

Forensic psychiatry in dubious ascent

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In his review, Arboleda-Flórez describes modern forensic psychiatry as having benefited from several developments. I would like to add that the successful treatment of mentally ill offenders in catamnestic studies, measured by the recurrence rate of criminal behavior, has improved the reputation of forensic psychiatry, but has also increased the expectations placed upon it.

For example, in Germany, between 1970 and 1990, both the number of psychiatric beds was reduced from 117,596 to 70,570 and the number of patients being committed to forensic psychiatric hospitals based on the expectation of future offenses decreased from 4222 to 2489 (1), while the number of prisoners only slightly increased from 35,209 to 39,178 (2). Forensic psychiatry is generally attributed with greater competence with regard to prevention of criminal recidivism, even if studies comparing recidivism after release from forensic psychiatric hospitals with that after release from prisons are, at least, methodologically problematic, due to the uncontrollable selection effects (3). This is in line with the fact that elements of psychiatric and psychotherapeutic

methods like cognitive therapy are used in programs (e.g., reasoning and rehabilitation, R&R) that are primarily directed at improving the legal prognosis and are applied in penal institutions (4). The attribution of higher competence is accompanied by the hitherto unfulfilled expectation that forensic psychiatry can decisively reduce the relapse rate in individuals with personality disorders, especially in offenders with dissocial personality disorders, as found in the international psychiatric classification systems, particularly the subgroup of “psychopaths” (5). There is a special need for therapy research in these patient groups that are rejected by many – even forensic – psychiatrists.

As Arboleda-Flórez so aptly states, forensic psychiatry is also attributed with special prognostic abilities in addition to therapeutic competence. However, this does not go so far within the specialty as to call upon forensic psychiatrists to routinely make decisions on the risks posed by violent civilly committed patients. There is hardly a European country that would delegate this task from general psychiatry to forensic psychiatry (6). However, risk assessment for legal prognostic questions has many methodological similarities to that dealing with the suicidality of prisoners (7).

The increased consultation of foren-

sic psychiatry in this area reflects the interest of the competent agencies in reducing the generally much higher suicide rate in prisons and jails compared to the general population, which is considered to be a marker of the inadequate or even inhumane treatment in these institutions.

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