Forensic Psychiatric Aspects of Patients Who Complete Socially Dangerous Actions

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Abstract: The problem of the relationship between mental disorders and criminal behavior has been worrying mankind for decades, and it remains relevant at the present time. It is noted that during the crisis periods of history, the criminogenicity increases both in the mentally ill and in the mentally healthy. Large-scale socio-economic transformations were reflected in the peculiarities of the adaptation of patients to new conditions, including the nature and frequency of socially dangerous actions (SDA) committed by them. The systematic study of the genesis and structure of socially dangerous actions of mentally ill people in recent decades has led to an awareness of the multifaceted problem, the impossibility of solving it only by medical (psychiatric), only legal, only social or only administrative measures, and the need to combine the efforts of various disciplines, to understanding its independent nature, requiring special study, as well as the development of specific forms of practical activity.

Keywords: forensic psychiatric examination, socially dangerous actions, prognosis, social and personal characteristics.

Psychiatric care is specialized medical care that includes mental health examinations, diagnosis of mental disorders, treatment and care, medical and social rehabilitation of people with mental disorders. Currently, one of the urgent tasks of forensic psychiatry is to predict the risk of committing socially dangerous acts (SDA) of persons with mental disorders [Belyakova et al., 2015]. The theory and practice of forensic psychiatry are based on the proposition that the commission of a socially dangerous act is determined by a constellation of three groups of factors - syndrome-personality-situation. According to this concept, personality traits have a significant impact on pathologically determined motivation and mediate behavior in mental disorders [Kondratiev, 2006].

In recent years, there has been an increase in the number of cases of socially dangerous acts committed by patients with mental disorders. Improving approaches to the prevention of SDA requires taking into account the structured forms of providing psychiatric care (polyprofessional teams) and approaches to forensic psychiatric prevention, as well as their adaptation to the contingent of people with mental disorders with varying degrees of social danger. The success of psychoprophylactic and rehabilitation interventions to prevent maladaptation, including the criminalization of the mentally ill, depends on the observance of a number of conditions. In particular, through the use of methods for monitoring and assessing the risk of danger to society - certain markers of the degree of probability of the implementation of socially dangerous behavior of patients. Another important condition for solving this problem is the assessment of factors that restrain social maladjustment and antisocial behavior, protective factors that level the provocative effect of a criminogenic situation, neutralize stationary or transient pathopsychological and psychopathological causes and mechanisms, and contribute or hinder their behavioral implementation. A comprehensive differentiated assessment of the various components of social functioning and the quality of life of patients is necessary for planning effective preventive work, setting adequate goals and objectives for rehabilitation. The current practice of decision-making in expert and clinical practice in determining the determinants of aggressive behavior, assessing social

danger and predicting criminal relapse, determines the need to include in the analysis a wide range of psychological variables, including subjective assessments of patients not only of their condition, but also of social functioning, as well as attitudes to illness. This will improve not only the accuracy of predicting the risk of reoffending, but also make psycho-corrective effects target-oriented, and as a result, improve the quality of resocialization of persons sent to penitentiary institutions and specialized medical institutions [Tokareva G.M., 2019].

Identification of links between clinical, criminological and socio-psychological variables and the risk of committing an offense is a methodologically time-consuming diagnostic task [Alfarnes, Bulygina, 2009; Dmitriev et al., 2009]. In medical psychology, the concept of the structural and functional organization of medical psychodiagnostics, the system-forming nature of general medical tasks of developing optimal tactics and evaluating the effectiveness of treatment and rehabilitation of patients, identifying individuals with an increased risk of neuropsychic maladaptation and studying individual-personal and socio-psychological (environmental) factors that determine the adaptive-compensatory capabilities of the psyche in extreme and crisis situations [Zotov et al., 2011]. The development of methods for predicting the risk of repeated OOD based on psychological diagnostics can help individualize the prevention of criminalization of people with mental disorders [Bulygina, 2015], increase the validity of decisions on the need to extend the terms or cancel compulsory treatment and, as a result, optimize the costs of treatment and rehabilitation measures [Owens , Sox, 1990].

Numerous studies in psychiatry and psychology are devoted to risk factors for re-offending by mentally ill people [Dmitriev et al., 2009; Maltseva M.M., Kotov V.P., 2005]. However, studies of this category of mentally ill patients using complex psychodiagnostic and analytical tools, including the construction of prognostic models of risk factors, have not been previously conducted in domestic psychology.

In foreign psychology and medicine, the use of the tree method has already become the standard for analyzing data from empirical studies [Owens, Sox, 1993; Zweig and Campbell 1993]. Specialists emphasize the high predictive value of this method as an alternative to multidimensional mathematical and statistical methods for creating classification models (discriminant, logistic regression analysis) [Grigoriev, 2003].

To date, an independent direction has been created that considers the theoretical aspects of determining the dangerous behavior of the mentally ill (Kondratiev FV, 1977-1991; Maltseva M.M., Kotov V.P., 1980-1995, Khamitov R.R., 2004). A large amount of material has been accumulated on a multifactorial study of the correlations of clinical, socio-demographic data with the mechanisms of dangerous behavior of mental patients and methods of committing offenses. According to Khryashchev A.B. (2004), the main clinical and socio-demographic characteristics of persons suffering from non-psychotic forms of mental disorders who have committed a delict and in most cases are recognized as sane differ significantly from the general population of patients who commit SDA and play a significant prognostic role in their prevention [1, 4, 7, 11].

According to modern (V.P. Kotov, 2004, I.A. Kudryavtsev, 1997; FS Safuanov, 2003, Monahan J et al, 2000, Dolan M, Doyle M, 2000, etc.) psychiatrists, psychologists, risk factors for reoffending include disorders that affect the motivation for crime and the ability to selective behavior, as well as substance abuse and personality disorders. The accuracy of the forecast increases if the conditions under which patients resort to committing offenses are taken into account [3,6,8,9,12].

At the same time, studies aimed at studying the clinical, social and personal characteristics of mental patients with unlawful behavior, recognized as sane, and the motivation for their dangerous behavior, are isolated, not systematized and have not yet led to significant positive practical results, as evidenced by significant and persisting over the years the frequency of offenses. Accordingly, there are no differentiated approaches to predicting and preventing recurrent SDA. Hence the relevance and medical and social need for this kind of research. Mentally ill people who have committed unlawful acts, recognized as "unconditionally" or "conditionally" sane, have differences in clinical, social and personal-psychological characteristics, the main factors contributing to the commission of

illegal actions by mentally ill people recognized as sane, in addition to psychopathological, are social and personal. To improve the effectiveness of the prevention of illegal actions of mentally ill patients, it is necessary to create a system for monitoring patients with criminal behavior [2,5,10,16,17].

The main research method (basic for scientific research in the field of clinical psychiatry) was clinical and psychopathological. To assess the mental status of the subjects, the ICD-10 criteria developed for forensic psychiatry were used (T.B. Dmitrieva, B.V. Shostakovich, 1997). Taking into account the multifactorial determinism of illegal behavior, pathopsychological examination methods were used. , Rosenzweig and Luscher methods). The main working hypothesis of this study can be formulated as follows - the mentally ill, representing a public danger, but recognized as sane, have a specific set of clinical, social, personal characteristics, the knowledge of which will make it possible to predict and reduce the likelihood of them committing repeated torts

A systematic study of the genesis and structure of socially dangerous actions (SDA) of mentally ill patients in recent decades has led, firstly, to the realization of the multifaceted nature of the problem, the impossibility of solving it only by medical (psychiatric), only legal, only social or only administrative measures, and the need to combine efforts various disciplines, and secondly, to understanding its independent nature, which requires special study, as well as the development of specific forms of practical activity (Kotov V.P., Maltseva M.M., Voronin B.C., 1996; Dmitrieva T.B., 2001; Usov G.M., Fedorova M.Yu., 2006). To date, an independent direction has been created that considers the theoretical aspects of determining the dangerous behavior of the mentally ill (Kondratiev F.V., 2005, 2006; Maltseva M.M., Kotov V.P., 1980-1995; Dmitrieva T.B. et al., 2006; Dyusembekov V.N., Kenzhebulatov B.E., Kostylev S.V., Moshkovskaya I.V., 2005). A large amount of material has been accumulated on a multifactorial study of the correlations of clinical and socio-demographic data with the mechanisms of dangerous behavior of mentally ill people and methods of implementing illegal actions. (Balashov A.D., Skogarevskaya E.I., 2007; Butorina N.E. et al., 1999; Vandysh-Bubko V.V., 2005; Lauber S., 2007). At the same time, according to Khamitov P.P. (2004), the main socio-demographic characteristics of the mentally ill contingent, representing the greatest social danger, differ significantly from the general population of patients who commit SDA and play a significant prognostic role in preventing the development of especially dangerous forms of pathologically altered behavior.

Great importance in preventing repeated SDA after compulsory treatment is traditionally given to the continuity between inpatient and outpatient psychiatric care (Kondratiev F.V., 1985, 1986, 2005, 2006; Kotov V.P., Maltseva M.M., 19821986, 1995, 2006; Nikonov 1993, Chislov A.B., 1983; Kotov V.P., 2009; Mokhonko A.R., Mugantseva L.A., 2006; Usov G.M., 2008; Bürsten Ben M., 1986; Kreybig M. , 1979; Roth M., 1977; Urbaniok F., et al., 2006).

It should be noted that, both in domestic and foreign literature, studies aimed at studying the clinical, social and personal characteristics of mentally ill patients with especially dangerous behavior and the psychopathological mechanisms of their dangerous behavior are isolated and not systematized. These studies have not yet led to significant positive practical results, as evidenced by the significant and persistent frequency of offenses committed by persons with mental disorders over the years. Purposeful studies of the follow-up of mentally ill patients, representing a special danger, who were under compulsory treatment in specialized psychiatric hospitals with intensive supervision, have not yet been carried out. Accordingly, there are no differentiated approaches to predicting and preventing repeated especially dangerous acts in persons suffering from mental disorders.

In the course of our study, the features of the clinical and socio-demographic structure of the mentally ill who committed especially dangerous actions were identified, the relationships between the frequency, nature and psychopathological mechanisms of the implementation of SDA committed by the examined patients with their clinical, social and personal characteristics were analyzed and systematized. On this basis, prognostically favorable and unfavorable factors were identified in relation to the likelihood of committing especially dangerous repeated SDA by mentally ill people. The role of the frequency, nature and psychopathological mechanisms in the prediction of the special social danger of patients was studied.

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