

Profile of Forensic Patients with Schizophrenia: Experience of the University Psychiatric Hospital Arrazi Salé

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Abstract

Original Research Article

Schizophrenia is a chronic mental pathology with polymorphous symptoms, disabling on the emotional, relational, behavioral and social levels. In some cases, it can increase the risk of committing a forensic act. International studies have shown that patients with severe mental disorders in general, and patients with schizophrenia in particular, are more likely to commit violent acts than the general population and that the increased risk of violence is related to both clinical/biological and environmental/sociological factors. The present study, carried out in the Ar-razi hospital in Salé, has the following aim to study the socio-demographic, clinical and criminological forensic patients, to highlight the legal peculiarities of forensic patients, look for predictors of dangerousness and develop preventive means crossing the violent acts.

Keywords: Schizophrenia, Forensic, Mental health, medicolegal, legally mandated.

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INTRODUCTION

Schizophrenia is a serious psychiatric illness that affects approximately 1% of the population worldwide. It involves emotional, cognitive, and behavioral symptoms [1] that are often difficult to treat.

The existence of a positive correlation between mental disorders and dangerousness has been found in numerous studies using various methodologies.

Patients with severe mental illness, including schizophrenia, can be violent against themselves or others, all Western countries have put in place legislative measures for the protection of patients and the public [2].

In developed countries, mental disorders are responsible for 0.16 homicides per 100,000 inhabitants per 100,000 populations, or one in 20 of all homicides. Thus, most authors agree that authors agree that the prevalence of violent acts committed by patients with psychiatric disorders with psychiatric disorders is higher than in the general population [3].

Indeed, in daily psychiatric practice, the subject being evaluated remains unique, and the clinician must make a balanced judgment, taking into account the variability of the factors involved. This evaluation implies on the other hand a rigorous, systematic, and non-dogmatic clinical attitude.

A better knowledge of the risk factors for violent acts in mental disorders is thus necessary for the mental disorders is thus necessary for the development of therapeutic and preventive strategies.

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The present study, carried out in Ar-razi Hospital in Salé, has the following objectives: To elaborate a socio- demographic, clinical and criminological profile of patients with schizophrenia who committed medico-legal acts. And also to determine the predictive factors of the dangerousness and to elaborate the preventive means of violent acts by patients with schizophrenia.

CLINICAL STUDY MATERIALS AND METHODS

We performed a retrospective study of 24 patients with acute psychotic disorder. They were involuntarily hospitalized in the medico-legal department of Razi.

The collection of data was done with the help of an operation sheet which includes the following elements:

- A. The patient's socio-demographic characteristics.
- B. The patient's personal and family history; with emphasis on criminal
- C. Legal history.
- D. The semiological characteristics of the illness and diagnosis and duration of psychiatric commitment and also therapeutic management.
- E. The characteristics of the forensic act.

RESULT

1-Sociodemographic Characteristics

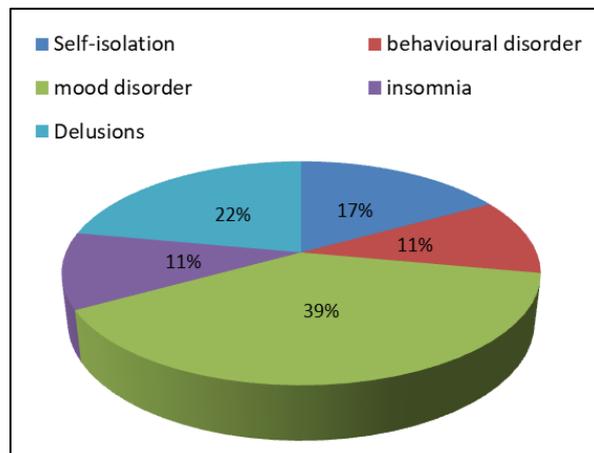
77% are over 30 years old
84 % are males
69% are single
76% have a high school education or less

2-Medical History

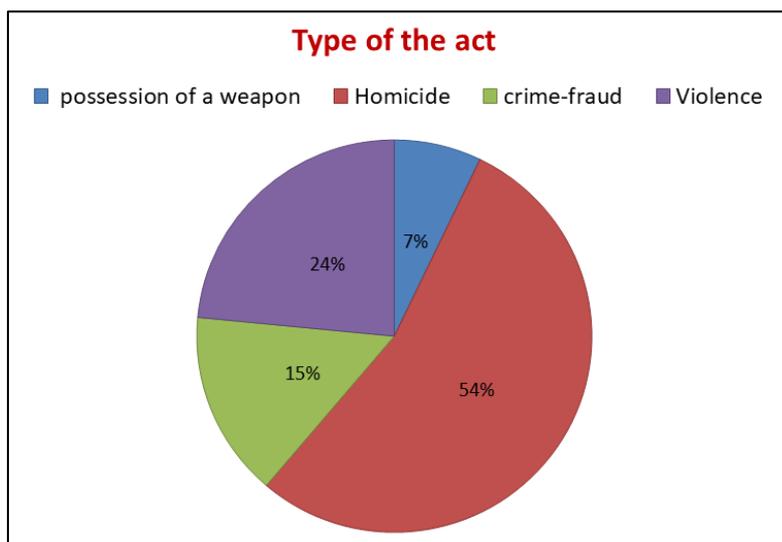
	Yes	No
Psychiatric history	90.9%	9.1%
Previous judicial history	65%	35%
Addictive behaviour	71%	39%
Psychiatric Familial history	7%	93%

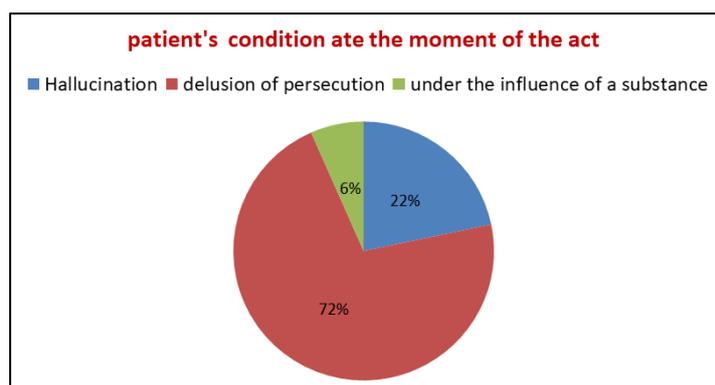
3-The Clinical Characteristics of the Study Population

- Onset Symptoms



➤ Average age of symptom onset	26 years old
➤ Duration of the disease progression	15 years.
➤ Insight	verbal positif: 61.5% Negatif: 38.5%





Current awareness of the committed act	92, 30% of the study population is currently aware of the act.
Legal consequences:	92, 30% Irresponsibility + psychiatric commitment 7.6 % diminished responsibility + psychiatric commitment

3. DISCUSSION

The schizophrenic's forensic act is born from a situation felt as dangerous. In front of this threatening situation, the schizophrenic will seek the origin of it, and will concentrate on the external world, the only possible source of threat.

In a projective movement, the schizophrenic will begin to perceive the world as strange, distressing. Patient with schizophrenia will seek solutions to this threat: A runaway, attempted suicide in an attempt to get away from the source of the danger. Homicide or attempted homicide can be a way to resolve this dangerous situation and also to eliminate the persecutor [4].

For Putkonen *et al.*, (15), there are three diagnostic categories of psychotics who kill or attempt to kill another person; "pure" diagnoses for 25%.

Schizophrenia, schizoaffective disorder and other psychotic disorders), such a diagnosis associated with a substance abuse diagnosis (dual diagnosis for 25% of their subjects) and finally one of these two diagnoses associated with antisocial personality disorders [3].

RESULT DISCUSSION

In our study population 84% of the patients were male. The male predominance in our study is not specific to our Moroccan society, since this predominance was also observed in other countries with different socio-economic and cultural status.

In our study, 69% of patients were single. For marital status our results are in line with what has been reported in the literature: In the study by Erb *et al.*, [6] in Germany in 2001 (n=29) 58.6% of the population was single, while 25% of the population was single in the study by Meehan *et al.*, [5] in England and Wales in 2006(n=85).

In our study, psychiatric history was found in 90.90%. Our results are in line with the literature: Lorettu *et al.*, in a Canadian study (68) found that 60% of patients had a history of psychiatric history. Valevski *et al.*, in Israel [6] (n=33) noted that 61% of patients had a psychiatric history.

In our study population most of the patients had previous judicial history, and addictive behavior which goes in line with what has been reported and many studies.

Our results are consistent with the literature; studies show that young adults are more violent than the rest of the population. As regards the mentally ill, the risk also appears to be higher in patients under 30 or 40 years of age [7, 8].

In our study, more than 70% of the population was delusional at the time of the doing the act and 22% were hallucinating, while, 6% were under the influence of substances. These results are in agreement with those of the literature: Lorettu *et al.*, in their Canadian study on a population of homicidal schizophrenics (n=52) had noted that 56% of the population was delirious at the time of the act.

TAYLOR (1985, cited by Juginger, 1996) [10] interviewed 121 psychotic inmates which concluded that behavior influenced by delusions seemed significantly more dangerous than that influenced by hallucinations.

BJORKLY (2002), in a review of 6 studies, highlighted that the emotional impact of delusion (anxiety, fear) was associated with a risk of violent acts [11].

In fact, forensic patients suffering from schizophrenia are favored by: young age, male gender, low level of education, low socioeconomic level, personal and family psychiatric history, personal

judicial history, addictive behaviors, a long duration of evolution and delusions of persecution. Besides these factors, in our context, in Morocco, psychiatry is experiencing significant difficulties:

- Increasing numbers of mentally ill people.
- Number of hospitalization beds remains very limited, lack of specialized staff.
- Poverty level of the population, which poses a problem of care.
- Unavailability of drugs.
- Social rejection of the mentally ill.

To curb this development, it is necessary to:

- Raise public awareness of mental health problems and fight the mental illness stigma.
- Increase the number of specialized structures and medical staff.
- Increase the number of ambulatory structures (medical and psychological centers).
- Psychologically support patients and families.
- Set up rehabilitation structures for medico-legal patients for a better family, professional and social integration.
- Develop specialized therapies to improve insight, intellectual, emotional and intellectual, emotional and relational capacities of patients.

CONCLUSION

To set up a correct care of the forensic patients with schizophrenia, in order to prevent any violent act, the state must commit itself to favouring human means, structures and nursing staff, and the nursing teams are urged to take into consideration the risk factors most involved in the passage to act in our study

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