Relationship between mental illness and crime

The Circle of Crime

Broadsheets and tabloids along with other forms of media continue to sensationalise the association between mental illness and crime with 46% of press coverage dedicated to crime, harm to others and self-harm which is concerning (Hudson, 2013). However, this can be detrimental to the psychological wellbeing of individuals who suffer from mental illness leading to victimisation and recidivism due to ineffective management of offenders with mental illness. This essay will critically discuss the current thinking in relation to the link between mental illness and crime. In particular, the transition of childhood abuse or violence to a crime being committed as a result of mental health problems. This essay will also attempt to demonstrate the impact incarceration which continues a pattern of offending due to unresolved mental health issues and the never ending cycle persists.

Vinkers, Beurs, Barendregt, Rinne and Hoek (2011) investigated the relationship between mental illness and different types of crime. The study included 21, 424 pre-trial forensic reports from the Netherland between 2000 and 2006. The crime which was found to have the strongest relationship with mental illness was arson which was then followed by assaults, homicide attempts and then threats. The crime which was found to have the weakest relationship (with diminished or absent accountability) with mental illness was sexual and property crimes. If there is a clear relationship between a mental illness and a crime which has been committed then accountability is considered to be diminished in Dutch courts (Vinkers et al., 2011). There are five degrees of responsibility in relation to crime the first being complete responsibility which is when a crime is committed by a person who is fully in

their right mind, there is an absence of mental disorder or if the disorder is unrelated to the committed crime. This is then followed by slightly diminished, diminished, severely diminished and total absence of responsibility. To be absolved from guilt completely a severe mental disorder (usually of a psychotic nature) is necessary. An important strength of the research conducted by Vinkers et al. (2011) is that they directly studied the relationship between mental disorders and different types of crime. It is essential to understand why a relationship exits and not only that there is a relationship. When a person has an underlying mental health disorder and they commit a crime this does not necessarily mean the mental disorder caused them to commit the crime. For example if an individual who is addicted to drugs shoplifts this may be attributed to poverty and not related to them having a mental illness such as schizophrenia.

Having established a link between mental illness and crime this essay will now consider the relationship between childhood violence or abuse and mental illness. Nikulina, Widom and Czaja (2011) investigated the effect that childhood neglect and childhood poverty (family and neighbourhood) had on the likelihood of developing Post Traumatic Stress Disorder (PTSD), Major Depressive Disorder (MDD), academic achievement and crime in young adulthood. The results suggest that both childhood neglect and childhood family poverty predicted PTSD and arrest as an adult. The study also found that children who suffered from neglect and were poor were more likely to be delinquent and participate in criminal behaviour than children who were not poor and were not neglected. It was also suggested by Nikulina et al. (2011) that children who grow up in a poorer household (or neighbourhood)

have a predisposition to trauma which makes them more likely have difficulties in later life. They concluded that neglect and poverty were positively correlated with long term criminal, academic and mental health outcomes. The findings from Nikulina et al. (2011) indicate that adverse conditions and unstable living environments (including poverty) increase the chance that a person will develop PTSD symptoms. A person's surroundings are important in determining their risk for mental health and psychosocial outcomes. In addition to this Grisso (2007) suggest an association between youth delinquency and mental illness. In this study youths aged 9 and 10, 11 and 13 were interviewed and tested at three points in time. During at least one of these assessment points approximately one third of the youths met the criteria for one or more mental illnesses and the same amount of the total sample were arrested when they reached young adulthood. The results suggest that having a mental illness in adolescence is likely to have played a role in the subsequent offending as an adult. It is also suggested that suffering from a mental illness between the ages of 9 and 16 poses a much greater risk of offending as a young adult. Effective community based intervention during adolescence is recommended by Grisso (2007) to reduce delinquency.

A major problem which faces law enforcement is the high number of individuals with mental illnesses in the criminal justice system (Cuellar, McReynolds & Wasserman, 2006). This creates complications both socially and politically. One way of combating this issue would be to use a specialised program such as mental health courts, which are relatively new. There are approximately 200 mental health courts in the United States with

D’Emic (2014) becoming the first mental health court judge in New York State in March 2002. Mental health courts are an alternative to incarceration courts. The aim of these courts is to improve the psychiatric stability of offenders and also to improve public safety by connecting offenders with mental health treatment. Cuellar et al. (2006) suggest that for certain types of individuals, it is more appropriate to use problem-solving methods rather than punishment. They do this by working with other mental health agencies, families and housing providers to name a few. The aim of these courts is to support offenders who are suffering with a mental illness to live a constructive life which is free of crime in the community (D’Emic, 2014). One of the first cases to be brought to this court was a young man in his early 20s who had been arrested for two street robberies (D’Emic, 2014). While in jail he began to act bizarrely and he was subsequently taken to hospital to be observed. He was diagnosed with schizophrenia. The agreement was that if he engaged with treatment the indictment against him would be dismissed. He succeeded and went on to obtain a master’s degree and remained in therapy and continued to take medication which was prescribed for his mental illness. The treatment which was overseen by the mental health court ensured the continued safety of the public by effectively managing this young man’s mental health. If the only option for this young man was to be handed a prison sentence this could have resulted in him being released into the community with a serious, untreated mental illness. The aim of using this method is to reduce recidivism and also reduce the severity of crimes committed by offenders who suffer from mental illness which in turn would reduce the societal cost of crime (Cuellar et al., 2006). The concern for policymakers in the reduction of crime is to place more emphasis on

rehabilitation and treatment of offenders with mental illnesses as opposed to prosecution and harsher punishment. Offenders with mental illness would find it more beneficial to engage with more appropriate and less expensive supervised care in the community than being embroiled in the criminal justice system (DeQuendre, 2002). If appropriate services were provided to sufferers of mental illness then they would not end up being arrested, in jail or facing charges in court (Cuellar et al., 2006). A finding from Cuellar et al (2006) is that more than half of youths who had a mental illness were re-arrested. Over a one year period it was reported that there were 63 fewer arrests per 100 youths who had voluntarily enrolled on the diversion programme. This is an opportunity for youths to avoid the formal court intervention and engage with appropriate developmental and treatment needs.

Female prisoners have been identified as particularly vulnerable by MacDonald (2013) and more likely to suffer from higher levels of emotional distress than male prisoners. MacDonald (2013) examined 6 countries which were part of the EU DAPHNE Strong project. The purpose of this project was to increase the knowledge and understanding of professionals who work with women in prison who had been subject to childhood, intimate partner or other forms of physical and or sexual violence. The findings of the DAPHNE project were that 70-80% of the female prison population in Scotland had mental health problems, 50% of the prisoners had a history of sexual abuse and at least 50% of the women were presently in an abusive relationship (MacDonald, 2013). The findings were similar in England and Wales with 50% experiencing domestic violence. In Finland it is suggested that approximately

three out of four female prisoners have been a victim of physical, psychological or sexual violence. Germany also reports a victim violence rate of 70%. It was found in Scotland and Finland that women who had a history of violence and abuse were not routinely identified. Effective screening of mental health problems and also other health concerns is fundamental to the services which can be provided. It is imperative that gender-specific guidelines are set for managing female prisoners as they often have more complex health problems than male prisoners (World Health Organisation, 2009). The areas which require particular attention are mental illness, substance abuse issues, reproductive health and physical and sexual abuse. It has been reported that the mental health care which is currently provided is inadequate. This is due to lack of funding and also a lack of trained staff. The overuse of medication is also highlighted. A major concern in prisons is amount of prisoners who suffer from mental illnesses such as psychosis (3. 7% of males and 4% of females), major depression (10% males and 12% females) and antisocial personality disorder (45%) as this increase the likelihood of suicide (MacDonald, 2013). It is suggested that the treatment of mental illnesses including self-harm should be managed in the community where they originated. The problems which women face require specific treatment plans which are currently not provided by The Prison Service and unlikely to be without the appropriate resources being dedicated. The United Kingdom appears to be efficient in providing information. In women’s prisons in Scotland, England and Wales there are posters, brochures and leaflets however this method of delivery can be problematic for prisoners who have writing and reading difficulties. The need for a range of services to be provided to prisoners is advocated by Prison staff. These include a named

member of staff who has responsibility for violence and abuse who prisoners can be referred to, informing the prisoners of the chaplaincy service and encouraging the prisoners to use informal and therapeutic approaches to deal with their issues such as writing down their feelings or using art therapy. An important mechanism in supporting prisoners is to empower them to believe they can overcome their difficulties and live a happier healthier life. MacDonald (2013) infers that the criminal justice system appear unwilling to provide alternatives to custodial sentences. Cuts in public spending have further implicated the capacity for the prison service to offer any staff training. The availability of services is widely inconsistent within countries and also within the EU (MacDonald, 2013).

Visher and Bakken (2014) examined the mental health status of women who were leaving prison and how their mental health shaped their re-entry outcomes. Problems that the women face over a year after leaving included poorer health, difficulty securing a home, trouble gaining employment and more involvement in criminal behaviour. Women who enter prison are more likely to report excessive history of physical sexual and emotional abuse which puts them at high risk of mental illness (Visher & Bakken, 2014). There is also a strong link between childhood abuse and mental illness, in particular depression, PTSD, panic and eating disorders. Women inmates are reported to have higher rates of mental illness (73%) than males (55%). A large study was carried out looking at 357 women from six states that were released from prison. Of these women 44% reported a diagnosis of depression, obsessive compulsive disorder (OCD), bipolar disorder, PTSD and schizophrenia (Visher & Bakken, 2014). Out of these women over half of

them felt that they still required treatment for their mental illness a quarter of them believed that they need “ a lot” of treatment. An important finding was that the need for this treatment pre-ceded the imprisonment. Women who suffer from mental illness are likely to face problems at every stage of the criminal justice process from the moment they are arrested, to being imprisoned and then finally when they are released and subsequently reintegrated back into the community. Reports indicate that history of women’s lives play a role in their criminal involvement such as personal abuse, mental illness and substance abuse, homelessness, poverty and also being involved in troubled relationships. Due to these difficulties women often find it difficult to re-establish their lives when they leave prison. The difficulties they have are getting a job, finding a place to live, earning enough money to support them, and also building relationships with their family which may have been broken due to being in prison. To avoid recidivism it is essential that women with mental health problems are provided with treatment during and after imprisonment. However prisons due not have the resources to provide this treatment and only those in the most secure facilities receive any support. Visher and Bakken (2014) conducted a longitudinal study called Returning Home; Understanding the Challenges of Prisoner Re-entry which examined the lives of prisoners before, during and a year after leaving prison. A simple effective method that could be employed is a checklist for problems which might require follow up care or management. If any mental health issues are identified then women should be referred on to a community case manager in order to receive the appropriate services for their needs.

Recidivism is an important issue which needs attention as eventually the majority of imprisoned offenders will return to society (Gontkovsky & McClellan, 2000). Rehabilitation is particularly important especially with regards to inmates who have mental illness. Some of these inmates have a pre-existing mental illness whereas others develop an illness due to issues such as fear of violence and restricted freedom (Gontkovsky & McClellan, 2000). Due to inadequate staffing, evaluations of offenders with psychological issues are often brief and unreliable which results in ineffective treatment. In theory the key to successful rehabilitation is providing individually tailored treatment programs however, this is rarely implemented. Resources should not be wasted on individuals who are unwilling to put the effort in but should be reserved for individuals who are motivated for change.

To avoid recidivism women need the opportunity to deal with any trauma they have suffered and they need support to learn more effective ways of dealing with their problems to take control of their own lives. In Germany counselling and conversation during the night are provided to prisoners. The suggestions for improving the current practise for women in prison is using prison as a last resort for women who do not pose a risk to society. Also all policies which are developed must recognise the gender specific needs of women and finally mental illnesses which arise from substance abuse and PTSD should be specifically addressed (MacDonald, 2013). One of the objectives of this project was to develop a resource pack for prisons and other criminal justice related authorities to provide examples of good practice and to highlight programmes which already exist for women

survivors of violence and abuse. A second objective of the project was to develop a training programme for the staff that carries out work with female prisoners who have experienced violence to help them understand the problems which these women face.

In conclusion this essay has established the link between mental health and crime with regards to past life experience and in particular to females. The difficulties which individuals with mental illness face who commit crime have also been addressed. Effectively managing mental illness would benefit both the individual and also wider society. A broader understanding in the criminal justice system of mental illness would also be beneficial. For individuals who pose a risk to either themselves or to others there is often no alternative to a custodial sentence. However, for the individuals who do not pose a risk to themselves or to others perhaps developing and implementing other strategies than custodial sentences would reduce the ever revolving prison door. This would also take the pressure off of the prison service to provide treatment which they are not equipped to provide. If issues are identified in childhood early intervention may also reduce the number of individuals with mental illness who find themselves entrapped in the ever revolving door of prison. Rather than condemn individuals with mental illness who commit crime it may be more constructive to identify the reason which caused them to offend in the first place. In some cases mental illness will play a role in the offending behaviour however in some cases other factors may have cause the offending. It is of utmost importance to clarify the factor which led to the offending behaviour in order to deal with the situation effectively and reduce further offending.