



# How family members of mentally ill offenders experience the internment measure and (forensic) psychiatric treatment in Belgium: A qualitative study



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## ABSTRACT

Mentally ill offenders in Belgium can be subjected to mandated care under an “internment measure” if they are viewed as a danger to society. This study investigated how family members of mentally ill offenders experience this internment measure and view the (forensic) psychiatric treatment of their relative. Semi-structured interviews were conducted with 24 relatives and analysed using Nvivo 11. Six different themes emerged: (1) the criminal offence and the internment measure as an additional stigma, (2) ambivalent feelings towards the judicial system, (3) prison is not the right place to be, (4) mental health support as an answer to problems, (5) fight a losing battle, and (6) while there is life there is hope. The experiences of family members indicate the need for improved treatment guidelines that allow earlier compulsory interventions to prevent crime and preferential admission to (forensic) psychiatric facilities rather than prisons. In addition, family members expressed the need for better communication from mental health professionals and the judicial system during the process and greater availability of peer support.

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## 1. Introduction

About 3% to 10% of mentally ill persons commit criminal offences due to their illness (Peterson, Skeem, Kennealy, Bray, & Zvonkovic, 2014). In most Western countries, mentally ill offenders may be judged as ‘not criminally responsible’ for their actions and subject to specific criminal justice legislations (Abracen, Gallo, Looman, & Goodwill, 2015; Sheehy et al., 2016). In Belgium, such mentally ill offenders are placed under an “internment measure” as they are – at the same time – seen as a danger for society (“criminals”) but also as persons who need treatment and care (“patients”) (Vandeveld et al., 2011). The internment measure is defined as “a safety measure to protect society and that simultaneously aims to ensure that the mentally ill offender is provided with the care his/her condition requires in view of his/her reintegration into society” (Heimans, Vander Beken, & Schipaanboord, 2015, p. 1051, translation by the authors). It is an indeterminate measure that, at the time of the study, was decided by a multidisciplinary commission, the Commission of Protection of Society, chaired by a judge (Bal & Koenraadt, 2000; Vandeveld et al., 2011). Since 1 October 2016 a new Law (5 May 2014) has come into force which replaced the

Commission of Protection of Society into Chambers of Protection of Society. The new Law states that mentally ill offenders can only be subjected to an internment measure if their criminal offence harms the psychical and psychological integrity of a third party, if they have a mental illness at the time of the offence and if there is a danger to commit new offences. The Law aims at providing mentally ill persons with opportunities to acquire appropriate mental health care leading to successful integration in society (Vander Beken, Heimans, & Schipaanboord, 2016).

Mentally ill offenders are not held responsible for the crimes they have committed and are regarded as persons in need of treatment. Therefore the protection of society and the basic rights of mentally ill persons to receive adequate psychiatric treatment are equal aspects within the internment measure (Meysman, 2016). However, mentally ill offenders are often incarcerated in correctional settings (e.g. prison), for a lengthy period of time, because places in (forensic) psychiatric settings are scarce and often unavailable (Abracen et al., 2015; Bal & Koenraadt, 2000; Melamed, 2010; Peterson et al., 2014; Sheehy et al., 2016; Vandeveld et al., 2011). Belgium, as well as other European countries (e.g. France, United Kingdom, Romania, Poland, Hungary etc.), have been sentenced several times by the European Court of Human Rights (ECHR) for violating the rights of mentally ill offenders. Until today and despite the new Law, more than 750 mentally ill offenders (K. Seynaeve, personal communication, March 15, 2017) who are subjected to the internment measure are still living in prison without appropriate care (Meysman, 2016).

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Mentally ill offenders frequently report that the internment measure (including the frequent incarceration) and the lack of mental health care are painful and burdensome (De Smet et al., 2015; Morgan et al., 2012; Sarteschi, 2013; To et al., 2014). Further, some studies indicate that family members are also burdened by the internment measure, the mental illness, and the criminal acts of their mentally ill relative (Rowaert et al., 2016; Tsang, Pearson, & Yuen, 2002). They experience double stigmatization as their mentally ill relative is seen as both 'mad and bad' (Tsang et al., 2002; Tsang, Tam, Chang, & Chang, 2003) and frequently require professional support themselves (Gavois, Paulsson, & Fridlund, 2006; Jankovic et al., 2011; Muralidharan, Lucksted, Medoff, Juan Fang, & Dixon, 2014; Nordström, Kullgren, & Dahlgren, 2006). Moreover, close family members play primary roles in supporting the re-entry of their relative from prison or psychiatric hospital back into society and in enhancing the well-being of both the mentally ill relative and their family network (Hairston, 2015; McKay, Comfort, Lindquist, & Bir, 2016; Pearson & Tsang, 2004).

Few studies have reported on these burdens of family members, the limited contact between family members and forensic mental health professionals, and family members' need for involvement in the mental health care of their relative (Bolkan et al., 2013; Hayes, Hawthorne,

Farhall, O'Hanlon, & Harvey, 2015; Rowaert et al., 2016). Therefore, the aim of this study is to investigate how family members experience the mental illness, the internment measure, and the (forensic) psychiatric treatment of their relative.

## 2. Method

### 2.1. Procedure

To recruit family members of mentally ill offenders, an information leaflet was spread in several settings in Flanders (e.g. psychiatric facilities, prisons, non-profit organizations for family members of persons with a mental illness, and ambulatory mental health services). Forty-eight persons agreed to participate in the study, resulting in 26 interviews that were conducted from February to June 2015. The following inclusion criteria were used: having a relative with a current or past internment measure and age 18 or older. Mentally ill offenders ( $n = 2$ ), family of people with non-forensic mandated care ( $n = 11$ ), and family of convicted persons ( $n = 3$ ) were not included. Further, six persons were lost to follow-up ( $n = 5$ ) or the contact address was incorrect ( $n = 1$ ). Two of the 26 persons interviewed were volunteers in an organization to support

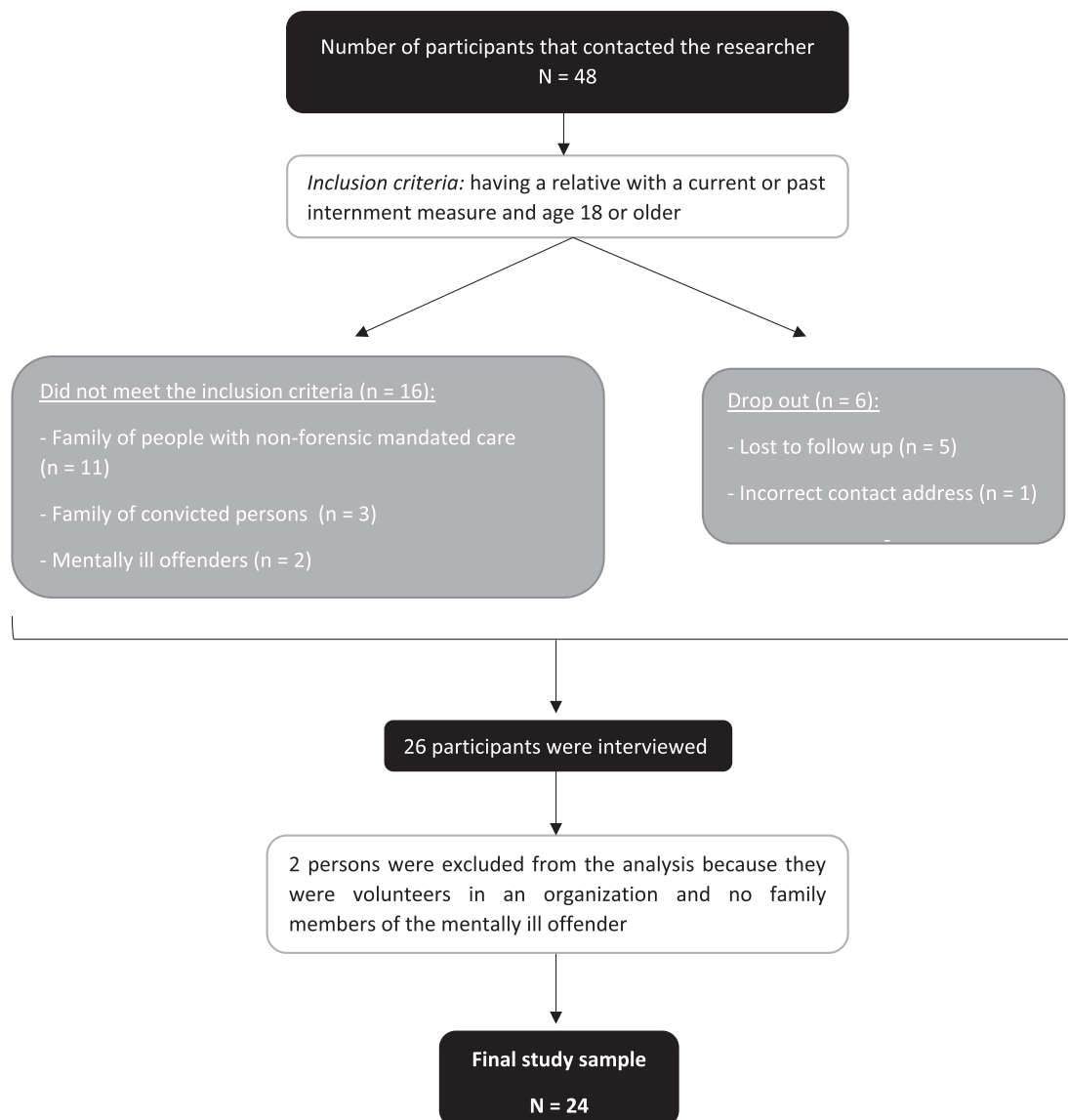


Fig. 1. Flow chart of response and participation.

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