

Aktualizace Penroseovy hydraulické hypotézy: deinstitucionalizace, kriminalita a bezdomovectví

Review article

Deinstitutionalised patients,
and imprisonment: systematicPetr Winkler, Barbara Barrett, Paul McCrone, Ladislav C
and Cyril Höschl**Background**

Reports linking the deinstitutionalisation of psychiatric care with homelessness and imprisonment have been published widely.

Aims

To identify cohort studies that followed up or traced back long-term psychiatric hospital residents who had been discharged as a consequence of deinstitutionalisation.

Method

A broad search strategy was used and 9435 titles and abstracts were screened, 416 full articles reviewed and 171 articles from cohort studies of deinstitutionalised patients were examined in detail.

Results

Twenty-three studies of unique populations assessed

homelessness and imprisonment from the time of discharge to the time of assessment.

Conclusion

Our review indicates that the number of people with mental health problems in prison.

people with mental health problems in prison.

Declaration of interest

None.

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Highlights of this issue

By Derek K. Tracy

Challenging preconceptions

Coming at the tail end of the era of the asylum, the Penrose (or hydraulic) hypothesis posited that deinstitutionalisation of long-term residential patients would lead to a rise in prison incarceration, and others have argued about further adverse sequelae such as greater rates of homelessness. The topic has a contemporary flavour: while we no longer have asylums, we live in a time of financial constraint and ever-tighter in-patient bed numbers. Winkler and colleagues (pp. 421–428) systematically review the issue and refute the core hypothesis, with no correlation identified between discharge after long-term care and subsequent homelessness and/or imprisonment. They note that the arguments that had supported the concept were often subjective editorials or ecological studies that could not disentangle concomitant confounders such as changes in globalisation, alterations to traditional support networks, and operational differences in mental health services. Efficacious public investment is the proposed 'hydraulic', not deinstitutionalisation; Salisbury & Thornicroft's editorial (pp. 412–413) advocates that the debate now needs to move to looking at the *optimal* in-patient/community ratio in differing settings.

hospital.

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Defining deinstitutionalisation

Deinstitutionalisation is generally defined as a shift in the locus of mental healthcare from hospitals to the community, and has been in operation for up to 60 years across many countries worldwide.¹ Although advocated by both the World Health Organization (WHO)² and the World Psychiatric Association³ as an integral



Discharge does not increase homelessness[†]

Thornicroft

**Declaration of interest**

None.

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antious. The 23 studies of discharged patients 1 year or more after discharge from hospital.

in the review found that at follow-up no cases of homelessness, incarceration or suicide were identified. The authors conclude that, contrary to the results of ecological studies, instances of homelessness, incarceration or suicide among those discharged are rare.

Why investment and implementation matter

Those people with long-term psychiatric conditions who were included in the studies reviewed were largely discharged to residential facilities in the community with varying levels of support (e.g. to nursing homes, high support facilities, group homes or to semi-independent accommodation). A characteristic shared by all the studies included is that the projects aimed to discharge patients to community settings appropriate to their

Correspondence

Edited by Kiriakos Xeniti
Colin Campbell

Contents

- Deinstitutionalisation, imprisonment and homelessness
- Trial of an intervention to reduce recidivism and behaviour
- Evolutionary theories in psychopathology

Deinstitutionalisation, imprisonment and homelessness

In May 2016, Winkler *et al* published a systematic review on cohort studies following up patients after discharge from long-term psychiatric hospital care.¹ The study did not show relevant numbers for imprisonment or homelessness after discharge. The

Author's reply: I am grateful for the letters published by Mundt and Timms & Craig as they raise several important points. Regarding the comments by Mundt, I agree that the mental health of prison populations is of serious concern and it deserves to be urgently addressed by developing and implementing cost-effective services.

I also agree that in countries which underwent deinstitutionalisation and were included in our review,¹ excessively long-term hospital stays for psychiatric patients no longer commonly occur. After all, this was one of the main reasons that deinstitutionalisation was pursued. However, in the Czech Republic, for instance, 16% of in-patients with schizophrenia still stay in hospital for more than a year and hundreds remain in psychiatric hospitals for decades.² Therefore, unfortunately, our review is not just of historical value but conveys an important message for current mental health systems in the majority of Central and Eastern European countries.

I acknowledge that neither our review nor ecological studies can (dis)prove whether new cohorts of patients who became imprisoned in the era after deinstitutionalisation would have also become imprisoned if the mental care systems were still hospital based. We have also admitted that the cohort of patients followed or traced in studies included in our review are not representative of all deinstitutionalized patients.¹ However, what our study shows is that – contrary to some interpretations – there is scant evidence of adverse consequences for people who have been discharged from long-term institutional care. Our main point is that despite the importance of the data provided by ecological

studies, reforms in the countries of Central and Eastern Europe. Unfortunately, although we know that homelessness associated with mental illness is a serious problem in the Czech Republic as well, this issue is extremely under-studied and only anecdotal evidence is available. I agree with the suggestion that more research is needed to understand what enables community teams to engage effectively with 'the most alienated and intractable' patients. This might be especially important when it comes to the period immediately following a discharge from in-patient psychiatric care, which is associated with other concerning phenomena, such as re-admissions² and suicides.⁷

- 1 Winkler P, Barrett B, McCrone P, Csémy L, Janoušková M, Höschl C. Deinstitutionalised patients, homelessness and imprisonment: systematic review. *Br J Psychiatry* 2016; **208**: 421–8.
- 2 Winkler P, Mladá K, Krupchanka D, Agius M, Ray MK, Höschl C. Long-term hospitalizations for schizophrenia in the Czech Republic 1998–2012. *Schizophr Res* 2016; **175**: 180–5.
- 3 Tsai AC, Venkataramani AS. Penrose Hypothesis not supported. *JAMA Psychiatry*; 72: 735–736.
- 4 Priebe S, Badesconyi A, Fioritti A, Hansson L, Kilian RT, Torres-Gonzales F, et al. Reinstitutionalisation in mental-health care: comparison of data on service provision from six European countries. *Br Med J* 2005; **330**: 123–6.
- 5 Mundt AP, Chow WS, Arduino M, Barrionuevo H, Fritsch R, Giralá N, et al. Psychiatric hospital beds and prison populations in South America since 1990: does the Penrose hypothesis apply? *JAMA Psychiatry* 2015; **72**: 112–8.
- 6 Salisbury TT, Thornicroft G. Deinstitutionalisation does not increase imprisonment or homelessness. *Br J Psychiatry* 2016; **208**: 412–3.
- 7 Winkler P, Mladá K, Csémy L, Nechanská B, Höschl C. Suicides following inpatient psychiatric hospitalization: a nationwide case control study. *J Affect Disord* 2015; **184**: 164–9.

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doi: 10.1192/bjp.209.4.350

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doi: 10.1192/bjp.209.4.349



Chystaná reforma psychiatrie je nevyvážená, z pacientů se stávají bezdomovci



11.3.2013 14:08

Praha - Chystaná reforma psychiatrické péče je podle kritiku nevyvážená, rušení psychiatrických léčeben může vést k masivnímu bezdomovectví duševně nemocných a jejich kriminalizaci. Zkušenosti z USA i Evropy prý ukazují, že komunitní péče nemá

ma psychiatrie udělá z pacientů domovce, varují kritici

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Velikost textu:



Doporučit 8

Tweet 2

Kritici chystané reformy psychiatrické

važují za nevyváženou. Obávají se i rušení psychiatrických léčeben, které může vést k masivnímu bezdomovectví duševně nemocných a jejich kriminalizaci. Zkušenosti ze Spojených států i Evropy podle nich ukazují, že komunitní péče nemá kapacitu se o klienty postarat. Zajištěna není ani následná péče. Ministerstvo kritiku odmítá, pacienti na ulici a bez péče podle něj nejsou.

Penroseova hydraulická hypotéza

VI. SUMMARY

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The enquiry thus
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A sociological investigation has been described in which the statistics of crime and insanity in a number of different countries have been collected and compared. The main survey was confined to European countries. It is concluded that there is a definite incompatibility between the development of mental health services and the need for accommodation in prisons. The results of the survey also suggest that attention to mental health may help to prevent the occurrence of serious crimes, particularly deliberate homicide. The need for providing beds in mental hospitals, however, depends to some extent upon the age grouping of the population and this, in its turn, is dependent upon the birth rate. The present investigation has only led to the supposition that numbers of people in some countries, who were counted in official statistics as criminals, might, in fact, be suffering from mental diseases. The enquiry thus broadened out into quite an unexpectedly large piece of sociological research which could only be

Med. Psych. XVIII

Penroseova hydraulická hypotéza

„Penroseova hydraulická hypotéza naznačuje, že duševně nemocní jednoduše přestoupily z nemocnic přímo do vazeb a věznic.“



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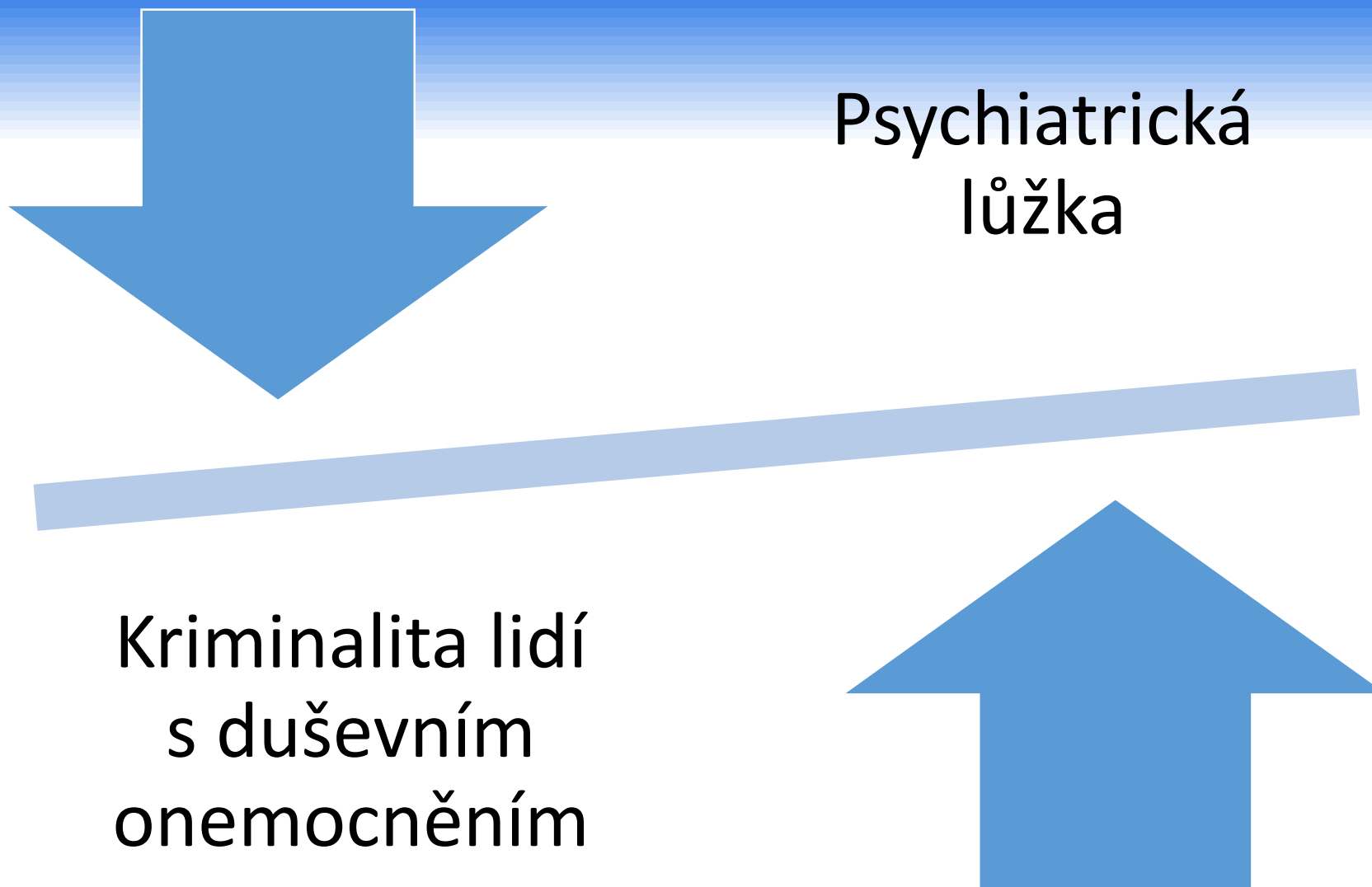
Responding to the needs of people with mental illness in the criminal justice system: an area ripe for research and community partnerships

Arthur J. Lurigio

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Penroseova hydraulická hypotéza



Ekologické studie: deinstitucionalizace, bezdomovectví a kriminalita

- Ekologické studie – observační studie – pracují s agregovanými daty
- Deinstitucionalizace – protichůdná zjištění
 - Hodgins, Muller-Isberner (2006), Priebe, Badesconyi (2005), Raphael and Stoll (2013) and Kramp and Gabrielsen (2009)
 - Méně psychiatrických lůžek - více kriminality duševně nemocných
 - Hartvig and Kjelsberg (2009) and Wallace, Mullen (2004)
 - Méně psychiatrických lůžek – nevedlo k větší kriminalitě duševně nemocných

..jestli deinstitucionalizace souvisí s nárustem ilegálního jednání u lidí s SMI zůstává otevřená otázka (Schanda, Lancet 2005)

- Ekologické studie - ekologická chyba, i.e. invalidní inference z agregovaných na individuální data, korelace není příčina

Table 1 Summary of included studies

Study	Country of discharge	Place of discharge	Year of discharge	n	Female %	Mean age Years	Schizophrenia %	Mean length of stay Years	Mean length of follow-up Years	Death during follow-up, n	Refused follow-up, n	Un-traced, n	Other loss to follow-up, n	Home-less, n	In prison, n	Suicide, n	More satisfied in community
Barr & Parker (1975) ⁵⁷	Australia	Callan Park Hospital	1970–3	140	NR	53.3	70	13.2	1.7	11	0	2	15	0	2	NR	Yes
Jones <i>et al</i> (1986) ⁵³	England	York mental hospitals	1982–4	50	50	NR	>50	22	2	NR	NR	0	NR	1	0	0	NR

Editorial

Deinstitutionalisation does not increase imprisonment or homelessness†

Tatiana Taylor Salisbury and Graham Thornicroft

Mizuno <i>et al</i> (2005) ⁶²	Japan	Sasagawa Hospital	2002	78	35	54.6	100	26	1	2	0	0	0	0	0	1	NR
Chan <i>et al</i> (2007) ⁵⁹	Japan	Tosa Hospital	After 2000	14	29	63	100	24.2	2	NR	NR	0	NR	0	NR	0	Yes
Furlan <i>et al</i> (2009) ⁶⁷	Italy	Collegno and Grugliasco hospitals, Turin area	1998–2002	176	38	63	73	37	4	34	0	0	24 ^c	0	NR	0	NR
Carta <i>et al</i> (2013) ⁵⁸	Albania	Vlore Psychiatric Hospital	2010–1	16	100	42.6	56	12.3	1	0	0	0	0	0	0	0	NR
McInerney <i>et al</i> (2014) ⁵²	Ireland	Our Lady's Hospital, Ennis	2000–1	87	15	57.5	75	12	10	29 ^d	NR	2	0	0	1 ^e	3	Yes

NR, not reported.

a. Of these, 33 were in hospital and thus ineligible for follow-up.

b. In hospital at the time of follow-up.

c. Patients were transferred to facilities for the elderly.

d. At the 5-year follow-up.

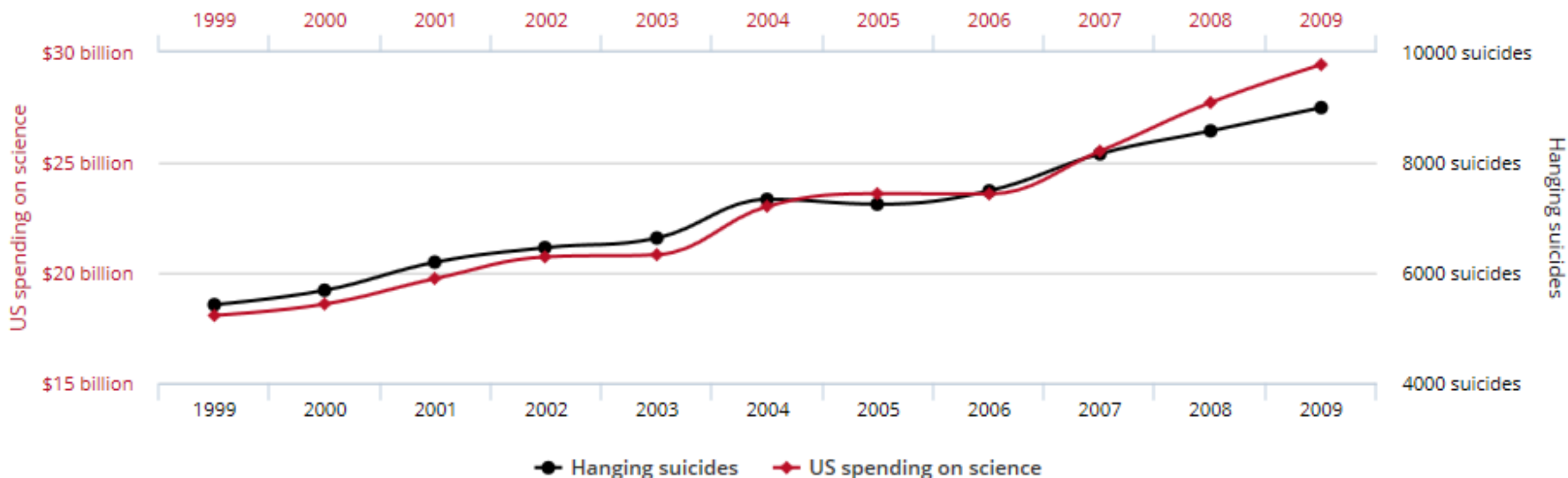
e. At the 5-year follow-up; this man died by suicide later on.

US spending on science, space, and technology

correlates with

Suicides by hanging, strangulation and suffocation

Correlation: 99.79% ($r=0.99789126$)



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Data sources: U.S. Office of Management and Budget and Centers for Disease Control & Prevention

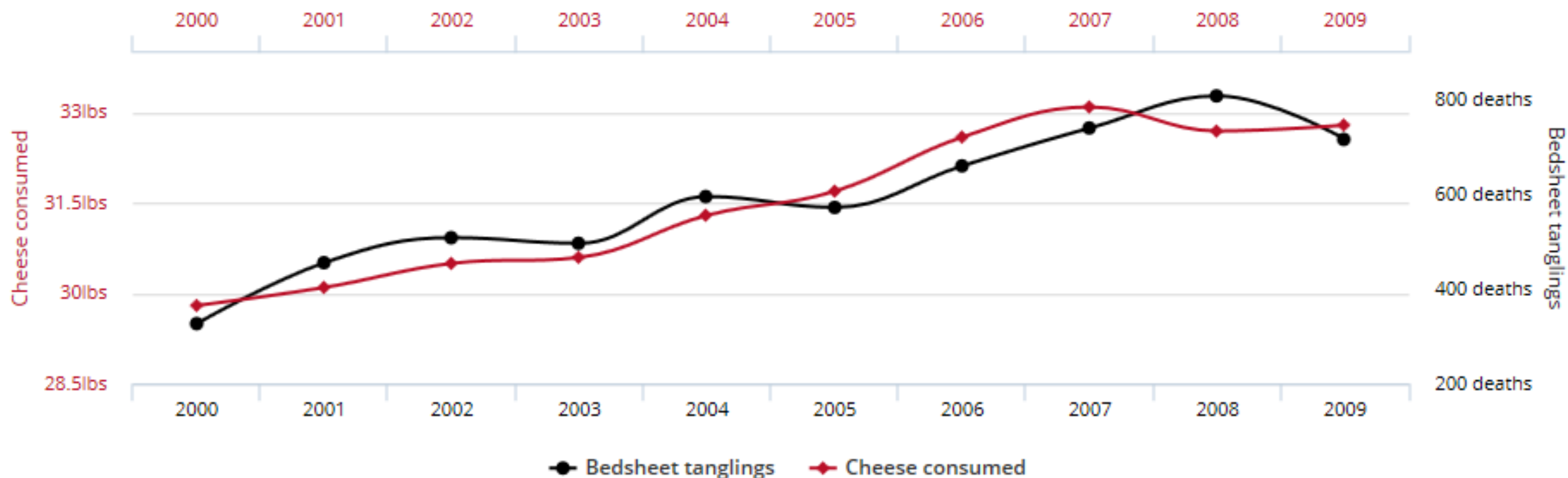


Per capita cheese consumption

correlates with

Number of people who died by becoming tangled in their bedsheets

Correlation: 94.71% ($r=0.947091$)



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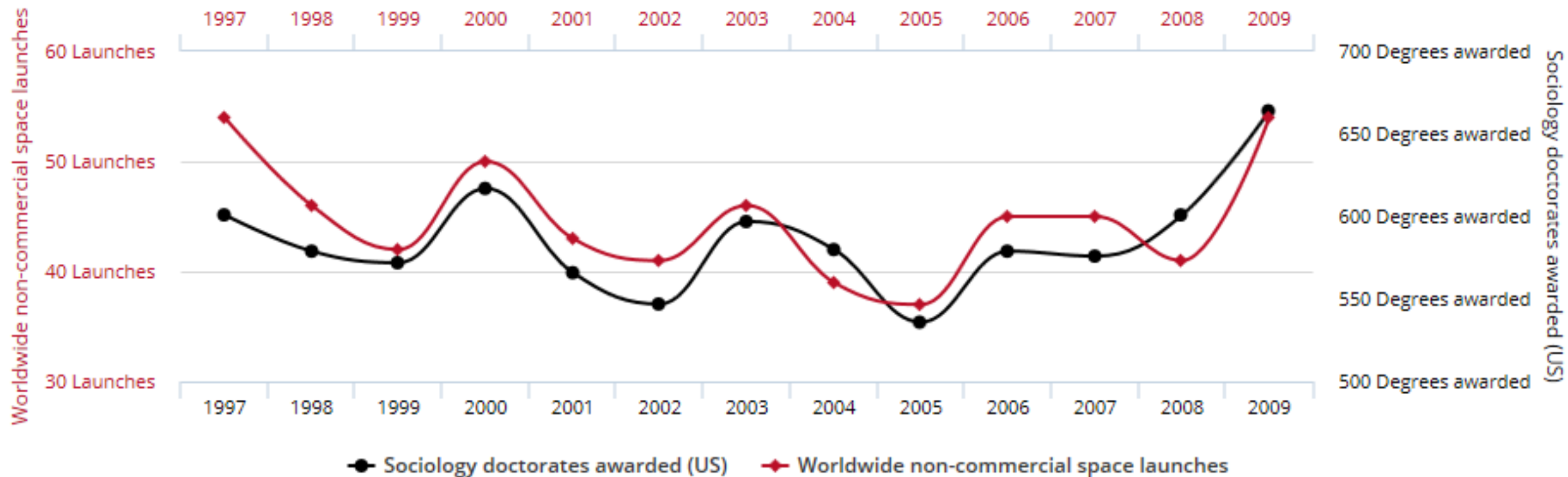
Data sources: U.S. Department of Agriculture and Centers for Disease Control & Prevention

Worldwide non-commercial space launches

correlates with

Sociology doctorates awarded (US)

Correlation: 78.92% ($r=0.78915$)



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Data sources: Federal Aviation Administration and National Science Foundation

Penroseova hydraulická hypotéza?



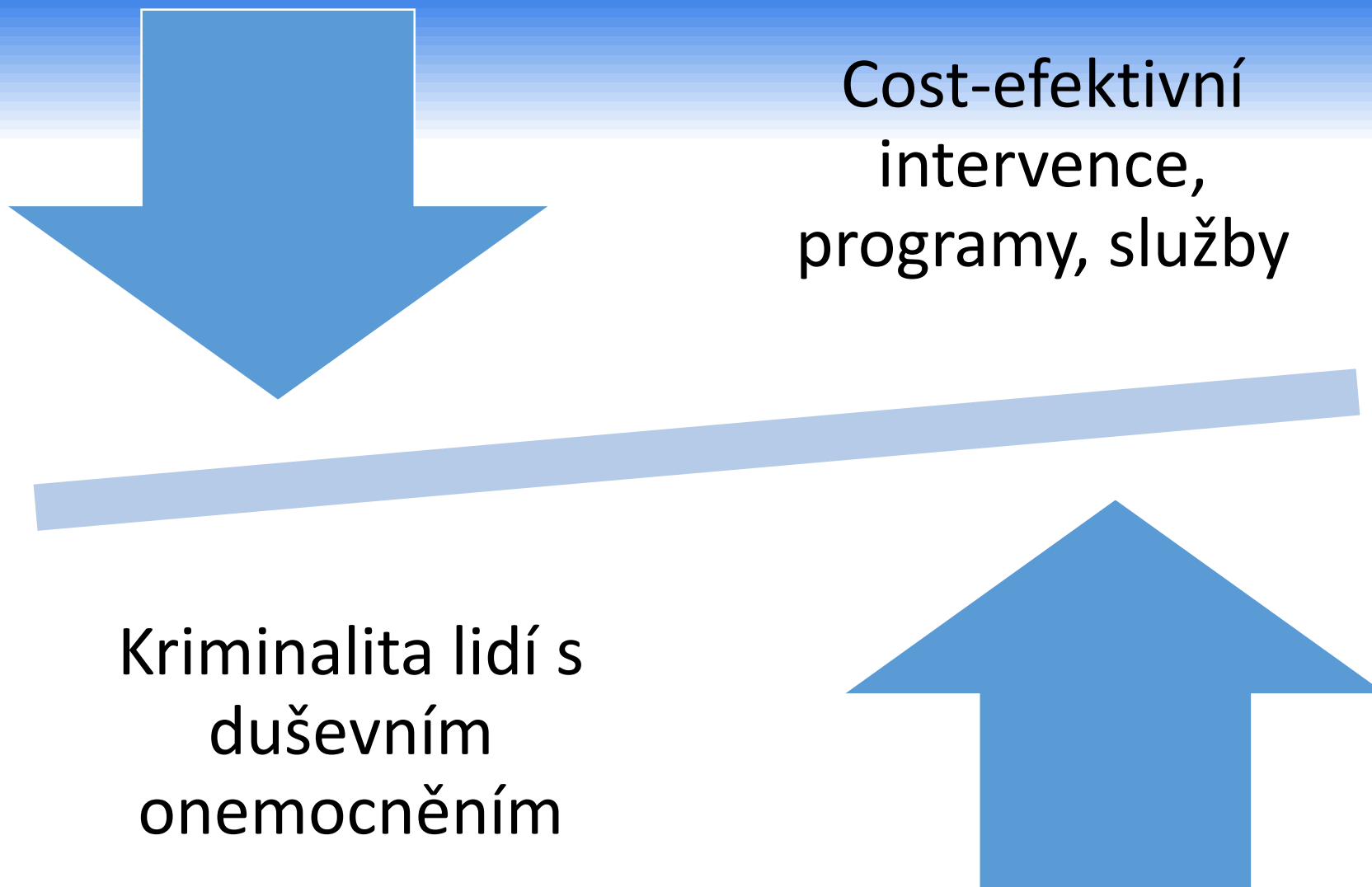
Vývoj psychiatrické péče v Evropě a USA

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| <ul style="list-style-type: none">• 1. Vzestup azylů: 1880 - 1950 <ul style="list-style-type: none">• Geograficky odloučené• Počet lůžek ↑• Veřejné investice do institucí ↑• Role rodiny ↓• Doktoři a sestry• Kontrola > léčba | <ul style="list-style-type: none">• 2. Ústup azylů: 1950 - 1980 <ul style="list-style-type: none">• POU + komunitní služby• Počet lůžek ↓• Veřejné investice do systému služeb ↓• Role rodiny neúpl.• Diferencializace• Psychofarmaka a sociální rehabilitace | <ul style="list-style-type: none">• 3. Rozvoj komunitní péče: 1980 - <ul style="list-style-type: none">• Malá zařízení v komunitě ↑• Počet lůžek ↓• Priv. investice do léčby a péče ↑• Role rodiny úplná• Komunitní týmy, multidisciplinarita• Vyváženost kontroly a svobody• Evidence-based dev.• Posktomunitní péče |
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Penroseova hydraulická hypotéza



Penroseova hydraulická hypotéza



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