



Prevalence of psychiatric disorders in detainees serving imprisonment as an alternative punishment for failure to pay penalty fees: A longitudinal study



Sebastian Schildbach*, Carola Schildbach

Praxisgemeinschaft für Psychosomatik, Bahnhofplatz 88, 9056 Gais, Switzerland

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ABSTRACT

In Germany, Austria and Switzerland, lawbreakers who are unwilling or unable to pay a fine for committing a criminal offence can face imprisonment. The length of compensation imprisonment corresponds to the amount of the fee the convicted was sentenced to pay. Every tenth German prisoner serves this kind of sentence. Recent meta-analyses indicated that inmates are several times more likely to suffer from psychosis and major depression and are more than ten times more likely to exhibit antisocial personality disorders than the general population. This study set out to assess the levels of mental disorders in the population of compensation prisoners in the German capital Berlin in 1999, 2004, 2010 and 2017.

The four study populations, consisting of 100 participants each, showed a high prevalence of mental disorders and were therefore mostly unable to apply for serving voluntary work as alternative to imprisonment. As the prevalence of mental disorders was largely consistent over the investigation timeframe, it seems advisable to make a psychopathological diagnosis at the start of imprisonment in order to filter out those detainees that would benefit from social training in order to enhance their competency to solve problems, strengthen their social skills and enhance their quality of life outside of the penal institution. In addition, as the compensation prisoners exhibited a high degree of substance abuse, it would be recommendable to assess the presence of substance abuse at the beginning of imprisonment. Then, appropriate measures could be taken to reduce the number of reoffenders and enable the temporary detainees to reintegrate successfully into society.

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1. Introduction

Between 9 and 10 million people are currently imprisoned worldwide (Fazel & Danesh, 2002), and considerably larger numbers of ex-prisoners are living in society (Chang, Larsson, Lichtenstein, & Fazel, 2015). Therefore, the physical and mental health status of current and former detainees is an important issue in public health.

1.1. Compensation imprisonment in Germany

According to the German penal code, offenders can be sanctioned to a prison sentence or, in cases of administrative or petty offences, to a penalty fee. If an offender is unwilling or unable to pay the fine, then he can be given compensation imprisonment instead (Albrecht, 2013; Strafgesetzbuch, 1997). Similar laws on compensation imprisonment in Germany are also enforced in Switzerland, Austria and Great Britain (Müller-Foti, Robertz, Schildbach, & Wickenhäuser, 2007).

With small variations within the different German federal states, 5–10% of all inmates are imprisoned due to non-payment of

penalty fees, with increasing tendency (Statistisches Bundesamt, 2017; Villmow, 1999).

German courts impose a penalty by multiplying the number of daily rates by the amount of the daily rate. The number of daily rates corresponds to the severity of the crime, and the amount of the daily rate corresponds to the thirtieth part of the monthly net income of the convict. Finally, the length of an EFS imprisonment is determined by the number of daily rates, not their monetary value: each daily rate equals one day in prison, which means that a daily rate of 10 euros as well as a rate of 100 euros may both be satisfied in one day of imprisonment. The average length of compensation imprisonment lies between 24 and 62 days, with variations in the different states of Germany (Albrecht, 2013). However, it results in considerable administrative effort (Albrecht, 2013), and its application is subject to an ongoing discussion in Germany (Dünkel, 2003; Matt, 2005).

Besides its economic sense, reduced social skills of discharged compensation prisoners are used as arguments against the implementation of compensation imprisonment. As the average stay in prison is short, there are no decisive concepts for social rehabilitation after imprisonment. In addition to a lack of resocialization, potential job loss and social stigmatization, the newly acquired subcultural contacts facilitate reoffending (Dolde, 1999).

* Corresponding author.

E-mail address: praxis.sebastian.schildbach@hin.ch. (S. Schildbach).

As an alternative to imprisonment, the convicts are offered the possibility to pay the penalty fee that would correspond to the length of their imprisonment. As described above, the penalty fee corresponds to the number of daily rates multiplied by the amount of the daily rate. This penalty fee can be paid before and during imprisonment, by both the convicts and anyone else.

Another alternative to compensation imprisonment is community service. After completing a certain number of hours in community service, the debt is settled (Albrecht, 2013). Convicts, who were sentenced to serve a compensation imprisonment, can apply for serving this kind of voluntary community work instead. This has to be approved by the public prosecutor's office.

However, it remains unclear if convicts are really aware of the alternatives to avoid compensation imprisonment. Besides physical handicaps, one of the leading causes for such a lack of competence to request community service is the presence of mental disorders.

1.2. Mental disorders in prisoners

There is increasing epidemiological evidence that prisoners are more likely to suffer from mental disorders than the average population (Alevizopoulos & Igoumenou, 2016; Daquin & Daigle, 2017; Fazel & Danesh, 2002; White, Lau, & Aalsma, 2016). Apart from the observation that the majority of inmates were male (81%), psychotic illness was diagnosed in 3.7% of male and 4% of female prisoners, 10% male and 12% female inmates showed unambiguous signs of depression, and 65% of male (42% of female) detainees were attested a personality disorder (Fazel & Danesh, 2002).

Compared with the general American (Kessler et al., 1994) or British (Jenkins et al., 2003) population of similar age, prisoners have about two-fold to four-fold excesses of psychotic illnesses and major depression, and about a ten-fold excess of antisocial personality disorder (Brinded, Simpson, Laidlaw, Fairley, & Malcolm, 2001; Duhamel et al., 2001; Fazel & Danesh, 2002).

As this form of compensation imprisonment is a peculiarity of German speaking countries, there is a lack of large and representative medical studies on mental disorders of compensation prisoners. So far, two studies on psychiatric disorders were conducted in Germany. The first psychopathological examination of 100 male prisoners took place in 1999 at the penal institution Berlin-Plötzensee (Dubielczyk, 2002). In 2004, the study was replicated on another 100 male prisoners from the same prison (Müller-Foti et al., 2007). Both studies found a high rate of mental and behavioral disorders among the inmates, mainly due to the use of psychoactive substances. More than 75% of the study population showed signs of mental disorders resulting from alcohol abuse. In addition, one out of ten compensation prisoners have shown psychotic symptoms in their life time (Dubielczyk, 2002; Müller-Foti et al., 2007).

Since 2004, there has been a trend to reduce psychiatric inpatient treatment in prisoners, and due to growing numbers of prisoners by concurrently reducing penitentiary employees, the possibility to care for prisoners has also been diminishing (Schildbach, 2014).

1.3. Aim of this study

This study aims to give an overview of the results of the medical, sociologic and psychopathologic examinations on compensation prisoners from the penal institution Berlin-Plötzensee in the years 1999, 2004, 2010 and 2017. By analyzing temporal trends and changes in the prevalence of mental disorders of temporary inmates, a new and updated basis for the discussion on the medical appropriateness and sociologic sense of compensation imprisonment will be created. Finally, the need to take preventive measures against unnecessary imprisonment as a substitution for a penalty fee will be illustrated.

2. Methods

2.1. Study populations

The study participants were recruited from compensation prisoners from the penal institution Berlin-Plötzensee in the years 1999, 2004, 2010 and 2017. The Plötzensee Prison is a men's prison located in Berlin's district Charlottenburg and has a capacity for 577 prisoners. The detention center was established in 1868 and is operated by the State of Berlin judicial administration. Every third detainee of the Plötzensee Prison serves a detention because of fare evasion.

In each of the study years, 100 detainees were selected randomly from all compensation prisoners. The only selection criterion was good knowledge of the German language. As there were four houses in the penal institution Berlin-Plötzensee, the selected participants were distributed evenly among the four houses. All participants gave their informed consent to participating in this research project.

2.2. Ethical approval

We submitted a comprehensive research approval to the Criminological Services and Social Services of the Berlin Penal Institutions, which was approved on February 2nd, 2016. The research project was additionally approved according to the national data protection law on May 10th, 2016. Finally, the head of the penal institution Berlin-Plötzensee, Dr. Dr. Uwe Meyer-Odewald, approved the study on April 18th, 2016.

2.3. Diagnostic system

For diagnosing psychiatric disorders, the computer-aided expert system DIA-X was used (Wittchen & Perkonig, 1997). DIA-X supports the user reliably and efficiently with the diagnosis according to ICD-10 (International Classification of Diseases) and DSM-IV (Diagnostic and Statistical Manual of Mental Disorders) (Hasin, Hatzenbuehler, Keyes, & Ogburn, 2006).

DIA-X consists of three different components (Wittchen & Perkonig, 1997):

1. A screening procedure, which captures fear, depression or mental disorders in general.
2. A standardized interview for measuring mental disorders in a longitudinal section (entire life span) or a cross section (last 12 months). Both versions can be carried out with paper and pencil or as computer version. The evaluation and diagnostic analysis is performed with a special computer program.
3. A comprehensive computer-aided diagnostic system that can make 400 different diagnoses based on the constellation of the patients' symptoms.

As for the studies, which were performed in 1999 (Dubielczyk, 2002) and 2004 (Müller-Foti et al., 2007), the computer-aided expert system DIA-X was used, we decided to use DIA-X again for the study populations in 2010 and 2017. Therefore, we were able to compare the frequencies of the diseases without a methodological bias. The interviews were conducted by the general practitioner Dr. Rainer Dubielczyk (in 1999), the criminologist Dr. Frank Robertz (in 2004), the psychologist Dr. Andrea Biank (in 2010) and by the social pedagogue Dr. Matthias Müller (in 2017).

In addition to DIA-X, selected social characteristics and basic demographic data were acquired through an additional questionnaire. Each session lasted between 90 and 120 min, on average 105 min.

2.3.1. Data analysis

The data recorded were instantly anonymized and encoded. The prison did not receive any information whatsoever concerning which

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