Mental disorders and crime

The World Health Organization (WHO) defines mental health as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.¿½ A mental disorder on the other hand, is a clinically psychological or behavioural disease associated with distress or disability that occurs in an individual, and these individuals are unable to conform to society, as some may react out of the norm toward society as a whole. A few mental disorders are diagnosed based on the harm to others, regardless of the subject’s perception of distress. Over a third of people in most countries report meeting criteria for the major categories at some point in their lives.

In the UK, a study carried out by the Office for National Statistics Psychiatric Morbidity, came up with approximately 25% of people which have a mental health problem during their lives. ¿½1 in 4 British adults experience at least one diagnosable mental health problem in any one year, and one in six experiences this at any given time.¿½ The Office for National Statistics Psychiatric Morbidity report (2001). The USA is said to have the highest incidence of people diagnosed with mental health problems in the developed world. ¿½An estimated 26. 2% of Americans ages 18 and older, about one in four adults suffer from a diagnosable mental disorder in a given year, this figure translates to 57. 7 million people.¿½ ¿½Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV) (1994). Mental health can affect your daily life, relationships and even your physical health. According to World Health Organization, mental health is “ a state of well-being in which the individual realizes his or her own abilities, can cope with

the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". The W. H. O. stresses that mental health " is not just the absence of mental disorder". The W. H. O. explains that in low and middle income countries, mental health services are underfunded, and in some cases even unheard of. Lack of funds and manpower are the main reasons for this practice to fail. The few funds that are actually received and catered for are used to treat and care for the mentally ill, rather than on an integrated, stable mental health system. Many troubled countries do not integrate mental health into the primary health care, and therefore mental health interventions are slacking from general hospitals. The leading cause of mental disability in most of the developed world, such as the US, the UK and Canada is major depressive disorder, mostly effecting adolescents. This type of disorder is associated with weight problems, the most common among depressed patients is long term morbidity, and in some cases even risk of suicide. Many organizations such as the Institute of medicine, the US preventive services task force and the American academy of paediatrics have come up with a strategy to asses adolescents, and this must be made part of routine medical care. This strategy consists of undergoing regular check- ups, and therefore with this strategy in motion, vulnerable teens with risk of suicide and serious mental illness can be identified, and offered the required treatment. The main reason for this strategy to be implemented is there to be part of regular medical care, so medical professionals can detect any symptoms in an early stage, and therefore patients can be treated early, when treatment is most effective.

Many researchers have come up with slight evidence regarding this phenomenon of the connection with mental disorders and crime, and using Denmark¿½s highly detailed population registries, Sheilagh Hodgins and colleagues identified all individuals born between January 1, 1944, and December 31, 1947, and documented all psychiatric admissions in this group of 324, 401 people up to the age of 43. Hodgins et al. then compared the criminal records of the individuals with a history of hospitalisation for psychiatric illness to the criminal records of individuals without such a history. The researchers found that “ individuals with a history of psychiatric hospitalisation were more likely to have been convicted of a criminal offense than persons with no history of psychiatric hospitalisation,” a finding that was true for both men and women. Depending on their sex and diagnostic categories, subjects with psychiatric hospitalisation histories were 3 to 11 times more likely to have criminal convictions than those without such histories. Offenders with psychiatric hospitalisation histories were convicted of all types of crimes, and, surprisingly, averaged the same number of convictions as never-hospitalised offenders of the same sex. Hodgins et al. noted that criminal convictions and psychiatric hospitalisations are independent processes in Denmark, meaning that their findings cannot be explained by the interactions between the criminal justice and mental health systems. Their findings, the researchers say, concur with two similar Scandinavian studies, and with research from North America showing high rates of major mental disorders among incarcerated offenders. Markku Eronen and colleagues studied the psychiatric evaluations of 693 Finnish murderers. Their data showed that¿½” schizophrenia increases the odds ratio of homicidal violence by about 8 fold in men and 6. 5 fold in

women.”¿½In addition, they report, “ Antisocial personality disorder increases the odds ratio over 10 fold in men and over 50 fold in women.” Antisocial personality disorder is a particularly strong risk factor for homicidal behaviour, they say, when coupled with alcoholism. Two separate studies found a high incidence of psychiatric illness among incarcerated women. Linda Teplin et al., who studied a randomly selected sample of 1, 272 female jail detainees awaiting trial, found that “ over 80% of the sample met criteria for one or more lifetime psychiatric disorders,” and that “ 70% were symptomatic within six months of the interview.” B. Kathleen Jordan et al. studied 805 female felons entering prison, and report that “ inmates were found to have high rates of substance abuse and dependence and antisocial and borderline personality disorders compared with women in community epidemiologic studies.” ¿½The researchers say, “ these data can be used constructively to provide more adequate, appropriate, and humane care to individuals who, through no fault of their own, suffer from devastating disorders, and at the same time to protect society.” Physician Jeremy Coid agrees, saying that the new findings suggest that “ there needs to be better access to treatment for affected individuals, better methods in the health care system to identify and treat symptoms associated with violence, and greater powers to intervene. Legal recourse may not be as effective as improved mental health resources in preventing violence.” Another study carried out in 1996 by Henrik Belfrage, strongly supports these earlier findings, revealing ¿½an inordinately high incidence of crime by mental patients.¿½ Belfrage conducted a follow-up study on 1, 056 Swedish mental patients diagnosed as having schizophrenia, affective psychosis, or paranoia. Of the patients, 893 were still alive at the time of the follow-up. Of those who

were still alive ten years after discharge from mental hospitals in 1986, 28 % were found to be registered for a criminal offense," Belfrage reports.¿½" Among those who were 40 years old or younger at the time of discharge, nearly 40 % had a criminal record as compared to less than 10 %of the general Stockholm public."¿½In addition, he notes, the most frequently committed crimes were violent ones. According to Belfrage's data, schizophrenics had a higher rate of criminality than subjects with other forms of mental illness. All of the severely violent crimes committed by Belfrage's mentally ill subjects, including eleven cases of attempted murder or manslaughter, were committed by schizophrenic individuals. Although the mentally ill patients committed many violent acts, Belfrage notes that for the most part their crimes were minor and typical of social drop outs, for instance shoplifting or making threatening remarks. " The most frequently occurring crimes in the study group do not reflect the type of criminality that is common in forensic psychiatric populations," he says, " that is, severe violent and sexual crimes." Belfrage notes that his study has several limitations that would cause criminal behaviour in the mental patients to be underestimated. Thus, he concludes, " the figures presented represent only an absolute minimum." ¿½While the causes of most mental illnesses remain a mystery, surprising new research suggests that some cases of schizophrenia and other mental illnesses are associated with the Borna virus, an infectious agent that causes aggression, hyperactivity, and other behavioural disorders in animals. Researchers have previously reported that antibodies to Borna virus are present in up to a third of patients with schizophrenia and obsessive compulsive disorder, compared to only 2% of non-disabled individuals. Recently, Liv Bode et al. isolated a strain of Borna

virus in mood disordered human subjects and injected it into laboratory animals, which developed behavioural problems. Researcher R. Michael Hendry told Science News that “ this is the first solid clue that an infectious agent may be linked to mental illness.”

While screening prisoners for mental disorders, Gavin et al (2003) present a study of the uses of a screening instrument for mental illness in remand prisoners. This is the latest in a long series of epidemiological studies concerning mental disorders in prisoners. They have produced a screening instrument for mental illness in remand prisoners that deserves to be more widely known. The same group has shown that routine screening methods miss substantial numbers of mentally-ill prisoners and on follow-up, even those identified seldom receive appropriate treatment (Birmingham et al, 1998). This was often because of the disruption to interventions caused by the prison regime and the unforeseen actions of the courts. Fazel & Danesh (2002) published a systematic review of 62 surveys from 12 countries, including 22 790 prisoners. They report a 6-month prevalence of psychosis in 3. 7% of men and 4% of women, and major depression in 10% of men and 12% of women. The differences between sentenced and remanded groups were small, as were differences between countries and differences over time. This contrasts with an increasing prevalence of mental illness over time in some series of surveys (Gunn, 2000). The more outlying results appear to be accounted for by differences in methodology, particularly in the time period used (Fazel & Danesh, 2002). It is generally assumed that many people with mental illness enter the prison system as a direct or indirect consequence of their mental illness, thereby accounting for the large excess

of psychiatric disorder in this population. If this were the case, different jurisdictions might accumulate different proportions of severely mentally-ill individuals in their prisons, because of differing approaches to forensic mental health law across jurisdictions and differences in the overall imprisonment rates. The actual rate of serious violence due to mental illness does not appear to change much over time, even when the population rates of serious violence such as homicide increase substantially (Taylor & Gunn, 1999). There is also no evidence that rates of homicide by mentally-ill people vary substantially across countries, with a few exceptions (Coid, 1983). It is also assumed that the accumulation of mentally-ill people in prison is due to the substantial change in the form of mental health service available in most countries today (Torrey, 1995; Gunn, 2000). However, there is little evidence for change over time in Fazel & Danesh's review. Fazel & Danesh (2002) also report systematic review figures for personality disorder (65% of men, 42% of women), including antisocial personality disorder, but here the consistency in the results across surveys breaks down. Others have recently turned their attention to the prevalence of drugs and alcohol problems in prison populations (e. g. Allwright et al, 2000). Here, the reported prevalence rates vary substantially between surveys, though this might simply reflect the highly-variable methodologies used. Reliable studies of intellectual disability in prison populations are rare. Studies reporting comorbidity of mental illness and substance abuse problems are also very rare. However, although the presence of mental disorders in prisons appears to be highly elevated, this does not necessarily demonstrate that a mental illness predisposes a person towards criminality (T. McGuire, 2004). According to Dr. Thomas McGuire, ¿½people diagnosed with even relatively severe mental

disorders are no more likely and perhaps slightly less likely to commit criminal offences than the general population.¿½ This means that a person who commits a crime does not necessary have a mental disorder, and a person who has some form of mental disorder does not necessarily turn to criminality. The McArthur Violence Risk Assessment Study (2001) identified several risk factors associated with violent behaviour and mental disorder, and these may include the impact of prior criminality, the father¿½s criminality and substance abuse, the individual¿½s history of drug use and alcohol use and the engagement in violent fantasy and lack of anger management. Therefore, with this said, McGuire (2004) explained that there is a strong indication that is indeed the social and contextual elements in a persons¿½ life that may leave to offending as opposed to being a case of mental disorder being the cause of criminality. Mental health and substance abuse or dependence disorder may result in a higher incidence of violence, especially as psychosis together with substance abuse increases psychotic symptoms and reduces treatment effectively as compliance is low. It has been consistently found that risk of violence is elevated when a diagnosis of major disorder is conjoined with substance abuse (Swanson 1997). However, most mentally ill offender does not present an increased risk of violence (Prins, 1999). It is important to note that although substance abuse may aggravate signs of mental illness, persons who suffer from mental illness are as likely as a normal person to resort to substance misuse (Watkins 2001).

With the issue of mental disorders and criminality, one can say that there is a link between crime and mental disorder, however the presence of serious mental illness in incarcerated offenders is not indicative as being the cause

of criminality, and the mental disorder per se does not mean that the person will resort to criminality. A case by case diagnosis and assessment would help identify the cause of the behaviour and serve the purpose to reduce the risk of future re-offending, however there are disadvantages when identifying persons suffering from mental disorders, such as stigma and labelling, and it is also important to bare in mind the cultural aspect too.