



# Inpatient treatment in the psychiatric department of a German prison hospital

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## ABSTRACT

**Objective:** Although the construct of psychic incompetence can prevent severely mentally disturbed persons from being imprisoned in Germany, the prevalence of mentally disordered persons who are detained is high. Data describing the characteristics of mentally disturbed detainees in Germany are scarce. The following study uses data from a psychiatric care institution in a prison to examine the distribution of psychiatric diagnoses in relation to age, nationality and legal status. The distribution of diagnoses is compared to that of the psychiatric department at a Berlin community hospital.

**Method:** The data were recorded during each patient's hospital treatment and summarised on the day of discharge. The following variables were assessed: age, length of stay in days, main diagnosis, up to 2 additional diagnoses, frequency of violent or suicidal behaviour, and nationality. Data were collected from January 2010 to February 2011 in the psychiatric department of the Berlin Prison Hospital.

**Results:** During a 14-month period, 107 patients were discharged from psychiatric inpatient care and N = 124 completed treatments were observed. Of these patients, 21.5% were pre-trial detainees, and 58% were of German nationality. The mean age was 37.7 years. Non-German patients were younger than German patients. Fifty-five percent of the patients suffered from a psychotic disorder, and 7.5% had a main diagnosis of antisocial personality disorder. Personality disorders were significantly less frequently diagnosed in non-German patients. An additional diagnosis of substance abuse was present in 66% of the patients, and 17.8% of the patients showed suicidal and/or violent behaviour or had to be restrained (immobilisation, isolation, compulsory medication). The frequency of suicide, violence and compulsory measures did not differ significantly between German and non-German patients, between younger and older patients or between remand and sentenced inmates.

The distribution of psychiatric diagnoses was similar to that of a Berlin community hospital.

**Conclusions:** Personality disorders were more frequently diagnosed in German than in non-German patients. The burden of personality disorders among mentally ill prison detainees in Berlin Prison Hospital was not significantly higher than that of a Berlin community hospital. The percentage of non-German patients in the psychiatric department of the Berlin Prison Hospital was more than two times higher than in a psychiatric department of a community hospital. The lower-than-expected rate of suicide attempts among pre-trial detainees may be an indicator of a beneficial effect of the treatment setting in the psychiatric department of Berlin Prison Hospital.

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## 1. Introduction

In 2009, Berlin City had 3.4 million inhabitants, 13.4% of whom were foreign nationals (Amt für Statistik Berlin, 2010). At this time, Berlin City had 4472 prisoners (Amt für Statistik Berlin, 2010). Of all of the German Federal States (Länder), Berlin has the highest rate of imprisoned persons (151/100,000 in 2007) (Lorenz, 2008). In Germany, the construct of psychic incompetence can prevent severely mentally disturbed persons from being imprisoned. If a mentally disturbed offender is found to be continuously

dangerous, secure confinement in a forensic psychiatric institution can be imposed (Konrad & Lau, 2010; Müller-Isberner, Freese, Jöckel, & Gonzalez Cabeza, 2000).

In accordance with international research (Fazel & Danesh, 2002), it has been consistently reported that in Germany, imprisoned persons are more likely than the general population to have a severe mental disorder (Utting, 2002; v. Schönfeld et al., 2006).

Data describing the characteristics of mentally disturbed detainees in Germany are scarce. Of the existing literature about mental health care in German prisons (Dudeck et al., 2009; Kallert, 1996; Schulte, 1985), only one publication has analysed psychiatric inpatient care (Schulte, 1985). In this study, the data assessment was limited to the receiving ward of a prison hospital. To date, no systematic assessment of all patients in the psychiatric department of a prison hospital in Germany has been conducted.

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Health care for prisoners in Berlin is provided by the prison administration. Medical care in prison is not paid for by compulsory health insurance but is paid directly by the state.

Prisoners in need of medical treatment can consult a general practitioner in their prison, and patients who require psychiatric care can be referred to a psychiatrist. At Berlin Prison Hospital, this service is mainly provided by the psychiatrists in the psychiatric department. For prisoners who require inpatient care, the prison health care system provides a specific prison hospital. The decision regarding whether a patient should be admitted for psychiatric inpatient care is normally made in cooperation with the physician working in the prison and the attending psychiatrist.

Berlin Prison Hospital (JVKB) provides psychiatric inpatient care for all male prisoners with severe mental disorders. Female prisoners who require inpatient care are admitted to a hospital order treatment ward (Krankenhaus des Maßregelvollzugs Berlin). The psychiatric department (APP) of Berlin Prison Hospital admits male prisoners with mental disorders 24 h a day, 7 days a week. Detainees who are referred to inpatient care because of acute symptoms due to intoxication or substance withdrawal are cared for in the department of Internal Medicine. The psychiatric department provides all psychiatric treatment opportunities except electroconvulsive therapy. Consequently, transfer to external psychiatric hospitals for treatment, with the associated need for custody of the patient, is very rare.

The psychiatric ward of Berlin Prison Hospital, as the only hospital in Germany's largest city for all male inmates with severe mental illnesses, offers insight into the specific situation of hospitalised, mentally disturbed offenders. This study examines the sociodemographic variables and their relation to the clinical diagnoses of the patients in this psychiatric ward. The distribution of diagnoses is compared to that of patients in a psychiatric hospital serving the Berlin community.

## 2. Materials and methods

For this study, data were collected for each patient after his discharge from the psychiatric department of Berlin Prison Hospital. In addition to sociodemographic variables (e.g., age, nationality, marital status), psychiatric diagnoses were registered according to the ICD-10 Classification of Mental and Behavioural Disorders (ICD-10). The frequency of violent behaviour, suicidal behaviour and compulsory treatment was recorded for each patient, as well as variables concerning the legal status and the length of hospital treatments completed by the patient.

The results reported here cover the period running from the 1st of January 2010 to the 1st of February 2011.

The variables assessed provide the following information:

- Sociodemographic variables: age, nationality, former residence in the German Democratic Republic, foreign origin, ability to communicate in German, marital status, number of own children.
- Clinical variables: psychiatric diagnoses, admission date, duration of inpatient care, frequency of involuntary treatment, frequency of threatening or violent behaviour against other residents or staff, suicide attempt during treatment, immobilisation or isolation during treatment, legal guardianship, forced medication.
- Variables associated with the imprisonment: status of imprisonment, such as pre-trial custody, prison sentence, guardianship.

The diagnoses were classified according to the ICD-10 (Dilling & Freyberger, 2010). Up to three diagnoses were documented for every patient.

The diagnoses were made according to the ICD-10 research diagnostic criteria (Dilling, Mombour, Schmidt, & Schulte-Markwort, 2006). Diagnoses of personality disorders (axis II) were validated by the structured clinical interview for DSM disorders (SCID) for approximately one-fourth of the patients. The data were transferred

to a database (MS-Access® 2010). Pseudonyms were used to facilitate the recognition of multiple treatment episodes in patients without violating the confidentiality of personal data.

The inpatient statistics of a big Berlin community hospital (Munk, 2009) served as the basis for comparisons with the population of psychiatric departments.

Analyses were conducted using chi-square tests and Fisher's exact test for small numbers. A 95% confidence interval was used when applicable.

## 3. Results

During the period from January 2010 to February 2011, every patient discharged from the JVKB was assessed. In total,  $N = 107$  individual patients supplied data. Some patients had multiple completed treatments in the JVKB. Of the  $N = 107$  patients, 96 (90%) had a single completed treatment in the JVKB, 7 (6%) had 2 completed treatments, 2 (2%) had 3 completed treatments and 2 (2%) had 4 completed treatments. A total of 124 hospital treatments were recorded. The median duration of stay was 38 days, with 15% of the treatments completed in less than 1 week, 8% in 2 weeks, 17% in less than 1 month, 42% in 1 to 3 months, and 19% in more than 3 months.

Most patients were serving a prison sentence, and 23 patients (21.5%) were remand prisoners.

The mean age of the patients was 37.7 years [35.1 to 40.3], and 61% were younger than 40 years old.

The mean age of the patients differed in relation to their nationality. For Germans, the mean age was 39.7 [35.9 to 43.5] years, whereas the mean age for non-Germans was 35 [31.6 to 38.5] years. The proportion of age categories differed significantly by nationality ( $p = 0.03$ , Table 1).

Regarding the nationality of the  $N = 45$  non-German patients, 25 (23%) patients were citizens of other European countries, and 20 (19%) were citizens of non-European countries. The most frequent nationalities of the European patients were Turkish (36%) or Polish (28%), and the most frequent nationalities of the non-European patients were Lebanese (35%), Iranian (10%) and Tunisian (10%). As described in the methods section of this article, patients with a main diagnosis of mental disorder due to substance abuse (ICD-10: F10 to F19) were not treated in the APP but in the department of internal medicine. Nevertheless, an additional diagnosis of F10 to F19 was coded for most of the patients, particularly for mood disorders and organic mental disorders. Personality disorder was present as an additional diagnosis in half of the patients with a main diagnosis of mood or adjustment disorders (Table 2).

When German and non-German patients are compared, the diagnostic categories are significantly different ( $p = 0.025$  Fisher's exact test). In fact, organic mental disorders and personality disorders were not coded as a primary diagnosis for non-German patients at all (Table 3).

The proportion of patients for whom either a main or an additional diagnosis of personality disorder was made was 24.3%. This proportion did not differ significantly between the German ( $N = 31$ , 29%) and the non-German ( $N = 19$ , 17.8%) patients (n.s.,  $p = 0.18$ ).

**Table 1**  
Age categories  $N =$  (column percent).

Age	Total (%)	German (%)	Non-German (%)
18 to 24	22 (20.6%)	12 (19.4%)	10 (22.2%)
25 to 29	17 (15.9%)	12 (19.4%)	6 (13.3%)
30 to 39	27 (25.2%)	9 (14.5%)	17 (37.8%)
40 to 49	18 (16.8%)	13 (21.0%)	5 (11.1%)
50 to 59	13 (12.8%)	7 (11.3%)	6 (13.3%)
60 and older	108 (9.3%)	9 (14.5%)	1 (2.2%)
Total	107	62 (100%)	45 (100%)

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