

Characterization of diagnoses and psychotropics of persons deprived of their liberty

Caracterização dos diagnósticos e psicotrópicos das pessoas privadas de liberdade

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ABSTRACT

The objective is to characterize the mental health diagnosis of the persons deprived of their freedom and the main psychotropic drugs they use. It is presented in the form of a descriptive and quantitative study based on the documentary type carried out in the State Criminal Complex of Mossoró / RN. A total of 125 charts were used: 57 men and 68 women. The medical records were inserted between 2010 and 2017. The data were tabulated in spreadsheet and transferred to the statistical program Statistical Package for Social Sciences version 23.0, which were expressed in simple frequency and percentage. Most men's and women's mental health diagnoses are related to chemical dependence from illicit drug abuse. The data collected continuously can instrumentalize the health team that works in the penitentiary to discuss the risk situations and / or mental health problems to which the population is subjected, assisting in the verification and monitoring of indicators.

Keywords: Mental Health; Diagnostics; Psychotropics; Prison; Nursing

RESUMO

Objetiva-se caracterizar o diagnóstico de saúde mental das pessoas privadas de liberdade e os principais psicotrópicos que fazem uso. Apresenta-se sob a forma de um estudo descritivo e quantitativo fundamentado no tipo documental realizado no Complexo Penal Estadual de Mossoró/RN. Foram utilizados 125 prontuários: 57 de homens e 68 de mulheres. Os prontuários estavam inseridos no período de 2010 a 2017. Os dados foram tabulados em planilha eletrônica e transferidos para o programa estatístico Statistical Package for the Social Sciences versão 23.0, os quais foram expressos em frequência simples e porcentagem. A maioria do diagnóstico de saúde mental dos homens e das mulheres está relacionada à dependência química pelo abuso de drogas ilícitas. Os dados coletados continuamente podem instrumentalizar a equipe de saúde que atua na penitenciária a discutirem as situações de risco e/ou problemas de saúde mental a que a população está submetida, auxiliando na verificação e monitoramento de indicadores.

Palavras-chaves: Saúde Mental; Diagnósticos; Psicotrópicos; Prisão; Enfermagem

NOTA

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INTRODUCTION

Currently, Brazil has the fourth largest population of freedom, with a total of 622,000 prisoners, behind only the United States (2,217,000), China (1,657,812) and Russia (644,237)⁽¹⁾.

Since 2008, the United States, China and Russia have experienced a decrease in the rate of incarceration, unlike Brazil, whose pace is only increasing. Between 2008 and 2013, the United States reduced the prisoner rate from 755 to 698 prisoners for every 100,000 inhabitants, an 8% reduction. China achieved a reduction over the same period from 131 to 119 (-9%). Russia, on the other hand, achieved a more significant reduction of approximately one quarter (-24%) in the rate of people imprisoned for every hundred thousand inhabitants. Once this trend is maintained, Brazil's deprived population of liberty may surpass that of Russia by 2018⁽²⁾.

In June 2014, the number of people deprived of liberty in the country had already exceeded 622,000. However, the number of cells grew disproportionately, with a deficit of 250,318 places in the penitentiary system⁽³⁾. In all units of the Brazilian federation there are more inmates than expected in the capacity of their prisons, according to the National Prison Information Survey (INFOPEN) of 2014⁽⁴⁾. The average overcrowding in the country is 69.2%. The State of Rio Grande do Norte (RN) presents 106.1% prisoners above the capacity offered by the penitentiary system. There are a total of 8,242 prisoners for only 4,000 places available within the system⁽⁵⁻⁶⁾.

Overcrowding associated with poor structural conditions, lack of hygiene, inadequate food, constant violence, ill-treatment and torture make the environment conducive to the emergence and spread of epidemics. The most common diseases are sexually transmitted diseases, HIV/AIDS, tuberculosis, hepatitis, hypertension, diabetes⁽⁷⁾. In addition, stress, abandonment and isolation lead to illness, especially those related to mental health. The various deprivations suffered in the prison environment (social, cultural, personal, emotional, among others) make the prison stay a time of conflicts and crises⁽⁸⁻⁹⁾.

Hopelessness, long confinement, "standing still," gathered in their solitude, inability to generate solutions to their problems, drug use, loss of social, economic and family resources, guilt or shame of crime are some explanations for the emergence of mental disorders in persons deprived of their liberty⁽¹⁰⁾.

Historically, health care for persons deprived of their liberty was seen on a residual and partial basis, there was only the intention to research the more frequent problems such as STI / AIDS and immunizations. Studies establishing relationships between conditions of confinement, overcrowding of cells, poor hygiene and safety, drug use and the mental health of persons deprived of their liberty are still scarce in scientific production.

There is also a shortage of scientific productions with a detailed analysis of the main diagnoses and psychotropic drugs used by persons deprived of their liberty in Brazilian territory, particularly in the northeastern part of the country. Thus, the present study has the following question: what are the prevalent mental health diagnoses of persons deprived of their liberty and the main psychotropic drugs used in the State Criminal Complex in Mossoró/RN?

In this perspective, the objective of this study is to characterize the mental health diagnosis of people deprived of their freedom and the main psychotropic drugs they use. It is in this interface, between mental health and its relation with the conditions of incarceration, that the research will trace possible dialogues.

METHOD

This is a quantitative descriptive research that was carried out at the State Farm Criminal Complex Dr. Mário Business, located at Sitio Riacho Grande, Mossoró / RN. The penal complex is located in RN 017, KM 15 (road that connects the municipality of Mossoró to the city of Baraúna).

This municipality is located in a city in the interior of the state of Rio Grande do Norte, located in the western Potiguar mesoregion, has an area of 2.110 km². According to the Brazilian Institute of Geography and Statistics (IBGE), it pointed out that Mossoró has 266,758 inhabitants, in the year 2016.

The municipality of Mossoró currently has three prison systems. At the state level are the Public Chain of Mossoró and the State Farm Criminal Complex Doctor Mário Business, and the Federal is constituted by the Federal Penitentiary of Mossoró, both located at the address Riacho Grande, RN 017, Mossoró-Baraúna road.

The State Agricultural Criminal Complex Mário Negócios is the only one that has the fulfillment of a semi-open penalty in accordance with the provisions of the Criminal Enforcement Law. The complex currently houses more than 400 (four hundred) prisoners, between men and women. The penitentiary is divided into four sectors, two for prisoners in a closed regime and the other two for prisoners serving a semi-open sentence⁽⁴⁾.

As for the technical procedures, the research is based on the documentary type that aims to characterize, through the records and records of the prison system, the mental health diagnosis, the main psychotropic drugs and the dosages that the persons deprived of their freedom make use of. In this perspective, the survey sample consisted of 298 records of persons deprived of their liberty who were attended by the health team of the prison system. Of this total, 125 medical records were used to participate in the study, where 57 were medical records of male detainees and 68 female medical records.

The medical records used were inserted between 2010 and 2017. The following inclusion criteria were adopted for collecting data from records and medical records: men and women over 18 years of age; and records of prisoners who had a mental health diagnosis or those who did not have a defined diagnosis, but used psychotropic drugs, records and medical records dated from 2010 to 2017. As criteria for exclusion were adopted: illegible and / or erased medical records.

To begin the survey, the "Declaration for the Use of Files / Records" was obtained from the Director General of the Penal Complex and the Coordinator of the health team working in the penitentiary. For the collection of data, an instrument was developed and applied by the researchers to collect information from the files and medical records served by the health team of the State Farm Criminal Complex Doctor Mario Business. The data collected were related to: sex, age, diagnosis, psychotropics that use, dosages, time that makes use of medications.

Due to the absence of a computerized database open to the public consultation and the prohibition to take the records and medical records to physical spaces outside the prison system, the research was carried out in the premises of the institution itself.

Therefore, in order to capture the data, the survey was carried out in loco. This moment was characterized as follows: identifying the records and records of prisoners, where each record and medical records were read in a quiet and uninterrupted place, the researcher provided one day a week in the morning to address the (where all the records of those who were incarcerated are stored) and remain for a maximum period of 4 hours.

The data were tabulated in spreadsheet and transferred to the statistical program SPSS (Statistical Package for the Social Sciences) version 23.0, which were expressed in simple frequency and percentage. Whenever necessary, the variables underwent binary type transformation.

The research was submitted to the Ethics and Research Committee of the Faculty of Nursing and Medicine Nova Esperança (FACENE / FAMENE) of João Pessoa (JP) and was approved under the CAAE: 64414917.2.0000.5179 and the opinion number 1.913.363, supported by the Resolution No. 466/12, which deals with guidelines and regulatory standards for research on human beings.

RESULTS

The data were obtained from the information extracted from the records of prisoners who, during the period from 2010 to 2017, used the services of the health team of the prison system, being issued a diagnosis of mental health or, in other circumstances, even without the diagnosis some type of psychotropic was prescribed.

Characterization of men deprived of their liberty

The age group prevailing in the study is composed of 31 to 40 year olds with 38.6%. Secondly, there is the age group of 20 to 30 years old with 36.8% and, finally, persons deprived of their liberty over 40 years, corresponding to 24.6%. It can be analyzed that the male prison population in Mossoró / RN is made up of adults, however, the youngsters present a great expression in the data collected, with a tendency for a few years ago to surpass the population of adults who are in a situation of deprivation of liberty.

The tables below show the main diagnoses and psychotropics found in prisoners' medical records.

Characterization of women deprived of their liberty

The data presented were obtained from the medical records of women in deprivation of liberty served during their period of incarceration by the health team of the prison system. There are 97 women who are in a closed regime. Of this total, 68 women (70.1%) are diagnosed with mental health or, moreover, are among women without an established diagnosis, but who use psychotropic drugs.

In the Penitentiary Complex of Mossoró / RN, it can be noticed that most of the women are over 20 years old, (91.2%), the others have an age group equal to 20 years old, (8.8%). The tables below show the main diagnoses and psychotropics found in the records of women deprived of their liberty.

DISCUSSION

The characterization of prisoners in Mossoró / RN corresponds to the general characterization of condemned prisoners in Brazil, where the proportion of men in relation to women is still higher and the early onset of juvenile crime is evident. Most of them have a low income, low schooling, have used some type of drug and are repeat offenders in "small" crimes.

Table I shows that 1.8% of prisoners present with severe depressive episode without psychotic symptoms, 1.8% have recurrent depressive disorder, 1.8% have moderate depressive episode, 1.8% have depersonalization syndrome and 1.8% have schizophrenia.

Vital events such as changes in the standard of living, financial difficulties, problems with relationships, lack of wife, social isolation, and permanent threats to the individual's safety can modify the perceptions scenario and are associated with a higher occurrence of depressive symptoms and anxiety in the prison environment ⁽¹⁾. In this way, the incarceration space can be configured as a factor or trigger of depression and anxiety. In this perspective, prisoners have a great tendency to use psychotropic drugs as an attempt to solve and / or ameliorate these symptoms ⁽¹²⁾.

TABLE 1 – International Statistical Classification of Diseases and Related Health Problems (ICD 10) in male prisoners. State Criminal Complex. Mossoró / RN. Brazil, 2017.

Variables	Freq.	%
Severe depressive episode without psychotic symptoms (ICD F32.2)	01	1,8
Recurrent depressive disorder (ICD F33)	01	1,8
Moderate depressive episode (ICD F32.1)	01	1,8
Depersonalization syndrome - derealization (ICD F48.1)	01	1,8
Schizophrenia (ICD F20.9)	01	1,8
Dependence syndrome - use of sedatives and hypnotics (ICD F13.2)	06	10,5
Abstinence syndrome with delirium (use of sedatives and hypnotics) - ICD F13.4	06	10,7
Dependence Syndrome (Use of Cocaine) - ICD F14.2	04	7,0
Psychotic disorder - multiple use of drugs and psychoactive substances (ICD F19.5)	01	1,8
Dependence syndrome - cannabinoids (ICD F12.2)	01	1,8
Dependency syndrome (multiple use of drugs and psychoactive substances (ICD F19)	05	8,8

Source: research data.

TABLE 2 – Psychotropics used by men deprived of their liberty. State Criminal Complex. Mossoró/RN. Brazil, 2017.

Variables	Freq.	%
Used psychotropics	57	100
Clonazepan 2 mg	27	47,4
Chlorpromazine Hydrochloride 100mg	05	8,8
Amitriptyline Hydrochloride 25mg	29	50,9
Biperidene 2mg	05	8,8
Diazepam 10mg	08	14,0
Haldol 5 mg	05	8,8
Chlorpromazine Hydrochloride 25mg	05	8,8
Levomopromazine Maleate 25mg	01	1,8
Phenytoin 10mg	01	1,8
Carbamazepine Hydrochloride 200mg	01	1,8
Phenobarbital 50mg	03	5,3
Fluoxetine 20mg	02	3,5
Escitalopram 15mg	01	1,8

Source: data research.

TABLE 3 – International Statistical Classification of Diseases and Related Health Problems (ICD 10) in women deprived of their liberty. State Criminal Complex. Mossoró/RN. Brazil, 2017.

Variables	Freq.	%
Use of multiple drugs and psychoactive substances	08	11,8
Mental and behavioral disorders to cocaine use dependence syndrome (ICD F14.2)	04	5,9
Syndrome of dependence - sedatives and hypnotics (ICD F13.2)	07	10,2
Withdrawal syndrome with delirium - sedative and hypnotic (ICD F13.4)	04	5,9
Dependence syndrome - smoking (ICD F17.2)	05	7,4
Withdrawal syndrome with delirium - smoking (ICD F17.4)	04	5,9
Dependence syndrome - cannabinoids (ICD F12.2)	07	10,8
Multiple drugs and psychoactive substances - harmful use for health (ICD F19.1)	06	8,8
Multiple drugs and psychoactive substances - acute intoxication (ICD F19.0)	03	4,4
Use of sedatives and hypnotics (ICD F13)	05	7,4

Source: data research.

TABLE 4 – Psychotropics consumed by women deprived of their liberty. Criminal Complex. Mossoró/RN. Brazil, 2017.

Variables	Freq.	%
Used psychotropics	68	100
Amitriptyline Hydrochloride 25mg	21	30,9
Clonazepan 2mg	49	72,1
Biperidene 2mg	33	48,5
Levomepromazine maleate 25 mg	03	4,4
Diazepan 10 mg	04	5,9
Fluoxetine 20mg	11	16,2
Haldol 5mg	02	2,9
Chlorpromazine Hydrochloride 25mg	02	2,9
Nortriptyline Hydrochloride 25mg	02	2,9
Clonipramine Hydrochloride 25mg	01	1,5
Chlorpromazine Hydrochloride 100mg	05	7,4
Phenobarbital 100mg	01	1,5

Fonte: Dados da pesquisa.

There is also, in the Mossoró / RN study, a small significant proportion of patients with severe mental disorders, such as schizophrenia and depersonalization syndrome, who are distressed and imprisoned in common prison units, and as a result of the disorder committed various crimes. Therefore, some arrested the diagnosis and prior to the situation of deprivation of liberty. Biological and social factors can also be configured as triggers of mental disorder.

Most men's mental health diagnoses are related to chemical dependence on illicit drug abuse. Six detainees present, respectively, the dependency syndrome (use of sedatives and hypnotics) and withdrawal syndrome with delirium (use of sedatives and hypnotics), corresponding to a total of 10.7%.

It is observed that the cocaine dependency syndrome affects 04 inmates (7.0%). Meanwhile, the dependency syndrome due to multiple use of drugs and psychoactive substances present a total of 08 prisoners (8.8%). The psychotic disorder due to the use of multiple drugs and psychoactive substances and the dependence syndrome (cannabinoids) are presented in 1 prisoner (1.8%).

About one in five people who use illicit drugs have criteria for diagnosing addiction, and these substances affect the perception, mood and awareness of their users, which may influence users' ability to exercise control over drug use. In addition to profound disability and loss of physical health, people with disorders caused by the use of Alcohol and Other Drugs (OOD) may suffer severely from psychological problems⁽¹³⁾.

The World Health Organization (WHO) estimates that today, 350 million people worldwide are suffering from depression, 26 million people are suffering from schizophrenia, and 125 million people are affected by

ODA. Approximately 844,000 people die of suicide each year. There is a suggestive relationship between the severity of problems related to the use of ODA with symptoms of mental health, crime and violence.

The increasing increase in psychopharmaceutical consumption can also be evidenced by the psychiatry of psychic reactions to vital events⁽¹⁵⁻¹⁶⁾. That is, before a psychic complaint the main modality of intervention, still, in the penitentiary system is prescription of psychotropic drugs. According to the studies of Varela et al.⁽¹⁷⁾, the use of psychotropic medication in the prison in León, Spain, was around 28%, while in the general population it did not reach 7%.

In table (2) on the use of psychotropic drugs, it is noted that of the 57 charts analyzed, all pointed to the continued prescription of psychotropic use. The most commonly used medications are Amitriptyline Hydrochloride 25mg (50.9%), Clonazepan 2mg (47.4%) and Diazepan 10mg (14.0%). The isolation environment where prisoners are found facilitates the development of anxiety, depression, agitation, insomnia among other psychiatric disorders. The vast majority of prisoners are dependent on chemistry and after incarceration they end up switching from illicit drugs to licit drugs, such as benzodiazepines⁽¹²⁾.

Most records show frequent and prolonged use of psychotropic drugs. About 61.4% of the data obtained shows that prisoners already use psychotropic drugs for a period of more than 12 months. The other medical records (38.6%) refer to use less than and equal to 12 months.

A study carried out by Freitas I on the health and consumption of psychotropic drugs in the prison system carried out in the Penitentiary Complex of the State of Espírito Santo (PR) reveals that among the several prac-



tices carried out in this space, a possible movement of a drug policy, solicitation and dispensing of psychoactive substances, reproduced by some health professionals, prison agents and, also, by the prisoners themselves. According to the said author, the drug policy is based on the belief: 'medicated subjects, silent chain'. In 2010, prisoners constantly asked for psychotropic benzodiazepines, and the list of prisoners who used at least one psychotropic drug was 71 people for a total of 321 prisoners.

The high consumption of psychotropic drugs can also be seen in the Prison Complex of Mossoró / RN. The numbers of tickets issued by prisoners to the health staff of the prison system are frequent and increasingly high. Prisoners make requests for medicines to 'sleep', 'tranquilizer to calm down', 'remedy to take the anguish', 'remedy for depression'.

It is also noticed that there are a large number of prisoners who use psychotropic drugs, but they do not have mental health diagnosis. The absence of a psychiatric doctor in the composition of the health team of the penitentiary complex for intercalated but long periods contributes to this reality. It is understood that the drug is a strategic input that can promote the improvement of the effectiveness of health actions, and its availability should be guaranteed through a medication policy that assures its rational access, offering safety, efficacy and quality⁽¹⁷⁾.

The use of psychotropics in the Mossoró / RN penitentiary has been a serious problem in the health of the municipality since, in some cases, the network presents the absence of these drugs for the population due to the great demand of users. Another problem that leads to the chronic use of psychotropic drugs is the high level of tension in front of overcrowded cells, which causes great anxiety in prisoners and, consequently, insomnia, reinforcing the search for anxiolytics, especially benzodiazepines⁽¹⁸⁾.

When analyzing the data in table (3), it is observed that women who use drugs, correspond to 08 women (11.8%). About the diagnoses found: 10.2% of women with sedative and hypnotic dependence syndrome and 10.8% with cannabinoid dependence syndrome.

It can be inferred that problems related to substance use and its association with psychiatric disorders are common. Mood disorders such as depression, anxiety disorders (symptoms of internalization) and behavioral disorders, attention deficit hyperactivity disorder (externalization symptoms) are the most common comorbidities associated with psychoactive substance abuse⁽¹⁹⁾.

Women in deprivation of liberty have a high rate of psychopathological comorbidity, substance dependence, post-traumatic stress disorder and depression, and are also more prone to mental illness when compared to the male prison population. Those who suffer most in

the prison system are women because they need specific health policies, such as gynecological and obstetric care, which are difficult to offer⁽¹⁸⁾.

When observing the data in this table, we saw that the psychotropic drugs most used by inmates are Clonazepam 2mg (72.1%), Biperidene 2mg (485%), Amitriptyline Hydrochloride 25mg (30.9%) and Fluoxetine 20mg (2%). While other medications are used to ameliorate other less prevalent disorders.

When analyzing the causes of the diagnoses in the medical records, fear, sadness, uncertainties of the future, anxiety, idleness and discomfort of the environment are also pointed out by the distressed women as aspects of daily prison suffering.

A high index of women using this type of medication within the Penitentiary Complex of Mossoró / RN, according to table (4), is noticed. Confinement has been pointed out in the literature as one of the factors responsible for mental health problems. The incarceration of women has been accompanied by the development of emotional disorders such as depression, melancholia, anguish and panic⁽²⁰⁾.

According to data from the Penitentiary Department (DEPEN) (20), the female prison population in Brazil increased by 256% from 2002 to 2014, reaching 37.3 thousand women prisoners by 2014. Compared to the male population, we have an absolutely superior growth that's scary.

The characteristic of the age group of women deprived of their freedom is similar to other studies conducted in Brazil, such as the studies by Ferreira et al. (21), the main reasons related to the detention of women in Mossoró / RN were by drug trafficking or drug related offense. They also have a disrupted family history; significant association between substance abuse, history of physical and / or sexual abuse, and some presents a clinical history of mental and behavioral disorder. They use psychotropics for more than 12 months, that's 41.2%. While 32.4% use between 7 and 12 months. The other prey use psychotropics in 1 to 6 months, (26.5%).

CONCLUSION

It can be seen that the majority of the mental health diagnosis of men and women deprived of their liberty is related to chemical dependence for illicit drug abuse. In addition, there are a large number of prisoners who use psychotropic drugs. Another problem that leads to the chronic use of psychotropic drugs is the high level of tension in front of overcrowded cells, generating great anxiety in prisoners.

In Brazil, there are few data published in scientific journals about the characterization of mental health diagnoses and the main psychotropic drugs dispensed to the population in situations of deprivation of liberty.

Given this reality, it is considered that this research reached its objectives satisfactorily because it can identify the main mental and behavioral disorders present in the Penitentiary Complex of Mossoró/RN.

A difficulty found for the research is the process of data collection itself, since there was a large number of medical records that were not organized, did not have a complete description of the sex, age, clinical picture, mental health diagnosis and prescription of psychotropics. Thus, the data presented in this paper portray only the portion of the charts submitted to the analysis, and this reality may be more pronounced.

Taking into account the current broad concept of health and the perspective of citizenship and social justice, it is understood that public policies, particularly the National Policy of Integral Health Care for Persons Depri-

ved of Liberty (PNAISP), implemented in the country in January 2014, needs to work and strengthen preventive and mental health promotion actions for inmates.

More investment in the prison system is needed to expand and qualify mental health services beyond the dispensation of psychotropic drugs, with the aim of providing this portion of the population with adequate treatment. Greater access to specialized care (psychological, psychiatric, therapeutic, labor) and health promotion actions should be part of the priority agenda for health actions developed in the prison system.

Continuously updated data may equip the health team working in the penitentiary to collectively discuss the risk situations and / or mental health problems to which the population is subjected, assisting in the verification and monitoring of indicators.

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