



Original communication

Detainees in Amsterdam, a target population of the Public Mental Health System?



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ABSTRACT

The Forensic Medical Service of the Public Health Service offers health care to detainees in police cells in Amsterdam. This study describes the registered mental health, addiction and social problems and compares them to the self-reported problems among a sample of detainees. Registers of the Forensic Medical Service are related to information from registers of police detention episodes. A general assessment of substance use, mental health and social problems is obtained by interviewing a sample of 264 detainees. The Forensic Medical Service was contacted in 24% of the 17,321 detention episodes. In 14% of the episodes mental or substance related disorders were observed. Within the sample 59% scored positively on indicators of substance abuse or mental health problems, 35% had additional social problems (debts, unemployment, housing). This proportion increased with age. It is concluded that substance abuse and mental health problems combined with social problems are highly prevalent among detainees, especially among the older ones. This urges for a close cooperation between Public Mental Health Care and Forensic Medical Services.

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1. Introduction

People that are detained in prisons, jails or police cells of Western countries show more psychiatric illnesses e.g. psychotic disorders, severe depression and personality disorders, than the general population.^{1–3} Contrarily, clients known at the Public Mental Health Care System run a higher risk for police arrests compared to the general population.⁴ Moreover detainees who are homeless, and who suffer from substance use disorders and schizophrenia run the highest risk for re-incarceration.⁵

The Public Health Service (PHS) in Amsterdam is responsible for both forensic medical services (FMS) and the coordination of Public Mental Health Care (PMHC). The FMS ensures the health and safety of people detained in police cells. Care is provided at police stations and at the Police Service cell blocks.

The PMHC provides care and support to individuals or families with severe and complex psychosocial problems who are characterized either by not actively seeking help for their psychiatric or

psychosocial problems, or by not having their health needs met by regular health care services.⁶ The majority of the patients of the PMHC is signalled by the police or (via hotlines) by citizens who worry about, or experience nuisance from their neighbours.⁷

Psychiatric and addiction treatment after detainment can reduce the risk of re-incarceration.⁵ Likewise, frequency of police contact may even be considered as a performance indicator of the Public Mental Health System.⁸ The ability to reduce criminality is one of the reasons that the benefits of treatment modalities such as heroin co-prescription exceed the costs of it.⁹

This study describes registration and interview data among detainees. Previously published articles based on these data focus on the physical health issues and general lifestyle characteristics of the sample and mental health.^{10,3} This study aims to identify the PMHC population among detainees, defined as those with a combination of mental disorders, social problems and unmet care. The prevalence of detainees with mental health and addiction problems is expected to be higher among the older arrestees. Therefore special attention is given to the age association. Furthermore, by comparing the interview data, registrations of the Forensic Medical Service and information of the total population of arrestees of the police services we will discuss the coverage of these problems in the daily practice of forensic nurses and physicians.

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2. Methods

The study is based on four sources of information:

- (1) Registration of the Police Amsterdam Amstelland on the number of individuals, episodes and number of days of police custody from July 2008 to June 2009,
- (2) Registration of the Forensic Medicine Department of the Amsterdam PHS providing on-site health care to police detainees held in within cell blocks of the Police Service Amsterdam-Amstelland during July 2008 to June 2009,
- (3) Interview data collected among police detainees held within cell blocks of the Police Service Amsterdam-Amstelland from March to June 2009.
- (4) Registers from the outpatient Public Mental Health services of the PHS.

2.1. Police registration

Data of the number of individuals, episodes and total number of days spent in police custody at one of the three cell blocks in Amsterdam were extracted from Amsterdam-Amstelland Police department registers. The Police department provided the researchers with aggregated data based on gender and five years age categories. In Amsterdam, there are three cell blocks with a total capacity of 170 cells especially equipped for overnight stays (maximum stay: 6 days). A total number of 11,638 individuals were detained for 17,321 episodes and spent 25,605 nights during the study period. On an average night, 70 individuals are detained in one of the three cell blocks.

2.2. Electronic registration forensic medicine department

The FMS of the Amsterdam PHS consists of physicians and nurses employed by the Forensic Medicine Department. All consultations are registered electronically. Detainees health problems are coded according to the International Classification for Primary Care (ICPC) by the care providers. Prescriptions were retrospectively coded for the purpose of this study using the Anatomical Therapeutic Chemical (ATC) classification. Health problems or prescriptions referring to alcohol or drug addiction (i.e. methadone prescription), psychopathology (prescriptions of psychopharmacological drugs) were selected. In total 7922 contacts with 3232 individuals during 4224 episodes have been registered. In this study the number of episodes is used both as a nominator and denominator to assess the coverage of the forensic medical services.

2.3. Registration outpatient psychiatric services of the Public Health Service

The registration of the outpatient psychiatric health service of the PHS Amsterdam (*in Dutch: Vangnet*) between June 30th 2004 and June 30th 2009 was used as an indicator of identified PMHC problems among the detainees that were also contacted by the FMS.

2.4. Interview sample

Detainees who were held in custody between March and June 2009 at one of three cell blocks in Amsterdam were invited to participate in an anonymous, structured questionnaire survey ($n = 402$). The interviews (average duration of 20 min) were conducted by specially trained interviewers. In total, 264 interviews

were completed (response rate 67%). Ninety-nine detainees refused to participate, 30 detainees suffered from severe language problems, 4 were willing to participate but were transferred/interrogated at the moment the interview was scheduled, 4 times the reasons for non-response were not recorded, and in one case, the detainee could not be interviewed in the interest of the police investigation. Age and gender distribution did not significantly differ between non responders and responders. Both groups predominantly consisted of males (93% and 92%), and had an average age of 32.9 and 32.4, respectively.

Apart from demographic variables and ethnicity the questionnaire contained issues of psychopathology, smoking, the use of alcohol and drugs, income and housing situation and physical health.

The “brief jail mental health screen” (BJMHS) is used as an indicator of the mental health status of the detainees.^{11,12} The BJMHS consists of eight yes-or-no questions. Section 1 includes six items about mental health symptoms. Section 2 comprises two items, one about current use of psychotropic medications and one about previous hospitalizations. The BJMHS is considered positive if at least two items from the first section or one item from the second.³

In this paper alcohol and drug use is dichotomised, using a higher threshold for the more widely used substances such as alcohol (>3 units a day, or >5 at least once a week) and cannabis (daily use) and last month prevalence of cocaine and opiates.

Three types of social problems are distinguished; problems with housing, financial problems and unemployment. Housing problems are defined as sleeping rough or residing in specific housing facilities for the homeless. Respondents that indicated having debts are considered to have financial problems and those being unemployed or who were on welfare are considered to have problems with employment. For each subject available care and perceived willingness to receive care was assessed.

2.5. Statistical analysis

Descriptive statistics (Chi-square) are used. As two different registration systems are used and only aggregated data of the total number of detainees were available Chi square was conducted with weighted aggregated data. SPSS-19 for windows was used.

3. Results

3.1. FMS registers

Table 1 shows the combined data of number of police detainment episodes and contact with FMS specified by age and gender. From 1st of July 2008 to 30th of June 2009, 17,321 episodes of police custody were registered at the police services Amsterdam Amstelland. In 4224 (24%) of these episodes, a contact with the forensic medical services (either physician or nurse) was registered. In 14% of the total number of episodes, a diagnosis or intervention associated with addiction or psychopathology was registered. This was more than half (57%) of the episodes.

The proportion of episodes with FMS increased with the age of the detainee and varied from 13% among the youngest (<25 years) to 37% among the oldest age category (>45 years). Furthermore, the proportion of problems related to addiction or psychopathology increased with age. Within 4% of the episodes of detainees younger than 25 year, a contact related to a mental health or addiction problem was observed. Among episodes of detainees of 45 and older, this was 23%. When considering only those episodes with a registered contact with forensic medical services, the percentage of services related to mental health and addiction increased from 30% to 63%.

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