

## 2009 International Campbell Collaboration (C2) Colloquium

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### Submitter Information

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### Abstract Information

**Abstract Title:**

Are Depression Screening Inventories used in healthcare appropriate with prisoner populations?

**Format:**

Paper

**Themes:**

This presentation links health and depression with offenders and contrasts the findings from a UK study with other low income countries

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**Abstract:**

Are the Beck Depression Inventory and the Beck Hopelessness Scale appropriate screening tools for measuring depression in offenders? Background: Mental illness in the prison population is reportedly much higher than within the general population. The screening and accurate identification of individuals who may be suffering from depression is therefore important in preventing severe episodes of mental illness or attempted suicide and self harm behaviour. The Beck Depression Inventory and Beck Hopelessness Scale are used extensively in healthcare as a screening tool to indicate those at risk of depression but these scales have not yet been extensively validated within an offender population. Objectives: The primary aim of this research was to assess the epidemiological and demographic characteristics of offenders completing the Beck Depression Inventory and the Beck Hopelessness Scale. Method: Using a cross sectional validation design data were collected from six HM Prisons in the UK between Jan 1st 2002 and Jan 31st 2004. The questionnaires were distributed by prison staff and the results entered into a statistical package for analysis. Data analysis: The data were analysed using parametric and non parametric tests and comparisons made findings from other studies conducted in healthcare settings (including those from low income countries). A Receiver Operator Characteristic curve was used to assess the sensitivity and specificity of the Beck Depression Inventory and the Beck Hopelessness Scale in the offender population. Results: Responses on the Beck Depression Inventory and the Beck Hopelessness scale were significantly higher than those presented in psychiatric outpatient populations. Particularly high scoring items on the Beck Depression Inventory included 'feelings of guilt' and 'punishment'. Sensitivity and specificity values were found to be acceptable and optimum threshold levels are presented in comparison to findings from low income countries and other populations in healthcare settings. Conclusion: Screening for depression in prisoners has generated a range of cut off points for the identification of those at risk. These serve as a bench mark for service planners and practitioners.

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