Mental, Neurological and Substance Abuse Disorders in Guyana's Jails: a multi-disciplinary introduction

Clare Anderson¹ and Mellissa Ifill²

This set of working papers presents early findings from the University of Leicester and University of Guyana's partnership research on mental health, neurological disorders, and addiction in Guyana's jails.3 Funded by the ESRC's Global Challenges Research Fund (GCRF), a team of academic researchers is collaborating with the Guyana Prison Service to ask questions about the form and function of incarceration, as experienced by inmates and the people who work with them. The project's perspective is historical, social and cultural. It covers the period from 1825, to the present day, following Guyana's independence in 1966. It is rooted in the hypothesis that manifestations of MNS disorders in jails today, as in wider society, can be traced back to the British colonial period. Thus, they cannot be disconnected from the country's history as a sugar colony that employed and controlled indigenous people (Amerindians) including through enslavement, as well as enslaved Africans and indentured Indian labourers. This is because Empire created particular forms of trauma, shaped demography and religious practice, and instituted patterns of population control including through new kinds of institutionalisation, such as incarceration. The team seeks to render this history actively part of the process of change, by connecting new historical work to fresh criminological and sociological research on Guyana since independence. We are especially interested in assessing and evaluating different definitions and management regimes for people afflicted with MNS disorders in Guyana's jails, among the colony/country's multi-ethnic and multi religious population of indigenous, African and Asian descent, including women and juveniles.

Notwithstanding the current potential and projections for rapid economic transformation due to oil discovery and production, Guyana in the post-independence era has had serious resource constraints. Though categorised as a Lower Middle Income country for the purposes of Overseas Development Assistance, according to the UN's Human Development Index the nation is the lowest ranked of Britain's former colonies in the Caribbean. Following the destruction of the country's largest jail during a prison riot in 2017, and the burning of a second during the Covid-19 pandemic of 2020, the challenges facing Guyana's prison system are unparalleled in the Caribbean region. It is in this context that the research team is conducting research on colonial-era and post-1966 archives and records, and undertaking interviews with inmates and prison personnel, including frontline staff and medical

¹ Professor of History, School of History, Politics and International Relations, University of Leicester, Leicester, UK. Email: ca26@le.ac.uk. ORCID: 0000-0003-0679-887X.

² Deputy Vice-Chancellor, Institutional Advancement, University of Guyana, Turkeyen Campus, Guyana. Email: mellissa.ifill@uog.edu.gy.

³ MNS Disorders in Guyana's Jails, 1825 to the present day: https://gtr.ukri.org/projects?ref=ES%2FS000569%2F1

and welfare officers. Further interviews, and focus group work including with communities living near prisons and prisoners' families, is planned.

The working papers in this special issue are multi-disciplinary. They open with Warren and Kerrigan's analysis of record-keeping in post-Independence Guyana, and the challenges associated with undertaking blended historical and sociological research in the context of missing and fragmented archives. It is from this that the urgency of other approaches to knowledge creation, through the inclusion of multiple voices and perspectives, emerges. The historical papers (Adams, Anderson, Joseph-Jackson, Moss, Toner) then articulate the close relationship between incarceration and the new forms of colonial governmentality that emerged in the aftermath of emancipation, migration and labour management. Exploitation and expropriation caused poor mental health, at the same time feeding into new constructions of race, including its links to so-called 'criminality'. In prisons, inmates displayed behaviours that appear as manifestations of poor mental health and may also have been acts of agency and resistance. As the 19th century progressed, the role of incarceration in causing 'insanity' was increasingly recognised, though resource constraints meant the issue was never properly addressed. This was also the case for prison officers who worked in difficult, and sometimes violent and exhausting conditions. In regard to patterns of alcohol and narcotics consumption, the historical team has shown that the British shaped and encouraged Indigenous modes of consumption in order to increase dependency and shape the political economy of the colony, for instance on the plantations. In turn, as for 'criminality', addiction was linked to 'insanity' and contributed to the formation of 19th-century ideas about the character of particular social groups. Debates continued into the 20th century, as British Guiana and then the new Republic of Guyana participated in regional mental health conferences. However, colonial-era mental health institutions and practices survived through the transition to Independence, leaving issues such as allocation of resource unresolved. Nonetheless, the wider regional engagement did shift the discussion towards new issues - notably prevention and recovery - including for children and youths.

The next paper, by Ayres, Cameron, Warren and Kerrigan, picks up on the historical work on substance abuse, analysing contextual survey data and interviews with inmates and prison personnel to find functional continuities in the consumption and control of drugs in the past and now. Finding correlations between substance use in and outside of prison, they note that whilst alcohol and drugs were sometimes factors in criminal offending, substance use in jails is also a coping mechanism. Next, Cameron and Kerrigan present thematic analysis of a series of inmate interviews conducted in 2019. These present a mixed picture in regard to cultural understandings of mental ill health, diagnoses, symptoms and treatment, and the perspectives of inmates and officers. Most pronounced, perhaps, is a clear relationship between what they call 'social problems and life skills deficits', as well shared experiences revolving around the limitations of prison infrastructure and coping strategies such as religion. The issue closes with Ayres and Kerrigan's reframing of prison experience as 'hauntology', where the past and the present co-exist in ways that open up to view the presence of intergenerational trauma. Capturing the spirit of these multi-disciplinary papers overall, this enables us to see 'echoes of the past in the present' through better understandings of culture, distress, and violence.