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# An open letter to the Readers of "Polish Psychiatry"

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Dear Readers, Dear Editors,

After the assassination of the President of Gdansk, Paweł Adamowicz, media discussions and discussions about the mental state of the perpetrator commenced. More or less professional 'diagnoses' were based on previously unconfirmed and undocumented reports that the perpetrator "is undoubtedly schizophrenic because when he was in prison he heard voices", "he is mentally ill, which is demonstrated by his behaviour after the murder", "he is ill because when he was undergoing the sentence several years earlier he was diagnosed with schizophrenia", "during his recent stay in prison his schizophrenia and mental retardation were revealed". In such an appalling situation, we are not surprised by attempts to find answers to why this tragedy occurred and what led the perpetrator of the crime. This is understandable when such questions are posed and put to the attention of people whose knowledge about psychiatry and psychological motives of aggression is informal and lacks scientific basis. However, we should treat more critically politicians, journalists and authorities, unfortunately also psychiatrists and psychologists who make their diagnostic speculations publicly, trying to authenticate them with professional experience and omnipotent conviction that on the basis of media reports and without diagnostic tests of the perpetrator, they

are able to put the one and only and true diagnosis. One can have the impression that the so-called media experts, the more confident they are in finding the answer to each question, the more they depart from the objectivity of assessment and basic ethical principles: do not diagnose without testing, do not reveal the content of the examination in public, a psychiatrist is not able to answer all questions, especially in the remote evaluation process.

The public murder has unfortunately also shown the weakness of the state that cannot protect its citizens sufficiently. This knowledge, regardless of political differences, gave rise to a need undertaken by the highest state authorities to jointly, with representatives and experts of parliamentary clubs, make such changes in the law to eliminate or at least minimize the risk of similar tragic events in the future. The assumption of 'system sealing' in order to increase public safety was unfortunately addressed too unidirectionally towards psychiatry. We feel that attempts to make the psychiatry accountable for public safety are too one-sided and unjustifiable, neither practically nor scientifically. Undoubtedly, changes in the law are necessary, there are many examples that today's law is ineffective, inconsistent, with obvious legal gaps. We believe that the problem of changing the law should be looked at in two ways. On the one hand, one can think about increasing the effectiveness of current regulations and improve those provisions in the criminal law, which are inefficient. However, it seems to us that it is more important to make systemic changes that will unequivocally re-enforce a criminal measure in the criminal law, so as to eliminate the risk of committing acts that threaten the health and life of others by convicted persons who are to leave the prison. For the time being, the attempts to introduce legislative changes, which mainly impose preventive or rehabilitation tasks on clinical psychiatry, must be critically assessed. The idea that perpetrators of crimes, considered to be accountable, who during imprisonment reveal mental disorders (not mental illness!) and there is a high probability that after the termination of the punishment they may pose a threat, should be without consent put in 'civil' psychiatric hospitals must be assessed critically. Contemporary clinical psychiatry is not prepared to fulfil such tasks. There are neither properly adapted departments nor prepared medical, auxiliary and security personnel. The task of fulfilling a rehabilitation and socio-educational role is not a medical obligation. One can get the impression that such legislative considerations, although using psychiatric arguments, do not use them from the clinical, social or even prison psychiatry position. The proposed solutions abstract from scientific foundations being determinants of human behavior, in particular such of an aggressive nature. They give the impression that justifying the necessary changes in law with the common understanding of the mechanisms of aggressive behavior ("mentally ill is particularly dangerous and aggressive") is a far-reaching simplification and certainly not a sufficient guarantee for the effectiveness of the proposed solutions. We feel that the entities (and services) responsible for public safety have become helpless, have difficulties in proposing solutions in the areas they manage and reach for psychiatric arguments in a way that is not fully justified or authorized by psychiatry experiences.

Searching in the sphere of mental health and in psychiatry for a remedy to improve public safety is neither scientific nor based on the practice of creating security

guarantees. It cannot be assumed that society is a collection of more or less mentally disturbed individuals, and psychiatry is to be responsible for their preventive disciplining, identification, differentiation, isolation and supervision. As an environment of psychiatrists and clinical psychologists, we cannot deviate from the basic purpose of psychiatry – serving the mentally ill and their families, giving them care, hope, chance of recovery, integration with the community. We are afraid that the vision of psychiatry guaranteeing public safety deprives it of the humanistic and medical mission of serving men and guarding their subjectivity, guaranteeing the rights for the ill and their integrity. Psychiatry, in no civilized country, should be associated with a tool of criminal repression, a system responsible for public safety.

If such state institutions as prosecutor's offices, courts, police, security agencies, prisons etc. feel helpless in providing public security due to the lack of isolation, corrective and preventive means, they should develop such tools and the associated organizational system within their authorities. It is obvious that such tools may be isolation and rehabilitation institutions with a guaranteed level of professional surveillance, but also those benefiting from the achievements of psychiatry, especially psychology and education, employing professionals of these disciplines. This is how the so-called TBS system (subordinate to the Ministry of Justice – closed rehabilitation and therapy institutions for mentally disturbed and not necessarily mentally ill, perpetrators of crimes) works in the Netherlands and it is effective. Psychiatry will never create and will not be able to create a 'super-prison', an institution isolating threatening individuals, where extremely dangerous people will forcibly turn into socially adjusted units. This particularly applies to people with non-psychotic mental disorders, most often with personality disorders. It is worth emphasizing that the current system of treatment of mental disorders in prison conditions is inefficient, and it should be the guarantee of effective therapy and safety. If this is not the case, it is necessary to analyze the causes within the already existing system, and not beyond it, in the area of non-prison psychiatry. As of today, there are too few psychiatric departments at detention centers, they are underinvested structurally, as regards human resources and authority. We recognize that the role of prison psychiatry in the area of the prison system is undervalued and requires a change in terms of psychiatric and psychological diagnosis, and the assessment of the threat of defining the principles of cooperation with 'civil' psychiatric care. Many of the existing problems can be resolved beyond psychiatry. This applies in particular to increasing the effectiveness and efficiency of rehabilitation process carried out in prisons, increasing the tasks of existing state security services in the effective prevention of threats by previously convicted, punished persons, deemed, in the course of legal proceedings, to be mentally healthy and potentially dangerous. A system of court guardianship over convicted perpetrators of offences leaving prison institutions needs a new definition. Statutory changes are needed to the introduction of the task of monitoring dangerous persons after leaving the prison by the services performing rehabilitation tasks (the police, prison service).

There is no single central prison in Poland intended for convicts who pose a special threat and require specialized psychological, rehabilitation, educational and even

psychiatric interventions, with the task of direct monitoring of convicts and through cooperation with other services, after the final imprisonment has been finalized. It is worth considering here whether the National Center for the Prevention of Dyssocial Behaviors (KOZZD in Gostynin) should not be included in such a preventive system. It seems that it would be a good direction for new legislative proposals.

The system of picking off convicted, potentially dangerous in the future, perpetrators due to their improper personality or other non-psychotic mental disorders (not resulting in insanity) and placing them in psychiatric hospitals raises doubts as to its effectiveness. Basically, however, it will change the nature of a mental hospital, and the image of the Polish psychiatry will become an area of branding, stigmatization and repression. This is a big step backwards. Contemporary clinical psychiatry, with its inpatient and outpatient care system, a network of day care departments, counseling centers, and environmental impacts, implements, although with difficulties, but also successfully the National Program of Mental Health Protection, and it is ready to cooperate with the present prison psychiatry system requiring reforms.

It is worrying that the legal possibilities existing today are not always used. This applies in particular to the use of a break in serving a sentence due to the occurrence of mental illness and continuation of inpatient treatment in the psychiatric non-prison psychiatric ward. Also, more attention should be paid to the correctness of evidence submission procedure in the area of identifying and diagnosing mental disorders in perpetrators before they go to prison. This is particularly true for convicts who have been identified with mental retardation only while serving a prison sentence which was not previously recognized. Borderline mental retardation and low intellectual level, even within the limits of slight mental retardation, are found in a large percentage of convicted persons. However, they should be psychologically assessed and placed in a specially dedicated, profiled correctional facility. Mental retardation, even light, cannot be cured, modern psychiatry is not effective here. Therefore, for this group of perpetrators, educational, social rehabilitation and psycho-social interactions are more important than ineffective psychiatric treatment. When such persons are not distinguished from the general population of convicts, they become very easily victims of manipulation, indoctrination, get falsely motivated and forced to escalate threatening behavior. When discussing changes in the law, we must try to emphasize that linking mental disorders with crime is usually indirect, and factors that are of mental disorder nature usually coexist with at least a dozen others that are not psychopathologic. According to the research on the risk of criminality, psychopathological factors remain in complex and complicated causal links with other risk factors. Exposing mental disorders as particularly important and fundamental causes of crime is not in line with the current state of scientific knowledge.

The most serious anxiety and objection is aroused by the proposed changes to the Mental Health Protection Act. They may violate the fundamental principles of psychiatric care in our country, imposing on it tasks incompatible with the standards, the role and social functions of psychiatric care currently in force. These tasks are impossible to implement, are scientifically and substantively unjustified. We should not accept amendments to the Act, which could extend the catalogue of conditions

for compulsory hospitalization and deprive the Act of the role of a guarantor against unjustified deprivation of liberty.

We hope that the expert teams established to develop proposals of amendments to the applicable law will take into account the voice of the psychiatric community, will not violate the basic role of psychiatry and will not undermine its image among medical disciplines and in the eyes of patients.