



Psychiatric needs of male prison inmates in Italy



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ARTICLE INFO

Available online 15 April 2015

Keywords:

Prisoners
 Psychiatric disorders
 Substance use disorders
 Comorbidity

ABSTRACT

This paper presents data on the mental health needs of men in an Italian prison and examines if mental health needs of inmates differ across key correctional subpopulations. Interviewers conducted semi-structured clinical interviews with 526 convicted males incarcerated in the Spoleto Prison from October 2010 through September 2011. Nearly two thirds (65.0%) of inmates had an Axis I or Axis II disorder. About half (52.7%) had an Axis I disorder. Personality disorders were the most common disorders (51.9%), followed by anxiety (25.3%) and substance use disorders (24.9%). Over one third of inmates (36.6%) had comorbid types of disorder. The most common comorbid types of disorders were substance use disorders plus personality disorders (20.1%) and anxiety disorders plus personality disorders (18.0%). Findings underscore a significant need for specialized mental health services for men in Italian prisons. Moreover, as inmates return to the community, their care becomes the responsibility of the community health system. Service systems must be equipped to provide integrated services for those with both psychiatric and substance use disorders and be prepared for challenges posed by patients with personality disorders.

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1. Introduction

Prevalence studies of psychiatric morbidity among prisoners are important for determining the psychiatric treatment needs inside prisons, identifying inmates suffering from mental illness, and developing the best possible forensic psychiatric support (Andersen, 2004). Studies of mental illness among incarcerated populations in Great Britain (Singleton, Meltzer, Gatward, Coid, & Deasy, 1998), United States (Ditton, 1999; Lamb & Weinberger, 1999, 2001; Powell, Holt, &

Fondacaro, 1997), Canada (Brink, Doherty, & Boer, 2001), United Europe (Andersen, 2004; Blaauw, Roesch, & Kerkhof, 2000; Fazel & Danesh, 2002) and worldwide (Fazel & Seewald, 2012) have documented psychiatric needs of inmates. Comparison between studies is difficult because of differences in methodology, psychiatric classification systems, and modalities of assessment (Andersen, 2004; Brink et al., 2001); however, by all accounts, needs are substantial.

Although many countries have examined rates of disorder among prison inmates, those rates may not generalize to prisoners in Italy. The prevalence of mental disorders among inmates may depend on many factors including incarceration policies. Italy has among the lowest incarceration rates in Europe (Elaborazioni Istat su dati Ministero della Giustizia, Anno, 2010, 2010, 2010, 2012). However, its prisons are among the most crowded, following tougher laws against crime enacted in 2006 (Elaborazioni Istat su dati Ministero della Giustizia, Anno 2010, 2012; International Centre for Prison Studies (ICPS), 2012). Recidivism rates are 70% (Leonardi, 2007), rivaling those in the United States (Bureau of Justice Statistics, 2002). More than one third of Italy's prisoners are serving time for drug offenses compared to 16% in the rest of Europe and 20% in the US (Aebi & Delgrande, 2010; West & Sabol, 2008).

Abbreviations: SCID, Structured Clinical Interview for DSM-IV; ASI-X, Addiction Severity Index-Expanded Version.

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The responsibility for penitentiary health services in Italy has recently shifted from the Ministry of Justice to the Regional Health Service. In light of what we know about health care needs of prison populations, and the tendency of prisoners to avoid health services (Bridgwood & Malbon, 1994), it is critical to assess their mental health needs. Such data will allow us to implement suitable screening procedures aimed at better identifying inmates' needs, and to develop therapeutic plans for each responsible territorial service.

This study has two aims:

1. To determine the mental health needs of men in an Italian prison; and
2. To determine whether mental health needs of inmates differ across key correctional subpopulations.

2. Methods

2.1. Design

Interviewers conducted semi-structured clinical interviews with 526 convicted males incarcerated in the Spoleto Prison from October 2010 through September 2011.

2.2. Site

This study was conducted at the Spoleto prison under an agreement with the Psychiatric Functional Area. The Spoleto Prison processes about 700 male detainees each year. Sociodemographic characteristics of detainees at the Spoleto Prison are representative of other medium and maximum security prisons in the Umbria region of Italy (Provveditorato Regionale Amministrazione Penitenziaria Regione Umbria, Italia).⁵

The Spoleto Prison is subdivided into 4 sections according to crime and inmate type: (1) common criminals section; (2) high surveillance section, for dangerous inmates sentenced for mafia crimes who are not, however, leading figures in organized crime; (3) protected section, for inmates whose personal safety would be endangered if allowed into the general prison population due to the nature of their offense (social censure for pedophilia and rape); their sexual orientation; or because they collaborated with criminal justice personnel; and (4) Section "41 bis", for leading figures in organized crime.

2.3. Participants and sampling procedures

This study was approved by Provveditorato Regionale dell'Amministrazione Penitenziaria per l'Umbria and by Società Italiana di Psichiatria. Eligible detainees were males at least 18 years of age, able to give informed consent, already sentenced and serving time. Interviewers were not permitted to interview inmates who were in Section 41 bis (leaders in organized crime). During the 12 months of the study period, 670 male detainees were incarcerated in the Spoleto Prison. Of these, 20 (3%) were awaiting trial and 82 (12.3%) were in Section 41 bis, and not eligible. Of the 568 eligible participants, 42 (7.4%) refused. The final sample was 526 (92.6% of eligible participants) comprised of 204 (38.8%) common criminals, 229 (43.5%) high surveillance offenders, and 93 (17.7%) protected inmates. The mean length of incarceration in the Spoleto Prison was 22.3 months (range 1–252).

⁵ The Italian prison system is currently regulated by: 1) LEGGE 26 Luglio 1975, n. 354: "Norme sull'ordinamento penitenziario e sulla esecuzione delle misure privative e limitative della libertà" (GU n. 212 del 9-8-1975 — Suppl. Ordinario); 2) D.P.R. 30 Giugno 2000, n. 230: "Regolamento recante norme sull'ordinamento penitenziario e sulle misure privative e limitative della libertà" (GU n. 195 del 22-8-2000 — Suppl. Ordinario n. 131); 3) Raccomandazione 11 Gennaio 2006, n. R/2006/2: "Raccomandazione R (2006) 2 del Comitato dei Ministri agli Stati Membri sulle Regole penitenziarie europee"; and 4) Ministero Giustizia, Dipartimento amministrazione penitenziaria, circolare n. 3479/5929 del 09.07.1998, circolare n. 20 del 09.01.2007 e circolare n. 3619/6069 del 21.04.2009.

Interviewers were doctors in their third year of residency at the University of Perugia, School of Psychiatry. They were trained to administer the Addiction Severity Index, Expanded Version, by certified instructors from the University of Pavia and University Catholic University of Rome. Interviewers also passed a course on the SCID-I and SCID-II at the University of Perugia, School of Psychiatry. All training interviews were reviewed by the lecturers responsible for the SCID course. Interrater reliability Kappa ranged from 0.63–0.81, indicating substantial agreement (Landis & Koch, 1977).

The head guard of the prison provided an updated list of inmates by section to the interviewers each month. Inmates were sampled in alphabetical order of their last name. Interviewers requested that the head guard call each inmate when it was their turn to be invited to be interviewed. Interviewers described the project and procedures to inmates and informed them that they would not receive any financial compensation, privileges, or any other special benefit, such as a reduced sentence, for participating in the study. Detainees who agreed to participate provided written informed consent. Interviews were conducted in a private area free from the distraction of other detainees and activities in the unit.

2.4. Measures

2.4.1. Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I)

The SCID-I is a semi-structured interview that assesses DSM-IV Axis I disorders (American Psychiatric Association, 2000). It allows the clinician to probe inconsistencies in responses, paraphrase questions to fit a participant's understanding, and ask additional questions based on clinical judgment (Spitzer, Williams, Gibbon, & First, 1992). The SCID has been tested for reliability (Segal, Kabacoff, Hersen, Van Hasselt, & Ryan, 1995; Skre, Onstad, Torgersen, & Kringlen, 1991; Williams et al., 1992; Zanarini et al., 2000) and validity (Basco, Bostic, & Davies, 2000; Fennig, Craig, Lavelle, Kovaszny, & Bromet, 1994; Kranzler, Kadden, Babor, Tennen, & Rounsaville, 1996; Kranzler et al., 1995), and has shown less bias than other instruments in correctional settings (Arboleda-Florez, Holley, Williams, & Crisanti, 1994).

Disorders assessed for this study include psychotic (schizophrenia; schizophreniform; schizoaffective; delusional; brief psychosis; shared psychosis; psychosis due to a general medical condition; and substance-induced psychosis); mood (dysthymia; major depression; bipolar I; bipolar II; cyclothymia; mood due to a general medical condition; substance-induced mood); anxiety (panic with or without agoraphobia; agoraphobia without panic; specific phobia; social phobia; obsessive-compulsive; generalized anxiety; acute stress; posttraumatic stress; anxiety due to a general medical condition; substance-induced anxiety); and substance use (dependence, abuse; intoxication, withdrawal) of alcohol; amphetamine; cannabis; cocaine; hallucinogen; inhalant; opioid; sedative-hypnotic or anxiolytic; and polysubstance.

2.4.2. Structured Clinical Interview for DSM-IV Axis II Disorders (SCID II; First, Gibbon, Spitzer, Williams, & Benjamin, 1997)

The SCID-II is a semi-structured interview that assesses the following Axis II disorders: avoidant, dependent, obsessive-compulsive, paranoid, schizotypal, schizoid, narcissistic, borderline, antisocial, passive-aggressive and depressive personality disorders.

2.4.3. Addiction Severity Index-Expanded Version (ASI-X; Oberg & Zingmark, 1999; Carrà, Restani, & Dal Canton, 2004)

The ASI-X is a semi-structured interview that measures drug and alcohol use, suicidal ideation and behavior, and functioning in areas often affected by substance abuse: medical status, employment and support, legal status, family/social status and psychiatric status. The ASI-X is based on the "Expanded Female Version" (ASI-F) (Brown, Frank, & Friedman, 1997) interview of the semi-structured US Addiction Severity Index (ASI) (McLellan, Luborsky, Woody, & O'Brien, 1980); it has been standardized and is comparable to the Europ-ASI (Kokkevi & Hertgers,

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