

# The relationship between mental illness and crime



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The relationship between mental illness and violence has long been a subject of debate and a general course of concern within the mental health profession, the public, correctional systems, and the criminal justice systems. As a result this has led to an increase in research being focused on the reasons why mentally ill people commit crimes. Debate about the need for, the nature of and care of people with mental illness is based on the idea that most of the individuals with mental illnesses are more likely to commit criminal and violent behaviors to themselves, their close family members, close friends and the public than those without mental illnesses, largely due to their state of mind.

The relationship between mental disorder and violent acts cannot be exaggerated. Some researchers state that violence is linked to psychosis and that people who have mental illness also fall into the category and should reflect that connection (Lidz, Banks, Simon, Schubert and Mulvey, 2007). Some other researchers state that substance abuse accelerates violent acts among people with mental disorder (Lurigio and Harris, 2009). After a survey of researches the main question lies thus; what is the relationship between mental disorder and violence? How can you connect the dots between mental disorder and violent acts?

In this paper, I shall review certain researches that buttress their points about the relationship between mental disorder and violence and after this, I shall also state researches that disagree with the idea that individuals with mental disorders engage in violent acts. I shall then put into consideration the Canadian Law in response to this issue. Then I shall draw a conclusion stating the relationship, if any, between individuals with mental disorder and

violence or in the absence of any relationship state the need for further research.

## **SUBSTANCE ABUSE, MENTAL DISORDER AND VIOLENCE.**

During the past decade, several researches have examined people with mental disorder and their participation in violence in order to see if there is any relationship. Out of all these, substance and alcohol abuse in relationship to mentally ill patients and their participation in crime have appeared to be pre-eminent.

For example Lurigio and Harris (2009) proposed that substance abuse was a precondition for assaultive and violent acts among people with mental disorder; unemployment, perceived threats and past violent factors accelerated acts among people who were mentally ill. Although Felthous et al (2009) agrees with this relationship, they argue that in measuring the relationship between mental disorder and violence the nature of aggression should be put into consideration. In a study by Livingston et al (2003), carried out on individuals charged with the NCRMD in British Columbia, it was stated that 21. 0% of their cohorts had previously committed an offence while under the influence of alcohol or non-prescription drugs. Furthermore, studies have shown that the association between mental illness and violence is often reduced or eliminated when substance and alcohol abuse is actually taken into account (Silver et al, 2008). If substance and alcohol abuse were the pre-determinants of violent behavior among mentally ill patients, does it mean that the eviction of these two factors would reduce crime? Reports state that lifetime prevalence of severe domestic violence among mentally

disordered patients ranged from 30%- 60% with higher rates reported for women than men in most studies (Howard et al, 2010). Felthous et al (2009) tells us to consider patients who act violently in response to commanding hallucinations and congruent delusions; this tells us that substance abuse may not always be a pre-determinant factor.

## **PSYCHOLOGICAL SYMPTOMS, MENTAL DISORDER AND VIOLENCE**

The importance of psychological symptoms in explaining the criminal and violent behavior among individuals with mental disorder and their participation is an issue of major experimental complexity. Research has been conducted on the general population, incarcerated offenders, psychiatric patients and a cohort of new born babies. Yet these researches are still subject to questioning. A body of research has taken a stance that psychological symptoms such as delusions, hallucinations, medication compliance and treatment adherence are predictors of violence among people with mental disorder (Teasdale, 2009). Teasdale (2009) took into consideration the psychological factors, recent findings consider the gender nature of coping with delusional beliefs and that women and men may respond differently to the experience of psychopathological symptomatology and this may affect their participation in violent acts (Teasdale, Silver and Monahan, 2006). However in a retrospective longitudinal study conducted on prisoners convicted on the count of mental illness, Silver et al (2008) disagreed with the above analysis stating that alcohol and drug use are particularly important control variables because of their strong association with violence and mental illness.

In analyzing the role of psychological symptoms in determining violence among individuals with mental disorder, John M. W Bradford (2008) identifies comorbidity as a common factor in the association between mental disorders and violence and proposed that there is a significant possibility of reducing the levels of violence by improved risk assessment and treatment intervention. Also in a research of 282 male patients with schizophrenia and 261 male patients with affective disorders, Modestin and Wuermle (2005) found that 34% out of 282 patients with schizophrenia and 42% out of 261 patients with affective disorder had a criminal record and more than half of a total of 543 patients (52%) had co-occurring substance abuse. They concluded that individuals with schizophrenia without comorbid substance abuse were at an increased risk of violent criminality than their affective disorder counterparts who had a greater probability of committing property offenses; this suggests that there is a menial link between psychopathology, mental illness and violence.

Research on the effects of specific psychotic symptoms has also yielded opaque findings, for example in examining the role command hallucinations have to play in the violent acts of mentally disordered people, studies have shown that it does not generally predict violence, but that auditory hallucinations involving command of violent acts increased the likelihood of violence (Frank Siroich, 2008). However the need for further research is needed in this field to unwrap the role psychological symptoms have to play in crime ( Bradford, 2008).

## **HISTORICAL, SOCIOECONOMIC AND DEMOGRAPHIC FACTORS, MENTAL DISORDER AND CRIME**

In considering the effect of historical factors such as parental violence, parental crime, delinquency in prior to adulthood has to play on crime, Frank Sirotich (2008) stated that a history of delinquency prior adulthood has been found to be a significant factor in relation to violence and criminality. After reviewing the samples of mentally disordered individuals, he said that among mentally disordered people, juvenile delinquency, early arrests and young age at index offense have been found to be robust predictors of criminality and violence among mentally disordered people. Ȃncü et al (2007) conducted a study in the psychiatric unit of a general hospital in Turkey to array the effects socioeconomic and demographic factors have to play in the violence of psychotic patients. The study included 70 male psychotic patients (excluding delusional and shared psychotic disorder) that were hospitalized in a forensic psychiatry unit for compulsory treatment and was compared to 70 male patients (also treated at the acute clinics of the same hospital) with a psychotic disorder but without a criminal history. They found out that independent of having a job, having social security that provides treatment opportunity, using their parent's security or getting pay by the government, protects the patient from committing a crime; social security that provides treatment is an independent protective factor against committing a crime among people with mental illness.

In analysing the reason for recidivism rates among incarcerated mentally disordered offenders Sirotich Frank (2008) found that parental crime was found to be related to violent recidivism among mentally disordered

offenders and to self-reported violence among psychiatric patients discharged from hospitals. Also a study sample carried out on 145 male and female psychiatric patients showed that out of all the 145 patients, after a follow-up was done, 31 were stable, 67 were hospitalized and only 47 were arrested, out of the arrested, 37 had a history of violence (Yates et al, 2009). In a study done by Livingston et al (2003) on individuals with mental disorder and their history violence, it was shown 63% of their cohorts were involved with the justice system prior to their NCRMD adjudication, 33. 8% had 1 to 4 convictions, 13. 8% had 5 to 9 convictions, and 15. 4% were convicted of 10 or more offences. This shows that having a history of violence also accelerates crime among people with mental disorder.

However the need to show the relationship between historical, socioeconomic and demographic factors in relationship to mental disorder and crime is still open for further research, as research carried on it proposes an ambiguous result.

## **CANADIAN LAW AND NOT CRIMINALLY RESPONSIBLE ON ACCOUNT OF MENTAL DISORDER (NCRMD)**

As reinstated in this paper, people who have mental disorder are not criminally responsible for their crimes as they are suffering from mental illness. But how does the Canadian Law address this?

The Criminal Code (NCRMD) pertaining to the crimes of the mentally disordered was an amendment to the law NGRI (Not Guilty By Reason Of Insanity) reasons were because the NGRI was in violation of Sections 7 and 9 of the Canadian Charter Rights of Freedoms. Now under Section 16(1) of the <https://assignbuster.com/the-relationship-between-mental-illness-and-crime/>

Criminal Code, offenders are now considered to be 'not criminally responsible' than 'not guilty' (Livingston et al, 2003). In the Canadian criminal laws and practice, the issue of mental disorder can be raised prior to trial if there are doubts about the defendant's fitness to stand trial or criminal responsibility. There is a 5-day limit placed by the Criminal Code on assessment orders unless the litigant and the defendant agree to a period of no more than 30 days. According to Section 16(1) of the Criminal Code 3 of Canada, (Roesch et al, 1997)

" Every person is presumed not to suffer from a mental disorder

. . . until the contrary is proved on the balance of probabilities"(Roesch et al, 1997 p. 510)

For the NCRMD charge to be accepted as a defence the accused has to have committed the act and at the time of commission, be suffering from a mental disorder which makes it incapable for the offender to discern right from wrong i. e. the mens rea has to be absent. (Criminal Code, Part XX. 1). But there are some suggestions that this law should be amended. For example, the criminal code does not authorize treatments for people with NCRMD, such treatment may or may not be provided under provincial law (Gray and O'Reilly, 2009) and there may be misconceptions or wrong application of sentence if the offender does not accept treatment. In a research done by Gray and Reilly (2009) on the Canada's ' Beautiful mind' case, Scott Jeffery Schutzman, a. k. a. Scott Starson, diagnosed with schizoaffective disorder, had a past criminal record before he was charged again with two counts of



uttering death threats in 1998 and was charged with NCRMD, he refused anti-psychotic medications according to the Criminal Code,

“ the judge may direct”...a medical practitioner, that a specific treatment should be administered to the accused for the purpose of making the accused fit to stand trial” (Criminal Code, R. S. C. 1985, c. C-46, s. 672. 58)

After long years of court proceedings, Scott was not treated with drugs against his will. However he was still kept in detention because of the findings that suggested that he was not criminally responsible for making the death threats. This caused a lot of concern as to the amending of the Criminal Code concerning that field. Consider Scott who is now 52yrs old and has been detained in various institutions on the basis that he still poses a threat to normal safety. The Ontario Court of Appeal found that Scott still poses a real risk and psychological harm to members of the public by his threatening behavior which in the past included threats leading to death. It is also important to note that if he had been found guilty under the Canadian Criminal Code, his sentence would have been no more than 5yrs in prison yet because of the finding of the fact that he was charged with not criminally responsible, he has been detained in mental health institutions for more than 10yrs (McSherry, 2008). This raises the debate, does the NCRMD support the mentally disordered offender, or is it better to be charged guilty for the actual crime? Cases like this have made researchers depict the importance of an amendment to be made concerning this law.

In a follow up study carried out on persons found Not Criminally Responsible on Account of Mental Disorder in British Columbia, Livingston et al (2003)

stated that during a 1yr period following the Criminal Code amendments, only 25% of persons who were found NCRMD were given immediate conditional discharge by the courts. Most researchers (Roesch et al, 1997; Livingston et al, 2003; Gary and O'Reilly, 2009; McSherry, 2008) are of the opinion that the Criminal Code concerning NCRMD should be amended and slight changes should be made to the law as it does not recognize the fact that most mentally ill people who commit crimes are not in the right state of mind when they participate in crime.

In the analysis of the relationship between mental disorder and violence, it can be observed that the relationship is opaque. For the mentally ill offender who has just been labeled a psychotic, the abuse of alcohol and other harmful substances or hard drugs might explain why he commits crime, for another mentally ill offender who is constantly suffering from command hallucinations suggesting violent acts and stress, he might be seen as an abnormal person if he does not respond to these commands, exceptions are very rare because his reasons for his participation in crime may be binding on forces beyond his control. Countless more cases would probably spring up. Though the Canadian law addresses all these issues adequately, further research could aid proper handling of cases as they arise.