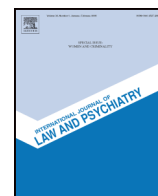




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Psychiatric disorders and criminal history in male prisoners in Greece

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ABSTRACT

Objectives: To explore the psychopathology of the Greek male prisoner population and the relationship between psychiatric disorders and the criminal history of the subjects.**Methods:** The Iowa Structured Psychiatric Interview and the Personality Disorders Questionnaire were administered. The prevalence of the most common mental disorders was analyzed separately and in relation to the criminal history. SPSS was used for the statistical analysis.**Results:** A total of 495 male prisoners were interviewed. Overall, 223 (45.06%) were diagnosed with a psychiatric disorder. Non-violent crimes were the most prevalent reason for imprisonment (40.7%). One-third (30.3%) of the sample was convicted with drug-related crimes, and 28.0% with violent crimes.**Discussion:** The prevalence of mental disorders in Greek prisoners was higher than in the general population. Personality disorder was the most common type of mental disorder and the only psychiatric diagnosis related to violent crime. This highlights the need for screening for mental disorders and the need for therapeutic provision within the prison setting.

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1. Introduction

The prevalence rates of mental disorders obtained for prisoners in various countries have shown considerable variation. There is robust evidence that the prevalence of mental disorders among prisoners is much higher than in the general population (Fazel & Seewald, 2012; Gunn, 2000; Harrison & Karberg, 2004; Joukamaa, 1995).

A review of 62 surveys by Fazel and Danesh (2002) concluded that one in seven prisoners suffers from psychosis or major depression and one in two male prisoners have personality disorders. In our study, we attempted to find the respective rates for the Greek male imprisoned population.

The possible relationship between psychiatric illness and violence has been subject to considerable debate throughout history. Evidence that personality disorder, particularly psychopathic traits, is strongly related to violence and criminality has been well documented in recent studies (Campbell, Porter, & Santor, 2004; Diamond, 2003; Nestor, Kimble, Berman, & Haycock, 2002). Many studies support that there is a moderate but significant association between psychotic disorders and violence (Appelbaum, Robbins, & Monahan, 2000; Walsh, Buchanan, & Fahy, 2002).

The assumptions of dangerousness and unpredictability of behaviour can form distorted public attitudes on mental illness (Eronen, Angermeyer, & Schulze, 1998). Additionally, the public fear towards

the assumed dangerousness of mentally disordered offenders can increase the stigmatization and victimization of mentally ill individuals (Alevizopoulos, 2003).

Fazel and Danesh (2002) found in their systematic review that substance abuse and dependence were more common in prisoners at the time they presented to custody than in the general population. There is therefore evidence to suggest a relation between substance abuse or dependence and criminal activity. In a Greek prison population, it has been suggested that 27.5% of the prisoners were dependent on opiates, 26.3% on alcohol, 73.8% admitted to using cannabis and 13.8% were abusing both drugs and alcohol (Fotiadou et al., 2004). In the same study, a relation between history of substance abuse before the imprisonment and mental illness was examined. It was found that 31.2% of these prisoners had depression and 37.5% had antisocial personality disorder.

Another study by Fotiadou, Livaditis, Manou, Kaniotou, and Xenitidis (2006) on Greek prisoners found that mental disorder is more common in male prisoners than in the general Greek male population. In an attempt to replicate the results of this study regarding the psychopathology of Greek male incarcerated populations, we have employed different diagnostic tools for mental illness and personality disorder and recruited a larger sample from Judicial Prison Korydallos, the biggest central prison in Greece. In contrast with the study by Fotiadou et al. (2006), which recruited their sample in a small prison (capacity 200 prisoners; housed 180 at the time of the research) in Northern Greece, we recruited our sample in the biggest Central prison in Greece (capacity 640; housed 2102) (Council of Europe, 2006).

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Overcrowding in Greek prisons has been highlighted as a big problem in a report by the [Council of Europe \(2006\)](#), where it was indicated that in 2005 prisons were operating at 170% of their capacity (total prison population in 2005 was 9465, official prison capacity was 5584). Our study differs from the one by [Fotiadou et al. \(2006\)](#) as it better depicts the prevalence of psychopathology at overcrowded Greek prisons. Our study will add to the existing literature as we report not only on prevalence of mental disorders in this large sample of the Greek male adult prison population but we also explore associations between psychopathology and crime history. Our aim therefore was to explore the psychopathology of the Greek male prisoner population and the relationship between psychiatric disorders and the criminal history of the subjects.

2. Method

2.1. Overview

At the time of this research, January to December 2006, there were 21 high-security prisons in Greece. The general population of Greece at the time of the study was 10,964,020. The total prison population at that time was 9979 (0.09% of the general population). A total of 9293 were men and 686 were women. Since the majority, 93.1%, of the imprisoned Greek population were males; the authors decided to investigate the prevalence of mental disorders only in men at that point. This study was designed to obtain a large sample of the male prison population in Greece.

The Greek prison system functions under the auspices of the Ministry of Justice, Transparency and Human Rights. A central administrative body, the General Directorate for Penitentiary Policy, coordinates the operation of prison establishments. The Body of Inspection and Control of Custodial Institutions, under the General Secretary of Crime Policy, monitors the penitentiary institutions. Prisons in Greece are divided into General (Types A, B and C), Special and Therapeutic. Type A prisons should house prisoners awaiting trial and those that received short-term custodial sentences, whilst Type B prisons should house prisoners that were sentenced with long sentences (including life). Type C is a department within Type B for prisoners that exhibit more challenging behaviours. Special prisons consist of juvenile institutions, rural units, semi-liberty centers (women's center that never opened) and the central open productive unit (bakery). Therapeutic prisons have general and mental health hospital facilities and detoxification centers ([Koulouris & Aloskofis, 2013](#)).

There are no secure forensic psychiatric hospitals in Greece and forensic psychiatry is not yet a recognized psychiatric sub-specialty. Mental health hospital wings function within the therapeutic prisons only. Prisoners that need psychiatric admission are transferred to the Korydallos Prison Psychiatric Clinic, or to general psychiatric hospitals. The length of stay depends exclusively on medical opinion. Individuals considered “criminally irresponsible” are not imprisoned and are treated considering their diagnosis and dangerousness ([Koulouris & Aloskofis, 2013](#)). Detoxification counseling programs exist in the majority of prisons. Only three prisons have a therapeutic program department for prisoners with drug addictions. As recent as 2000, mental health specialists were employed in the first detoxification unit; one psychiatrist, psychologists, social workers and sociologists. In the central prison of the country, JP Korydallos, in 2000, a criminologist and a sociologist were appointed. Today, a total of 26 psychologists and 59 social workers are employed in Greek prisons. Medical personnel, including the two psychiatrists, are only part time; in some prisons, doctors offer their services for two hours per week, although this has improved recently. Therapeutic programs that take place in prisons are facilitated mainly by non-prison personnel.

This project was approved by the University of Athens Research Ethics Committee.

2.2. Subjects

Judicial Prison Korydallos is the biggest prison in Greece. It houses remand and sentenced prisoners that committed a variety of offences, from acquisitive to serious violent including terrorism. Due to overcrowding in Greek prisons for the last decade, the division of correctional facilities in low-, medium- and high-security is artificial. Offenders from all over the country can be transferred and housed in any prison, depending on the proximity of the place the offence occurred and subsequently trialed, and mainly the availability of prison beds.

Every second prisoner, according to serial number, was invited in writing to participate in the survey. Potential participants were informed about the details of the study, as well as confidentiality issues. The participation in the survey was totally voluntary and the prisoners were reassured that their personal details would not be identifiable in any way. Finally, the individuals that agreed to participate signed an informed consent form. In the event of refusal of participation, the next number was selected, followed by the second in the series.

2.3. Data collection

The Iowa Structured Psychiatric Interview (ISPI) to identify mental illness ([Tsuang, Woolson, & Simpson, 1980](#)) and the Personality Disorders Questionnaire–4th Edition (PDQ-4) to identify personality disorder were administered ([Dowson, 1992](#)).

The ISPI was chosen since it is an instrument that is relatively easy to administer without any special training for the raters. It employs an interview format, designed for psychiatric epidemiological research in the general population. It additionally provides detailed information about important aspects of psychiatric, social and family history. This instrument is also designed to be administered by non-medical personnel ([Tsuang et al., 1980](#)).

Twenty senior medical students (sixth year; final year) from the School of Medicine University of Athens were recruited during their clinical practice in Forensic Medicine. All students involved with the study were trained in the administration of ISPI. A pilot study was conducted, and each trainee administered the instrument to ten other medical students, in order to confirm his or her familiarization to the instrument. Subsequently, a second pilot study ($N = 60$ prisoners) was carried out by twelve of these medical students as an additional part of the medical students' training and to verify the response of the prisoners to the instrument (the inter-rater reliability being 0.64). Finally, these twelve qualified medical students administered the ISPI to each consenting subject.

Individuals deemed as not having a mental illness were given the PDQ-4 in order to be assessed for a personality disorder. The choice not to include prisoners with mental illness at the personality disorder assessment was based on clinical experience (GA) suggesting that assessment of personality disorders in individuals with active mental illness is challenging and could lead to overestimates or underestimates of the prevalence of personality disorders.

The PDQ-4 is an easy to answer self-administered, true or false questionnaire that yields personality diagnoses. The information is sufficient to make the diagnosis of personality disorder ([Reich, 1987](#)). PDQ-4 has been validated for use in prison populations, showing good screening properties for the presence or absence of a personality disorder ([Davison, Leese, & Taylor, 2001](#)). The paper version of the questionnaire was self-administered by participants.

The supervisor of the survey (GA) checked the quality of the data, resolved any diagnostic uncertainties—including uncertainties regarding primary diagnosis—after discussing the interviews with the medical students, inputting the data in the statistical package and reviewing the criminal records of the subjects. The criminal records of the participants were retrieved from the participants' prison records.

The prevalence of the most common mental disorders (personality disorder, substance misuse, depression, anxiety disorder and psychosis)

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