



Ethnic variations in psychotic disorders in the criminal justice system: A systematic review



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ABSTRACT

Objective: To explore the relationship between ethnicity, psychotic disorders and criminal behavior by investigating differences in prevalence rates of psychotic disorders between detainees from Black and minority ethnic (BME) groups and non-BME detainees.

Method: A systematic review of all empirical studies on the prevalence of psychotic disorders, comparing at least two ethnic groups in a psychiatric penitentiary or regular prison setting. No national or language restrictions were made.

Results: Ten out of sixteen medium to high quality studies found higher prevalence rates of psychotic disorders in BME detainees compared to non-BME detainees. The country where a study was executed appeared to be irrelevant to the results. The overrepresentation of BME detainees with psychotic disorders was especially reported on psychiatric penitentiary units and less often on regular prison units.

Conclusions: BME detainees show elevated prevalence rates of psychotic disorders compared to non-BME detainees. This phenomenon appears to be internationally relevant.

Summations:

- The overrepresentation of BME patients is not restricted to certain countries but is of international significance.
- Future research needs to focus on why BME patients with psychotic disorders tend to be overrepresented in the criminal justice system and how it can be achieved to get BME patients into regular mental health care instead.

Considerations:

- Only a small number of studies included in this review sufficiently controlled for confounding factors. Yet, in cultural research it is essential to take confounding factors into account. More high quality research is needed.

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1. Introduction

An extensive amount of recent literature investigates the relationship between criminal behavior and psychotic disorders (Lamsma & Harte, 2015). Factors that appear to facilitate criminal and violent behavior in patients with psychotic disorders include substance abuse disorders (Dumais et al., 2011; Erkiran, Aytac, Kirisci, & Tarter, 2006), personality disorders (Bo, Abu-Akel, Kongerslev, Helt Haahr, & Simonsen, 2011; McGregor, Castle, & Dolan, 2012; Moran et al., 2014), impulsivity (Dumais et al., 2011; Witt, VanDorn, & Fazel, 2013), positive symptoms (Bo et al., 2011) and intergenerational transmission factors such as parental alcohol abuse or parental violent crime (Fazel, Langstrom, Hjerm, Grann, & Lichtenstein, 2009). Remarkably, ethnicity is not a key subject of afore mentioned research, despite the scientific indications that Black and minority ethnic groups (BME groups) are at higher risk of developing psychotic disorders compared to non-BME groups (Cantor-Graae & Pedersen, 2007; Cantor-Graae & Selten, 2005; Cantor-Graae, Pedersen, McNeil, & Mortensen, 2003; Coid et al., 2008; Dealberto, 2010; Veling, Selten, Susser, et al., 2007). Additionally, there is scientific support that the route into mental healthcare is difficult for BME populations: studies show that BME patients with psychotic disorders are more often admitted compulsorily into mental healthcare and have more police-involvement during the process of admittance compared to non-BME patients (Bhui et al., 2003; Coid et al., 2002; Leese et al., 2006; Lindert, Schouler-Ocak, Heinz, & Priebe, 2008; Mulder, Koopmans, & Selten, 2006; Vinkers, de Vries, van Baars, & Mulder, 2010; Wit, Tuinebreijer, van Brussel, & Selten, 2012).

As described above, there is evidence for higher prevalence rates of psychotic disorders in BME groups; additionally they seem to experience difficulties getting into adequate treatment. We hypothesize that this could lead to an overrepresentation of BME-groups with psychotic disorders in the criminal justice system. If so, this could have major implications for prevention programs as well as treatment practices regarding BME groups with psychotic disorders in the criminal justice system.

1.1. Aims of study

The aim of this study is to explore the relationship between ethnicity, psychotic disorders and criminal behavior. To this end, we will investigate, by means of a systematic review, to what extent BME and non-BME detainees show different prevalence rates of psychotic disorders. All published studies on ethnic variations in prevalence rates of psychotic disorders in (high security) forensic mental health and prison populations will be systematically reviewed.

2. Method

2.1. In – and exclusion criteria

This systematic review included all studies, published before March 2014. For inclusion in this review no further date or language restrictions were made, studies should have been conducted in either forensic mental health services or prison settings, differentiate between

at least two ethnic groups, and present prevalence rates on psychotic disorders. Exclusion criteria were: studies in general mental healthcare and no or unclear differentiation between criminal and non-criminal subjects. This applied to some studies in low and medium secure mental health facilities, which often presented fused data on criminal and non-criminal subjects, without separation of the results (e.g. clients in immigration detention or under a mental health act). Furthermore we did not include studies on outpatients or refugees in immigration detention. Also, non-empirical studies, editorials and theoretical papers were excluded (for a full list of in- and exclusion criteria see Table 1). For this review the checklist as well as the four-phase flow diagram (see Fig. 1) of the *Preferred Reporting Items for Systematic Reviews and Meta-Analyses* (PRISMA) Statement (Moher et al., 2009), was used.

2.2. Search strategy

Variations and synonyms on the following keywords were generated and used as search terms: Psychosis and ethnicity and prison (see Appendix B for an example of the full search strategy and all used keywords). Literature searches were systematically performed in six different bibliographic databases with an overall time coverage from 1872 to 2014 (PubMed (Medline), PsycINFO, Embase, Cochrane Library, Web of Science and the Campbell Library). Search strategies were adapted to the different databases. If possible, MESH terms were added to the search, exploded and combined. To systematically identify relevant literature, two reviewers (DD and AE) performed the screening of titles and abstracts independently, using specific in- and exclusion criteria (Table 1). In case of doubt or disagreement, the full text was retrieved and a decision was made on consensus or by consulting a

Table 1
In – and exclusion criteria for identification of relevant literature.

We included studies that (were)	We excluded studies that (were)
<ul style="list-style-type: none"> Published (in any language) before March 2014 Differentiated between at least two ethnic groups Conducted in forensic mental health (high security) or prison settings Presented prevalence rates of psychotic disorders Answering any of the research questions 	<ul style="list-style-type: none"> Not empirical/qualitative Book chapters, PhD theses/dissertations, editorials, congress abstracts Conducted in general mental healthcare (even if prior criminality in regular patients was addressed) Exclude subjects in forensic settings Conducted in low and medium security facilities (because the differentiation between criminal and non-criminal patients is unclear) Did not address psychotic disorders Studies where criminal and non-criminal patient are not differentiated or differentiation is not described clearly Refugees in immigration detention (no criminal behavior) Primarily about ethnic variations into mental healthcare (e.g. compulsory admissions, mental health act) Conducted with outpatients (e.g. probationers on mandatory outpatient treatment) Case studies

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