

LETTERS TO THE EDITOR

The epidemiological, clinical and legal profile of exempt from criminal liability patients hospitalized in psychiatry service penitentiary Lurigancho, Lima, Peru, 2015-16

Sindeev A

Médico Psiquiatra. Magíster en Docencia Universitaria e Investigación Pedagógica. Instituto Nacional Penitenciario del Perú. Universidad Norbert Wiener (Lima, Perú) (España)

Dear Editor,

According to the Pan American Health Organization (PAHO) in America between 19 and 24% of the adult population suffer from some type of mental disorder and around 70% of this group does not undergo treatment in the regional health system¹. In Peru, neuropsychiatric diseases are responsible for most of the disease's burden². Moreover, the medical-legal situation is even more serious. There is no specialized Forensic Psychiatry Hospital while in the Ministry's hospitals 106 mentally unaccountable patients are hosted, mainly in Lima's three psychiatry facilities.

In Hospital Victor Larco Herrera, the country's largest psychiatric facility, only 12 beds are available in the department of forensic psychiatry, yet it hosts 42 mentally unaccountable patients and has a waiting list of 72 patients⁴. Actually, it recently had to declare a state of emergency to avoid the admission of more unaccountable patients. The other specialized facilities suffer from similar conditions.

The situation is even more serious when we consider the disproportionate security measures (up to 30 years) which clearly oppose current medical and scientific criteria and the refusal of judges to lift any measures of detention to otherwise dischargeable patients, amongst other factors. Judicially processed individuals with mental disorders are not admitted to hospital and therefore have to stay in correctional

facilities where they are frequently abused and subject to inhuman conditions due to social economical and cognitive limitations.

This situation made the Constitutional Court of Peru declare the "massive and generalized violation of one or several fundamental rights (right to health, personal integrity, etc.)" and to establish "an unconstitutional situation regarding mental health patients subject to imprisonment measures"⁵.

On the other hand, we lack serious and updated evidence on the magnitude and the aspects of this issue despite its social and legal relevance and the commitment to fundamental human rights.

To assist in this process, we carried out an observational descriptive and cross-sectional study. The sample included 39 judicially processed individuals admitted to the Department of Psychiatry of the Prison of Lurigancho (Lima, Peru) during 2015 and 2016. This is Peru's largest correctional facility, hosting approximately 10,000 inmates and one of Latin America's most overcrowded prisons. It is also the only prison with a hospitalization unit for male inmates with mental disorders.

Among the most significant findings we saw that the most frequent diagnosis was schizophrenia (48.7% of cases), followed by dual pathology (15.4%) and schizoaffective disorders (5.1%). Mental and behavioral disorders secondary to psychoactive substance use represented 15.4% of all cases. Offences were classified in four categories, as established by Peru's Criminal Code⁶ with a clear predominance

of sexual offences and crimes against life and health (35.9% each). For almost 75% of prisoners, the mean duration of the security measure was five years with a maximum of 30 years.

As a result we were able to draft the following profile of judicially processed patient admitted to the psychiatry ward of the Prison of Lurigancho in Lima, Peru between 2015 and 2016: middle-aged male, original from Lima, with interrupted secondary education, single with no children, wither unemployed or with temporary contracts, limited social support with a diagnosis of schizophrenia with a predominance of negative symptoms who committed a sexual offence or a crime against life and health and sentenced to security measures for five years or longer.

Funding sources: self-financed.

Conflicts of interest: none.

CORRESPONDENCE

Sindeev A
 Universidad Norbert Wiener (Lima, Perú)
 E-mail: asindeev@samgmu.org

REFERENCES

1. Pan American Health Organization. World Mental Health Day: Experts assessed new challenges of mental healthcare in America. Washington, DC; 2014. [Accessed 29 Jul 2016]. Available from http://www.paho.org/hq/index.php?option=com_content&view=article&id=10090%3A2014-salud-mental-analizaron-nuevos-desafios-americas&Itemid=1926&lang=es
2. Velásquez A. La carga de enfermedad y lesiones en el Perú y las prioridades del plan esencial de aseguramiento universal. *Rev Peru Med Exp Salud Publica*. 2009;26(2):222-31.
3. Ministerio de Salud del Perú. Situación de las personas con problemas de salud mental con inimputabilidad y medidas de seguridad. Informe de la Dirección de Salud Mental. En: Reunión interinstitucional. Lima; 17 Mar de 2016.
4. Hospital Víctor Larco Herrera. Problemática del HVLH. Informe de la Dirección General. En: Reunión interinstitucional. Lima; 22 Jul de 2015.
5. Sentencia del Tribunal Constitucional. Exp. N.º 03426-2008-PHC/TC. Lima; 26 Ago de 2010. Available from: <http://www.tc.gob.pe/jurisprudencia/2010/03426-2008-HC.html>
6. Código Penal del Perú. Decreto legislativo N° 635. Libro II Parte Especial Delitos. Lima; 08 Abr 1991. [Updated 27 Feb 2009]. Available from: https://www.mimp.gob.pe/files/direcciones/dgfc/diff/normatividad_nacional_general/3_Codigo_Penal.pdf