplikasi Administrasi Layanan Rumah Tahanan," *Multitek Indonesia*, vol. 9, no. 1, pp. 16-23, 2016.
- [2] S. Enggist, L. Møller, G. Galea, and C. Udesen, *Prisons and health*. WHO Regional Office for Europe, 2014.
- [3] G. Britain, House of Commons Committee of Public Accounts. *Mental health in prisons: eighth report of session 2017-19*. Proquest LLC, 2017.
- [4] H. Cahyani, M. Asikin, and H. K. Hengky, "Faktor-faktor yang mempengaruhi masalah kesehatan mental pada narapidana narkoba di rutan kelas IIB Sidrap," *Jurnal Ilmiah Manusia Dan Kesehatan*, vol. 3, no. 1, pp. 43-52, 2020.
- [5] A. Maccio et al., "Mental disorders in Italian prisoners: results of the REDiMe study," *Psychiatry Research*, vol. 225, no. 3, pp. 522-530, 2015.
- [6] M. B. Barreto do Carmo et al., "Screening for common mental disorders using the SRQ-20 in Brazil: what are the alternative strategies for analysis?,"

- Brazilian Journal of Psychiatry, vol. 40, pp. 115-122, 2017.
- [7] G. Ferrari, "Psychosocial risks within prison service," *J Health Soc Sci*, vol. 1, no. 1, pp. 23-29, 2016.
- [8] M. Fotiadou, M. Livaditis, I. Manou, E. Kaniotou, and K. Xenitidis, "Prevalence of mental disorders and deliberate self-harm in Greek male prisoners," *International Journal of law and psychiatry*, vol. 29, no. 1, pp. 68-73, 2006.
- [9] J. Bronson and M. Berzofsky, "Indicators of mental health problems reported by prisoners and jail inmates, 2011-12," Bureau of Justice Statistics, pp. 1-16, 2017.
- [10] N. Husain, N. Chaudhry, A. Rhouma, A. Sumra, B. Tomenson, and W. Waheed, "Validation of the self-reporting questionnaire (SRQ 20) in British Pakistani and White European population in the United Kingdom," *Journal of affective disorders*, vol. 189, pp. 392-396, 2016.
- [11] Kemenkes RI, "Pedoman Tata Kelola Penyelenggaraan Upaya Kesehatan Jiwa," Jakarta, 2021.
- [12] M. T. Nseluke and S. Siziya, "Prevalence and socio-demographic correlates for mental illness among inmates at lusaka central prison, Zambia," *Medical Journal of Zambia*, vol. 38, no. 2, pp. 3-7, 2011.
- [13] D. J. James and L. E. Glaze, "Mental health problems of prison and jail inmates," 2016.
- [14] M. T. Mweene and S. Siziya, "Prevalence of mental illness among inmates at Mukobeko maximum security prison in Zambia: A cross-sectional study," *Journal of Mental Health and Human Behaviour*, vol. 21, no. 2, p. 105, 2016.
- [15] R. D. Morgan, W. H. Fisher, N. Duan, J. T. Mandracchia, and D. Murray, "Prevalence of criminal thinking among state prison inmates with serious mental illness," *Law and Human Behavior*, vol. 34, no. 4, pp. 324-336, 2010.
- [16] Y. Yi, K. Turney, and C. Wildeman, "Mental health among jail and prison inmates," *American journal of men's health*, vol. 11, no. 4, pp. 900-909, 2017.
- [17] J. A. Pardede, "Teori dan Model Adaptasi Sister Calista Roy: Pendekatan Keperawatan," *Jurnal Ilmiah Kesehatan*, vol. 10, no. 1, 2018.