



Psychiatric symptoms, psychological distress and somatic comorbidity among remand prisoners in Switzerland

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ABSTRACT

Objective: The aims of this study were to determine the prevalence of psychiatric symptoms and complaints among remand prisoners in Switzerland and to analyze the relationships between psychiatric symptoms, physical health and substance abuse problems in this population.

Method: The medical files of all detainees attending the prison health service in 2007 were reviewed. Identified health problems were coded using the International Classification of Primary Care (ICPC-2). Descriptive statistics and measures of association were computed.

Results: A total of 1510 files were analyzed. Several associations between psychological symptoms (anxiety and insomnia) and physical health problems (skin, respiratory and circulatory) were observed. Substance abuse was also frequently associated with somatic health problems.

Conclusions: These data provide the first comprehensive description of the mental health of detainees in Switzerland's largest remand prison. Our findings emphasize the need for coordinated health care services in detention settings.

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Several studies conducted during the last two decades have shown an increased prevalence of mental disorders among prisoners, compared with rates observed in the general population (Fazel & Lubbe, 2005). A systematic review and meta-analysis published in 2002 concluded that, typically, about one in seven prisoners in Western countries has psychotic illnesses or major depression (Fazel & Danesh, 2002). By comparison, in a large sample of the general population of six European countries the 12-month prevalence of major depression or of any mental disorder was 3.9% and 9.6% respectively (Alonso et al., 2004). Prisoners are about ten times more likely to have antisocial personality disorder than the general population (Fazel & Danesh, 2002). In their meta-analysis, 47% of male prisoners and 21% of female prisoners were diagnosed with antisocial personality disorder. There was substantial heterogeneity between studies, attributable to methodological and cross-national differences. Most studies of psychiatric disorder in prisoners have shown a high prevalence of schizophrenic disorders and other psychotic illnesses. Reviewing 12 recent studies, Nielssen and Misrachi reported a prevalence of psychotic illnesses among remand prisoners ranging between 2.7% and 10% and among sentenced inmates between 1.7% and 8% (Nielssen & Misrachi, 2005).

A review of the literature addressing substance abuse and dependence in prisoners showed a marked heterogeneity among studies, but, globally, prisoners are at an increased risk for drug and alcohol problems compared with the general population. The estimates of prevalence for alcohol abuse and dependence in male prisoners ranged from 18% to 30% and 10% to 24% in female prisoners. The prevalence estimates of drug abuse and dependence varied from 10% to 48% in male prisoners and 30% to 60% in female prisoners. (Fazel, Bains & Doll, 2006). More specifically, several studies have noted strong associations between offending behaviour and heroine and cocaine use (Stewart, 2009).

Suicide is an omnipresent preoccupation in detention and numerous studies describe the increased rates of suicide that exist in jails and prisons in several countries (Wortzel, Binswanger, Anderson, & Adler, 2009). Several studies have shown that age-standardized rates of suicide among male prisoners are between five to eight times higher than in the general population (Blaauw, Kerkhof & Hayes, 2005), and sometimes as high as fourteen times higher (Shaw, Baker, Hunt, Moloney & Appleby, 2004). In a systematic review, risk factors associated with suicide in prisoners included white ethnicity, being male, being married, occupation of a single cell, suicidal ideation, history of attempted suicide, having a current psychiatric diagnosis, receiving psychotropic medication and having a history of alcohol use problems (Fazel, Cartwright, Norman-Nott & Hawton, 2008).

Data indicate that the number of inmates with mental disorders is rising (Dressing, Kief & Salize, 2009). Several reasons account for this

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increasing prevalence of mental disorders among prisoners. Harsh incarceration conditions causing acute stress is probably one of them, but most authors underline the current trend to criminalize severely mentally ill persons (Okasha, 2004). In other words, there seems to be a shift of psychiatric inpatient care from hospitals to jails and prisons (Lamb & Weinberger, 2005). In most European countries, general psychiatric beds decrease while forensic psychiatric beds and places in forensic institutions tend to increase (Priebe et al., 2005). This trend, alternatively called “trans-institutionalisation” or “re-institutionalisation”, is probably related more to changes in global social attitudes than to true modifications in psychopathology and morbidity. The reality of this phenomenon is, however, contested by several authors. Further understanding of this evolution would require a detailed analysis of the interaction among general psychiatry, forensic psychiatry and the prison sector (Salize, Schanda & Dressing, 2008). Prison prevalence of psychiatric morbidity may mirror general trends in the society regarding services for mentally ill subjects (Andersen, 2004). Barriers to community care for offenders’ (Lamberg, 2004), repeated incarcerations among mentally ill individuals (Baillargeon, Binswanger, Penn, Williams, & Murray, 2009) and the observation that prisons are treating mentally ill people who were off treatment at the time of arrest (Wilper et al., 2009) represent additional relevant factors.

Importantly, most prevalence studies were conducted in North America and Scandinavia. Epidemiologic data are also available for England (Birmingham, Mason & Grubin, 1996), Australia (Butler, Andrews, Allnutt, Sakashita, Smith & Basson, 2006) and New Zealand (Brinded, Simpson, Laidlaw, Fairley & Malcolm, 2001). It is problematic to generalize these figures because criminal justice systems vary across countries and because types of prisoners (sentenced or on remand) and possibilities of specialized psychiatric care differ from one institutional system to another. Structured information on prison mental health care and psychiatric disorders in jails and prisons is lacking in most European countries (Dressing et al., 2009). In France, a study was conducted among a random sample of 800 incarcerated males. Each subject was assessed for psychiatric diagnosis by two clinicians, one using a semi-structured interview, the other clinician completing the procedure with an opened clinical interview (Falissard et al., 2006). Prevalence rates for a diagnosis given independently by both clinicians and for a consensual diagnosis were respectively: 3.8% (6.2%) for schizophrenia, 17.9% (24%) for major depressive disorder, 12.0% (17.7%) for generalized anxiety and 10.8% (14.6%) for drug dependence. The authors concluded that psychiatric diagnosis can be difficult to interpret in prison, especially using traditional standardized interviews. In a sample of 80 male prisoners in Greece, the prevalence of mental disorders was more than 78% (Fotiadou, Livaditis, Manou, Kaniotou, & Xenitidis, 2006). The main diagnoses were: anxiety disorder (37.5%); major depression (27.5%); antisocial personality disorder (37.5%); alcohol dependence (26.3%); opiate dependence (27.5%) and schizophrenic or bipolar disorder (11.2%). Twelve prisoners (15%) had an IQ below 75. In Italy, prevalence of either substance use or another psychiatric disorder was 54.3%, while the comorbidity rate was 20.9% among a sample of 302 male detainees (Piselli, Elisei, Murgia, Quartesan, & Abram, 2009). In the Netherlands, 57% of 191 randomly selected prisoners suffered from one or more mental disorders (Bulten, Nijman & van der Staak, 2009). For non-Western countries, reliable data are almost non-existent but there are indications suggesting that the prevalence of mental disorders in jails and prisons is similar to what is observed in Europe and North America (Assadi et al., 2006; Fatoye, Fatoye, Oyebanji & Ogunro, 2006; Banerjee, Sengupta, & Ray, 2009).

Another important issue is that prisoners are prone to suffer from multiple pathologies, associating mental disorders (psychotic, depressive or personality disorder), substance abuse disorders and general medical conditions such as transmissible diseases. This concurs to an increased morbidity and mortality, both in incarcerated people and released prisoners (Binswanger et al., 2007;

Kariminia et al., 2007). The association between somatic and mental disorders in this population has not, however, been extensively studied before.

There are virtually no available recent epidemiologic data for Swiss jails and prisons, despite well staffed prison medical services in several centres. A study conducted in 1989 reported high levels of psychiatric symptoms in 57% of a sample of 208 male prisoners, using the General Health Questionnaire (GHQ) (Harding & Zimmermann, 1989). More recently, two independent retrospective studies addressed self-injurious behaviours in the same centre in Geneva. In the first study, suicidal gestures were associated with age less than 25 years, previous suicide attempts, a past history of psychiatric treatment and opiate drug dependence (Schaller, Zimmermann & Raymond, 1996). In the second study, 161 self-aggressive behaviours were recorded over a 15-month period. All the detainees involved were male, with a mean age of 25 years. The most frequent self-aggressive behaviours were cutting, strangulation and fire setting (Ammar, Borrás & Eytan, 2008).

The aim of the present study was to document the epidemiology of mental disorders and comorbidities in the largest remand prison of this country. It was also to offer a detailed description of the association between mental health problems, substance abuse and somatic disorders. A secondary objective of the study was to evaluate the feasibility of a systematic medical screening using the ICPC-2 in prison.

1. Methods

1.1. Setting

The study took place in the remand prison of the Geneva district, situated in the French speaking part of Switzerland. This centre was built 30 years ago. Initially conceived for 270 places, the average number of inmates is currently between 450 and 500, with a mean occupation rate of 169% in 2008. According to the prison census, detainees presented the following characteristics at the time the study took place: Between 10% and 20% of detainees were sentenced prisoners waiting to be transferred to another institution. The population was in majority young (60% of detainees were under 30 years of age) and male (93%). Almost 90% of detainees were of foreign origin. The main regions of origin were North Africa (20%), Eastern Europe and the Balkans (20%), Sub-Saharan Africa (20%) and the European Union (20%). More than 100 different nationalities were represented. Most detainees were foreigners officially living abroad, who did not have permission to be in Switzerland at the time of the offence (66%). Incarcerations were shorter than 4 months in 55% of cases, due to release or transfer to another prison after sentencing.

The medical service of the prison is composed of general practitioners, nurses, psychiatrists and psychologists. Seventy to 80% of the mean 2300 detainees admitted annually receive medical care. All detainees admitted to the facility are submitted to a health care assessment by primary health care nurses within 24 hours of their admission. This assessment includes screening questions for the most frequent general medical conditions, infectious diseases, exposure to violence and suicidal ideation. When necessary, nurses refer detainees immediately to a physician. At any time, inmates can ask for medical consultation and are then addressed to a primary care physician or directly to a psychiatrist in case of obvious severe symptoms. The independence of caregivers is guaranteed by the attachment of the service to the Geneva University Hospitals rather than to the prison administration.

1.2. Instruments and design

The medical files of all detainees attending the prison health service in 2007 were reviewed and coded using the French version of the international classification of primary care, second edition (ICPC-2)

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