



**PSYCHOTIC PATIENTS
AS VICTIMS OF NEGLECT
AND VIOLENCE**

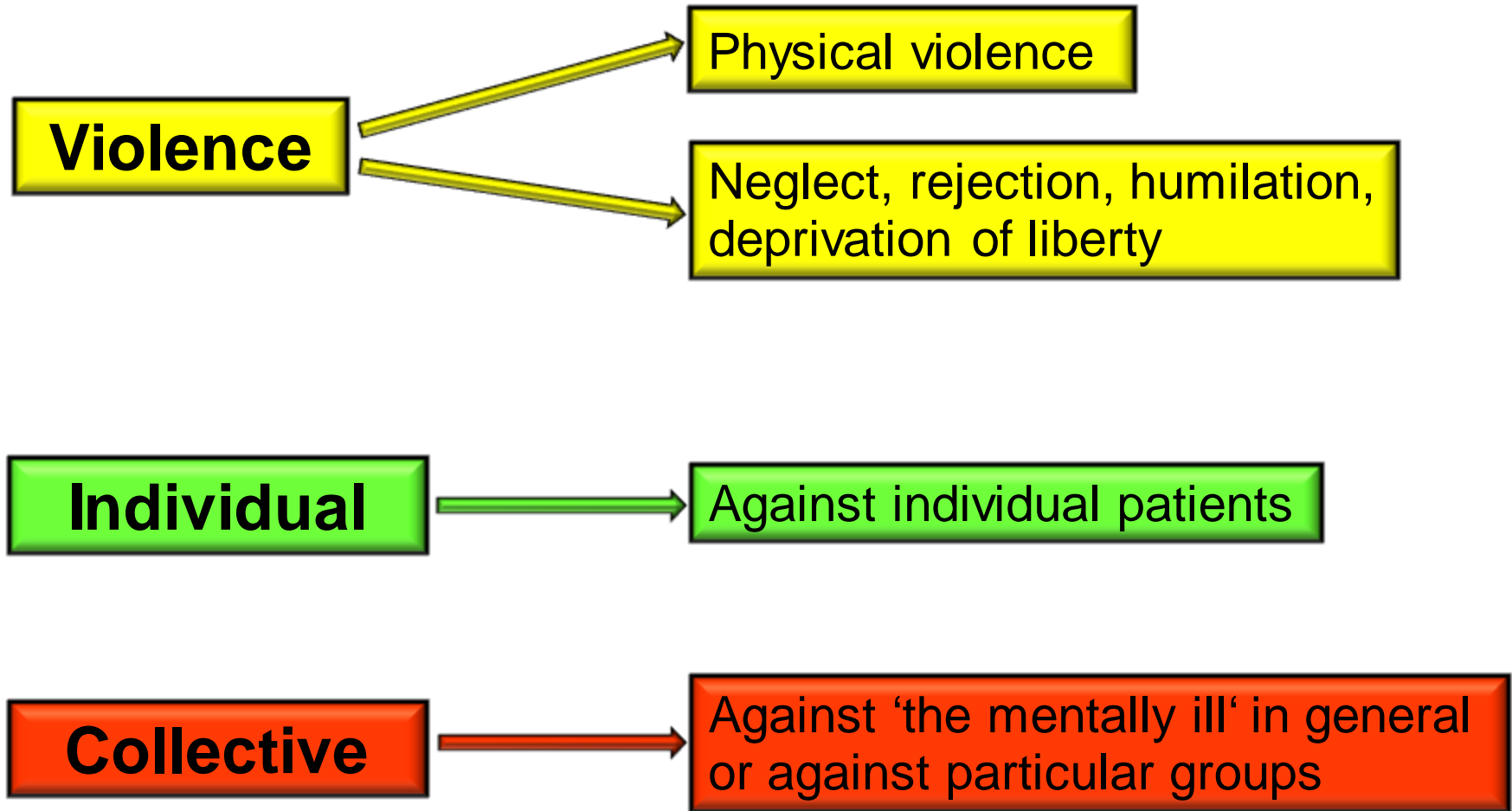
Hans Schanda

Vienna, Austria

Treatment and Management
of Psychosis

3rd Bergen International Conference
on Forensic Psychiatry
17th – 19th September 2014

VIOLENCE AGAINST THE SEVERELY MENTALLY ILL

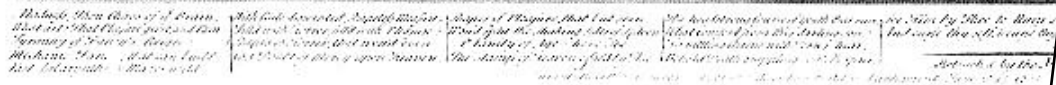


① Looking back

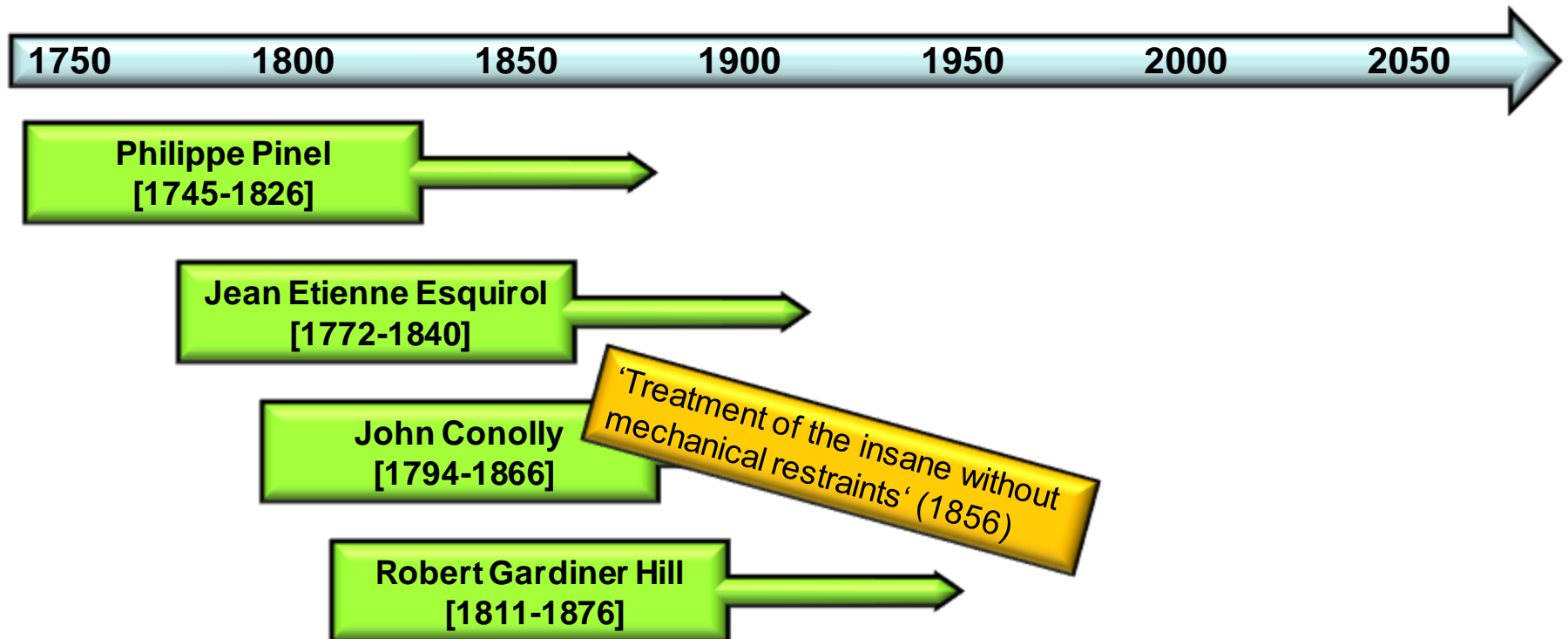
② The present

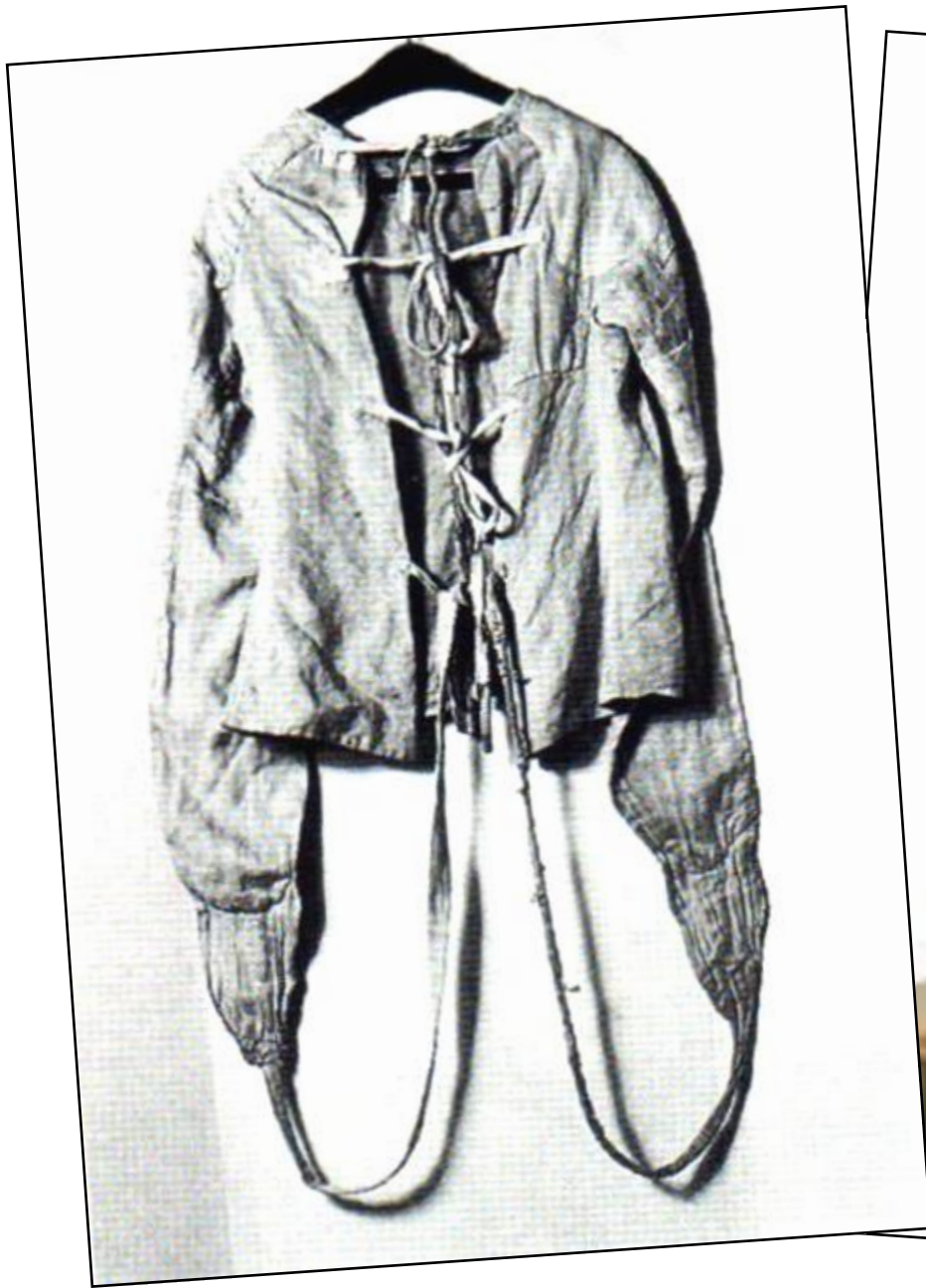
③ A hypothesis





SOCIETY AND THE MENTALLY ILL





SOCIETY AND THE MENTALLY ILL

Mental hospitals



1750

1800

1850

1900

1950

2000

2050

Philippe Pinel
[1745-1826]

Jean Etienne Esquirol
[1772-1840]

John Conolly
[1794-1866]

Robert Gardiner Hill
[1811-1876]

*'Treatment of the insane without
mechanical restraints' (1856)*

SOCIETY AND THE MENTALLY ILL

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**NS-regime, systematic killing
of mentally ill subjects**

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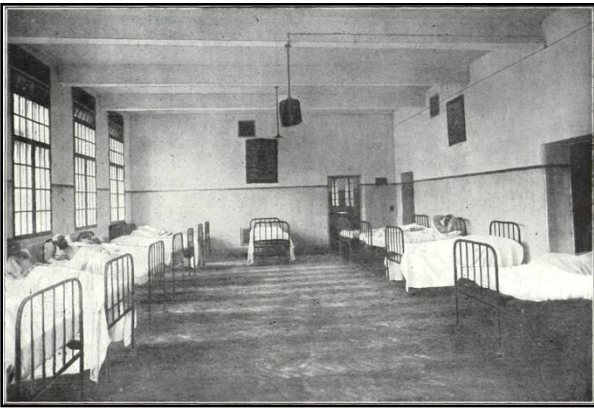
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PSYCHIATRIC CARE IN THE PRE-REFORM ERA

- ◆ Treatment and care mainly in big mental hospitals.
- ◆ Long-term inpatient treatment, high rates of involuntary admissions, lack of somatic treatment options, physical restraint in case of violent/disruptive behaviour.
- ◆ Both patients and psychiatrists were targets of prejudices:
 - ★ The severely mentally ill – in particular those suffering from schizophrenia – were regarded as potentially dangerous.
 - ★ Mental hospitals were considered as places of social control, where psychiatrists high-handedly exert coercion on vulnerable and defenceless patients.



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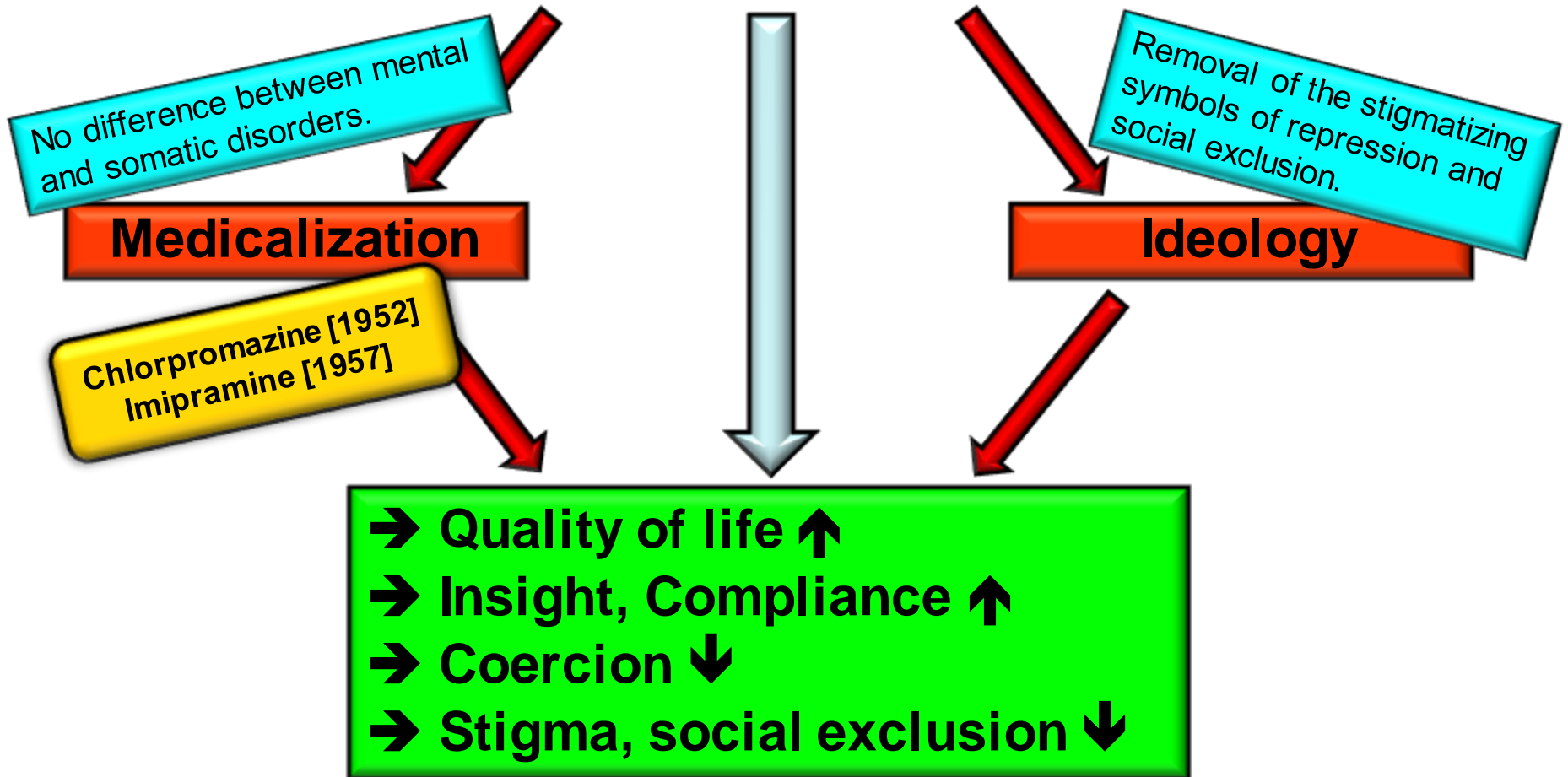
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*'Treatment of the insane with
mechanical restraints' (1853)*

**R
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- ❖ **Improvement** of the situation of the mentally ill
- ❖ **Normalization** of their special position of the mentally ill (and of psychiatry!)



① Looking back

② **The present**

③ A hypothesis

PREVALENCE OF MENTAL DISORDERS AMONG THE HOMELESSNESS

	N studies	Random effects pooled prevalence (95% CI)
Psychotic illness	28	12.7% (10.2%-15.2%)
Major depression	19	11.4% (8.4%-14.4%)
Personality disorder	14	23.1% (15.5%-30.8%)
Alcohol dependence	19 (m)	37.9% (27.8%-48.0%)
Drug dependence	7 (m)	24.4% (13.2%-35.6%)

Fazel S, Khosla V, Doll H, Geddes J. The prevalence of mental disorders among the homeless in Western countries: Systematic review and meta-regression analysis. *PLoS Med* 2008 5(12):e225. doi:10.1371/journal.pmed. 0050225

MENTAL HEALTH OF PRISONERS

	Male prisoners (%)	Male general population estimates (%)	Female prisoners (%)	Female general population estimates (%)
Psychosis	4	1	4	1
Depression	10	2-4	12	-
Any personality disorder				
Antisocial personality				
Alcohol dependence				
Drug dependence				2-3
Intellectual disability	0.5-1.5	1	0.5-1.5	1

- Prevalence in US-jails **23.9%**
- 'The largest facilities housing psychiatric patients in the United States are not hospitals but jails.' (p 2081)
- 'Five states now spend more on corrections than they do on higher education.' (p 2082)

Rich JD, Wakeman SE, Dickman SL. Medicine and the epidemic of incarceration in the United States. *NEJM* 2011;364:2081-2083

VICTIMIZATION IN SUBJECTS WITH MENTAL ILLNESS

Teplin et al 2005 USA, 936 cases with **SMI** (CIDI, psychosis, major affective disorder), 32.449 controls (participants of the National Crime Victimization Study), matched for sex, race/ethnicity, age, controlling for income and demographic differences, prevalence ratios. **1-year prevalence**

	Males	Females
Any violent crime	8.5 x ↑	15.6 x ↑
Rape/Sexual assault	[32.5 x ↑]	18.5 x ↑
Robbery	6.8 x ↑	8.8 x ↑
Personal theft	80.7 x ↑	238.3 x ↑

Teplin LA, McClelland GM, Abram KM, Weiner DA. Crime victimization in adults with severe mental illness. Comparison with the National Crime Victimization Survey. *Arch Gen Psychiatry* 2005;62:911-921

Sturup et al 2011 Stockholm County, 390 cases, **all diagnoses** (ICD-10, 32% mood disorder, 20% psychosis, 14% personality disorder, 6% dependence disorder, 28% all other), 1.170 gender- and age-matched controls. **1-year prevalence**

	Males OR (95% CI)	Females OR (95% CI)	Total OR (95% CI)
Visible injury	4.2 x ↑	7.7 x ↑	5.7 x ↑
Medical attention	4.3 x ↑	20.3 x ↑	8.8 x ↑
Any victimization	4.7 x ↑	10.5 x ↑	6.4 x ↑

Sturup J, Sorman K, Lindqvist P, Kristiansson M. Violent victimization of psychiatric patients: a Swedish case-control study. *Soc Psychiat Epidemiol* 2011;46:29-34

EXCESS MORTALITY IN SUBJECTS WITH SCHIZOPHRENIA:

STANDARDIZED MORTALITY RATES (SMR, 95% CI)

	Natural causes	Unnatural causes
Brown 1997 Meta-analysis (18 studies), n= 66.161	m 1.2 (1.2-1.3) f 1.3 (1.2-1.3)	m 5.1 (4.7-5.5) f 3.5 (3.1-3.8)
Ösby et al 2000 Stockholm County, 1973-1995, n= 7.784	m 2.0 (1.8-2.2) f 1.9 (1.8-2.0)	m 8.9 (8.0-9.9) f 10.3 (9.9-11.6)

Hiroeh et al 2001	Suicide	Homicide	Accident
Denmark, 1973-1993, population-based data, n = 275.720	m 10.7 (9.7-11.8) f 10.8 (9.4-12.5)	m 7.3 (3.5-15.4) f 3.4 (0.9-13.6)	m 2.1 (1.7-2.7) f 2.9 (2.4-3.7)

Brown St. Excess mortality of schizophrenia. A meta-analysis. *Br J Psychiatry* 1997;171:502-508

Ösby U, Correia N, Brandt L, Ekblom A, Sørensen P. Mortality and causes of death in schizophrenia in Stockholm County, Sweden. *Schizophrenia Res* 2000;45:21-28

Hiroeh U, Appleby L, Mortensen PB, Dunn G. Death by homicide, suicide, and other unnatural causes in people with mental illness. *Lancet* 2001; 358: 2110-2112

AXIS I DISORDERS IN POLICE FATALITIES



Axis I disorders	Fatalities sample n =48 (%)	General population n =4.830 (%)	OR (95% CI)	p
Mood disorders	8 (16.7)	116 (2.4)	8.1 (4.2–15.5)	<0.001
Anxiety disorders	6 (12.5)	79 (1.6)	8.6 (4.1–17.9)	<0.001
Substance use disorders	19 (39.6)	80 (1.7)	38.9 (26.0–58.2)	<0.001
Psychosis	8 (16.7)	71 (1.5)	13.4 (7.2–25.0)	<0.001
Schizophrenia	6 (12.5)	35 (0.7)	19.6 (10.2–37.7)	<0.001



OR = odds ratio, CI = confidence interval

“With respect to mortality, a substantial gap exists between the health of people with schizophrenia and the general community.

This differential *mortality gap has worsened* in recent decades.”

PATIENTS DIAGNOSED WITH SCHIZOPHRENIA (ICD-10, F20) OR OTHER PSYCHOTIC DISORDERS (F21–29), COMPARED TO OTHER DIAGNOSES

Patient-years in treatment	1977	vs.	2004
Schizophrenia	36% - 41%		20%
Other psychoses	8% - 10%	=	
Other diagnoses (Aff Dis, SUD)			x 2 - 3

Annual treatment prevalence	1977	vs.	2004
Schizophrenia	7.3		2.2 (per 10.000)
Other psychoses	1.3 (per 10.000)	=	
Other diagnoses (Aff Dis, SUD)			x 2

- ▶ Despite increase of community mental health care institutions (4 → 10) decrease of the proportion of treatment episodes of schizophrenia patients in outpatient facilities 19.2% (1995) → 14.8% (2004).
- ▶ Increasing numbers of psychiatrists in office practice primarily provide psychotherapies for the less severely ill.

NUMBERS OF GENERAL PSYCHIATRIC AND FORENSIC PSYCHIATRIC BEDS AND PRISON POPULATION IN SIX COUNTRIES IN 1990-93 AND 1999-03

(Values are numbers per 100.000 population)

	<i>England</i>	<i>Germany</i>	<i>Italy</i>	<i>Nether- lands</i>	<i>Spain</i>	<i>Sweden</i>
Forensic beds	1.3/1.8 ¹⁾ +38%	4.6/7.8 +70%	2.0/2.2 +10%	4.7/11.4 +143%	1.2/1.5 +25%	9.8/14.3 +46%

¹⁾High security and other hospitals

RATIOS OF NUMBERS OF FORENSIC PATIENTS AND BEDS IN GENERAL PSYCHIATRY

	Germany ¹⁾	Austria ²⁾
1980	1 : 32.2	
1992	1 : 19.3	1 : 23.9 ³⁾
2000	1 : 9.3	1 : 9.6 ³⁾
2005	1 : 6.8	
2008		1 : 4.6 ³⁾
2012	1 : 4.1	

¹⁾Freese R. Personal communication (October 2012)

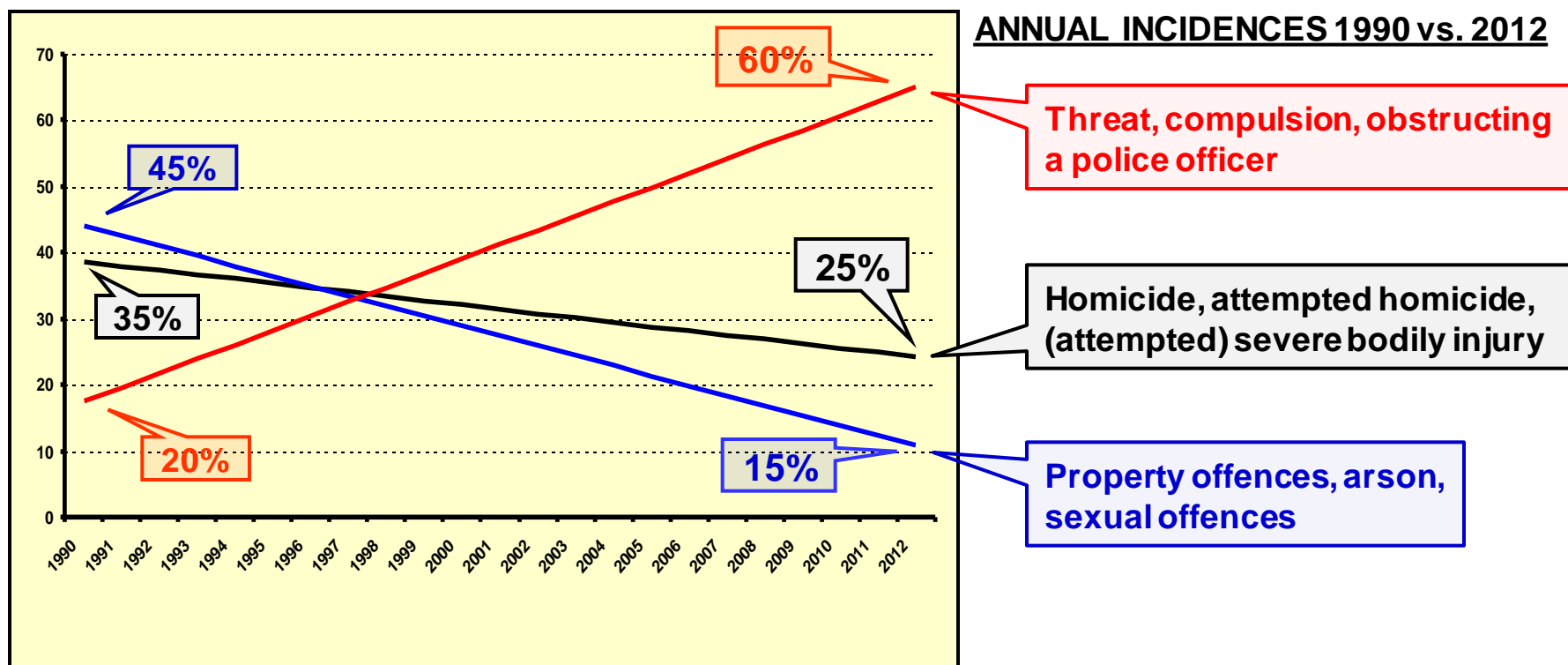
²⁾Basic data from Katschnig et al 2004; Gesundheit Österreich 2012; Ministry of Justice 2012

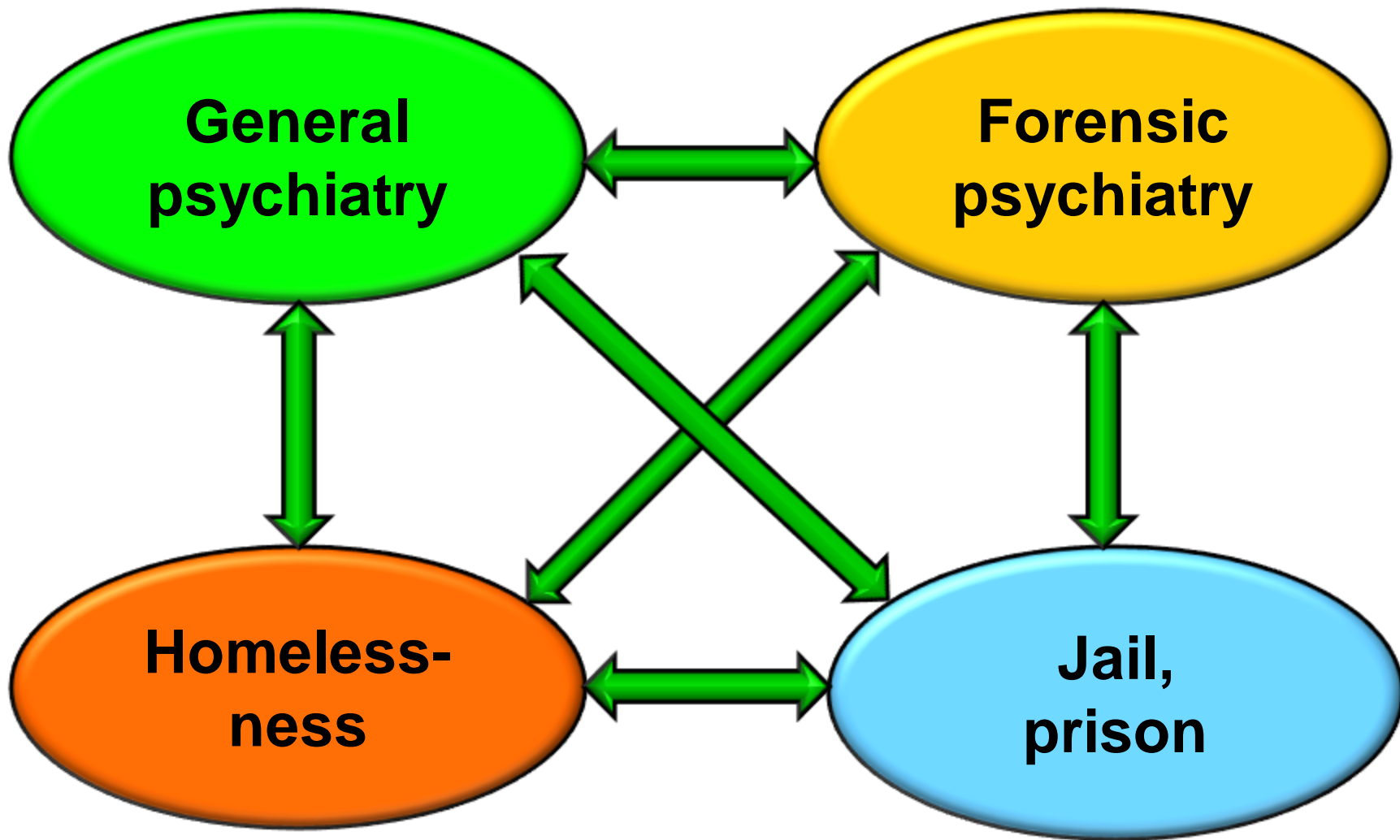
³⁾ Mentally disordered offenders NGRI only: 1992 1 : 49.9; 2000 1 : 19.4; 2008 1 : 9.9

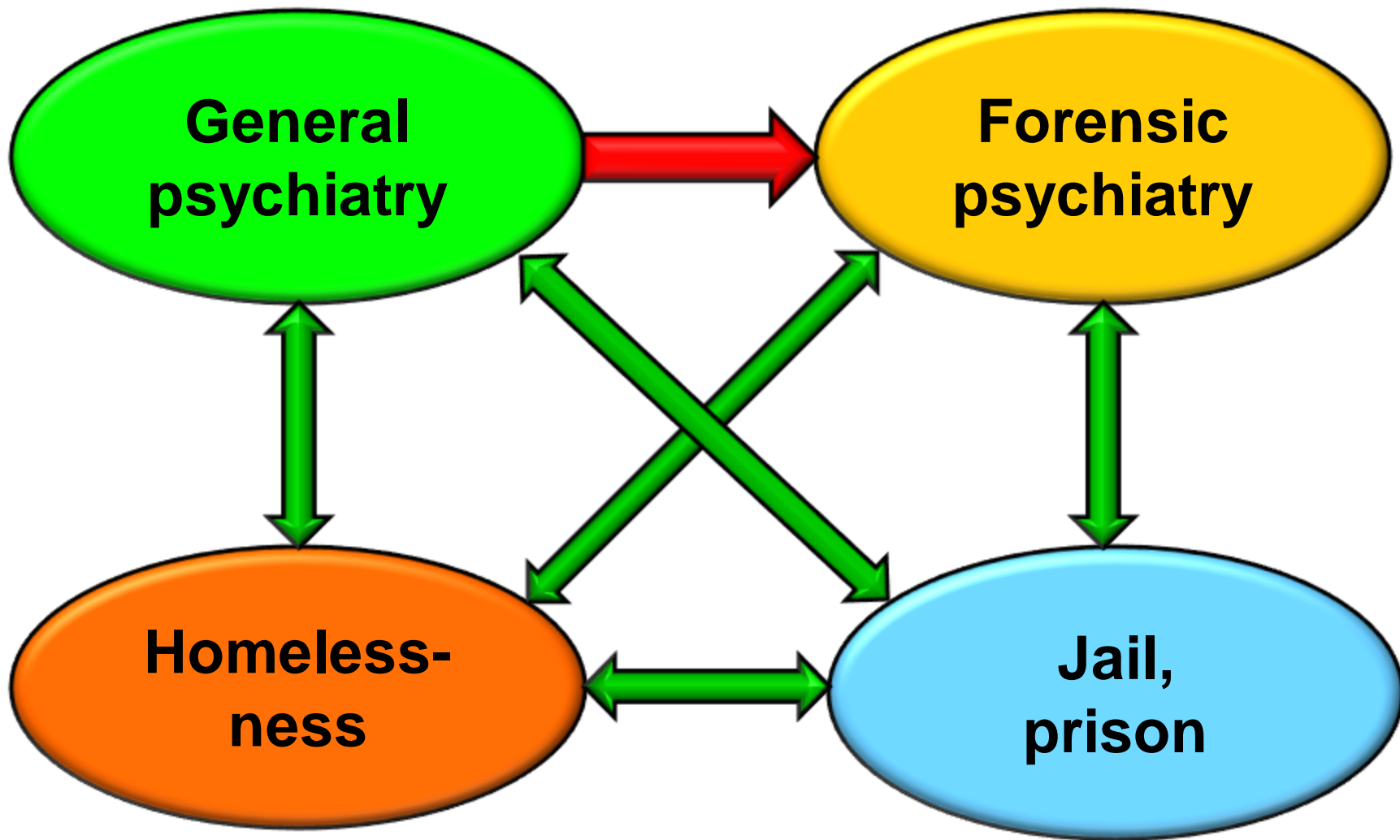
MENTALLY DISORDERED OFFENDERS NGRI: DISPROPORTIONAL INCREASE OF PATIENTS WITH SCHIZOPHRENIA AND MINOR OFFENCES

Austria, mentally disordered offenders NGRI (§ 21/1 ÖStGB)		
	Prevalence June 1992 ¹⁾	Prevalence December 2009 ²⁾
Total	126	357
Schizophrenia	68 (58.0%)	268 (75.1%)

¹⁾Knecht G. Unpublished data; ²⁾Ortwein-Swoboda G. Unpublished data







① Looking back

② The present

③ **A hypothesis**

“... ‘criminalization resulting from service failure model’ of offending among persons with mental illness ... alone may be insufficient as the basis for developing an adequate understanding of the full range of that offending.”

Fisher WH, Silver, E, Wolff N. Beyond criminalization: toward a criminologically informed framework for mental health policy and services research. *Adm Policy Ment Health & Ment Health Serv Res* 2006;33: 544-557

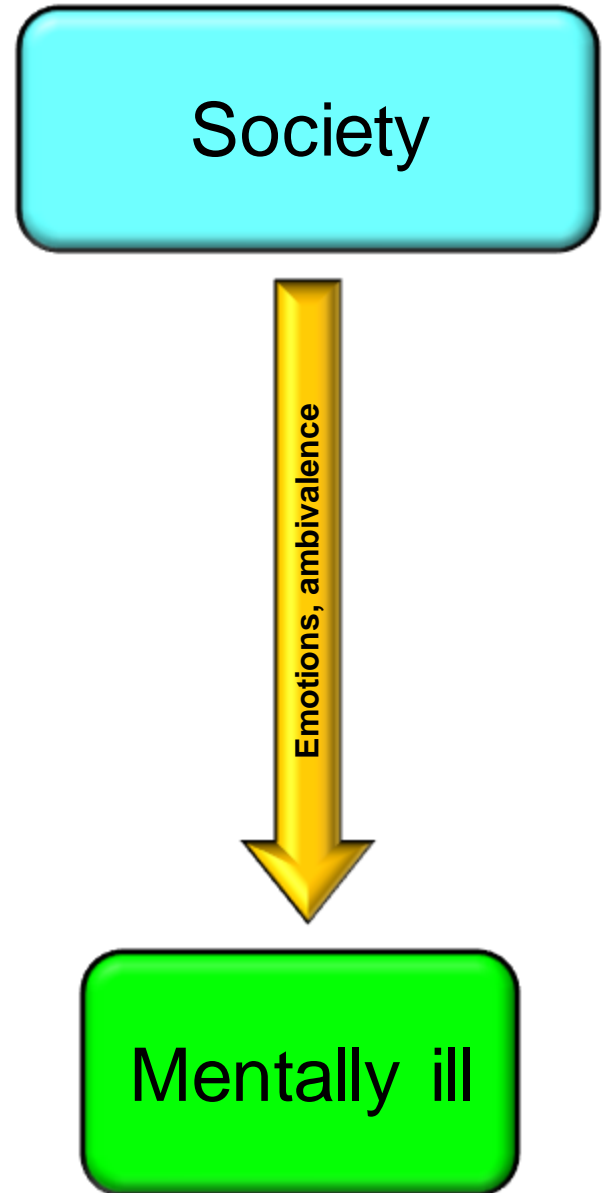
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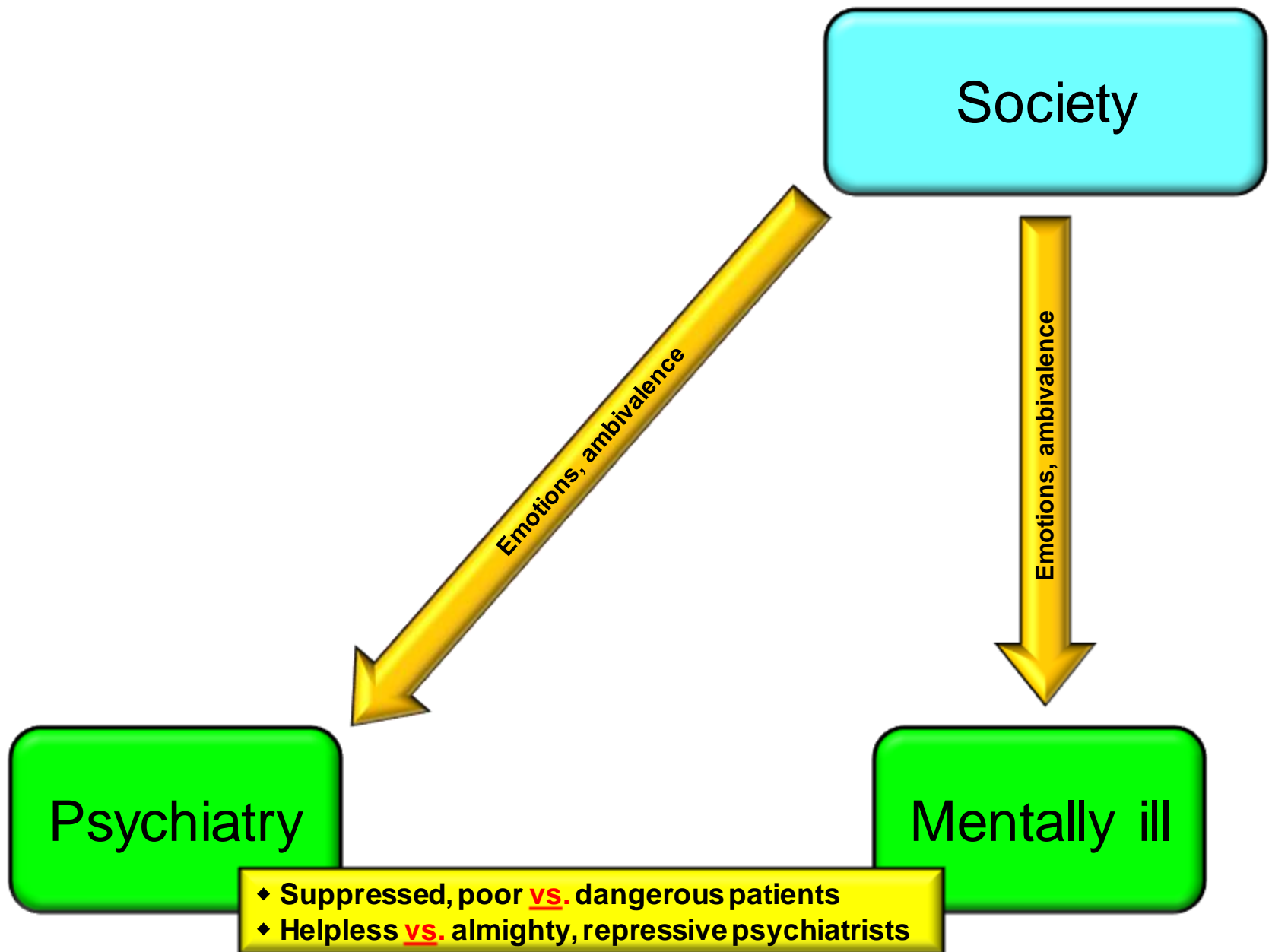
 **society failure model**

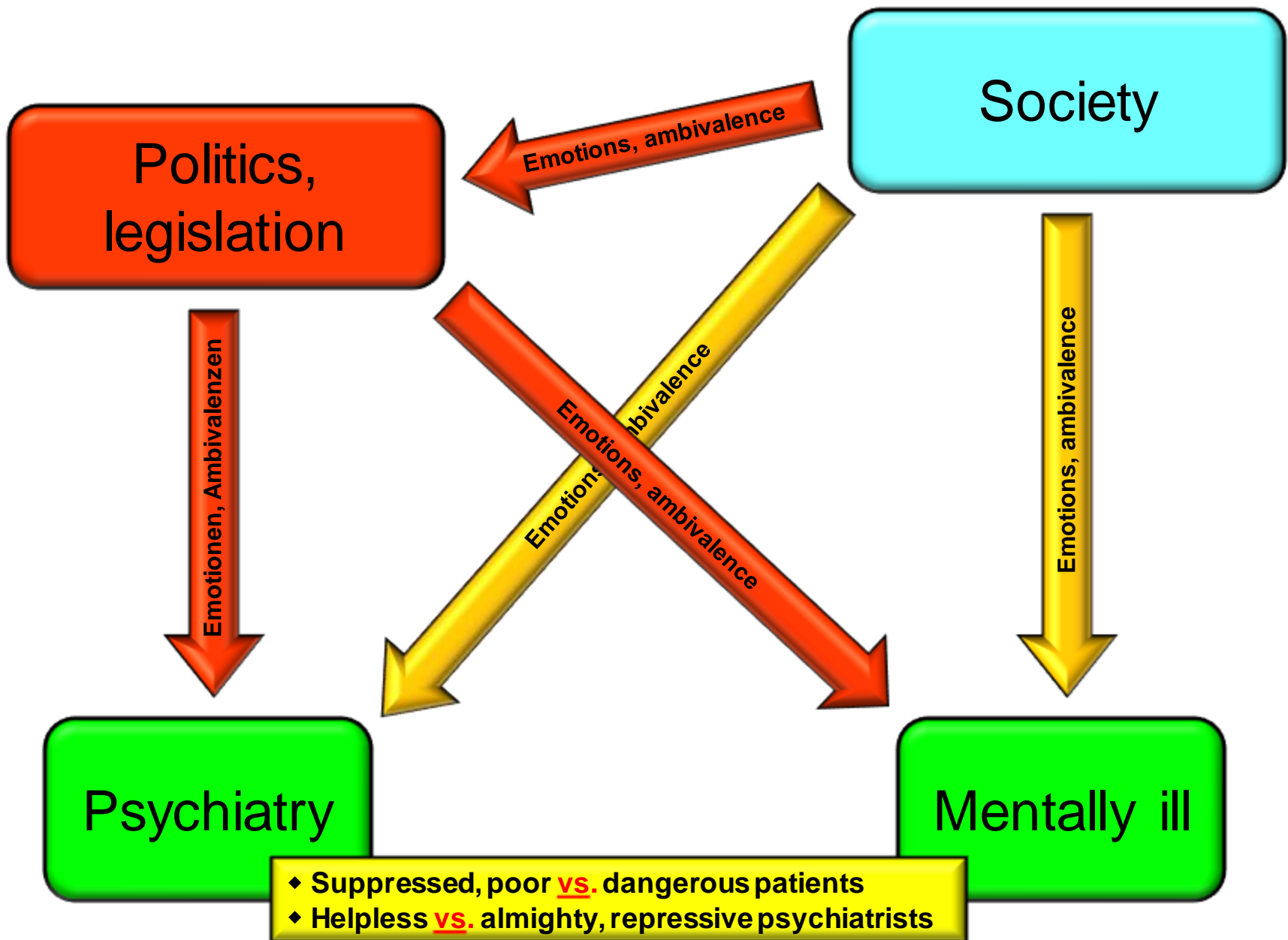
Society

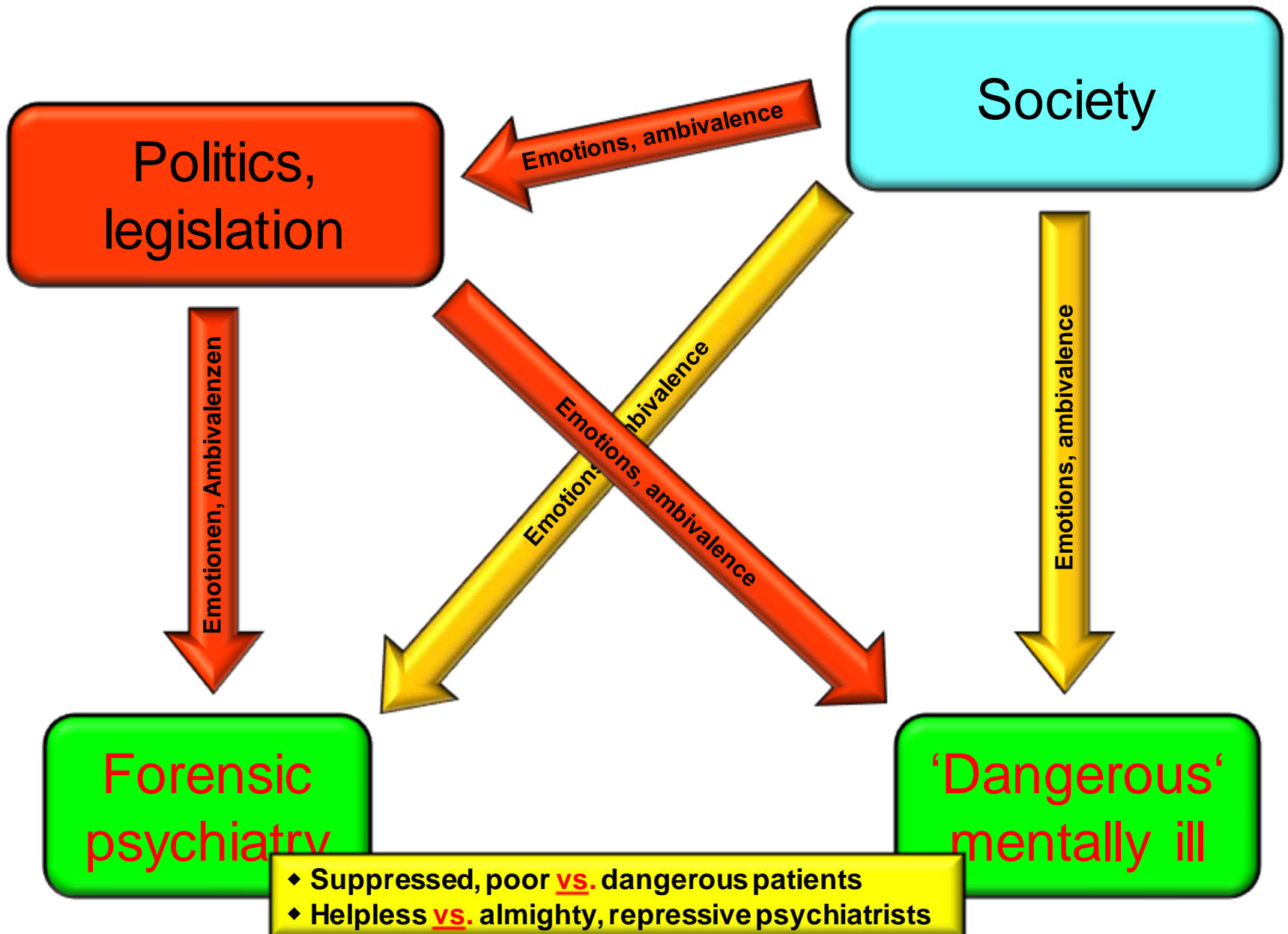
Emotions, ambivalence

Mentally ill









Compulsory pharmacological treatment in mentally disordered offenders is unlawful.

(Federal Constitutional Court of Germany, March 23th 2011)



Absolute ban on all non-consensual medical interventions ... including the administration of mind-altering drugs, for both long- and short-term application.

(UN-Commission on Human Rights, Statement by Juan E. Méndez, Special Rapporteur on torture and other, inhuman or degrading treatment or punishment, March 4th 2013, Geneva)



!?!?! 1856: Treatment of the insane without mechanical restraints !?!?!

Patients must have the right to refuse treatment. In case of committing a crime they are exculpated due to mental incapacity and admitted to forensic-psychiatric institutions for an indefinite period of time. There they must have again the right to refuse any treatment.

In this way society provides for the permanent and effective, politically and formally correct social exclusion of disturbing individuals.

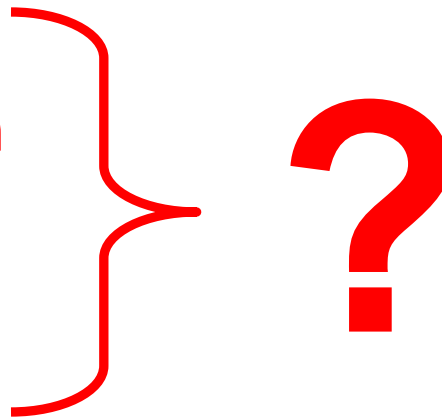
Protection

Self-determination

Freewill

Morality

Ethics





Thank you!