

Self-Rated Health and Mental Health Among Older Incarcerated Males

BACKGROUND

In the United States, correctional facilities house an increasing number of older adults. As the number of adults 50+ who are incarcerated is only expected to continue to grow, their need for medical services also increases as 50 is considered 'older age' within the prison system. This is due to the earlier onset of many health-related illnesses. Mental health services tend to be neglected in correctional facilities. While a screening is typically performed upon admittance to the facility, the lack of follow up leaves many prone to depression or anxiety without adequate treatment. Assessing self-rated health (SRH) may be a simple way to assist in the detection of these symptoms. Previous research has found that individuals with poor SRH have had a higher risk for developing depressive symptoms or other negative mental health symptoms. Research has also shown that a person with high perceived self-worth and meaningfulness in their life may have better mental and physical health. The goal of this study was to examine if there is a relationship between incarcerated males' SRH and symptoms of depression and anxiety, as well as if this relationship was mediated by perceived self-worth and meaningfulness in life.

STUDY METHOD

Measures. Data for 222 incarcerated individuals was obtained from the Aging Inmates Suicidal Ideation and Depression Study (Aging INSIDE). All of the participants in this study were men who

were incarcerated in one of eight participating correctional facilities in Connecticut. SRH was assessed using a one question survey that asked participants to rate their health on a scale of 1 to 5, with 5 being the best. Mental health was examined through the 9-item Physician Health Questionnaire for depression and the 7-item Generalized Anxiety Disorder Scale for anxiety. The mediators of perceived self-worth and meaningfulness in life were collected using the 7-item Loss of Personal and Social Worth and 8-item Perceived Meaning in Life subscales from the Geriatric Suicidal Ideation Scale. Demographic variables investigated include age, race, education, number of incarcerations, current time in prison, number of chronic conditions, current mental health treatment, social support, and number of visitors.

Analytic method. Relationships between study variables were explored to ensure each variable was not significantly associated with another. Linear regressions were then conducted to determine associations between SRH and mental health. The potential mediations of perceived self-worth and meaningfulness in life were analyzed separately. Each mediator had two analyses conducted: one to examine its impact on the relationship between SRH and symptoms of anxiety, and one for SRH and symptoms of depression.

FINDINGS

Results indicated that there was a significant relationship between older incarcerated males' SRH and depression and anxiety. Specifically, higher SRH directly predicted lower depressive and anxiety scores. An indirect relationship between SRH and depression and anxiety was also found. These relationships were the result of a partial mediation effect of the participant's perceived worth and meaningfulness in life. None of the demographic variables were found to have a significant relationship with the depression or anxiety scores.

POLICY IMPLICATIONS

The findings suggest that as SRH increases for older male incarcerated individuals, symptoms of depression and anxiety decrease. This implies that understanding incarcerated individuals' SRH might be a way to monitor mental health among older adults in prison. The study also found that the SRH and mental health relationship is partially mediated through one's perceived worth and meaningfulness in life. These findings may offer an opportunity to better understand how to maintain good SRH. This can be accomplished by observing trends in individuals with higher SRH which may

provide examples in how to help individuals with poor mental health generate meaning and self-worth despite being incarcerated. Further research in incarcerated settings is needed with the full scope of how much SRH predicts mental health. Policy makers should provide incentives for prisons to regularly evaluate mental health and SRH, promote research examining SRH and mental health in incarcerated settings, and encourage the use of interventions to enhance the health perceptions and meaning in life of incarcerated persons.

Original Article

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