Health professionals experiences in a judicial...

ORIGINAL ARTICLE

HEALTH PROFESSIONALS EXPERIENCES IN A JUDICIAL ASYLUM AND THEIR VIEW ABOUT THE PATIENTS

VIVÊNCIAS DE PROFISSIONAIS DE SAÚDE EM UM MANICÔMIO JUDICIÁRIO E A VISÃO SOBRE OS PACIENTES

EXPERIENCIAS DE PROFESIONALES DE LA SALUD EN UN MANICOMIO JUDICIAL Y LA VISIÓN SOBRE LOS PACIENTES

Ana Flávia Ferreira de Almeida Santana¹, Marília Alves²

ABSTRACT

Objective: to understand the experiences of healthcare professionals in Custody and Treatment Hospital Jorge Vaz (HCTJV) and their view about the patients. Method: exploratory and descriptive study with a qualitative approach, based on the dialectical method, with health professionals working in the judicial asylum. Data were produced through interviews and submitted to the technique of content analysis. The research project was approved by the Research Ethics Committee, Protocol Number 65593. Results: health professionals experience working under the logic of treatment and segregation of people, psychiatric or criminal patients, reflecting the ambiguity of the institution. The perception of health workers about patients showed three characterizations: patients with mental disorders, criminals and people with ability and disability. Conclusion: the professionals associate characterization of patients to their social condition. The madness associated with crime and danger is reproduced as stigma, reflecting the way how health care is dispensed. Descriptors: Health Care; Crime; Compulsory Hospitalization to Mental Sick Person; Patient’s Care Team.

RESUMO

Objetivo: compreender as vivências de profissionais de saúde do Hospital de Custódia e Tratamento Jorge Vaz (HCTJV) e a visão destes sobre os pacientes. Método: estudo exploratório e descritivo com abordagem qualitativa, fundamentado pelo método dialético, com profissionais de saúde que trabalham no manicomio judiciário. Os dados foram produzidos por meio de entrevistas e submetidos à técnica de Análise de conteúdo. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, Protocolo nº 65593. Resultados: os profissionais de saúde vivenciam o trabalho sob a lógica do tratamento e da segregação das pessoas, ora pacientes psiquiátricos ora criminosos, refletindo a dupiedade da instituição. A percepção dos trabalhadores da saúde sobre os pacientes evidenciou três caracterizações: pacientes com transtornos mentais, criminosos e portadores de capacidade e incapacidade. Conclusão: os profesionales asociam a caracterización dos pacientes a su condición social. La locura asociada al crime y al perigo es reproduzida como estigma, reflejando la forma cómo es dispensado el cuidado en salud. Descriptores: Asistencia à Saúde; Crime; Internação Compulsória de Doente Mental; Equipe de Assistência ao Paciente.

RESUMEN

Objetivo: comprender las experiencias de profesionales de salud del Hospital de Custodia y Tratamiento Jorge Vaz (HCTJV) y la visión de estos sobre los pacientes. Método: estudio exploratorio y descriptivo con enfoque cualitativo, fundamentado por el método dialéctico, con profesionales de salud que trabajan en el manicomio judicial. Los datos fueron producidos por medio de entrevistas, sometidos a la técnica de Análisis de contenido. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, Protocolo n° 65593. Resultados: los profesionales de salud viven el trabajo sobre la lógica del tratamiento y de la segregación de las personas, tanto pacientes psiquiátricos como criminosos, reflejando la ambigüedad de la institución. La percepción de los trabajadores de la salud sobre los pacientes mostró tres caracterizaciones: pacientes con trastornos mentales, criminosos y portadores de capacidad e incapacidad. Conclusión: los profesionales asociar la caracterización de los pacientes a su condición social. La locura asociada al crimen y al peligro es reprodúcida como estigma, reflejando en la forma cómo es dispensado el cuidado en salud. Descriptores: Asistencia a la Salud; Crimen; Internación Compulsiva del Enfermo Mental; Equipo de Asistencia al Paciente.

¹Psychologist, Court of Law in Minas Gerais, Master degree, Ph.D., Graduate Program/Nursing School, Federal University of Minas Gerais/UFMG. Belo Horizonte (MG), Brazil. E-mail: anaflaviAFF@gmail.com.br; ²Nurse, Ph.D. in Nursing, Professor, Nursing School, Graduate Program, Federal University of Minas Gerais/UFMG. CNPq Researcher. E-mail: marilix@enf.ufmg.br
Judicial asylums, today called as custodial and treatment hospitals were designed in the nineteenth century to shelter the monomaniacs and degenerate criminals who committed the intentions and the functioning of social defense. At the time, asylums and prisons were insufficient and inadequate for segregation of these individuals, considered as belonging to an intermediate region between sanity and madness, between irresponsibility and moral responsibility. Under the circumstances, the judiciary asylum had prison and asylum features, and this double task is characterized as a prison space and asylum, prison and hospital. The ambiguous character of the institution reflected in the attitudes of professionals and this happened on the basis of cross-purposes to which each task is intended to do, as “we send guilty people to prison; the hospital or hospice receive innocent people”11,27. The judicial asylums are hybrid institutions, with contradictory goals, hard to define.

The double objective of asylums to guard and treat that theoretically is not motivated by a punitive system, brings the issue of long periods of hospitalizations. Islands for banned people by society were built under the endorsement of social defense. The promises of assistance conditions and treatment for the alienated subjects in legal restrictions were replaced by their civil death. The judicial asylums could not provide nothing but its inherent ambiguity to its internees.3-4

The dubious social reality of this institution needs to be understood, as well as the training of professionals to deal with the set of relationships between crime and madness from their symbolic and historic features. An effort to build analysis strategies of discourses and socio-political context analysis that keeps the institution is necessary.

The speeches of health professionals and nursing staff, physicians, psychologists, occupational therapists, dentists and others responsible for healthcare, need to be considered in the construction of social practices involving the prisoners in judicial asylums. Despite the multi idea in the composition of the teams, every profession works separately and answers to customers' needs are lower than expected, perpetuating the problems of health care and inclusion.

The judicial asylum are held in Brazil in a structural mixing functions of a hospital and prison institution. From a legal point of view, the prison is considered untouchable and unable to distinguish the illicit nature of his acts, due to the mental disorder. In such cases, the law requires the acquittal applying a Security Measure (MS). The subject criminally guilty will have his punishment and the subject socially dangerous will have a MS. Theoretically, punishments and MS have purposes, application conditions and different execution mode. The penalty is applied for their actions on the culpability of the offender. It is characterized as repressive penal sanction, with retributive nature, with distressing intention and proportional to the gravity of the act committed. It is not focused on healing and based on blame, it has some punishment.5-6

The MS is based on the dangerousness of the agent and not the guilt, that is, it is not intended to retribution of guilt. It is considered ethically neutral, devoid of distressing character. It focuses on the care and treatment of the subject, without any punitive intent. It is an attempt to ensure a treatment for the subject without harming him. As this dangerous state is directly related to mental health, it is assumed not to be possible to calculate exactly the time to extinction, causing the MS not having a definite duration. Given this situation, what happens in practice in many cases is that the subject is as recluse in a life prison sentence. The stigma of danger follows the subject, needing the confirmation of the termination of his danger by a medical expertise for the suspension of the MS. The repeal of the measure will only happen if the subject after a year of freedom has not given evidence of the persistence of his danger.7-10

This study seeks to offer subsidies for understanding the health actions by the professionals in charge of meeting the internees, since their training is not always prepared for care or treatment to patients in custody state. Moreover, trainings are scarce, which may lead health professionals and their patients to feel excluded. It is a little recognized workspace and valued by society and professionals to experience situations of helplessness and abandonment, with few possibilities to realize a socially recognized work. This study aims to:

- Understand the health professional experiences of Custody and Treatment Hospital Jorge Vaz (HCTJV) and their view about the patients.

**METHODOLOGICAL COURSE**

Exploratory and descriptive qualitative study. Facing the contradictions experienced...
by health professionals, the Dialectical Historical Materialism (MHD) was chosen as a theoretical possibility, that is, as a logical tool of interpretation of reality. With its inherent logic essentiality, the dialectic showed a way of understanding and the consequent possibility of transformation of health professionals work operating in HCTJV, since the MHD is associated with the fact of understanding the reality in order to transform it.11,12

The study scenario was the Custody and Treatment Hospital Jorge Vaz (HCTJV), located in Barbacena, MG. This is the single judicial asylum of Minas Gerais, created in 1927 and opened in 1929. The institution is subjected to the Department of Social Defense of the State of Minas Gerais (SEDS). It is an institution providing custodial services and assistance to prisoners, in order to enforce hospitalization and psychiatric, therapeutic and re-educated treatments of individuals of both genders, from 18 years old.

The study subjects were 11 health professionals working in HCTJV and interviews were carried out in the workplace in August and September 2012. The study sample was for convenience and data saturation criteria was used to delimit the number of respondents.

The production data was performed by Document Analysis, Interviews and Simple observation. The interviews were recorded and transcribed and subjected to content analysis with thematic approach. There were also documents and observations, articulating information to text enrichment. The project was approved by the Ethics Committee on Human Beings Research of the Federal University of Minas Gerais (COEP/UFMG), in compliance with Resolution 196/96, in force at the time of data collection, in the opinion number 65593.

RESULTS AND DISCUSSION

The reports of the professionals interviewed revealed three main characterizations of internees at HCT: patients with mental disorders that require treatment, patient as a criminal and the relationship between ability and disability, in synthesis, structuring the views of professionals to about these patients.

In the first characterization, internees or patients with mental disorders require psychiatric treatment, reinforcing the idea that they are human beings and should be respected and treated as such. Regardless of the crime committed and the social life not being possible, patients should be respected. To me, they’re patients. They are human beings … The distortion of behavior was so severe that it was impossible the coexistence. So, they are patient, regardless if the crime was light, if it was only an attempt, if it was hideous, my view is the same. And the respect I have for them is the same. Many people ask “Have you ever been afraid?” No, I’m not afraid of patients, I’m afraid of what I cannot do for him. (EP1)

Professionals report to believe that people are admitted to the HCT for psychiatric treatment and are worthy of respect, regardless of the committed act. The need for treatment and at the same time having a serious distortion behavior, it cannot break the perspective of the human being that must be respected. The term “patient” used in general by professionals, emerge from the reports of the subjects on health care. These reports are the result of the professionals’ struggle and ideals of the psychiatric reform movement, which highlights the need for comprehensive care, effective and humane mental health.

Although the interees are consider “sick” people and need health care, the danger remains an inherent characteristic. The stigma of crime, with the consequent punishment, is not off from the patient’s figure. The second characterization is a mental patient and at the same time criminal. The fact of having committed a crime, make them to expiate their guilt and make them not only patients, they are also criminals, as in the following lines:

We see them as ill, patients, because for us they are not prisoners, they are patient and we treat them as patients, we have all the respect and affection with them, avoiding they are danger people. So, we have some precautions to prevent them from becoming dangerous for us. (EM3)

(...) As a human being that needs to be assisted in his needs is our goal here. Now, what he did out there, the legal part is not up to us, it is up to the judge and other officials. (EE1)

Similar to the dubiousness of the asylum, patients also have dubious and mixed roles: they are patients requiring treatment and are criminals for infringing laws. According to the interviewees, they are a “differentiated” patient because they cannot be defined only as a criminal or psychiatric. In parallel, the mental disorder decrees defining criminal, crazy and dangerous; madness implies care, danger, and acts reinforce the risks and danger. In the reports, the condition of human and patient indicates the obligation of health...
work” and not having “moral character” and unable to go forward, compromising the reintegration into society. The conception of being a child is not being unable to understand their reality and answer for their actions. In addition, the subject is denied as male or female identity. There is a clash of opposites where adults are treated like children because of their mental condition. Discussing the total institutions, Goffman says an internal, to arrive at the establishment carries a conception of himself that was built over their experiences in their home world and in their social interactions. When entering into the institution, they take everything from what used to be a reference and is deposed of roles exercised in society.

The legal systems classify crazy disability and its consequences with the intention of protecting the security of social relationships, defining who has the capacity to perform acts of civil life or in criminal cases. Treatment of madness is justified by the lack of reason of the subject and for his alleged inability to govern their own lives. The law states that the crazy, just like children in the civil context, are unable to perform legal acts and criminal court are incompetent and do not commit crimes.\(^{16-17}\)

Under Brazilian law, at these days, which is around the madness and crazy figure is the objectivity of responsibility for the acts committed. The center of the issue is the concept of the limit of what would be “guilt” for determining what is an unlawful act, both in criminal and civil cases. Crazy is still treated as a subject without guilt but unable to exercise their acts responsibly.\(^{17-18}\) Thus, the social norm inferred equivalence between disability and madness, as well as equivalence between disability and childhood. The crazy figure in HCTV is compared to the figure of the child indiscriminately to suppress particularities and needs of the patients.

In addition to the three basic characterizations found in the reports, some specific characteristics also appeared as relevant, reflecting the livings of professionals and their positions. In this context, there is a distinction between two groups of patients. One group consisting of patients considered from asylum, unresponsive to any kind of intervention or treatment and others having the potential to respond to the interventions. Also regarding the distinction among internees, there is discrimination between those who should not be on HCT and those in detention measure for a right cause. This distinction is by the type of crime committed.
and the less or more aggressive patient’s behavior, as in the following quote:  

*Here’s a bit of everything. (...) There are asylums patients who are not crazy. There are patients that for me they would not be here, asylums cases that actually you see that does not have the minimum condition, we invest, but it is a degree that he does not answer you anymore right? And, there are people here who have many conditions. They need more investment, no matter how many professionals are here, they are not enough.* (ETO1)

When the professional classifies the two groups of patients, he explains the chronicity of the condition of the sickness in first group and the lack of perspective of treatment, therefore they should not be in the asylum. However, as families do not have to accept them, they remain indefinitely in the HCT and none is interested in them. The professional points other institutions, as an option for the host of this group, as a social problem, without possibility of therapeutic responses. The second group consists of people with the capacity to respond to therapy and potential proposal to develop skills that can be utilized in life, even outside the HCT. The dual characterization leads the patient to also carry a dubious way to serve the interests of professionals who are subjected. The name “chameleon” done by a professional, shows a movement explaining the loss of identity that requires them to submit a labile behavior:

*(...) The patient shows one way for the physician, one for the psychologist and the other to the agent. He is a chameleon, he know with us he has to do so with his head, and down hands back, with the doctor, he says DR. Yes sir. Because he’s a Doctor, I have to treat him well. They have this humility. He knows that with the psychologist he can talk a little more comfortable, but not very free because there is an agent-side listening to everything he says.* (EP1)

Professional describes an adaptive behavior of the patient, marked by the kind of power relationship that each professional has on him. The contradictory relationships between professionals and being considered “patient” or “prisoner”, determines in part the posture of the internee. The patient has not reserved the right to express their particularities, as dominated by the sovereignty of the social dictates of each knowledge or professional practice. Admission to a total institution leads to loss of identity, preventing the individual may present to others the image he has of himself. Moreover, the submission situation causes different kinds of indignities by forcing the patient to participate in activities or situations incompatible with their conception.15,19,20

In the point of view of professionals, the lack of custody understanding prevents patients to be clear of needing to suffer the consequences of the crime committed. They are people who lack critical stance on the crimes committed and are unable to understand that the judicial asylum is the only possible destination:

*(...) First he does not understand. Many patients that we have do not have the critical understanding. Most often they do not realize, or where they are. It takes years to understand what their real situation is, what are doing here, why they came here. Because in their understanding, they have not done anything wrong. Then, there was even an injustice, he came here wronged. That is the words of most of them. But, they do not understand that custody is necessary in their condition, the crime they committed. (…) There is nothing else than being confined in a custody hospital. I believe we have no idea what for them will always be injustice, right? (EP1)*

The respondent is acute about the lack of critical patient’s ability to understand that his hospitalization was motivated by the social awkwardness of their behavior. Segregated, without the idea of the committed illegal acts, patients also do not understand their social isolation. This isolation that is indispensable for the patient/prisoner to pay for the crime. The loss of social life of the patient is taken as fact, judged as a contingent of the social contract.

Brazilian law says that the mental patient is unable to recognize and assume those committed unlawful acts.11 This idiassity is used as justification for estimating the likelihood of repeated offenses and the danger the subject is. However, the results of work carried out by Comprehensive Care Program for Judicial Patient (PAI-PJ) points out opposite response to this law, arguing that the legal field is the institution by excellence, responsible for assessing the intention and ability to act of the citizen and assigning blame, responsibility and guaranteeing rights. Among those rights, there is the health care that is not monitored or guaranteed, beyond the comprehension of disability of patients on the state of custody.13

The phantom of danger and irresponsibility of patients causes them to be seen by health professionals as individuals with extreme deviations of behavior, with serious psychiatric and neurological pathologies that prevent the interaction with society and their families:
As you let a patient who has extreme deviation of conduct psychiatric, neurological. (...) These people do not live even with their families. And the murderers? We have many and it is difficult the coexistence. A time to here, the hospital has become a gathering of addicts and drug addicts, chemicals addiction. But, always associated with homicide, the psychic conduct disorder. (EM1)

There are patients who really cannot live in society, cannot put him in a room with 10 more patients, he cannot live (...). (EAS1)

Professional classifies psychiatric and neurological disorders as misconduct and the crime committed is used to classify the patient. Thus, instead of inpatients, there are “killers” as patients. Characterized as murderers and people with serious misconduct, whose social life is impossible, the service to their needs are in the background, leaving visible the punitive posture of HCT professionals. In this context, the dehumanization of madness is highlighted. Over the centuries, the madness would come to be considered an entity equated with disease. And this entity has taken the place of a will, which exceeded the very will of man, overriding the notion of free will, exceeding the representation of the idea of punishment, but not being suppressed by the practice of judgment and exclusion of those considered crazy. Considering the disease, madness has to be treated like any other disease, from the diagnosis on which the judge was based to set the MS.15,20

The same authors also discuss the disrespect to natural conditions of crazy people. Disrespect prevents the subject to be accepted with his own capabilities as a full and individual human being. The madness incapability precipitates the imputation of the alleged inability to fulfill the social contract, causing the lack of living condition in society.

The interviews showed an authoritarian and insensitive posture to the particularity that madness expresses, demonstrating a charge of conduct, attitude and sense of citizenship to patients. Taking as a starting point their own principles and conceptions, professionals require the patient what it seems to be divergent and consider it necessary, the framework on a rigid model of assimilation of the different. Without understanding the uniqueness of the patient, the professionals cannot conceive the possibilities for treatment and the relationship between the subject and the social.

Patients are still taken as people hard to deal with, who do not adhere and show resistance to the activities proposed by professionals, hindering the work initiatives for not having enough conditions to meet the expectations.

They are very difficult patients to deal with, because while you want to help, they have strength. So, it’s is difficult because there are patients here very hard, trying to do a job with it sometimes does not flow. So it’s difficult because it is not any kind of activity you can do, I think there be a change, you know? (EF1)

A patient of a judicial asylum requires a lot of attention and concentration. You are not always in a good day to hear 50 times the same sentence. You ask and he’ll tell you the same sentence 50, 90 times and will ask the same things. (...) So, wear is very large, the donation is much higher because they are all dependent. (EAS1)

The desire to “help” by the professional and the “resistance” of the patient are considered opposite. This, in turn, is blamed for the difficulty in obtaining success in therapeutic approaches. That is, the contradiction between the “help” and “resistance” causes tension, because the failure of the proposed treatment is difficult to be accepted by health professionals. Failure is not only the patient’s treatment, but the professionals themselves. The difficulties on the patients’ condition seem almost insurmountable, even for professionals who deal daily with psychiatric patients and result in large expenditure of energy professionals, who need to engage intensively to established relationships and everyday professional practices.

In the data collection period, it was possible to observe in many situations, the unpreparedness and lack of technical knowledge of some professionals to deal with the needs of patients. There is a gap between theory and practice in the actions required in the mental health area. The marginalization of HCT’s internees causes professionals believe that their work is linked to the performance of acts of charity and responsibility for patient care becomes confused with the exemption favors to the excluded people.

Foucault20 said that the condition of madness, considered as a “disgrace” that afflicts humanity shows important ambiguity to the society: “we need while protecting dangers to people hospitalized and grant them the favor of a special assistance”20:419.

Patients are described by respondents as beings with features that impress because they are propagating fear and carry a lasting scar showing the danger madman nickname. At the same time, they are characterized as people, most of the time, “gentle” and
“domesticated”. However, there are those compared to a “wild” animal, extremely aggressive.

(...) So it’s really this, the patient is dangerous and he will be able to continue committing crimes, he comes here as a security measure to society. (....) (IN 2)

The vast majority are domesticated, docile people that when you talk, they understand. But, there is a group that is extremely fierce, they do not accept, they do not understand. They are very aggressive. But they are fewer, less than the others. The others are more favorable. (EM1)

Even if he is free out there he will be imprisoned for the rest of his life, because who leaves the mental hospital out with the macula, a bad thing stigma. (....) He left the psychiatric hospital, he is crazy and will do bad things. There are cases here that they are from small towns where to coerce children people use the name of the patient who committed the fate of killing the father, or mother, one’s own family at the time of insanity. And he becomes the bogeyman of the city. (EAS1)

The reports underline the danger that patients represent for the view of health professionals and society. Vision that is built upon the relationship with patients, reports, stories and livings in daily life in the asylum. The idea of danger is internalized and goes beyond what can be accepted as reasonable by society.

The statements also show that the acts committed, regardless of their motivations, are used as symbols of identification and labeling of patients. Once considered crazy, the subject starts to take the stigma of “evil” becoming the “bogeyman”. Two internal forces are assigned to patients: one side being fierce and another the possibility of domesticated. Both determine the animality of character attributed to patients.

The literature points out that the thought crime as an attack on society, formed by a contract governed between individual and collective interests caused the rupture of the social contract, assuming character of irrationality. Due to this concept, in the early nineteenth century, the judiciary has summoned psychiatrists, to participate in cases involving crimes enigmatic, who had no plausible explanations on the reasons of the world. These crimes contradicted what was regarded as “human nature”, denying basic principles of the social contract, even the existence of intrinsic rationality to human beings.1,21-22

Respondents highlighted the precarious living conditions of most patients, reporting the prevalence of people from communities with low socioeconomic status and disintegrated families. The marginality label is stamped from childhood and family disaggregation blamed for the situation:

(...) The profile of our patients are illiterate coming from poor communities, without recourses, where he lived a marginal life in childhood. He was a pre-marginal in childhood, with broken families, a lot of violence, disunity and many ugly things in the house, which he witnessed. But, we get literate people, post-graduates who have studied abroad. However, it is tolerable for a disease. But, when the outbreak is alleviated by medication, monitoring, they realize they are in a totally adverse environment. It is most dangerous the period because by the time they realize: oh boy, me, an architect, man with studies what am I doing here with these people? When back to consciousness of his condition, it’s very sad. Ihe is critical, aware. (EP1)

The report brings madness and crime associated, predominantly, to a situation of social abandonment as poverty, illiteracy, family breakdown and marginalization situation in childhood. However, the report points two profiles of the inmates and their behavior: on one hand, unfavorable living conditions influencing the madness, delinquency and crime and on the other hand, the one with better living conditions, with education, can in some moments, making analysis of the situation they are in, but, in some outbreak he has committed a crime similar to other inmates. There is a clear distinction of the social classes to which patients belong, especially of poor socioeconomic status patients and a minority of privileged status.

Health professionals see the reality of abandonment and rejection by the families of patients. For them, families ignore their responsibilities, delegating to any State any action for the benefit of the patient who is ousted from his place in the family dynamics. There is the formation of a new arrangement that does not involve the presence of the one who is in the asylum and expect no return to family life. The repulsion of the contact with the patient comes to the extreme to cause the physical displacement of the family, who do not want to be found.

In professionals’ speeches, family abandonment and lack of a social structure that embraces and incorporates appropriate treatment further complicate the situation of...
patients who are vulnerable to the precariousness of provision of treatment and care. The precariousness of the family contribution makes the prospect of effective social reintegration and the possibility of a stable life with integration into the labor market and family formation remaining far from being achieved.

Thus, takes that the nuts is yours. The court order ask to let him free and if they can they change address when comes the time of out hospitalization. We have many cases of taking the patient at home and getting there the house is empty, and the address was checked all the time. I mean, there was that real address, people were there. But, at the time to send him home, the family leaves the house as a war refugee even leaving things back, not to have to live with that person, the family environment. Because the crimes occur 80% of cases within the family. (EP1)

The treatment here is not enough, the patient is stabilized, but outside is different. And we also note the neglect. The family rejects. The society also because it has no structure. And often even rejects in small towns, like: our guy will come back! So, many times the person leaves from here well, but come back, committing new crimes, because they did not have a structure out there, social and family to receive them. (IN 2)

The reports show the reality of the distance between the family and patient. In some situations, families are able to move, leaving their belongings to avoid having responsibilities relating to that unwanted family member, who is returning after hospitalization. Families do not bet on the possibility of living with the patient, even after being attested the decline of danger. In the family imagery, that person will always represent a risk to other family members.

By the reports, it is possible to see the situation of complete abandonment and rejection by families, giving the responsibility to the State that also does not have enough structure to support the demand of this population and has no substitute families in this intricate process of dealing with madness, crime and neglect. In addition to the familiar rejection, there is also the precariousness of the social structure as, for example, the organization of efficient health services, who can continue to treat the patient with the myths and stigmas around the madness. In the eyes of society, a mad criminal will always be a risk for everyone. Carrying the risk of macula, these patients will not find a space that embraces and that will offer the opportunity of rebuilding ties, their identity and their social role.23-25

Studies confirm the findings by professionals to report that about 60% of patients do not keep in touch with family. This statistic happens because family members break the bond with the patient and avoid taking responsibility. When being located, the family resist on the proposed reconstruction of the lost bonds. Patients are sought for many years only when there is interest in sharing goods or upon learning of his death.24

**FINAL REMARKS**

The perception of health workers interviewed, working in a hybrid institution of segregation and treatment, but maintaining the predominance of prison as HCT,JV, reflects the multiplicity and contradiction of the characterizations of patients. Starting with the very name given to people who are admitted to the institution, a confused mixing between the patient and prisoner view. This view of patients is the result of professional experiences in permanent contact with the madness, neglect, danger, crime and social stigma of crazy offenders. Some of the professionals bring to characterize the mental hospital as property that has therapeutic function with healing of mental alienation. This concept reinforces the imperative for clear link between treatment and institutionalization.

The institution is considered by professionals as an appropriate place, or even the only one available to ensure the health and care of these patients in need of psychiatric treatment. The prevailing idea of removal, social isolation for the subject, without considering the harmful effects of staying in a total institution. Social interest for the removal of unwanted subjects is covered by a soothing justification, you want to minimize secreting interests through an inversion of values. The institution that secretes is the same that brings health benefits. There is a conviction of social good that the institution provides, making the meaning of the words segregation and protection coming synonymous.

Professionals conceive the institutional goal of patient treatment, intrinsically linked to the objective of protecting society. Patient recovery is conditional on his return to society without causing disorders. The protection of society, depending on the dangerousness of patients is predominant. The professionals have the institutional ambiguity in his actions, a combination of treatment and surveillance.
hospital and prison, prevailing segregation as a priority.

Health professionals do not detach the characterization of patients of the same social status. By being subjects in custody state by unlawful acts commitment, patients are treated as such. The madness associated with crime and danger is reproduced as stigma, reflecting the way it is dispensed in health care.

REFERENCES

Health professionals experiences in a judicial…

Santana AFFA, Alves M.

Submission: 2014/05/28
Accepted: 2015/08/14
Publishing: 2015/09/15

Corresponding Address
Ana Flávia Ferreira de Almeida Santana
Rua João Gomes, 635
Bairro Santa Efigênia
CEP 30270-390 — Belo Horizonte (MG), Brazil