Original

RESP

Mental health, positive affectivity and wellbeing in prison: a comparative study between young and older prisoners

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ABSTRACT

Objective: To explore socio-demographic, psychological and psychopathological characteristics, as well as to evaluate behaviour in a sample of inmates.
Material and methods: A sample of 182 young and elderly inmates of the Madrid III Prison was used. The research was carried out with a battery of self-report psychological questionnaires and objective measurements obtained through the prison files. Comparisons of means were made to see if there are significant differences between the two groups (young and elderly inmates) in the variables analysed.
Results: The analysis shows that there are no significant differences in wellbeing between young and elderly inmates. However, young people have higher levels of psychological distress, more presence of negative emotions and have a more maladjusted behaviour in prison (they consume more cannabis and have more disciplinary proceedings registered). Older people regulate their emotions better, adopt the perspectives of others more effectively and show themselves to be friendlier.
Conclusions: The elderly inmates in prison, compared with the youngest ones, have better psychological adjustment, more internal resources and are better adapted to the prison environment despite there being no differences in related variables such as time in prison.

Keywords: young adult, aged, prisons, mental health, emotions.

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INTRODUCTION

Young adults and the elderly make up 23.11% and 4.26% of the prison population respectively[1]. Although they are not very numerous, they are a priority for the Prison Administration: both have specific intervention programmes regulated by a section of the Prison Regulations[2] (*Reglamento Penitenciario*) for young adults and directives[3] in the case of older prisoners.

There are few scientific publications in Spain on old age in the prison setting, and the most relevant study in this area was carried out in 2009 by the Secretary General of Prisons[4], but it does not include any analysis of psychological variables. On an international level, research has focused specifically on the incidence of physical and mental diseases[5,6], analysis of inmate needs[7] and on problems of adaptation to the prison environment[8-10]. Few research studies have focused on variables such as stress and depression (see review[11]), suicide[12,13] or the symptoms of post-traumatic stress[14]. Nor is there are any research on wellbeing, psychological resources or the presence of positive emotions presented by older inmates. As for young adults, there is little in the way of research that explores individuals' positive characteristics, what there is tends to focus more on recidivism and criminological needs[15,16], misconduct in prison[17-19] or the existence of psychopathological disorders[20,21].

Studies on the prison environment show that older people have more mental and physical illnesses

than the prison population under 60 years of age and elderly people who live in non-prison settings[5,22-24]. One third of older people in prison need help in their daily lives[10], and the high prevalence of depression is linked to the presence of chronic diseases and the subjective perception of not being cared for according to one's needs[25]. After natural death, suicide is the second most common cause of mortality amongst members of the Spanish prison population over 60[4]. In view of this data, it would appear that older inmates' quality of life and adaptation are worse than they are for young adults. However, the concept of health proposed by Keyes not only includes aspects related to sickness, but also wellbeing and other positive aspects of a person. The studies have also compared older adults over 60 to the rest of the population, but not to the youngest members of the institution, who form a collective with certain psychological characteristics and specific problems of adaptation to prison life[26].

Studies of the population outside prison show that despite old age bringing about a physical and mental decline, there are no significant differences in terms of subjective wellbeing and satisfaction with life that depend on age[27,28]. Furthermore, no differences are observed between the elderly who live at home and those who live in retirement homes[29]. Mázquez-Gónzalez et al.[30] conclude that older people are more able to control their emotions and optimise their emotional experiences, and that the number of negative emotions decreases with age while the positive ones are maintained, and may even increase. The prison sample has shown that the elderly present lower levels of psychological distress[31], and fewer symptoms of post-traumatic stress[14]. This contradicts the myth that the elderly are unhappier than young people and may be explained by the socioemotional theory proposed by Carstensen[32-34]. This model states that elderly people are more selective about choosing their interactions so as to optimise their emotional regulation processes and so create greater wellbeing. Furthermore, time is perceived as limited and goals are more adequately selected in order to maximise satisfaction with life, by doing things such as improving the relationships they consider to be interesting[35-38]. This selection process enables negative emotions to be less frequent and the positive ones to be boosted.

This study sets out to explore the mental health, wellbeing, emotions and adaptation to the prison environment of the youngest and oldest prison inmates. In line with Carstensen's theoretical socioemotional model, the hypothesis is put forward that the elderly in prison present more positive emotions and less negative ones, higher levels of wellbeing and better adaptation to prison, in comparison to the group of young inmates.

MATERIAL AND METHOD

Participants

The sample was made up of 182 inmates of the Madrid III Prison: 94 of them were under 30 years of age; and 88 were over 50. All the participants were male, as this prison does not house female inmates. Although the Prison Regulations (*Reglamento Penitenciario*) considers young people to be those up to 21 years of age and, exceptionally, up to 25, inmates of up to 29 were also included, because the Prisons Treatment Programme (*Programa de tratamiento de Instituciones Penitenciaras*) includes participants in this age range. As regards the older population, international studies with the elderly in prison usually include inmates from 50 years of age upwards, as the physical and mental health of an inmate at this age is considered to be equivalent to about 10 to 15 years more than a person living in the community[39-41].

Procedure

The prison computer system (SIP, in Spanish) was used to select all the inmates under 30 years of age and those over 50 in Madrid III Prison. The inclusion criterion is therefore age, since there are no exclusion criteria. An information meeting was held with all the young and elderly inmates of the prison in which they were informed that research was going to be carried out to study the psychological characteristics of the inmates according to age. They were informed that the data would be processed anonymously, and that it was necessary to sign an informed consent to participate. They were told about all the relevant information to be collected in the study and they were informed of their rights and obligations as participants. It was also mentioned that the data would be obtained by completing a self-report questionnaire and from their prison records. Of the total population of young and elderly inmates (296), 182 finally gave their consent. 94 of those were young adults from 18 to 29 years of age, and 88 were elderly inmates of 50 years.

This is a non-experimental transectional descriptive research project, of natural groups, the independent variable of which is age.

This research project received permission from the Support Unit of the Secretary General of Spanish Prisons.

Below are the dependent variables included in the study and the way in which they have been measured:

- Socio-demographic and mental health variables: age, nationality, marital status, number of offspring, educational level, profession, drug consumption psychiatric background (measured via an *ad hoc* questionnaire).
- Prison variables: the length of stay in prison, the number of disciplinary proceedings and penalties were obtained from the prison records.
- Psychological variables (collected with self-report tests):
  - Wellbeing: measured using the *Psychological Wellbeing Questionnaire*[42,43]: made up of 29 items in a Likert five option format. The following are evaluated: self-acceptance, personal growth, purpose in life, positive relationships, environmental mastery and autonomy.
  - Psychological distress: evaluated via the *Brief Symptom Inventory* (BSI)[44,45], made up of 53 items, which measure the psychopathological state of the subjects with a five-point Likert scale. It consists of the following scales: somatisation, obsession-compulsion, sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, psychoticism and a global score.
  - Emotions: The *Positive and Negative Affect Schedule*, (PANAS)[46,47] is used to measure negative and positive affect in two scales of ten items, evaluating the affects overall and in the final week.
  - Personality: The *Big Five Inventory* (BFI)[48], made up of 44 items, is used with a five-point Likert scale of answers to measure neuroticism, extroversion, openness to experience, kindness and responsibility.
  - Emotional intelligence: evaluated using the profile of emotional competence (PEC)[49,50]. Contains the self-awareness of intrapersonal and interpersonal emotional competences. Consists of 50 items distributed on a Likert scale with a range of 1-5.
  - Problem-solving capacity: evaluated using the *Social Problem Solving Inventory-Revised* (SPSI–R)[51,52]. Consists of 25 items on a Likert scale from 0 to 4. In this study, the scales that evaluate rational problem solving and the impulsivity/carelessness style were used.
  - Resilience: measures using the brief resilience scale (BRS)[53,54], a self-reporting instrument of six items that are scored on a five-point Likert scale.
  - Coping strategies: uses the coping strategies scale called *Situated Coping Questionnaire for Adults*, SCQA[55], made up of 40 items with a five-point Likert scale. The strategies of rumination, emotional expression, self-blaming, self-isolation, thinking avoidance, help-seeking, problem solving and positive thinking in different situations are assessed.
  - Perceived social support: the subjective social support of family and friends was analysed using the perceived social support scale[56,57], which consists of ten items on a Likert scale, with scores from 1 to 4.
  - Empathy: empathy is assessed using the interpersonal reactivity index (IRI)[58,59], including cognitive and emotional factors via 28 items, with a 5-point Likert scale. The dimensions of perspective-taking and concern were used for this study.
  - Self-esteem: evaluated using the self-esteem scale[60,61], consisting of ten items scored from 1 to 4 on a Likert scale.
  - Personality disorders: only the screening questions for antisocial and borderline personality disorder from the assessment questionnaire (*International Personality Disorder Examination*, IPDE)[62] were used.

The two samples were compared using the Chi-square test (χ^2) for the categorical variables while Student's t-test was used for the continuous variables.

RESULTS

The socio-demographic characteristics of the sample (Table 1) more inmates with Spanish nationality (χ^2=8.49 (3); p=0.037) and a larger number of graduates (χ^2=9.99; p=.019) amongst the elderly. There are more single people amongst the young adults, and more married persons and divorcees amongst the older inmates (χ^2=39.72; p <.001), who also have more offspring (χ^2=31.24; p <.001). Finally, older inmates have paid more Social Security contributions (t(73.96)=4.14; p <.001).

Young inmates stand out for having higher scores in the global variable of psychological distress (t(178.94)=2.75; p=.006; d=.41), and in the sub-scales of obsession -compulsion (t(181)=2.41; p=.017; d=.36), anxiety t(168.94=3.99; p <.001; d=.59), aggressiveness-hostility (t(173.73)=2.87; p=.005; d=.42), phobic anxiety (t(167.13)=3.22; p=.002; d=.47), paranoid ideation (t(175.90)=3.29; p=.001; d=.49) and psychoticism (t(179.15)=2.07; p=.040; d=.40).

They also regularly present more negative affects (t(181)=2.35; p=.020; d=.35). Older inmates have higher scores than young ones in variables of emotional regulation (t(181)=2.07; p=.040; d=.31), in empathic perspective taking (t(181)=2.09; p=.038; d=.31) and in the variable of agreeableness (t(181)=2.45; p=.015; d=.36) (Table 2).

The results for adaptation to the prison setting in Table 3 show that young inmates receive more disciplinary proceedings (χ^2=4.23; p=.05) and consume more cannabis (χ^2=6.72; p=.01).

DISCUSSION AND CONCLUSIONS

Firstly, the results of this study show that young people show higher levels of psychological distress, especially in anxiety, and that negative emotions are more common. However, there are no differences in levels of wellbeing. These results match Keyes' complete state model of mental health[63,64], where wellbeing and distress are two related but mutually independent dimensions[65]. This data also corroborates Carstensen's socioemotional theory and the research carried out on the non-prison population[28,30,66,67]. International research on prisons31 has brought to light similar results, which are shown here for the first time in Spain. What is striking is that Carstensen's findings can be observed in prison samples, since the presence of physical and mental disease and low participation in daily activities are more marked than in samples in the community.

The results also show that inmates of 50 or more years of age regulate their emotions better, are more

Table 1. Socio-demographic variables

	Age ≤30	Age ≥50		
	M (d.t.)/%	M (d.t.)/%	t/χ^2 (gl)	p
1. Age	26.15 (2.20)	55.85 (5.36)	48.48 (115.48)	<0.001 *
2. Nationality			8.49 (3)	0.037†
2.1. Spanish	52.10%	70.80%		
2.2. Rest of Europe	12.80%	12.10%		
2.3. Latin America	23.40%	11.40%		
2.4. Other countries	11.70%	5.70%		
3. Educational level			9.99 (3)	0.019†
3.1. Uncompleted primary	25.50%	30.30%		
3.2. Completed primary	21.30%	12.40%		
3.3. Secondary	42.60%	33.70%		
3.4. University	8.50%	23.60%		
4. Marital status			39.72 (3)	<0.001*
4.1. Single	61.70%	19.10%		
4.2. Married	28.70%	40.40%		
4.3. Divorced	8.50%	38.20%		
4.4. Widowers	1.10%	2.20%		
5. Number of offspring			31.24 (2)	<0.001*
5.1. No children	34.00%	6.70%		
5.2. One child	23.40%	19.10%		
5.3. Two or more children	42.60%	74.20%		
6. Psychiatric background	77.70%	86.50%	1.63 (1)	0.201
7. Time in prison (months)	36.57 (49.33)	49.08 (75.90)	1.27 (138.92)	0.205
8. Years of SS contributions	3.36 (6.81)	23.77 (40.47)	4.13 (73.96)	<0.001*

Note. *p <0,01; †p <0,05; M(d.t)/%: media (desviación típica)/porcentaje; t/χ^2 (gl): t student/chi cuadrado (grados de libertad); p: índice de significación

Table 2. Mental health measurements

	Age ≤30		Age ≥50					
	M	d.t.	M	d.t.	t-student	gl	p	d-cohen
1. Psychological wellbeing								
1.1.Self-acceptance	16.68	5.35	16.80	5.63	-0.14	181.00	0.886	-0.02
1.2. Positive relationships	15.60	4.84	16.97	5.03	-1.88	181.00	0.062	-0.28
1.3. Autonomy	17.44	5.31	18.70	5.93	-1.52	181.00	0.131	-0.22
1.4. Environmental mastery	18.50	4.54	19.12	5.00	-0.88	181.00	0.377	-0.13
1.5. Personal growth	17.32	4.32	17.58	4.79	-0.39	181.00	0.694	-0.06
1.6. Purpose in life	22.23	5.92	22.37	6.72	-0.15	181.00	0.884	-0.02
1.7. Total	107.77	22.06	111.54	26.92	-1.04	181.00	0.300	-0.15
2. Psychological distress								
2.1. Somatisation	3.78	4.50	3.17	3.93	0.97	181.00	0.333	0.14
2.2. Obsession-compulsion	5.40	4.93	3.78	4.17	2.41	181.00	0.017*	0.36
2.3. Depression	5.40	4.94	4.47	4.75	1.30	181.00	0.195	0.19
2.4. Anxiety	4.95	4.58	2.63	3.17	3.99	165.94	0.000†	0.59
2.5. Aggressiveness-hostility	3.39	3.66	2.01	2.81	2.87	173.73	0.005†	0.42
2.6. Phobic anxiety	2.35	2.81	1.19	2.02	3.22	169.13	0.002†	0.47
2.7. Paranoid ideation	2.56	2.64	1.40	2.10	3.29	175.90	0.001†	0.49
2.8. Interpersonal sensitivity	1.89	2.69	1.25	1.94	1.87	169.31	0.063	0.28
2.9. Psychoticism	3.47	3.38	2.51	2.89	2.07	179.15	0.040*	0.31
2.10. Total	37.84	31.55	25.94	26.80	2.75	178.94	0.006†	0.41
3. Affectivity								
3.1. Positive affects final week	30.99	11.00	28.09	11.16	1.77	181.00	0.079	0.26
3.2. Negative affects final week	17.38	6.79	15.61	7.41	1.69	181.00	0.093	0.25
3.3. Positive affects generally	31.02	11.91	27.69	12.38	1.86	181.00	0.065	0.27
3.4. Negative affects generally	17.20	8.24	14.46	7.50	2.35	181.00	0.020*	0.35
4. Problem solving								
4.1. Rational problem solving	12.85	5.90	14.27	5.18	-1.73	181.00	0.086	-0.26
4.2. Careless/impulsive style	5.67	3.88	5.69	4.18	-0.03	181.00	0.980	0.00
5. Emotional intelligence								
5.1. Intrapersonal emotional competence								
5.1.1. Identification of emotions	19.02	7.78	20.92	7.05	-1.73	181.00	0.086	-0.26
5.1.2. Understanding of emotions	20.35	6.29	20.83	6.41	-0.51	181.00	0.609	-0.08
5.1.3. Expression of emotions	18.36	4.93	19.33	4.67	-1.36	181.00	0.177	-0.20
5.1.4. Regulation of emotions	22.86	7.76	25.10	6.83	-2.07	181.00	0.040*	-0.31
5.1.5. Use of emotions	17.99	7.39	19.54	6.89	-1.47	181.00	0.145	-0.22
5.2. Interpersonal emotional competence								
5.2.1. Identification of other people's emotions	20.31	4.50	20.15	4.88	0.23	181.00	0.815	0.03
5.2.2. Understanding of other people's emotions	18.35	3.95	18.42	3.98	-0.11	181.00	0.912	-0.02
5.2.3. Empathy with other people's emotions	13.66	3.76	13.85	3.85	-0.35	181.00	0.730	-0.05
5.2.4. Regulation of other people's emotions	16.97	7.39	18.70	6.86	-1.64	181.00	0.103	-0.24
5.2.5. Use of other people's emotions	12.26	6.66	11.57	6.39	0.71	181.00	0.481	0.10

Continue

Table 2. Medidas de salud mental (continuation)

	Age ≤30		Age ≥50					
	M	d.t.	M	d.t.	t-student	gl	p	d-cohen
6. Empathy								
6.1. Perspective taking	16.54	4.37	17.91	4.47	-2.09	181.00	0.038*	-0.31
6.2. Empathic concern	21.74	5.50	22.30	5.53	-0.69	181.00	0.494	-0.10
6.3. Total	38.29	8.10	40.21	8.61	-1.56	181.00	0.121	-0.23
7. Resilience								
7.1. Resilience	19.43	4.97	20.65	4.31	-1.78	181.00	0.077	-0.26
8. Self-esteem								
8.1. Self-esteem	18.77	5.56	19.22	4.77	-0.60	181.00	0.551	-0.09
9. Perceived social support								
9.1. Perceived social support	30.95	6.30	31.48	5.65	-0.61	181.00	0.546	-0.09
10. Personality								
10.1. Extroversion	3.34	0.72	3.36	0.58	-0.18	171.51	0.859	-0.03
10.2. Agreeableness	3.79	0.59	3.99	0.51	-2.45	181.00	0.015*	-0.36
10.3. Organised-conscientious	3.81	0.64	3.97	0.60	-1.68	181.00	0.096	-0.25
10.4. Neuroticism	2.45	0.67	2.32	0.60	1.34	181.00	0.183	0.20
10.5. Openness to experience	3.49	0.84	3.70	0.75	-1.81	181.00	0.072	-0.27
11. Coping strategies								
11.1. Emotion-focused coping								
11.1.1. Rumination	16.76	4.52	17.30	4.79	-0.80	181.00	0.427	-0.12
11.1.2. Emotional expression	12.93	4.19	12.58	4.41	0.54	181.00	0.592	0.08
11.1.3. Self-blaming	15.33	5.23	16.01	4.73	-0.92	181.00	0.357	-0.14
11.1.4. Total	45.01	11.27	45.90	11.95	-0.52	181.00	0.605	-0.08
11.2. Social-focused coping								
11.2.1. Self-isolation	12.76	4.85	13.11	4.81	-0.50	181.00	0.618	-0.07
11.2.1. Help-seeking	14.00	4.99	14.58	4.48	-0.83	181.00	0.407	-0.12
11.2.3. Total	26.76	7.11	27.70	6.64	-0.92	181.00	0.357	-0.14
11.3. Problem-focused coping								
11.3.1. Thinking avoidance	15.89	4.84	14.93	4.70	1.36	181.00	0.175	0.20
11.3.2. Problem solving	17.34	4.98	18.19	4.37	-1.23	181.00	0.222	-0.18
11.3.3. Positive thinking	19.74	5.27	20.33	4.61	-0.79	181.00	0.429	-0.12
11.3.4. Total	52.98	12.33	53.45	10.99	-0.27	181.00	0.786	-0.04
12. Personality disorders								
12.1. Antisocial personality disorder	2.28	1.55	1.89	1.26	1.86	181.00	0.065	0.28
12.2. Borderline personality disorder	2.62	2.24	2.38	1.91	0.76	181.00	0.447	0.11

Note. Tamaño del efecto (d-cohen):M_1-M_2 / desviación estándar muestral promedio de las dos muestras.
Note. *p <0,01; †p <0,05; M(d.t)/%: media (desviación típica)/porcentaje; t/χ^2 (gl): t student/chi cuadrado (grados de libertad); p: índice de significación

competent in seeing other people's points of view and are more agreeable and respectful. This study supports previous ones that show that the elderly have greater ability in managing emotions when compared to young adults[68]. Results taken from the non-prison population also support the notion that older people have more orientation towards others than young people[69], although there is no previous research com-

Table 3. Consumption of drugs and behaviour in prison

Variable	Young adults (94)	Elderly (89)	χ^2 (gl=1)	p
Self-reported drug consumption				
Alcohol	14 (14.90%)	8 (9.00%)	1.50	0.22
Cannabis	17 (18.10%)	5 (5.60%)	6.72	0.01*
Cocaine	3 (3.20%)	2 (2.20%)	0.15	0.65
Heroin	1 (1.10%)	0 (0.00%)	0.95	0.32
Tranquilisers	27 (28.70%)	25 (28.10%)	0.01	0.92
Amphetamines	1 (1.10%)	1 (1.10%)	0.00	0.96
Designer drugs	2 (2.10%)	1 (1.10%)	0.29	0.59
At least one substance	45 (47.90%)	35 (39.30%)	1.36	0.24
Behaviour in prison				
Penalties	4 (4.30%)	3 (3.40%)	0.10	0.75
Disciplinary proceedings	14 (14.90%)	5 (5.60%)	4.23	0.05†

Note. *p <,01; †p <,05; χ^2 (gl=1): chi cuadrado (grados de libertad=1)

paring this phenomenon in the prison setting. The non-existence of significant differences in perceived social support strikes a contrast with research that has highlighted less perceived support amongst the elderly[4,70], although it does match a study carried out in Madrid VI[71] Prison, in which 71% of inmates of 60 years of age defined their family relationships as good or very good, and 86.67% stated that they maintained strong links with other members of the family or friends.

In line with Carstensen's theoretical model, it is likely that older people maintain fewer relationships with others, but the quality they give to them leads to there being no difference between the perceived social support of young adults and older people. In this context, a research study that analysed social relationships according to age in the prison and non-prison populations showed that all the older people, prisoners and general public, had fewer but closer relationships[72].

The level of adaptation to surroundings showed more cannabis consumption and more disciplinary proceedings amongst young adults, which would indicate that they are less well adapted to prison. It seems logical that those who present a higher degree of psychological distress and more negative emotions consume more drugs and commit more offences, perhaps as a fruitless strategy to reduce their levels of anxiety. The data shows a reality that matches the literature: the behaviour of young people is more disruptive[73,74] and they consume more drugs[75,76], which are types of behaviour frequently seen amongst older inmates[4,71].

Time spent in prison does not seem to be a variable that influences psychological states or adaptation to surroundings, since, as shown above, the average length of stay in prison in these cases is very similar for both young and older inmates and despite this there are differences between the two groups. This data also matches other studies carried out in Spain[77]. On the other hand, it should be pointed out that the results for the socio-demographic situation are similar to those of other researchers for older people[4] and young adults[78] in prison. Other research studies have repeatedly shown that the environments that inmates come from are unfavourable, with few opportunities for education or to access skilled work.

This study provides further knowledge about the characteristics of young and older inmates in prison, in particular in the Madrid III Prison. A more exhaustive analysis of the psychological profile and other behavioural variables shows that the psychological functioning of older inmates in comparison to that of inmates of 30 years of age is better than what might be expected according to the research carried out on this type of population. The differences observed may be determined because most studies have measured the quality of life and levels of wellbeing, including the incidence of physical and mental diseases, without exploring psychosocial variables. However, health should be understood as a complete state of physical, mental and social wellbeing, and not just as the absence of distress or disease[79].

This work has some limitations. Firstly, the characteristics of the sample: they are all male and from

one single prison. On the other hand, the use of self-reporting resources to assess psychopathological and personality disorders show low levels of reliability, and so it would be interesting to have resources that are adapted to this type of population.

The findings shown here have important repercussions for prison treatment. The psychological imbalances, combined with cannabis consumption, gives an idea of the vulnerable mental health of young adults health. To date the therapeutic intervention habitually practiced with young people[80], the Prosocial thinking programme (Programa de pensamiento prosocial), only covers cognitive skills. The results obtained from this study indicate that it would be highly recommendable for treatment programmes to include units to work on other skills that enable young adults to improve their wellbeing and reduce psychopathological symptoms, by developing and boosting their emotional skills, personal resources and variables, and focusing on personal development and growth.

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