

Research Report

A CROSS-SECTIONAL STUDY OF DEPRESSION AMONG DEATH ROW CONVICTS FROM A SOUTH INDIAN STATE

Virupaksha Shanmugam Harave^{1*}, Nandakumar Bidare Sastry², Guruprasad Venkateshamurthy Devarayadurga³

¹Department of Psychiatry, MS Ramaiah Medical College, Bengaluru, Karnataka

²Dept of Community Medicine, M S Ramaiah Medical College, Bangalore

³ Retired Director General of Police, Karnataka

*Corresponding address: Associate Professor, Department of Psychiatry, M S Ramaiah Medical College, New BEL Road, MSR Nagar, Bangalore 560054. Email: virupaksha.hs@gmail.com

ABSTRACT

Background: Convicts punished with death sentences are reported to show a higher vulnerability for depression than the general population and other convicts. Previous studies have looked at the prevalence of depression in convicts; however, no studies from India have examined depression specifically among death row convicts. The present study aims to assess the prevalence of depression among death row convicts. **Methods:** This is a cross-sectional study conducted among 28 death row convicts from a South Indian State, using a semi-structured questionnaire and Beck's Depression Inventory-II. After obtaining necessary permission from the government and prison authorities to interview the convicts, two visits were made to Central Prison, Belgaum. Descriptive statistics were used to measure the frequencies and percentages. **Results:** Most convicts in this study were aged between 30 and 60 years (68.96%) and predominantly male (93.10%). The majority of the convicts had mild or no depression, while the rest had moderate to severe depression (57.15% vs 42.85%). Depression was significantly higher during the initial phase of the conviction (57.13%). There was an inverse trend of depression (57.13%, ≤ 6 years vs 42.85%, > 6 years) with the duration of stay in prison. **Conclusions:** Depression is prevalent among death row convicts. More systematic observation and analyses are needed from both the legal and medical fraternity to look at the death sentence and its impact on mental health.

Keywords: convicts, depression, death row syndrome, prison, prison mental health

INTRODUCTION

Punishments have been used since time immemorial to change human behaviour. Medical research has consistently failed to prove that punishments bring long-term positive behavioural changes. A death sentence or capital punishment is punishment in one of its severest forms,¹ practised in many countries, including India, despite some countries having abolished the death sentence in the last few years.²

In many prisons, a convict with capital punishment is kept in solitary confinement or a segregated area.¹

Solitary confinement is widely practised in western countries but is not commonly used in India due to Supreme Court directions.³ The term "solitary confinement syndrome",⁴ later known famously as the "death row syndrome," was coined to explain the reactive symptoms due to an award of the death sentence.^{5,6} The symptoms include sensory disturbances, ideas of reference, aggression, memory disturbances, derealisation experiences, poor sleep, anhedonia, uncertainties about the future and poor social interactions. These symptoms were general in

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nature, and no standardised scales or guidelines are currently available to diagnose death row syndrome. There was also a high incidence of depression in convicts compared to the general population. Psychiatric morbidity is higher in the prison population than the general population⁷ but has limited or no access to psychiatric services^{8, 9} and has to access services elsewhere.

Previous studies have looked at the prevalence of depression in convicts.¹⁰ There has been no study to date from India to the best of our knowledge, which has systematically examined depression among death row convicts. The long duration of stay in prison and the uncertainty about their death sentence makes evaluation of this population imperative. In Karnataka, India, death row convicts are housed in Belgaum Central prison and are not in solitary confinement. They are also allowed to meet their family members, counsellors, social workers and call them as specified. The convicts are not given any work in the prison as per the Supreme Court directions for death row convicts. They can interact and socialise with other prisoners and are given facilities for recreation. No form of demoralisation or any other psychological method of distress is used in Karnataka, India. The present study aimed to assess the prevalence of depression in death row convicts.

MATERIALS AND METHODS

Study participants

The study was conducted after acquiring the institutional ethics committee approval (DRP/EFP150/2017). After obtaining necessary permission from the government and prison authorities to visit the prison and interview the convicts, two visits were made to the Central Prison, Belgaum. All 29 prisoners, including two women, on death row sentence, were lodged in this prison. Interviews were conducted with 28 prisoners in the presence of the Prison Superintendent, a Prison Warder and the Prison Doctor. For one convict, permission was not given to interview, as hanging was said to be imminent.

Procedure

The interviews were conducted by VSH, a qualified psychiatrist (VSH), and a retired IPS officer (GVD) trained to conduct interviews by VSH. During the first visit, a semi-structured questionnaire was administered

to capture the demographic details, duration of stay in prison, the reason for conviction, appeals and other information related to punishment and duration of stay.

The convicts were assured of the confidentiality of the information collected, and their informed consent was obtained for participating in the study. Beck's Depression Inventory-II (BDI), a 21-item multiple-choice questionnaire^{11,15} (Validated in Kannada, the official regional language of Karnataka), was used to assess depression. The authors administered the scale (VSH and GVD), and in-depth interviews capturing the qualitative data to understand their perception of judgment, their future, and goals were recorded verbatim. Each interview lasted around 20-30 minutes over a period of 2 days. In the second visit, prison authorities and the prison doctor were interviewed for their input concerning their mental and physical health and perceptions. This was conducted for 30 mins each over a period of 2 days.

Statistical Analysis

Statistical Analysis was done using SPSS (IBM) Version 16.0. Descriptive statistics were used to describe the sociodemographic details and the proportion of prisoners having depression. Chi-square test was used to find the association between depression and time spent in prison. Certain details of the interview could not be analysed and documented in view of the sensitivity of the content and legal implications.

RESULTS

Most of the convicts in the study were belonging to age groups ranging between 30 and 60 years (68.96%) were predominantly male (93.10%), married (72.41%), illiterate (41.37%), and running their own business (34.48%) with an annual income < 1 lakh (55.17%).

Almost half of the convicts (48.27%) were in prison for > 5 years, and for about three-fourths of them (79.31%), appeals were pending at high court. BDI-II was administered to all the subjects. A majority of them had either mild depression or no depression, and the rest had moderate to severe depression, including suicidal tendencies in two individuals (57.15% vs 42.85%; Table 2).

Depression was significantly higher during the initial phase of the conviction. Even though it appeared that

Table 1. Sociodemographic data of the patients

Characteristics	n	Percentage
Gender		
Males	27	93.10
Females	2	6.89
Age (years)		
< 30	8	27.58
Between 30 and 40	11	37.93
Between 40 and 60	9	31.03
> 60	1	3.44
Marital Status		
Unmarried	8	27.58
Married	21	72.41
Education Status		
Not-Literate	12	41.37
Secondary Incomplete	7	24.13
Secondary Complete	05	17.24
≥ Higher Secondary	5	17.24
Income		
Less than Rs. 1 lakh	16	55.17
Between Rs. 1 – 3 lakhs	8	27.58
More than Rs. 3 lakhs	5	17.24
Occupation		
Service/Business	10	34.48
Skilled Worker	2	6.89
Unskilled worker	7	24.13
Agriculture	8	27.58
Others	2	6.89

the proportion of depression was higher; there was no significant association with the duration of time spent in the prison (Table 3). There was an inverse trend of

Table 2. Duration in prison with their appeals pending at different levels and severity of depression.

Variable	n	%
Duration		
Less than 12 months	3	10.34
1 year to 5 years	12	41.37
5 years to 10 years	14	48.27
Appeals pending		
High Court	23	79.31
Supreme Court	4	13.79
Mercy petition before president	0	0
Mercy petition rejected	2	6.89
Beck's Depression Inventory-II scores		
Minimum or No depression (score 0-13)	8	28.57
Mild Depression (score 14 - 19)	8	28.57
Moderate Depression (score 20 – 28)	5	17.85
Severe Depression (score 29 – 63)	7	25

depression [57.13% (n =16), six years or less vs 42.85% (n = 12), six years or more] with the duration of stay in prison.

The qualitative aspects of the interview are beyond the scope of this article and hence not discussed. A detailed description is published elsewhere.¹⁴

DISCUSSION

The psychological reaction to stress is a unique and dynamic capacity, varying in different social, cultural and environmental setups. To date, most studies of death row convicts have been conducted in western countries, especially from the United States of America.¹² A recent report from Bengaluru, Karnataka, states that of 4,914 prisoners in the central prison of Bengaluru, 2,023 suffer from mental/behavioural disorders. Among them, 189 prisoners were identified with common mental disorders and 84 with severe mental disorders, and most disorders were found to occur due to abuse of several illicit drugs such as nicotine, alcohol, cannabis, opioids, and polysubstance.¹³

Table 3: Association between duration of prison stay and depression status.

Duration of Prison Stay	Depression Present (Mild, Moderate or Severe) n=20	Minimum or No Depression n=8	Total
Up to 6 years	11	5	16
More than 6 Years	9	3	12

Fischer's Exact Test; $P > 0.05$ (Statistically not significant)

Symptoms of depression and other features of death row syndrome are primarily reported to be a reaction to hopelessness about the future. In the present study, most individuals did not report the symptoms mentioned in the literature specifically pertaining to death row syndrome. Even though many subjects scored high on BDI II, we could not correlate it with functionality, as they were not given any work. We had to rely on the verbal report of subjects and the monitoring authorities, which is one of the limitations of this study. The depressive symptoms were reported due to the uncertainty about the future, being away from the family and non-productivity.

Prolonged duration of stay in prison without any progress in appeals or execution has been indirectly installing hope in convicts. This can be hypothesised as a model opposite to "learned helplessness" for depression.

In a developing country like India, where much of the population is below the poverty line, most convicts belong to low socioeconomic status. The prison provides basic facilities, and some reported being more comfortable in prisons than in their homes as they must struggle to arrange for necessities outside the prison. This can also be seen as a mode of defence where convicts are content with avoidance of day-to-day expectations from the family and warrants further evaluation to look into the personality factors and coping mechanisms, which were not examined in this study.

Social insecurity and stigma after release from prison may also have contributed to not observing major depressive symptoms. This is in stark contradiction to findings reported by western countries, which have described features of death row syndrome in convicts. Notable, there are no specific scales or guidelines to measure death row syndrome.

There is no strict solitary confinement in India, compared to the western countries from where most of

the literature has been reported so far. The socialisation and humanising element of the punishment may also be responsible for the findings in our population. These findings question the role of the death sentence and its implications on convicts and on state resources.¹¹ A sense of uncertainty was observed among the convicted individuals and the personnel in the system regarding the future of convicted individuals.

This brings up a pertinent yet complicated question regarding death row being an effective punishment. Our findings indicate that psychological implications on the convicts can be minimised by nonuse of solitary confinement, normalisation of behaviour, and responses to the convicts, facilitating a healthy mental status.

Our study has potential limitations. a) This is a cross-sectional study, and there were significant constraints due to the limited time permitted by the prison authorities for interviewing each convict. b) Detailed assessments for personality, experiential reports, and other factors related to death row syndrome could not be done. c) familial factors of background, support was not assessed, which may have provided information regarding the support system d) Legal and social support has not been assessed as these factors may have implications in the legal fight and appeals

CONCLUSIONS

Depression is prevalent among death row convicts. More systematic observation and analyses are required from both the legal and medical fraternity to examine the death sentence and its impact on mental health, especially regarding the death row syndrome. Prisons also require consistent mental health services to cater to the felt needs of this special population. Factors leading to depression should be addressed in future studies to reduce morbidity.

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Conflict of interest:

None declared.

REFERENCES

1. Grassian S, Friedman N. Effects of sensory deprivation in psychiatric seclusion and solitary confinement. *Int J Law Psychiatry* 1986; 8:49-65.
2. Schwartz HI. Death Row Syndrome and Demoralization Psychiatric Means to Social Policy Ends. *J Am Acad Psychiatry* 2005; 33:153-5.
3. Krishnaiyer V. Sunil Batra vs Delhi Administration. Available from: <https://indiankanoon.org/doc/778810/> (Accessed on 20.02.2020)
4. Grassian S. Psychopathological effects of solitary confinement. *Am J Psychiatry* 1983; 140:1450-4.
5. Smith A. Not waiving but drowning: The anatomy of death row syndrome and volunteering for execution. *B U Pub Int L J* 2007; 17:237.
6. Wallace-Wells D. What Is Death Row Syndrome? Available from: <https://slate.com/news-and-politics/2005/02/what-is-death-row-syndrome.html> (Accessed on 20.02.2020)
7. Kumar SD, Kumar SA, Pattankar JV, Reddy SB, Dhar M. Health status of the prisoners in a central jail of south India. *Indian J Psychol Med* 2013; 35:373.
8. Mohandas E. Roadmap to Indian psychiatry. *Indian J Psychiatry* 2009; 51:173.
9. Thirunavukarasu M, Thirunavukarasu P. Training and national deficit of psychiatrists in India—A critical analysis. *Indian J Psychiatry* 2010; 52: S83-S8.
10. Bellad A, Naik V, Mallapur M. Morbidity pattern among prisoners of central jail, Hindalga, Belgaum, Karnataka. *Indian J Community Med* 2007; 32:307.
11. Beck AT, Ward CH, Mendelson M, Mock J, Erbaugh J. An inventory for measuring depression. *Arch Gen Psychiatry* 1961; 4:561-71.
12. Kren N. The Death Row Phenomenon: Examining the Concept from a Human Right Point of View: Vienna Master of Arts in Human Rights. Available from: <https://www.uhrsn.org/wp-content/uploads/formidable/Torture-Paper-Nina.pdf> (Accessed on 20.02.2020).
13. Bengaluru: 2,000 jail inmates suffer from mental disorders Bengaluru. Available from: <https://timesofindia.indiatimes.com/city/bengaluru/bengaluru-two-thousand-jail-inmatessuffer-from-mental-disorders/articleshow/74373900.cms>. (Accessed on 05.03.2020)
14. <http://www.beechi.in/shop/kannada-novels/maranadandanegedaada-kukhyaatha-kaidigalu/> (Accessed on 25.02.2021)
15. <https://pearsonclinical.in/solutions/beck-depression-inventory-ii-bdi-ii/> (Accessed on 25.03.2021)