



## Original article

# Different yet similar? Prisoners versus psychiatric patients – A comparison of their mental health



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## ABSTRACT

**Background:** Previous research indicates that prisoners have severe psychological distress. To assess their distress level and potential need for treatment, the present study compared the subjective psychological distress of long- and short-term prisoners with that of psychiatric and forensic patients.

**Methods:** Long- ( $n = 98$ ) and short-term prisoners ( $n = 94$ ) and forensic ( $n = 102$ ) and psychiatric ( $n = 199$ ) patients completed the German versions of the Symptom Checklist Revised (SCL-90-R) and Brief Symptom Inventory (BSI).

**Results:** In general, long-term prisoners showed the same level of mental distress as psychiatric patients and more than that reported by forensic patients. Short-term prisoners reported the least level of distress. Long- but not short-term prisoners showed clinically significant results on the scales for depression, paranoid ideation, and psychosis.

**Conclusions:** The improvements in psychiatric treatment for inmates demanded by many stakeholders need to differentiate between long- and short-term prisoners. Because depression seems to cause the most psychological distress among inmates, suicide prevention seems to be an important issue in prisons.

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## 1. Introduction

The relationship between mental illness and crime has been investigated in numerous studies [1], most of which, concluded that mental disorders may foster criminal behavior. Psychosis and depression in particular are associated with an increased risk of committing violent crimes and homicide [2–4]. Consequently, mentally ill people have an increased risk of being imprisoned. The legal system in several countries of the European Union aims to send mentally ill offenders to special psychiatric hospitals [5]. However, in Germany, for instance, this is only the case if there is a causal correlation between the mental disorder and the offence, i.e. people are only sent to a forensic psychiatric hospital if the offence was committed as a result of the mental disorder. In addition, the psychiatric illness needs to fall into one of four different legal categories: mental illness, a profound disturbance of consciousness, mental retardation, or another serious mental

abnormality. If this is not the case, mentally ill offenders are sent to prison.

Mental health problems can increase in prison because of “overcrowding, various forms of violence, enforced solitude or conversely, lack of privacy, lack of meaningful activity, isolation from social networks, insecurity about future prospects (work, relationships, etc.), and inadequate [...] mental health services” [6]; mental disease can also evolve during imprisonment, in which case it may be a result of being incarcerated [7–10]. A detailed review on mental health and psychiatric morbidity among prisoners concluded that “psychiatric morbidity (...) is higher and perhaps increasing in prison populations compared with general populations” [11]. In their systematic review of 62 surveys from 12 western countries, Fazel and Danesh [12] concluded that a prisoner’s risk for psychotic or depressive illnesses is about two to four times higher than that of the general British or American population of their respective age. In their analysis, Fazel and Danesh [12] found that 3.7% of the prisoners had a psychotic illness; 10%, major depression; and 65%, a personality disorder (including 47% with an antisocial personality disorder, ASPD). However, Bulten et al. [13] investigated 191 Dutch prisoners and

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found lower prevalence than those reported by Fazel and Danesh [12]. They proposed that the differences were explained by the exclusion from the study of prisoners on special care wards and in security units. Similar research among 80 randomly selected Greek prisoners yielded a prevalence of mental disorders of 78.7% among the participants and of 37.5% each for anxiety disorder and ASPD [14]. Moreover, the prevalence of major depression (27.5%) was even greater than that found by Fazel and Danesh [12]. Dependence on alcohol (26.3%) and opiates (27.5%) and bipolar and schizophrenic disorders (11.2%) were also strongly represented [14]. Only few data are available for inmates of German prisons. Von Schönfeld and colleagues compared male and female inmates and found an axis-I or axis-II disorder or both in 88% of the participants [15]. Substance abuse disorders predominated (70%). In another study by Blocher et al. [16], severe to very severe psychopathological patterns were reported for more than half of the investigated sample of 239 inmates of a German prison.

When evaluating the mental health of prisoners, one has to consider the type of imprisonment, duration of the sentence, and status of the prisoners and the methodological and statistical approaches used for the evaluation. As regards the type of imprisonment, both solitary confinement [17,18] and overcrowding were found to have a potential negative impact on mental health [6]. In addition, larger prisons are associated with poorer mental health [19].

With respect to the sentence length, the initial period of imprisonment has to be considered as a particularly vulnerable period [11,17]. The first days after arrival at a prison are perceived as “disempowering, alienating and overly petty and bureaucratic” and as “a complete and utter shock to the system [20].” Moreover, De Veggiani found in his study that prisoners “experienced fear, apprehension, paranoia, a sense of vulnerability, loss of dignity and low self-esteem” [20]. This state usually lasted until the new prisoners were enrolled for work or educational programs [20]. A high level of stress was found not only among prisoners who had just arrived at prison after being arrested but also among prisoners on remand; the latter also reported a stress level that surpassed the clinically relevant threshold [19]. Moreover, prisoners on remand reported significantly higher suicide risks [13] but are considered less likely to receive psychiatric interventions than sentenced prisoners [21]. With respect to the subsequent period of detention, findings of empirical research are inconclusive. Walker et al. [19], for instance, performed a systematic literature review and concluded that the duration of imprisonment has no impact on mental health. Within the subgroup of the long-term prisoners, Ukere [22] concluded that a subgroup convicted to sentences between 60 and 120 months tended to score higher on the SCL-90 scales than a subgroup convicted to more than 120 months. In contrast, Dettbarn [23] observed long-term prisoners over a period of 14.6 years and found a decrease of psychiatric disorders over the time of incarceration.

With respect to methodological considerations, it is noteworthy that comparisons of self-reports and observer reports show that evaluations by medical or psychological personnel almost always mention more severe impacts of imprisonment than are reported by the inmates themselves [24]. Thus, the choice to use interviews or self-rating instruments may affect results and depends on the objective of the study. If the aim is to estimate the prevalence of certain diagnoses, structured and standardized interviews conducted by professional experts seem to be more appropriate to determine whether all criteria of a certain disease are fulfilled. In contrast, self-rating questionnaires may be more useful if the objective of the study is to assess subjectively perceived psychiatric and psychological impairments. Such subjective impairments have to be assessed on a symptomatic or syndromal basis because prisoners are unable to determine whether they

have a fully developed psychiatric disease. In addition, although many studies have shown a high level of psychological distress among prisoners, these results are hard to evaluate without respective control groups that enable the researcher to consider the data as clinically relevant.

To sum up, although recent research indicates that prisoners have severe mental health problems a comparison with other groups seems to be useful in order to assess the reported problems more objectively. A comparison of prisoners with psychiatric patients is useful because such patients are considered to be acutely and seriously ill, making an evaluation of the mental health problems of the prisoners more objective. An additional comparison with forensic patients seems to be especially useful because the latter group committed a crime – and is thus comparable with prisoners – but was sent to a psychiatric hospital because of an existing severe mental disorder. In addition, differentiating between prisoners with various sentence lengths could provide a more detailed picture. Consequently, the aim of the present study was to assess the subjectively perceived mental health problems of long- and short-term prisoners and to compare these problems with those reported by psychiatric and forensic patients.

## 2. Methods

### 2.1. Procedure

This study was conducted in 2015 by convenience sampling, i.e. some of the data were originally gathered in the scope of larger projects and the rest were specifically collected for the purpose of the present analyses. In each project, participants were administered the questionnaire after being introduced to the aim and procedure of the study and without being promised or granted favors, preferences, or any other benefits or disadvantages in case of non-participation. All participants gave informed consent.

### 2.2. Participants

The sample consisted of male prisoners and forensic and psychiatric patients. Prisoners were subdivided into long- and short-term prisoners on the basis of the sentence pronounced by the court. The legal system in Germany defines short-term prisoners as those who receive a sentence of up to three years of imprisonment; we used this definition in our study because all data on short-term prisoners were collected at a prison in Germany. In contrast, when defining long-term prisoners we did not apply the legal German definition because the data of the long-term prisoners were gathered in the context of a large project (described below) that analyzed data from different European countries. Because every country has its own definition of long-term imprisonment, the project had to find a consensus and decided to define long-term prisoners as those who were convicted to prison sentences of at least five years.

The data of the short-term prisoners were gathered in a prison in the northern part of Germany (Stralsund, Mecklenburg-Vorpommern); 94 out of 140 sentenced prisoners fully completed the administered questionnaire. All of these prisoners were serving their sentence exclusively in solitary confinement.

Inmates with long-term sentences ( $n = 98$ ) of at least five years were recruited in German prisons in the context of an international study entitled “Long-term imprisonment and the question of human rights in the states of the European Union”. The project was co-financed by the European Commission (AGIS Program, No. JSL/2006/AGIS/161), the Alfried Krupp von Bohlen und Halbach Foundation, and the Friedrich-Ebert Foundation. The data of both the long- and short-term prisoners were already described in the studies published by Kopp et al. [25] and by Dudeck et al.

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