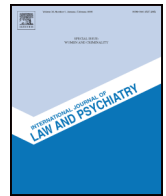




Contents lists available at ScienceDirect

International Journal of Law and Psychiatry



Burden of separation and suicide risk of prisoners with minor children

Sinja Krüger^{a,b}, Stefan Priebe^c, Rosemarie Fritsch^b, Adrian P. Mundt^{d,e,*}^a Klinik für Psychiatrie und Psychotherapie, Charité Campus Mitte Universitätsmedizin Berlin, Germany^b Departamento de Psiquiatría y Salud Mental, Hospital Clínico, Facultad de Medicina, Universidad de Chile, Santiago, Chile^c Unit for Social and Community Psychiatry, WHO Collaborating Centre for Mental Health Services Development, Queen Mary University of London, UK^d Facultad de Medicina, Universidad Diego Portales, Chile^e Facultad de Medicina, Universidad San Sebastián, Chile

ARTICLE INFO

Article history:

Received 9 June 2016

Received in revised form 6 February 2017

Accepted 23 March 2017

Available online xxxxx

Keywords:

Suicide risk

Prison populations

Mental disorders

Parenthood

Parental

ABSTRACT

The present study aimed to explore the burden of separation from children and its relationship with suicide risk in prisoners with minor children at the moment of admission into the penal justice system. Suicide risk was assessed using the Mini International Neuropsychiatric Interview in newly admitted female ($n = 198$) and male ($n = 229$) prisoners in Santiago de Chile. The burden of separation from minor children was rated on a numeric rating scale. Both genders showed high burden of separation from children at imprisonment. Mothers had significantly lower suicide risk than women without children. The relative risk was 0.31 (95% CI [0.16–0.6], $p < 0.001$) to show 'high suicide risk'. There was no difference of suicide risk between imprisoned fathers and male prisoners without children. Within the group of fathers, the suicide risk associated with the burden of separation. Our study indicates that strengthening the parent role and facilitating parent–child contacts during imprisonment could be an important element of suicide prevention interventions.

© 2017 Elsevier Ltd. All rights reserved.

1. Introduction

Prison population rates have been increasing in many parts of the world (Walmsley, 2016), and this increase is shown to be related with psychiatric bed removals in South America. In Chile, the last two decades has seen a decrease in the number of psychiatric beds by nearly 70%, while the prison population has doubled (Mundt et al., 2015). Prisons were even referred to as the new mental asylums (Sisti, Segal, & Emanuel, 2015). In prison populations, the suicide rate is about three times higher than in the general population and the second leading cause of death (Duthe, Hazard, Kensey, & Shon, 2013; Fazel, Grann, Kling, & Hawton, 2011). High prevalence of mental disorders in prisoners have been reported worldwide (Fazel & Seewald, 2012) and in Chile (Mundt et al., 2013; Mundt, Kastner, Larrain, Fritsch, & Priebe, 2016). Suicide in prison populations is therefore considered to be an important public health problem.

Environmental, socio-demographic, and psychological factors have been related with suicide risk in prisoners (Fazel, Cartwright, Norman-Nott, & Hawton, 2008; Marzano, Hawton, Rivlin, & Fazel, 2011). Environmental factors include overcrowding (McDonald & Thomson, 1993), high turnover, (van Ginneken, Sutherland, & Molleman, 2016) and isolation (Winkler, 1992). Socio-demographic

factors include young age and being single (Daniel, 2006). History of psychiatric hospitalisation, history of suicide intents (Brown, Beck, Steer, & Grisham, 2000), and family history of suicidal behaviour (Lekka, Argyriou, & Beratis, 2006) have been reported as risk factors. Lifetime and current psychiatric disorders (Fazel et al., 2011), alcohol, and illicit drug use (Kovaszny, Miraglia, Beer, & Way, 2004) have also been associated with increased suicide risk in prisoners. The suicide risk has been found to be most pronounced in the first week of imprisonment (Fazel et al., 2008; Winkler, 1992).

In the general population, having a child is associated with lower suicide risk in females (Qin, Agerbo, & Mortensen, 2003). The protective effect of being a parent on suicide risk also appears to apply to men (Qin et al., 2003). In Western countries, the protective effect has been observed in fathers with children of up to two years old and in mothers with children of up to six years old (Qin et al., 2003). For mothers, being married with more children has also been associated with lower suicide risk (Hoyer & Lund, 1993).

In the US, a majority of the prisoners have children aged 18 years old or under (Stanley & Byrne, 2000) and a third of imprisoned parents have several children (Maruschak, Glaze, & Mumola, 2010). The majority of imprisoned mothers care for their children prior to imprisonment, whereas only a minority of fathers live with their children prior to imprisonment in the US (Glaze & Maruschak, 2008; Mumola, 2000). During paternal imprisonment most children live with their biological mother (Schlafer & Poehlmann, 2010). Latin American societies are often described as cultures with a collectivistic orientation and identity

* Corresponding author at: Facultad de Medicina, Universidad Diego Portales, Ejercito 233, Santiago, Chile.

E-mail address: adrian.mundt@mail.udp.cl (A.P. Mundt).

(Triandis, 1989, 2001). Assisting and supporting family members may therefore be of higher importance in Latin America than it is in Western countries (Fuligni, 2011). There are no data to report regarding the numbers of prisoners with minor children in South America, as this information is not routinely collected.

Only few studies have examined mental health problems in imprisoned parents. Separation from children has been described as one of the most 'disturbing and painful' factors for imprisoned mothers (Luke, 2002). Separation from children has been identified as a risk factor for psychological distress (Fogel & Martin, 1992; Poehlmann et al., 2013), anxiety, shame, anger, and guilt (Arditti & Few, 2008; Arendell, 2000; Young, 2000). Similar patterns of depression symptoms have been found in imprisoned mothers compared to women without children (Fogel & Martin, 1992). However, mothers have also been reported to have higher rates of anxiety symptoms (Fogel & Martin, 1992) as well as a higher prevalence of post-traumatic stress disorders and substance-use disorders (Greene, Haney, & Hurtado, 2000). Low levels of contact between mothers and their children during imprisonment further relate to higher levels of depression and somatization (Loper, Carlson, Levitt & Scheffel, 2009; Tuerk & Loper, 2006).

Several studies have evaluated differences in the prevalence of mental disorders between imprisoned mothers and fathers. At least one study found higher rates of drug and alcohol use disorders in mothers as compared to fathers (Kjellstrand, Cearley, Eddy, Foney, & Martinez, 2012). Imprisoned mothers were one and a half times more likely to suffer from mental disorders and four times more likely to have been affected by traumatic life events in the past compared to imprisoned fathers (Glaze & Maruschak, 2008).

Research on the relationship between suicide risk and parental imprisonment remains inconclusive. Studying risk factors for suicide attempts, Encrenaz et al. (2014) found a significantly higher number of suicide attempts in male prisoners who had at least one child. The probability of a suicide attempt during imprisonment was three times higher for imprisoned fathers compared to non-fathers. Qualitative research on parental imprisonment and suicide risk has shown that imprisoned mothers with psychological symptoms are unlikely to express suicidal thoughts (Poehlmann, 2005). It has therefore been proposed that the role of being a mother could be a resource protecting against 'insanity' and 'death', which gives 'meaning' to the mothers' lives during imprisonment (Shamai & Kochal, 2008). It has further been suggested that imprisonment could strengthen maternal identity in female prisoners (Shamai & Kochal, 2008), whereas fathers may rather abandon paternal identity during imprisonment (Dyer, 2005). In contrast, other qualitative research during imprisonment suggests that the mother's role ceases to protect against suicide and that this is accompanied by the perceived partial loss of the parenting role (Moloney, van den Bergh, & Moller, 2009).

The present study aimed to assess the relationship between the burden of separation from minor children in prisoners and the suicide risk of parents compared to non-parents.

2. Methods

2.1. Participants

The study was cross-sectional and observational. Consecutively committed male and female prisoners participated in the study. The sample was recruited from three remand prison facilities in the metropolitan region of Santiago de Chile. Daily admission lists of consecutively committed prisoners in one male prison (Centro de Detención Preventiva Santiago Uno) and two female prison facilities (Centro Penitenciario Femenino San Joaquín and San Miguel) were used to recruit a total sample of 198 female and 229 male participants. Interviews were conducted within the first few days of imprisonment (median 5 days; mean 7.7 days after imprisonment). Only Spanish speaking

participants were included in the sample (Mundt, Kastner, Larrain, Fritsch, & Priebe, 2016).

2.2. Recruitment

Three out of 473 prisoners did not follow the call to the interview area and could not be screened for eligibility. Seven out of 470 prisoners were excluded due to mental or psychological incapacities to participate, such as agitation, learning disability or cognitive impairment. Thirty out of 463 prisoners rejected participation; 433 agreed to participate in the study. Six participants prematurely ended the interview and were excluded from further analysis. The data of 427 participants were retained for the final analyses. The rejection rate was 7.0%.

2.3. Instruments

2.3.1. Socio-demographic characteristics

Data on socio-demographic characteristics were collected, including age, marital and employment status, background of migration, educational and income level. *Marital status* was categorised as single, married, co-residing, separated, divorced, and widowed. *Educational level* was categorised according to the International Standard Classification of Education (ISCED) in which level 5 and level 6 (university and doctorate degrees) were collapsed into one level. Employment status was dichotomised as working for income and not working for income. Monthly income was assessed on the personal level and calculated as per capita income for each member of the household. The type of criminal offense was recorded and categorised as property, violence, drugs, and others.

2.3.2. Burden of separation from children

Data on the number of minor children (<age 18) were collected. In Chile, 18 is the age at which citizens are recognised by law as adults. We included the total number of minor children irrespectively of whether they were living with the participant prior to imprisonment or not. A numerical rating scale (NRS) with 11-points ranging from 0 to 10 was employed in order to quantify the burden of separation from children. Participants were asked to rate their burden or 'pain' of separation from children between 0 and 10 points with 0 indicating *no burden at all* and 10 indicating the maximum and *worst possible burden*.

2.3.3. Suicide risk

Suicide risk was assessed with the Mini International Neuropsychiatric Interview (MINI) (Sheehan et al., 1998). It assesses suicide risk with six yes/no questions, of which five relate to the past month and one to the lifetime.

1. In the past month, did you think that you would be better off dead or wish you were dead?
2. In the past month, did you want to harm yourself?
3. In the past month, did you think about suicide?
4. In the past month, did you have a suicide plan?
5. In the past month, did you attempt suicide?
6. In your lifetime, did you ever make a suicide attempt?

The suicide risk is graded as none, low, moderate or high. If all questions are answered with 'no', suicide risk is absent. If question 1 or 2 or 6 is answered with yes, suicide risk is low. If question 3 or questions 2 and 6 are answered with yes, suicide risk is moderate. If questions 4 or 5 or questions 3 and 6 are answered with yes, suicide risk is high.

2.3.4. Psychological symptoms

The Symptom-Checklist-90-Revised (SCL 90-R) [Spanish version] was used to assess psychological symptoms. The SCL 90-R was developed by Derogatis in 1977 (Derogatis, 1977). The 90 items represent nine dimensions: somatisation, obsession-compulsion, interpersonal

Download English Version:

<https://daneshyari.com/en/article/4760491>

Download Persian Version:

<https://daneshyari.com/article/4760491>

[Daneshyari.com](https://daneshyari.com)